National RIGHT TO LIFE NEWS

September 2014

Watchdog Report Confirms Obamacare's Widespread Subsidized Abortion Coverage

NRLC Senior Legislative Counsel Susan Muskett speaks at congressional press conference on GAO report on Obamacare's abortion coverage

national RIGHT TO LIFE NEWS

GAO report confirms elective abortion coverage widespread in Obamacare exchange plans

WASHINGTON – A report by the Government Accountability Office (GAO), a nonpartisan investigatory arm of Congress, made public today, provides dismaying confirmation of earlier predictions by National Right to Life that federally subsidized abortion coverage would become a widespread feature of Obamacare. The report found that more than one thousand federally subsidized exchange plans currently cover elective abortion.

"It is no surprise that the Obama Administration is spending billions of taxpayer dollars subsidizing the purchase of health plans that cover abortion on demand," said National Right to Life Legislative Director Douglas Johnson. "Those really responsible for this scandal are the lawmakers, such as Mary Landrieu of Louisiana, Kay Hagan of North Carolina, Mark Begich of Alaska, and Mark Udall of Colorado, who voted against the pro-life amendment that would have prevented this massive federal funding of abortion-covering plans, as well as those who voted to enact the bill after the amendment was rejected, such as Mark Pryor of Arkansas."

The GAO report focused mainly on determining the prevalence of elective abortion coverage in health plans sold on the exchanges, in the 27 states plus D.C. that currently

See "GAO Report" page 36

2014 Elections: Which Senate Candidate Reflects Your Values on Life?

By Karen Cross, National Right to Life Political Director

Have you ever looked at your ballot and wondered which candidate most represents your values?

The 2014 slate of candidates running for United States Senate is varied. Oftentimes there are stark differences between the candidates on life issues.

How do you feel about your tax dollars being used to pay for abortion? Do you support the pro-abortion, pro-rationing Obamacare law?

If you care whether your U.S. Senate candidate supports legal protection for unborn children, or supports abortion on demand for any reason, National Right to Life has made it easy to find out.

Simply go to www.nrlpac.org, click on "Elections," then "Candidate Comparisons," and choose your state. If your state has a competitive U.S. Senate race, a downloadable comparison flyer is available with information on the candidates' positions on life issues.

Before you go to the polls to vote on November 4, 2014, be sure to look at the National Right to Life comparison pieces to compare the candidates, then decide which candidate most closely reflects your position.

Following is a synopsis of several of the most competitive Senate races in the nation.

Alaska: Dan Sullivan (R) v. Mark Begich (D)

Pro-life Attorney General Dan Sullivan is challenging pro-abortion Sen. Mark Begich for the U.S. Senate seat in Alaska.

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Editorials

The pivotal importance of the November mid-term elections—and what you can do about it!

With fewer than six weeks to go before the November 4 mid-term elections, the September edition of *National Right to Life News* is bursting with information not only about the pivotal elections but also about a ton of other developments important to our readers.

However let me begin with a report issued earlier this week by the Government Accountability Office (GAO). While it is small consolation—the damage was done—it is still important that this report from the nonpartisan investigatory arm of Congress proves conclusively that federally subsidized abortion coverage **has** become a widespread feature of Obamacare, just as NRLC predicted it would. (See story, page one.)

In the run up to its passage in 2010, President Obama repeatedly insisted that "no federal dollars will be used to fund abortions." But National Right to Life had done its homework. We knew Obamacare contained provisions that would result in massive federal subsidies to help scores of millions of Americans buy health plans that cover elective abortion. And said so, alas to no avail.

In responding to the report, Rep. Chris Smith (R-NJ), co-chairman of the Bipartisan Congressional Pro-Life Caucus, reminded us of the critical role Mr. Obama's false assurances played.

"In an 11th hour ploy to garner a remnant of pro-life congressional Democrats absolutely needed for passage of ObamaCare, the President issued an executive order on March 24, 2010 that said: 'the Act maintains current Hyde Amendment restrictions governing abortion policy and extends those restrictions to newly created health insurance exchanges'," said Smith. "It turns out that those ironclad promises made by the President himself are absolutely untrue."

The Hyde Amendment says that no federal funds "shall be expended for health benefits coverage that includes coverage of abortion," but the Hyde Amendment does not apply to the Obamacare law. The House of Representatives has passed the No Taxpayer Funding for Abortion

Act (H.R. 7), which would apply the traditional Hyde Amendment policy to all federal programs, including the Obamacare premium-subsidy program, and thereby limit federally subsidized plans to coverage of abortion in cases of rape, incest, or threat to the life of the mother. However, Senate Majority Leader Harry Reid (D-Nevada) has prevented Senate action on identical legislation.

See "Pivotal Moment" page 35

"Forget me not"…please?

September ninth was a special occasion for us: Emma, our first grandchild, was off to preschool for the very first time.

Lisa and I accompanied Emma and her Mom, Jean, to the church where Jean, our tender-hearted daughter in law, only cried once. Talk about bringing back memories….

The best line of the day? Lisa went into the classroom to help Emma get situated. Emma, who is 3 ¾ going on 6, looked her straight in the eye and announced, "You don't **belong** in here Grandma."

We all laughed and, along with a close friend of Jean's, went out for coffee and a bagel.

I mention this small rite of passage for two reasons. Every time something especially good happens in my life, particularly to my kids and now grandkids, I remind myself not only how lucky I am but how fortunate they are to have loving kin.

That this is not the case for all children is, of course, no news to people like you and I who spend much of our lives trying to save the lives of babies whose entire existence is—or would be--inconvenient.

As if I needed a reminder, I had not been in the office two hours when I read about a couple that had starved Jordan, their three-month-old infant, to death [http://nrlc.cc/1qJFrEX]. Why?

The defense attorney said the mother had a personality disorder. She asked for leniency, a leniency the mother and Jordan's father did not extend to the baby whose skin was "just hanging on his bones" when they finally called 911 the day after Christmas. (But not before the parents took time to cook and eat a meal and tidy up the house.).

There was nothing remotely accidentally about Jordan's death. Already by week two, the couple "was not happy about having a child. Shortly after the baby was born they discovered that their lives would never be the same again, and decided to do something about it."

"Decided to do something about it." Ponder that for a moment and try not to cry.

Five hours later, I was browsing one of my favorite pro-life blogs, operated by Chelsea Zimmerman. She clued me and everyone else into one of those ads that just take your breath away.

See "Forget Me Not" page 35

From the President
Carol Tobias

Let's Take a Large Step Forward

From the day the Supreme Court handed down its *Roe v Wade* decision, the Right-to-Life movement has had as its goal the reversal of *Roe* and restoring legal protection to unborn children. One day, members of the Supreme Court will recognize the grievous mistake made over 41 years ago and overturn that deadly decision.

Sometimes we take large steps forward toward that goal and sometimes we have setbacks. It would be appropriate to say that, most of the time, we take "baby steps" forward. But to underestimate their importance is to make a huge mistake.

We have an opportunity to take a step forward

We know that the Supreme Court is not yet willing to overturn *Roe*. In the meantime, in an effort to save as many children as possible as soon as possible, and in an attempt to undermine *Roe* piece by piece, we have taken an incremental approach. Pro-lifers have enacted laws in many states requiring that parents, at a minimum, be notified before their minor daughter gets an abortion; required that women be given information about abortion, its risks, and the available alternatives; prevented the use of tax dollars to pay for abortion; banned abortion on unborn children who are capable of feeling pain, as well as many other pieces of protective language.

Next time the pro-abortion community pretends to speak for "women," remember that it has opposed these reasonable protections for unborn children and their mothers, even though the laws are supported by a large majority of Americans, including women!

In the next few weeks, we have an opportunity to take another step forward. You will play an instrumental role in deciding which direction this country goes. Will we elect men and women who will work with us to protect unborn children or will those elected be men and women who don't care about the one million babies who die each year—or worse, actually work to increase the number of dead babies?

Will the newly elected or re-elected lawmakers vote to repeal or significantly change Obamacare, and pass the Pain-Capable Unborn Child Protection Act? Will they pass other badly needed pro-life protections for unborn children and their mothers? The life-denying alternative is a Congress that could push for the so-called "Women's Health Protection Act" (more appropriately called the "Abortion Without Limits Until Birth Act"), and similar legislation that seeks to increase the number of abortions and expand access to the procedure. Which one will it be?

As you remind your pro-life family members, colleagues, and friends of the upcoming elections, help them to understand this stark reality. The results of the upcoming elections in the Senate will determine whether we have enough new senators to help block President Obama's pro-abortion initiatives; his abuse of subsidizing of insurance plans that cover abortion through Obamacare; and his appointments of radical pro-abortion judges.

How active pro-lifers are in the upcoming elections can determine whether more good laws are passed and more babies are saved, or bad laws are passed, lengthening this already much-too-long dark period in our nation's history.

I can't tell you how many times I've heard that the pro-life movement should concentrate on changing hearts and minds, and stay out of politics and legislation because that just alienates people. This is a false dichotomy. We do both. We help individual women facing crisis pregnancies and begin to change the legislative environment in a more life-affirming direction.

If you don't think abortion's legality is important, consider this. If you talk to women who have had an abortion, or read their stories, you will hear many of them say, "If it hadn't been legal, I wouldn't have done it."

We change the law by electing pro-life candidates

Most state governments run public relations campaigns about why we shouldn't drink and drive, or why we shouldn't speed through construction zones. But they also back it up with laws to reinforce the campaigns. Changing the law is an essential component in the larger campaign to restore respect for the right of life of unborn members of the human family. And we change the law by electing pro-life candidates to office.

Our goal is to restore legal protection to the most defenseless members of our society who are threatened by abortion, infanticide, assisted suicide, and euthanasia. We continue to work toward that end.

Help NRLC tell America "Abortion Stops a Beating Heart"

By Tatiana Bergum, NRLC Deputy Press Secretary

As we prepare to celebrate Respect Life Month next month, National Right to Life will launch a nationwide radio campaign on IndieGoGO calledAbortion Stops a Beating Heart . Our current plan calls for airing these ads on more than 1,000 stations from coast to coast, and in major cities like Los Angeles, Chicago, and New York. NRLC needs your assistance to raise $250,000.

We only have 25 days left to get the support to air these life-affirming ads. By giving to Abortion Stops a Beating Heart on IndieGogo [www.indiegogo.com/projects/abortion-stops-a-beating-heart], you can receive a gift in return as a thank you from National Right to Life. Whatever you're able to help us with will not go unnoticed—be it $1 or $100—what you give on behalf of the unborn makes a difference.

If you aren't able to make a financial contribution, please consider getting involved at a local level. Reach out to the National Right to Life affiliate in your state. Read up on the latest pro-life news at National Right to Life News Today. Know where you representatives in Congress stand. Educate yourself so you can educate others.

With your help and commitment we can share the message of life with America! If even just one mother coping with an unexpected pregnancy hears our ad, and chooses life for her unborn child, then our campaign is a true success. But we can't do it with you.

Tell your friends and family about Abortion Stops a Beating Heart. Share the campaign on Facebook, Twitter, Instagram – and any other social media sites you use! Spreading the word is the key to getting our message across. You can help impact millions of people with the pro-life message– what better time to start than right now!

Wisconsin Success Story in Decreasing Abortions a Model for Other States

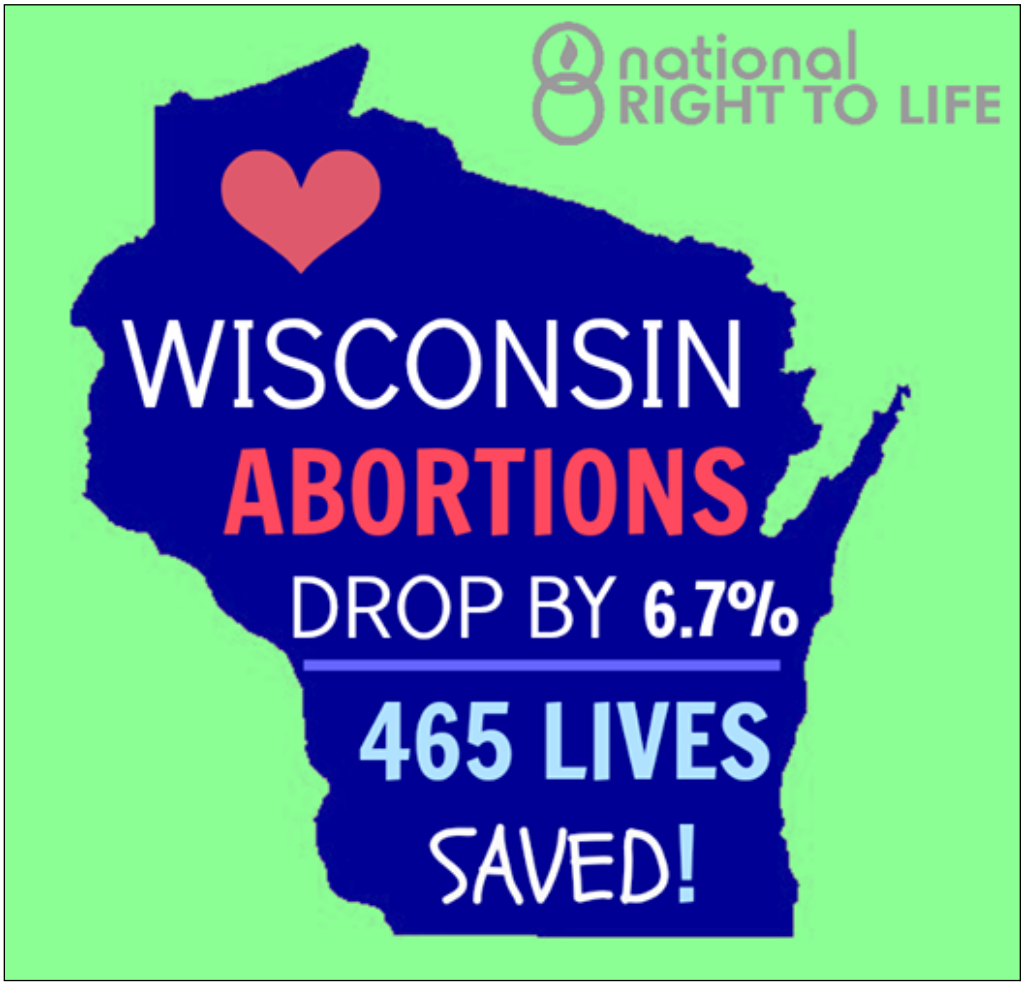
By Heather Weininger, Executive Director, Wisconsin Right to Life

The long-awaited day finally arrived — the day we look for all year long. It's the day the Wisconsin Department of Health Services releases its "Reported Induced Abortions" in Wisconsin annual report for the previous year. And, once again, Wisconsin abortions have decreased, this time by a whopping 6.7%!

In sheer numbers, it means that in 2013, 465 more babies were saved from abortion and their mothers spared a lifetime of emotional pain when compared to 2012. Wisconsin recorded 6,462 abortions in 2013, down from 6,927 in 2012. The Wisconsin abortion ratio of 10 abortions per 100 live births is half of the national number.

This report is essentially our Wisconsin Right to Life report card. Daily tasks can become mundane, routine – unless you work at organizations such as Wisconsin Right to Life where you realize that everything you do is geared towards pushing those numbers down.

How many babies can we save this year, we ask ourselves?



How do we do it? Our strategy is essentially three-pronged:

1. Good public policy. When WRTL considers legislation to promote, the first question asked is whether a proposed bill will save lives. We have enacted some of the most sophisticated, thoughtful laws in the country to further the interests of the woman while working to preserve her baby's life. Work for both mother and baby and success follows.

2. Far-reaching educational programs. The centerpiece of WRTL educational outreach are positive messages repeated over and over with information on where to find resources and alternatives. We have a proven track record of ensuring that a strong, pro-life message is available for women of childbearing age. Using media outlets we can achieve around 70 million ad viewings and Internet contacts annually.

3. Youth, youth and more youth. Our Internet programs are heavily weighted towards reaching youth. WRTL youth leadership programs are flagship for the country. In addition, major studies and poll data indicate that American young people are pro-life! They are savvy and curious and don't fall for the outdated pro-abortion rhetoric of the past. Pro-life attitudes mean less likelihood that an abortion will occur.

It is gratifying to know that 465 babies sleep peacefully in their beds — that they have a future — because their mothers chose life. Our role in achieving this outcome surpasses any other activity we can imagine. It is an incredible privilege to do this work to further the human rights of the most vulnerable members of the human family.

Debate over late abortion intensifies as British mother releases photo of premature daughter born at 24 weeks

By Dave Andrusko

In mid-September *NRL News Today* wrote about the controversy that ensued when it was learned (as the *Sunday Times* wrote) that "AT LEAST 120 babies born during week 23 of a pregnancy -- the last week when abortions on demand are legal -- have survived in the past four years." For now, never mind that this limitation can and is easily breached in Great Britain, the message is that this incongruity is fueling debate on the need to lower the outer limit.

In short order there were two stories that related to this ongoing conversation and which heated up the debate.

Emily Caines released a photograph of her premature baby, born at 24 weeks, to raise awareness about neonatal death and to reopen the debate about the 24 week "limit."

Mrs. Caines told *The Daily Mail's* Kelly Strange

> *"Our picture shows Adelaide was not a foetus, she was a fully formed human being and to think that a baby like her could be legally terminated is to me horrifying.*
>
> *"Our hospital was amazing and did all they could but Adelaide suffered complications which made it impossible for her to survive but many babies born at 24 weeks do live."*
>
> *"That makes a mockery of the 24 week legal limit.*
>
> *"Our daughter may not have lived long but she was still our daughter and we love to talk about her and celebrate her life.*
>
> *"Sadly in this day and age some people still find that offensive or uncomfortable."*

Mrs. Caines had previously lost two baby girls, one at 23 weeks. She said

"My first daughter was born at 23 weeks and classed as a late miscarriage, Adelaide was born at 24 weeks and classed as neonatal death but they looked exactly the same."

The couple learned at 20 weeks they were expecting a girl "and were relieved to pass the 24-week stage, when medics are legally obliged to help save the life of a premature baby," Kelly Strange wrote.

But just a few days later, in December 2013, she began to bleed and was rushed in for an emergency caesarean section. According to the Daily Mail.

> *Her husband stayed by her side as their tiny daughter let out a cry as she was delivered by doctors.*
>
> *It was at that moment a doctor took the only picture of Adelaide alive on the couple's camera.*
>
> *Mrs. Caines said: 'That cry filled us with so much hope. Her little fists were waving and I could see the doctors working on her.'*

Mrs. Caines is now 21 weeks pregnant with a baby boy she calls her She "rainbow baby." She explained, "The theory of the rainbow baby is that something beautiful will follow the devastation caused by the storm."

In the same edition, the Daily Mail carried a story under the headline, "Premature twin boys born ONE WEEK before the abortion limit survive despite heart condition and doctors warning to parents to fear the worst."

Twin boys Kyle (1lb 7oz) and Jake(1lb 6oz) were born last September, barely the size of a hand, at just 23 weeks. Although told by doctors to expect the worst, the boys have made a full recovery.

Mrs. Baird and her husband, Colin, have been together for four years and overjoyed when the 12-week-scan showed she was carrying twins. "But the joy turned to fear when, just three weeks after their 20-week scan, their baby boys arrived 16 weeks early," Davies reported.

"The doctors said before I gave birth that babies are classed as not viable until 24 weeks so prepare yourselves for bad news," Mrs. Nichola Baird told Madlen Davies.

Emily Caines, 25, has released a photograph of the moment her premature daughter Adelaide was born

The twins were born at the Queen Elizabeth hospital in Gateshead, Newcastle but "due to bed shortages the twins had to be separated and were sent to separate hospitals."

But the boys both survived. Both had surgery to close valves in their tiny hearts, and Kyle also needed a major operation on his bowel. But now both are weighing in at 18 pounds "and aside from routine oxygen checks they are healthy."

Mrs. Baird said of her twins, "They are a miracle. Looking back now, I realise how lucky we all were."

How to Build a Better Leader – In Wisconsin, Summer Camps Are Just the Start

By Joleigh Little, WRTL Region Coordinator and Teens for Life Director

Throughout history we've been consumed with making things bigger and better. It's the American way. But what good, really, is a bigger and better car/house/boat/mousetrap in a world where the most basic rights – specifically life – are not cherished? The answer is obvious. Not much.

It is with that in mind, that we at Wisconsin Right to Life, like other NRLC affiliates, have devoted much time and effort to building something a little more lasting. In short, we're building leaders – young people who will carry the cause of life into the future as they grow up, graduate, attend college, enter the workforce and start families of their own.

The beauty of this strategy is that the right-to-life message – the basic truth that life is valuable and must be protected – is not something you outgrow. It's something that, once you have made it a part of your life, you carry forward and share with others. You talk about it on campus. You share with co-workers. You teach your own children to love and protect life. You build a culture that cherishes life one conversation, one interaction at a time.

Wisconsin Right to Life's summer camps build leaders who will benefit the cause of life for years to come.

Wisconsin Right to Life has learned that building leaders starts with relationships that affirm life.

Here in Wisconsin, we have been hosting summer camps to train young pro-life leaders since the summer of 2003. In that time we have trained hundreds and even thousands of young people to defend the cause of life with words and actions as they debate, engage in social media and reach out to help women who face unplanned pregnancies. And while that training is invaluable and forms the bedrock for our youth outreach program, we quickly realized that it, alone, wasn't enough.

It was a fabulous start, of course. But we needed to do more. (And this is true for all of us in this movement… until every life is protected, we MUST continue to do more, every single day.)

What, for example, about kids who were trained at our camps as teenagers but then graduate and go to college?

Enter our college grant program which helps form right-to-life groups on college campuses throughout the state, ensuring that what is learned at camp will continue to reach hearts and minds throughout a young person's post-high school years. This idea was one proposed by a volunteer in the living room of a local chapter leader back in 2004. Since that time, hundreds of college students have participated in a program that has educated thousands on campuses across the state.

But, as we examined our work – it's the only way to improve your reach – we realized that even more could be done. In 2013 we started a program to initiate and grow new Teens for Life groups across the state. The pilot year followed groups in all corners of the state and continues to build leaders who are savvy, articulate, and ready to answer any challenge set before them. The leaders of these groups, in turn, train the members of the group, and those members go home and educate siblings, parents and extended family.

You see, we have learned through the years of our youth outreach, that while training is vital, you can't just throw information at teenagers, send them home, and expect them to succeed. As with anything of real value, much of the success will be based on relationships. We have seen that as those relationships are nurtured – as conversations happen, as friendships form, and as young men and women feel truly a part of something bigger and broader than themselves, leaders are built – one brick, one stone, one layer at a time.

See "Summer Camps" page 38

To all U.S. Senators: **Pass the Pain-Capable Unborn Child Protection Act!**

We, the undersigned, strongly support legislation to protect pain-capable unborn children from painful abortions, beginning at 20 weeks fetal age (about the beginning of the 6th month). By that point, if not earlier, the unborn child can experience excruciating pain while being dismembered or subjected to other brutal late abortion methods.

Such legislation has been introduced in the U.S. Senate. The Pain-Capable Unborn Child Protection Act (S. 1670) is virtually identical to legislation passed by the House of Representatives in June, 2013. Similar laws have been enacted in 10 states.

Therefore, we urge the U.S. Senate to act to protect these babies from painful abortion procedures and pass the Pain-Capable Unborn Child Protection Act!

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Will States be bribed to intensify Health Care Rationing?

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

Should the federal government pay states to limit what their residents are allowed to spend to save their lives? In early September the Center for American Progress, a D.C.-based think tank led by former staffers for the Obama and Clinton Administrations, released a new proposal that would incentivize states to ratchet down health care spending.

According to a September 4, 2014 *Associated Press* article written by Ricardo Alonso-Zaldivar:

"Individual states would set their own targets to curb the growth of health care spending. If they succeed, they'd pocket a share of federal Medicare and Medicaid savings, ranging from tens of millions to $1 billion or more, depending on the state....

"The state spending targets would encompass private spending, as well as Medicare, Medicaid, state and local employee insurance plans, and subsidized private coverage under the new health law. States would not have to expand Medicaid under Obama's health care overhaul to participate."

Under the current Obama Health Care law, there are already multiple mechanisms to limit not what Americans may choose to spend, out of their own funds, for their own families' life-saving and health-preserving health care. (For details and documentation, see www.nrlc.org/uploads/communications/healthcarereport2014.pdf) If the Center for American Progress (CAP) proposal is adopted, states will be pushed to impose even more severe limits in order to receive highly coveted bonus payments.

While healthcare spending growth has been lower over the past several years due to a slow economy, it is predicted to return to higher levels in the future. The CAP report, "Accountable Care States: The Future of Health Care Cost Control," laments, "Without action, health care spending will continue to crowd out other vital spending in household and government budgets."

This is the same fatally flawed reasoning at the heart of the Obama health care law. (See www.nrlc.org/uploads/medethics/AmericaCanAfford.pdf for a rebuttal of the assumption that America must curtail growth in health care spending.)

Under the Obama Health Care law, in 2018 and later, the government would limit Americans to health care spending that rises only at the increase in per capita Gross Domestic Product plus 1%.

What does forbidding health care spending from growing faster than the overall economy mean in practice? A reduction in what Americans, unconstrained by government-imposed rationing, would be able to devote to preserving the lives of their family members. While it might seem reasonable to some that the resources devoted to saving lives grow only at the rate of the general economy, in fact productivity increases in other areas of the economy have consistently freed up resources that can be used to preserve life and increase health.

A government-imposed clamp-down forcing any one sector of the economy to grow no more than the average rate of economic growth would be like a school-imposed rule allowing no student to receive a grade higher than the average grade in the class. In a free-market economy, the share of resources devoted to each sector constantly shifts based both on increases in the efficiency of production and on changes in demand for products and services.

Imagine the impact on our overall well-being if, in 1960, a law had been enacted preventing spending on computers from rising any more than the average growth in the economy. Probably personal computers – desktop or laptop—could never have been developed. The Internet could never have been developed – nor smartphones.

The consequence would have been clear. Without the dramatic developments in computer technology over the past half-century, our standard of living, and the overall economy, would have been far lower than it is today – frozen at a level not much different from that available in the 1960s.

Americans have to date enjoyed dramatic drops in mortality from cancer, heart disease, and a host of other illnesses and injuries precisely because our increasingly productive economy has allowed us to devote more resources to saving our lives. Now, however, the government is slamming on the brakes, with the consequence that medical progress will inevitably begin to slow.

The CAP proposal aggressively takes aim at what America's citizens are permitted to spend to obtain medical treatment in hospitals. According to Alonso-Zaldivar, "An economic analysis with the proposal sees total savings of $1.7 trillion over the first 10 years if about half the states embrace the idea. Of that amount, the federal government would save $350 billion, net of payments to states."

While everyone would prefer to pay less – or nothing – for health care (as for anything else), government prohibitions on health care spending in fact prevent access to lifesaving medical treatment that costs more to supply than the limit set by the government.

Hospitals and doctors will be forced to reduce lifesaving medical treatment as they are squeezed more and more tightly each year by the declining "real" (that is, adjusted for health care inflation) value of the payments they take in. These day-to-

See "Rationing" page 12

Abortion in Elections: It's not about us – it's about the 3,000 babies who will die by abortion today

By Karen Cross, National Right to Life Political Director

I'm going to say something some may find shocking.

It's not about you.

Nope. And it's definitely not about me. It's about the nearly 3,000 unborn children who will die a brutal death by abortion today. And another 3,000 tomorrow. It's about protecting their lives – and their futures.

Occasionally, I hear from people who are opposed to our endorsements who complain that a Congressman or Senator has "been in too long," or they're too old, or that they're "not conservative enough."

These concerns entirely miss the point. We are in the business of saving lives. If someone has reached a level of power after serving long enough that they can impact lifesaving legislation, ***God bless them***!

And what on earth does age have to do with whether a member of the House or Senate can vote for life?

How they vote, and whether they will vote to protect life, is what really matters.

Life matters.

Protecting life transcends all political parties, all religions, all races, and people of all economic status.

This year, the United States Senate is only a net gain of ***six seats shy of achieving pro-life leadership***.

Thirty-six U.S. Senate seats are up this year – 21 are held by pro-abortion Democrats or "Independents" who caucus with them, and 15 are held by Republicans.

We, who understand how precious life is, must defend the pro-life seats.

And, we must also work to take those seats held by pro-abortion senators and representatives and replace them with legislators who will vote for life.

Since 1973, more than 56 million defenseless babies have been aborted – more than 3,000 each day, 365 days a year. When we stay home on election day babies die, allowing atrocities seen in the murder trial of abortionist Kermit Gosnell to continue across the nation.

Some people wrongly believe what they *personally* do won't really make a difference. Yet, this past spring in West Virginia (my home state), four House of Delegates candidates lost or won their primary elections by fewer than twenty votes *combined*. Had a handful of their friends shown up to vote, the outcome may have been altered.

What is the clear message? You CAN make a difference in your community, and even in our nation. You can make sure your pro-life family and friends go to the polls and vote for pro-life candidates.

Together, if we remain focused and we persevere, if we continue to work and organize, in 2014, we can bring needed change to Washington, D.C. We can begin to reverse the perverse culture of death which is shaming our nation. It is essential that we prioritize protecting our nation's most precious resource – our children, and those who are most vulnerable.

You are pro-life because you recognize that it's not about *us*, or our individual states, or our preferred candidate: *It is about coming closer each day to a pro-life Court that will protect the lives of vulnerable human beings – unborn children, and medically dependent and people with disabilities.*

The 3,000 babies who die by abortion today are too important to lose sight of that ultimate goal.

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

Clinic Regulations – How the Abortion Industry is adapting to deal with them

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

By now, you've heard that a federal judge at the end of August struck down regulations that Texas passed in 2013 requiring that abortion clinics meet the same building standards as ambulatory surgical centers. Texas has appealed Judge Lee Yeakel's 21-page decision and a three-judge panel of the 5th U.S. Circuit Court of Appeals has already heard oral arguments.

Abortionists have fought other aspects of Texas' HR 2, including the provision that abortionists have admitting privileges in a local hospital.

Individually or in tandem, the abortion industry insists these common sense requirements would shut down abortion clinics all over the state. (Worth noting is they did not challenge the Pain-Capable Unborn Child Protection Act which prohibits killing unborn children who have reached the developmental milestone of being able to feel pain, which substantial medical evidence places at 20 weeks, if not earlier.)

Whether they ultimately win the legal battle against these regulations in Texas or in many of the other states where they have passed, the abortion industry is both making as much as possible of the fight and preparing to deal with the potential closure of a significant number of substandard clinics.

Strategy #1: Fight in the Courts and the Media

They have fought the regulations in the legislatures, in the courts, and in the media, of course. They have trotted out stories of women "denied" abortions, arguing that the measures, such as admitting privileges for abortionists, are unnecessary and only intended as obstacles.

Don't expect the facts to get in their way.

This ignores an official declaration by 32 medical groups, including the American Medical Association, the American College of Obstetricians and Gynecologists, and the Association of Reproductive Medicine, that "Physicians performing office-based surgery must have admitting privileges at a nearby hospital, a transfer agreement with another physician who has admitting privileges at a nearby hospital, or maintain an emergency transfer agreement with a nearby hospital" (American College of Surgeons, "Statement on Patient Safety Principles for Office-Based Surgery Utilizing Moderate Sedation/ Analgesia, Deep Sedation/Analgesia, or General Anesthesia," April 1, 2004 at www.facs.org/about-acs/statements/46-office-based-surgery). Resisting these requirements also ignores the all too common troubling stories of abuse, injury, and death of patients that have taken place at old, cramped, and/or unsanitary clinics like those run by notorious abortionists such as Kermit Gosnell.

Some clinics did indeed shut down even before the law was scheduled to take effect. Perhaps they anticipated (and thereby avoided) the embarrassment of a state investigation exposing unsafe conditions and practices.

This surely means that, at least in the immediate future, both pregnant mothers and the babies they carry should be safer. If Gosnell showed us anything, it is that concerns about callous, irresponsible abortionists and dangers to patients are well founded.

Even if common sense prevails and these regulations ultimately endure in some form, the evidence shows us an industry that is adapting.

Strategy #2: Opening New Central Mega-Clinics That Are Up to Code

Abortion giants like Planned Parenthood may close a clinic or two here or there, but they take the opportunity to play the victim, raise funds, and build giant new code-compliant abortion megaclinics. Within months of announcing the closure of a few clinics in Texas, Planned Parenthood affiliates there announced plans to build huge new abortion performing facilities in San Antonio and Dallas with construction and refurbishing costs totaling $13 million (Mother Jones, 8/28/14).

Texas is not the only place where this is happening. When another clinic closed in Asheville, North Carolina, Planned Parenthood came along to pick up the slack. They said they would take care of abortion patients at their newly opening center and assured the public they would be compliant with new clinic regulations passed by the North Carolina legislature.

"We are going to build to that standard so that we are prepared and ready to provide care for our patients no matter what," Melissa Reed, a spokesperson for the regional Planned Parenthood affiliate told a reporter for the *Asheville Citizen Times* (3/18/14).

Planned Parenthood has been building large, modern, abortion megaclinics all across the country over the past several years. Megaclinics in places like Aurora, IL, Houston, and Denver have garnered a lot of press, but there are new abortion super-centers in places like Oregon, California, Nebraska, Minnesota, Michigan, Florida, Virginia, New York and elsewhere.

Smaller centers in the area can simply drop surgical services (and the need for surgically trained abortionists, of which there is an increasing shortage) from their offerings and refer patients seeking surgical abortions to the megaclinic. [1] Lower level clinic personnel can continue to provide abortion pills to patients wanting chemical abortions, letting patients consult with an abortionist back at the megacenter over a webcam.

Where laws or practical limitations keep clinics from offering at least chemical abortions, the industry pushes forward nevertheless.

Strategy #3: Push Chemical Abortions

It is not coincidental that while discussions of clinic regulations and their impact on abortion availability are taking place, the *New York Times* would run a story on Rebecca Gomperts and "The Dawn of the Post-Clinic Abortion" (8/28/14).

Gomperts is the Dutch general-practice physician behind the so-called "Abortion Ship" that attempted to perform chemical abortions in international waters just outside the boundaries of Ireland, Poland, and Portugal in the early 2000s.

While that venture largely failed to pan out, using the publicity the stunt generated, Gomperts began telling women how they could use drugs women could readily obtain from their local pharmacies to perform their own abortions.

At first, this was through "hotlines" that Gomperts promoted in several countries

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Clinic Regulations *from page 11*

where abortion was not legal. Gompert's group, Women on Waves, told women how they could get and use misoprostol, a widely available prostaglandin that helps patients who take a lot of non-steroidal anti-inflammatory drugs avoid ulcers, to self-initiate abortions.

Eventually Gomperts decided to start a website where women in countries with laws protecting unborn children could answer a few medical questions and then order abortion drugs shipped from India. Her website, Women on Web, is only one of several places where women can order mifepristone (RU-486) or misoprostol on line.

There is already a black market in place in many parts of the U.S., and has been for a number of years, where women can get misoprostol to self-abort. Among those places, many recent news astories tell us, are border town flea markets in Texas, which many of those stories tie directly to the Texas push for abortion clinic regulations.

Lester Minto is one of the Texas abortionists getting out of the business and complaining about the new requirements. He shared with *Slate* magazine (11/20/13) what he tells women who came to him.

"I tell them that I know that there are other things that people do… they go over the border to Mexico and go to a pharmacy and buy misoprostol at a pharmacy. It is an ulcer drug, but it works as an abortifacient. It is not as effective [as] mifepristone, which is the on-label medicine used in the U.S. But in these ladies' situations, misoprostol can be a good choice."

Though misoprostol is currently legally used in conjunction with mifepristone for abortion here in America, it is not licensed separately for abortion and is only supposed to be used with a doctor's prescription. But there are those in the pro-abortion movement now pressing for over the counter status for misoprostol and hope to make mifepristone available that way as well.

There is some resistance to such a move. Some medical professionals have argued there continues to be a need for a doctor's direct supervision. And at least one state medical board (Iowa's) put in place rules to end a webcam abortion program on safety concerns. Legal appeals, of course, are ongoing.

The U.S. Food and Drug Administration (FDA) has not yet given any indication that it is willing to go as far as making the abortifacients available over the counter. But who knows what it will do under the pressure of pro-abortion administration and a heavily financed campaign by the abortion lobby?

Continuing Abortion By Whatever Means Necessary

All these things taken together make the abortion industry's strategy with regard to clinic regulations clear.

They will fight even the most common sense health and safety regulations, just as they have fought right to know and ultrasound laws that make certain vulnerable women know what abortion would do to her and her baby and know about realistic alternatives to the destructive procedure.

They will win some times and lose some times in the legislatures and in the courts, with the final outcome yet unknown. A critical part of their campaign, no matter what happens in the courts, is to try to counter the exposure of the reality abortion industry's greedy, seamy underside with diversionary tactics

At the same time, they will be retooling the industry, shifting most of their surgical work to big, shiny, centralized, code-compliant mega-centers. They'll try to move as many women as possible to earlier chemical abortions that can be managed at smaller satellite clinics, if possible by minimally trained (cheaper) personnel or by webcam where the abortionist is never in the same room as the pregnant woman.

The "true believers" of the movement will encourage and aid women in chemically self-aborting, obtaining pills ordered over the internet, picked up at a flea market, or, if they ultimately have their way, over the counter.

Lest anyone forget, women have died after taking these powerful abortion pills. Women have bled to death, others have contracted rare bacterial infections that seem to show up inordinately among women having drug induced abortions, while still others with undetected ectopic pregnancies have experienced deadly ruptures. And even when the mothers do survive, the whole process is still bloody, arduous, extremely painful, and dangerous.

Clinic regulations may slow them down for a while and bring some needed attention to the callous and deplorable way that the abortion industry not only treats unborn babies, but too often, their mothers. But don't believe any of the hype about them closing their doors and giving up the cause.

[1] In California, which doesn't have the same legal limits but apparently still sees a "shortage" of abortionists, the abortion industry has succeeding in allowing physician assistants, nurse practitioners, and nurse midwives to perform some first-trimester surgical abortions (*NRL News Today*, 5/29/13).

Will States be bribed to intensify Health Care Rationing?

from page 9

day rationing decisions will have the most direct and visible impact on the lives – and deaths – of people with a poor "quality of life."

While the attempts to implement the ACP proposal are still in their infancy, Alonso-Zaldivar writes, "Authors plan to shop the idea around to top policymakers on Capitol Hill and in the administration. Congressional approval is needed to fully develop the concept." The plan's proponents hope to win Republican support because of its focus on action by states rather than the federal government, and support from both parties because of the widespread, albeit erroneous, belief that health care spending is out of control. In the absence of significant constituent protests, no one can be sure such a proposal will not become law.

While the Obama Health Care Law continues to be implemented in 2014, it is important to continue to educate friends and neighbors about the dangers the law, as well as proposals like this, pose in restricting what Americans can spend to save their own lives and the lives of their families. You can follow up-to-date reports here: powellcenterformedicalethics.blogspot.com

How the Missouri Legislature Overrode Governor Nixon's Vetoes of Important Pro-life Legislation

By Dave Andrusko

Late in the evening on September 10, the Missouri legislature overrode Governor Jay Nixon's veto of two very important pro-life bills and one line item veto of a budget increase for Missouri's Alternatives to Abortion Program

The best known measure--HB 1307--increases the time of reflection after counseling before an abortion can be performed from 24 hours to 72 hours

To shut down the filibuster by pro-abortion senators, the senate used the rare procedural maneuver of calling for the previous question.

"These bills work together to protect the women of Missouri and ensure that in this matter of life and death, they don't make a decision that will have a detrimental effect on them both physically and emotionally," said Pam Fichter, President of Missouri Right to Life. "Pro-lifers across Missouri are so thankful and pleased that these bills are going into effect.

Background

What follows is an excerpt from a summary provided by the Missouri Catholic Conference which provides more details about this triumph.

During the veto session state legislators passed three pro-life measures: a bill giving women 72-hours of reflection time before making an abortion decision; an expansion of the tax credits that donors can claim when giving to pregnancy help centers, maternity homes and food pantries; and, a restoration of $500,000 in the state's Alternatives to Abortion (ATA) program, all of which were previously vetoed by Governor Nixon.

"That is a lot of pro-life legislation to move through the general assembly in a one-day veto session," Missouri Catholic Conference's executive director, Mike Hoey noted.

Reflection Period Before Abortion Decision

According to Hoey, the biggest challenge during the veto session came in passing the 72-hour reflection bill, HB 1307. Since the bill was a House bill, the effort to override Governor Nixon's veto had to begin in the Missouri House. Sponsor Kevin Elmer (R-Nixa) made the motion to pass HB 1307 into law, the governor's veto notwithstanding. A very emotional debate then began.

"I value life at all costs and I am glad we live in a country where we value and protect life. All lives are equal," said Elmer, beginning the heated debate.

Opponents of the waiting period argued that this legislation is "really about not trusting women to put enough thought into a serious health decision," Representative Genise Montecillo (D-St. Louis) said.

Fortunately, other women in the House stood up in support of the override. "[If] you get a couple of more days to think about this pregnancy, think about where it's going, you may change your mind [about having an abortion]" said Representative Kathie Conway (R-St. Charles).

After passage in the Missouri House, the reflection period bill faced an even bigger hurdle in the Missouri Senate. "The Missouri Senate prides itself on allowing free and full debate and that's great, but there comes a time when a vote should be taken," Hoey said.

Just after midnight, after a very long day, Senator David Sater (R-Cassville) moved the previous question on HB 1307. The Senate rarely moves the previous question, which, if adopted, requires an immediate vote on the legislation under consideration.

However, when it became clear that opponents would filibuster throughout the night and into the morning of September 11, Senate leadership decided it was time to vote on the bill. Ultimately, the Senate approved HB 1307.

With the override of Governor Nixon's veto, Missouri becomes only the third state in the nation to enact a 72-hour waiting period along with Utah and South Dakota.

Many hundreds of pro-life citizens came to the Missouri State Capitol chanting "Override, override, override…"

See "Missouri" page 28

What babies learn in the womb

By Paul Stark

At CNN.com , Annie Murphy Paul, author of "Origins: How the Nine Months Before Birth Shape the Rest of Our Lives," writes:

Starting a few years ago, I began noticing a dazzling array of findings clustered around the prenatal period. These discoveries were generating considerable excitement among scientists, even as they overturned settled beliefs about when we start absorbing and responding to information from our environment. As a science reporter — and as a mother — I had to find out more.

This research, I discovered, is part of a burgeoning field known as "fetal origins," and it's turning pregnancy into something it has never been before: a scientific frontier. Obstetrics was once a sleepy medical specialty, and research on pregnancy a scientific backwater. Now the nine months of gestation are the focus of intense interest and excitement, the subject of an exploding number of journal articles, books, and conferences.

What it all adds up to is this: much of what a pregnant woman encounters in her daily life — the air she breathes, the food and drink she consumes, the chemicals she's exposed to, even the emotions she feels — are shared in some fashion with her fetus. They make up a mix of influences as individual and idiosyncratic as the woman herself. The fetus treats these maternal contributions as information, as what I like to call biological postcards from the world outside.

By attending to such messages, the fetus learns the answers to questions critical to its survival: Will it be born into a world of abundance, or scarcity? Will it be safe and protected, or will it face constant dangers and threats? Will it live a long, fruitful life, or a short, harried one?

The pregnant woman's diet and stress level, in particular, provide important clues to prevailing conditions, a finger lifted to the wind. The resulting tuning and tweaking of the fetus's brain and other organs are part of what give humans their enormous flexibility, their ability to thrive in environments as varied as the snow-swept tundra in Siberia and the golden-grassed savanna in Africa.

The recognition that learning actually begins before birth leads us to a striking new conception of the fetus, the pregnant woman and the relationship between them.

The fetus, we now know, is not an inert blob, but an active and dynamic creature, responding and adapting as it readies itself for life in the particular world it will soon enter. The pregnant woman is neither a passive incubator nor a source of always-imminent harm to her fetus, but a powerful and often positive influence on her child even before it's born. And pregnancy is not a nine-month wait for the big event of birth, but a crucial period unto itself — "a staging period for well-being and disease in later life," as one scientist puts it.

Read the rest at www.cnn.com/video/data/2.0/video/international/2011/12/09/ted-cnn-ideas-annie-murphy-paul-learning-womb.cnn.html?iref=allsearch

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

"Stunning photos" of newborns show unmistakable continuity of human life

By Dave Andrusko

How many million times have pro-lifers made the simple—and absolute correct—assertion that birth is just a change in location? That while the law may allow for the absurd conclusion that a child in utero is something/someone different than the baby who makes her appearance when she is delivered, commonsense and experience say otherwise

When making the transition from in utero to ex utero, the baby is not even changing zip codes.

There is a blog called babycenter.com which recently ran a delightful piece under the headline "Stunning photos show how a baby fits in your womb." Sara McGinnis starts with this question:

"Have you ever wondered how your baby managed to fit inside your body? Sure, there are some amazing illustrations out there depicting how things generally fit — but what about your son or daughter in your womb?

In the next sentence McGinnis clues us into something absolutely fascinating:

"I recently came across the work of Marry Fermont, a photographer who lives in the Netherlands, and was amazed to see this photo of a "little guy [who] just laid still in the hands of the midwife. Just like inside the womb."

As you can see from the photo, this is an ex utero pose of the curling position the child had adopted while in his or her mother's womb. In other words, this is how a baby in the very latter stages of gestation can 'fit' inside—by scrunching up.

Fermont assures McGinnis, "The babies are mostly totally relaxed in this pose. They feel secure and comfortable. They are used to being folded up this way." Fermont says she was "the first birth photographer in the Netherlands to start taking these types of pictures."

Most often it is the midwife who holds the baby for the photo, but sometimes it's the dad who likes to show the newborn in this position. But as fascinated as he might be (and it **is** remarkable), obviously it is far more revealing for the mother who carried the baby for nine months. Fermont says

"Most of the parents cannot believe that their baby was inside of the belly when it's born. It's hard to imagine how your baby was curled up inside of you after it came out. You see it coming out, but you still cannot believe it was ever inside of you as soon as you have him or her in your arms. This disbelief has been voiced many times, and that's why midwives started showing this pose — because of the curiosity of the parents."

Disbelief? That is not an exaggeration. I remember when my wife delivered our first child. All that humanity in such a tiny space….

But there is a different kind of disbelief, the kind that disbelieves in the continuity of human development. That can convince itself that suddenly when the child takes the first breath outside the womb, he or she is magically transformed into something new. In fact, all they have done is change addresses.

What a wonderful account. You can read it in full—and see another pose—at http://blogs.babycenter.com/mom_stories/photos-baby-fit-in-womb-08122014-newborn-photography-idea/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+HeroicNews+%28Heroic+News%29

Tip of the hat to lifenews.com.

In Memory

In memory of our parents,
Mr. & Mrs. Herman Kamps
&
Mr. & Mrs. Maynard Woodwyk

- Robert & Ila Woodwyk

Thank you!

Cosmopolitan magazine to jumps into partisan politics—aka supporting pro-abortion Democrats

By Dave Andrusko

First things first. An old codger like me, we can safely say, is not *Cosmopolitan* magazine's target audience.

But judging by what its website has aggressively undertaken, its target audience now excludes pro-lifers, male or female. And

Joanna Coles, Comospolitan magazine Editor-in-chief

that is deeply regrettable.

Since I don't read the magazine, I have no idea what forays "the legendary women's glossy" (POLITICO's description in an article that ran recently) had made into the abortion issue, until recently. As I reflect, it's easy to see why they are about to set sail into the sea of electoral politics—with only pro-abortionist candidates allowed on board.

Remember it was Cosmo's website that provided the platform to Emily Letts to explain "Why I filmed my abortion." Capturing for all time the final minutes of her baby's life and uploading it to the Internet represented a new low for a movement that is ceaselessly in search of new depths to sink to. This is the woman, by the way, who said in describing her abortion in Cosmo

> *"I know that sounds weird, but to me, this was as birth-like as it could be. It will always be a special memory for me. I still have my sonogram, and if my apartment were to catch fire, it would be the first thing I'd grab."*

Cosmo gave her a forum to put her grotesque action and revolting rationalizations in the best possible light.

And then there is the "Maggie Award" Planned Parenthood handed out to Cosmopolitan [http://nrlc.cc/1qAn852]. A press release from PPFA announced, "This year, for the first time Planned Parenthood awarded a brand new category for Excellence in Media, which was presented to Cosmopolitan magazine for its comprehensive coverage and discussions of women's health — both in its print and online editions. Since Joanna Coles became editor-in-chief in 2012 the magazine has increasingly focused on reproductive and sexual health issues."

But according to POLITICO's Hadas Gold (under the headline "The new *Cosmo*: Love, sex, politics?")

> *"The magazine known for its celebrity covers, fashion tips and relationship advice is diving into politics on Monday with its #CosmoVotes campaign, a new effort that will include candidate endorsements, stories on women-centric issues by a recently hired political writer, and a social media effort to get readers to the polls and be part of 'the party of the year.'"*

Presumably their audience skews youngish, so Coles tells POLITICO that it will be big into social media. So what is going to have every week, beginning September 8? "Cosmopolitan.com editors will endorse from one to three candidates based upon an 'established criteria agreed upon by Cosmo editors.'"

Criteria? What criteria? According to Gold

> *"The Cosmo endorsement criteria fall squarely into the liberal camp — equal pay, pro-choice, pro-birth control coverage, anti-restrictive voter-ID laws. Asked how a candidate who might line up on certain issues like equal pay but is pro-life would fare, Odell said that would be a deal breaker.*
>
> *"'We're not going to endorse someone who is pro-life because that's not in our readers' best interest,' Odell said. '[P]eople say that's a liberal thing, but in our minds it's not about liberal or conservative, it's about women having rights, and particularly with health care because that is so important. All young women deserve affordable easy access to health care, and that might include terminating a pregnancy, and that's OK.'"*

Consider: If a male editor-in-chief had announced that the magazine couldn't recommend pro-life candidates to *Cosmo's* female readers on the grounds that he had decided it was "not in our readers' best interests," the outcry would be swift and loud. That kind of paternalism—from a man or a woman—treats *Cosmo's* readers as if they are too dull to think on their own.

Second, Coles deflects the charge that the magazine has lost its way by plunging into politics. She tells Gold

> *"People keep saying, 'Oh, you've made the magazine much more political,' but I feel that these are about lifestyle issues for women. The biggest single decision which will impact your life is when you have a child. I want women to have control over that, not a bunch of old white guys sitting in D.C. That to me is why I am doing this."*

Of course this is thinly-veiled advocacy for pro-abortion Democrats, masquerading as female "control," otherwise known as unvarnished partisan politics.

Too bad *Cosmo* has become just another outlet to promote the candidates supported by NARAL and PPFA and EMILY's List with gushy profiles and uncritical PR.

Autos for Life rolls into fall

By David N. O'Steen, Jr.

Now that summer vacation is over and the kids are back in school, we're all settling back into our routines. Fall is here, and it's "out with the old, in with the new." "Autos For Life" can help you do just that!

Perhaps you have a van or station wagon that is no longer needed for family vacations, a sedan or second car that is now just sitting with the kids away at school, or a boat that you keep telling yourself " I'll get around to using it next year". We'll take it!

Thanks to dedicated pro-lifers like you, Autos for Life (a program run by the National Right to Life's educational outreach) continues to receive a wide variety of donated vehicles from across the country. Each of these special gifts is vital to our ongoing life-saving work in these challenging times. Please, keep them coming! (And remember, by donating your vehicle to Autos for Life, you'll receive a tax deduction for the **full sale amount!**)

Recent donations to Autos for Life include a 1995 Geo Prizm from a pro-life gentleman in New Jersey. He has owned this vehicle for years, but since he was rarely driving it, he decided that it would be better suited to help the National Right to Life's educational efforts. Another National Right to Life supporter from Illinois recently donated her 1999 Chevy Lumina to help further life saving educational work as well!

As always, 100% of the sale amount for these vehicles went to further the life-saving work of pro-life education.

This fall, you can make a difference in saving the lives of unborn babies! By donating your vehicle to Autos for Life, you can help save the lives of unborn babies and receive a tax deduction for the full sale amount. Your donated vehicle can be of any age, and can be located anywhere in the country! All that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc.) along with several pictures (the more the better), and we'll take care of the rest. Digital photos are preferred, but other formats work as well.

To donate a vehicle, or for more information, call David at (202) 626-8823 or e-mail dojr@nrlc.org

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

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

Please join us in helping to defend the most defenseless in our society, and teach the truth about abortion! The babies are counting on us!

Planned Parenthood Raising Money for Big Push in Fall Elections

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

Faced with clinic closings and legislative defeats, Planned Parenthood's political arm (Planned Parenthood Action Fund) is in the process of spending $16 million in this fall's races. To gin up contributions, Planned Parenthood President Cecile Richards has sent out a fiery but fact-challenged appeal fundraising letter to would-be supporters.

This massive political involvement may come as somewhat of a surprise to those who imagine Planned Parenthood to be just a "women's health care provider," the image PPFA so carefully cultivates. But, in fact, the nation's largest abortion performer and promoter has also long been one of the biggest players on the political scene, spending millions to put politicians in office who will defend the killing of unborn babies and keep the taxpayer dollars flowing their way.

Wendy Davis and Planned Parenthood president Cecile Richards

Ironically, while Richards opens with the statement "This has got to stop. **Politics has no place in women's health care**[,]" Planned Parenthood then spends the rest of the letter detailing why folks need to send "**a generous contribution of $50, $75, $100, $500 or more**" to aid in "**changing the political landscape**," to "**protect the pro-women's health majority in the U.S. Senate**" ("because the Senate approves Supreme Court nominees, we can prevent the Court from tilting further away from women's rights"), to "**show the power of women's votes** by electing candidates who support women's health care and Planned Parenthood and defeating those who don't."

While there are the usual "sky is falling" pleas about access to birth control and threats to "women's health care," it is significant to note that in the four page letter, "abortion" appears no less than 16 times. Several of these are in complaints about "anti-abortion groups," "protesters," or "extremists," and their actions thwarting Planned Parenthood's agenda. But others make Planned Parenthood's profound abortion commitment more explicit.

One of their biggest complaints is about "irrational and often dangerous laws" such as "abortion restrictions" in North Carolina, "so-called patient safety laws" in Virginia, required "counseling" and waiting periods in South Dakota, limits imposed by a state medical board on "telemedicine" (web-cam) abortions in Iowa, and a new Ohio law requiring abortionists to have "special agreements with local hospitals" (e.g., transfer agreements, admitting privileges which is an increasingly common and necessary requirement).

Absent from the letter, of course, is anything about the filthy and dangerous conditions discovered at clinics like Planned Parenthood's Wilmington, Delaware facility, women who've died after taking abortion drug RU-486 at Planned Parenthood clinics, or videos showing how some Planned Parenthood counselors ignore or evade informed consent, parental involvement, or statutory rape reporting laws.

Under the circumstances, it seems like it would be "rational" to assume that the more "dangerous" course for women would be to let Planned Parenthood continue to operate its abortion mills unregulated.

In the letter, Richards holds up two states as examples of what Planned Parenthood has done and will do.

Planned Parenthood offers Virginia as proof that "**We know how to win for women**." Without directly mentioning the cool million that Planned Parenthood put into ads in the closing days of last year's very close gubernatorial campaign, Richards says that "we reached out all across the political spectrum, explaining the stakes to women and making it clear which candidate would protect their health and rights – and which would not."

Unsaid is how Planned Parenthood manipulated and distorted perceptions of women in the Commonwealth, making it sound like the pro-life Republican candidate wanted to take away women's birth control and cancer screenings, neither of which were remotely true.

Although carried along by a compliant media and buoyed by a vast superiority in campaign funds, Terry McAuliffe, the PPFA-backed pro-abortion Democrat , won by just 2.5%. Planned Parenthood says that "**women's votes**

See "Planned Parenthood" page 38

Advance Planning for Treatment Denial "Conversations" Spread – But What is Driving the Conversation?

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

Those seeking to fund advance planning "conversations" -- efforts to encourage doctors or others to talk with potential patients about whether they should receive life-saving medical treatment if incapacitated -- are progressing on many fronts. Not only are there several bills pending before Congress, but some insurers have gone ahead and started paying health care providers to have these conversations with patients– even using "cold calls" to question them about whether they really want life-saving treatment, food, and fluids. Additionally, the federal government's Center for Medicare and Medicaid Services (CMS) is expected to decide on an American Medical Association (AMA) proposal to give these conversations a medical billing number which would mean that doctors across the country could begin receiving tax dollars to pay for them.

During the debate over Obamacare's enactment, there was considerable controversy over a provision in an early version under which health care providers would have been paid by Medicare to discuss with their patients whether they would want life-saving medical treatment.

After former Alaska governor and vice-presidential candidate Sarah Palin dubbed the planning sessions "death panels," the provision was dropped from the law ultimately enacted. Now, however, widespread efforts are underway to resurrect the measure.

Even those who promote advance planning consultations, like Harold Pollack, recognize (as noted in his Politico piece "Let's Talk About Death Panels"),

> *The 'death panel' charge stuck because it tapped into the primeval fears of millions of Americans. It's only human to worry that we might someday be abandoned when we are old and sick, and thus judged to be a social burden. Such worries run especially deep among senior citizens, who had the most reason to feel vulnerable, and who perceived that they had the least to gain from the ACA.*

In the time since the "advance care planning" provisions were struck from the Obama Health Care law (Obamacare), there have been several attempts to revive the concept through various stand-alone bills in the House and Senate. Now, the AMA is working directly with the Obama Administration to implement reimbursement by administrative action, bypassing Congress. In addition, rather than wait for Congressional or administrative action, private health insurers have gone ahead and started paying providers to have these conversations.

An August 30, 2014 *New York Times* piece, "Coverage for End-of-Life Talks Gaining Ground" by Pam Belluckaug, details this reimbursement trend. We read

> *"We are seeing more insurers who are reimbursing for these important conversations," said Susan Pisano, a spokeswoman for America's Health Insurance Plans, a trade association. The industry, which usually uses Medicare billing codes, had created its own code under a system that allows that if Medicare does not have one, and more insurance companies are using it or covering the discussions in other ways.*
>
> *This year, for example, Blue Cross Blue Shield of Michigan began paying an average of $35 per conversation, face to face or by phone, conducted by doctors, nurses, social workers and others. And Cambia Health Solutions, which covers 2.2 million patients in Idaho, Oregon, Utah and Washington, started a program including end-of-life conversations and training in conducting them.*
>
> *Excellus Blue Cross Blue Shield of New York does something similar, and its medical director, Dr. Patricia Bomba, has spearheaded the development of New York's advance directive system. Doctors can be reimbursed $150 for an hourlong conversation to complete the form, and $350 for two hours.*

Detailing another trend, *Kaiser Health News* published a story on August 27, 2014 by Elana Gordon titled, "Operator? Business, Insurer Take On End-of-Life Issues By Phone." In the piece, Gordon details how insurers are cold-calling lists of people the insurance company provides.

> *From her cubicle at Vital Decisions in Cherry Hill, N.J., Kate Schleicher counsels people with terminal illnesses. "My name is Kate. I'm a health care counselor," the gentle voice says from her cubicle in Cherry Hill, N.J..*
>
> *This is no telemarketing call ... it's about the end of your life. Kate Schleicher, 27, is a licensed clinical social worker, who knows almost as little about you as you do about her. Except she knows your phone number, your insurance provider and that you are pretty sick.*

From her cubicle at Vital Decisions in Cherry Hill, N.J., Kate Schleicher counsels people with terminal illnesses. (Photo by Emma Lee/WHYY)

> *Schleicher is one of 50 social workers at a company called Vital Decisions. After sending a letter (people rarely respond) counselors essentially cold-call to offer what they describe as "nondirected" end-of-life counseling.*

While the stated goal of these conversations is to elicit patients' views on treatment, another more sinister motivation often emerges. As Kaiser reported,

> *And when these conversations do happen, there can be another byproduct: reduced costs. Research is finding that when patients fully understand aggressive care, many choose less of it. By Daitz' [Vital Decisions CEO Mitchell Daitz] own rough estimate, the company's services have resulted in about $10,000 less in health care spending per patient, "$100 million to the health care system in 2014."*

See "Conversations" page 34

The "coolest" baby yet—and not even born!

By Dave Andrusko

I first saw this on Labor Day, although the ultrasound was actually posted August 28. For those of us of a certain age (old), the instant reaction was "The Fonz." He was the iconic character played by Henry Winkler on the comedy "Happy Days" whose signature gesture was the thumbs up.

Like so much on the Internet, you never know what will go viral. The massive attention came when the ultrasound was posted on Reddit by the brother of the baby's father, who had originally posted the baby's ultrasound on his Facebook page.

Brandon Hopkins, the baby's father, told HLN that the ultrasound photo was taken earlier that week. After his brother posted on Reddit, "My brother called me and said 'Your babies are famous!'" Hopkins said.

And get this--his wife is actually pregnant with twins! (The babies are due next January.) The couple lives in Meadville, Pennsylvania.

As someone commented, if the baby is imitating Arthur Herbert Fonzarelli, the epitome of cool (at least between 1974 and 1984), the baby can only be the coolest baby yet—and he/she is not even born!

We often discuss the impact of ultrasounds on women facing crisis pregnancies. What, I wonder, would be the response if a mom saw this?

"This is exasperating": hilarious response when young boy learns mom is pregnant

By Dave Andrusko

It only took the "This is exasperating" video one day to become a gigantic hit.[www.youtube.com/watch?v=pICr9z57OsE].

It's only a little over a minute long, but the response of Trey (who is in a booster seat in the back of the car) to news that his mom is having a third baby is just hysterically funny.

Here's how it starts. Trey's mom says, "I'm pregnant."

Trey immediately puts his hands to his head in complete frustration. "What were you thinking?" he asks plaintively.

"Why you have to go and get another baby? You just had two. So why do you, why do you…"

At a loss for words (but for just a second) Trey adds, "This is exasperating."

His mom, looking for another opinion, begins to ask Trey's baby sister, Amaya, if she's happy with the news. But Trey is just getting warmed up.

"So why do you wanna get another baby and just replace one of your babies?" he asks. "It's too much."

An experienced mom, she assures her son, "Baby, we would **never** replace you and Amaya. You're just gonna have another brother or sister that you have to help take care of, or help take care of."

Trey isn't buying that.

"That doesn't make no sense. This makes no sense," he laments, as if he is the only adult in the car.

Why doesn't it make sense?

"Because if it made sense then you'd just have two babies and you keep loving them forever and not having another baby between us."

Mom tries another approach. She asks Amaya, who is an infant with a pacifier in her mouth, if she's happy about having a new brother or sister. When Amaya doesn't respond (as if she could), Trey shifts gears.

"What kind of baby is that?" Mom doesn't know. "Might be boy, might be a girl."

Trey hopes it's not a boy because "a boy's cry is even worse."

How do you know?

"When I saw a baby crying at my school" that baby boy's crying was "even worser than Amaya's crying."

Sensing she's got about as far as she can in this conversation, mom says, "Well, Trey, I don't know what to tell you about the crying, you just gotta get used to it, OK?"

Trey cheekily replies: 'OK, and buy me some earplugs too.'

NARAL's fumes: GoFundMe won't allow fundraising to kill unborn babies

By Dave Andrusko

Just so we're clear. I'm pretty sure that NARAL has no more inside information than I do why GoFundMe, the online fundraising site, decided it was no longer going to allow women to troll for money to abort their children. It probably is related to all the publicity surrounding "Bailey," who appealed for funds to pay to abort her unborn child who (she said) was 19-20 weeks gestational age.

That, of course, did not slow down NARAL nor its inevitable snit/fundraising email letter (disguised as a call for supporters to sign a petition) bemoaning that GoFundMe is "not going to let anyone raise money to help pay for an abortion."

According to NARAL President Ilyse G. Hogue, in that pitch perfect feigned voice of indignation she has mastered, "You know what else GoFundMe has banned from its site? Terrorism, violence, and drugs."

Actually, it's worse than that: "In its list of banned content, GoFundMe puts abortion in the same category as killing animals."

Okay, let's put Hogue's rant in perspective.

Most people, I would imagine, would have no problems with virtually any of GoFundMe "Content Guidelines" (limitations). But

> *"While the vast majority of fundraising activity we see is both heartwarming and inspiring, there will always be those who attempt to challenge GoFundMe's existing Acceptable Use Policy.*
>
> *"In order to ensure a positive experience for all visitors, the purpose of your GoFundMe campaign must not relate to any of the following items."*

Under "Termination of Life," we read

> *Suicides or assisted suicides*
> *Abortions (human or animal)*
> *Ending the life of an animal*
> *Content associated with or relating to any of the items above.*

So while Hogue and her crew wouldn't blink at killing an unborn baby for any reason or no reason until birth—if that is the woman's "choice"—she gets all huffy when slaughtering unborn babies is included in the same category as "terminating" the life of an animal.

Terminating eight-month-old-unborn babies? Sure. Bambi? No!—at least not ex utero. Unborn baby Bambi is on his own.

As you no doubt would have guessed, Hogue says nothing in her harangue about abortion being included in the same family as "suicides or assisted suicide." She can live with that, so to speak.

NARAL doubtless pays Hogue a pretty penny. They obviously pay her not for her ability to reason, but for the capacity to raise her supporters' blood pressure and the incapacity to be embarrassed by writing nonsense like this email.

In case not being allowed to fundraise to kill huge unborn babies isn't enough grist for the mill, Hogue throws in additional red meat: "they will let people raise money for anti-choice crisis pregnancy centers that lie to women about their health care."

I don't know if GoFundMe allows crisis pregnancy centers to fundraise.

But, then again, unlike Hogue, I can grasp the difference between grasping a baby's leg and yanking it off and holding a woman's hand as she navigates a crisis pregnancy.

Hogue, of course, wants her supporters to do their best to intimidate GoFundMe into changing its policy—to sign one of their endlessly recurring petitions.

She ends with "Thank you for all you do."

I will end with "Thank you for all you do for both mother and unborn baby."

NARAL President Ilyse Hogue

Melissa Harris-Perry's "imaginings": how about celebrating abortion on national television?

By Dave Andrusko

I did not see (but then again I have never seen) Melissa Harris-Perry regale panelists on her show with her "imaginings" about what superstar singer Beyonce could [should?] have said at the 2014 MTV Video Music Awards program. But even though I know Harris-Perry builds her program around making the most inane comments, even I was surprised by her rambling stream-of-consciousness.

Here's the two-fold setting. In addition to performing for nearly 20 minutes, snaring lots of awards, Beyonce also was the recipient of the MTV Video Vanguard award, which (I'm guessing) is a kind of lifetime achievement award.

And then there is "The Melissa Harris-Perry Show," which appears (where else?) on MSNBC. *NRL News Today* has posted several stories on Harris-Perry who obviously believes her miniscule audience finds her yawning ego entertaining. Equally obvious she is in the camp that subscribes to the theory that the way to get ahead is make as many outrageous/tasteless statements as possible. Okay, having said that….

Thanks to Newsbusters and Katie Yoder for her post at newsbusters.org/blogs/katie-yoder/2014/09/02/msnbc-host. According to Yoder, Harris-Perry was free-associating on what Beyonce should have said. According to Yoder

> *The pop star's routine on August 24 championed feminism with a screen behind her flashing the word "feminist" as an overhead voice defined, "The person who believes in the social, political and economic equality of the sexes."*
>
> *But Harris-Perry wanted more.*

Indeed she did. Harris-Perry prefaced her remarks with this:

> *"Part of how I finally came around to thinking of myself as feminist, I wasn't born thinking that, is when I started thinking of feminism as a question. Right? So feminism is the question, 'What truths are missing here?' That what a feminist does is to ask about whatever we are looking at, 'What voices are left out? Who isn't at the table?'"*

So what "truth" weren't "at the table" at the MTV Video Music Awards program?

> *"So I have been having these imaginings where, instead of behind her [Beyonce] are these enormous letters that say 'feminist,' that she'd come out and it had said, 'Hands up, don't shoot. Or it had said 'birth control'--I mean – 'abortion' behind Beyonce. Then she would never sell any more records. I do wonder if it could have been **more** political, beyond the F[eminist] word."*

Let's see what we can make of Harris-Perry's "imaginings."

To begin with "imaginings" don't have to be examples of linear reasoning—or any reasoning—PLUS you get to throw in anything you want to (in this case an allusion to the tragic death of Michael Brown) to turbojet whatever idiocy she's concocted.

That she wanted the superstar diva to be "more political"--celebrate/advocate for abortion--

Melissa Harris-Perry

is of a piece with how Harris-Perry sees the world. After all, this is the same woman whose earlier "imaginings" included describing the unborn as a "thing" that "might turn into a human," and the abortion debate as whether you "should or should not dispose of things in your uterus" [http://nrlc.cc/1vXc0Ul]. The latter comment came on an Easter Sunday.

She also has a penchant for choosing panelists who utter incredibly ugly, heartless, and wholly inaccurate remarks [http://nrlc.cc/1reKris]. For example, in 2012, Nancy Giles, a contributor to "CBS News Sunday Morning Show," appeared on Harris-Perry's show the Saturday after the elections. Here's what she said (thanks again to Newsbusters):

> *"Host Harris-Perry was discussing with her guests the results of Tuesday's election by demographic group. When she got her chance to comment, Giles said, 'It's been weird to watch white people report on this. You know when you just showed that graph of the decline in the numbers , I thought, Maybe that's why they're trying to eliminate all these abortions and stuff. They're trying to build up the race.'"*

Another time, the appalling behavior of her guests was so over the top Harris-Perry actually had to apology. I'm guessing that will be a unique experience for someone who thrives on pushing the envelope.

In the end, I suppose, should we have been surprised? Of course not.

But just because Harris-Perry continues to mindlessly follow her script—that abortion is wonderful, unborn children are "things" or uterine content, and pro-lifers are closet racists—doesn't make her (and her guests') behavior any the more palatable.

Arizona A.G. asks Supreme Court to allow law regulating use of RU-486 to go into effect

By Dave Andrusko

When last we wrote about Arizona's HB 2036 which requires that any abortion-inducing drugs be administered "in compliance with the protocol authorized by the U.S. Food and Drug Administration," a three-judge panel of the 9th U.S. Circuit Court of Appeals had predictably struck the law down.

Arizona Attorney General Tom Horne

On September 2, Arizona Attorney General Tom Horne filed papers asking the United States Supreme Court to allow the law to take effect while the case is litigated.

Horne noted that federal courts have already upheld similar but not identical protocols in Ohio and Texas. (See nrlc.cc/1hw7hB7 and nrlc.cc/1mwrasc).

In 2000, the FDA approved the two-drug RU-486 combination for use only for the first seven weeks of pregnancy, and only when given in two doses on separate days, each one administered by a physician.

But the appellate court panel said the limitation "substantially burdened" a woman's right to abortion.

The plaintiffs want the period the combination can be used extended to nine weeks and for the woman to take the second drug at home. They told U.S. District Judge David Bury, who presided over the case, that the limitation would affect 800 women who take the combination after the seventh week and before the tenth week of pregnancy.

Bryan Howard, president of Planned Parenthood Advocates of Arizona, called Horne's action "another effort by extremist Arizona politicians to restrict access to abortion and contraception."

Under the FDA protocol, the woman first takes mifepristone which kills the baby, and then on day three takes misoprostol, a prostaglandin, which induces labor. Both are "provided by or under the supervision of a physician."

The chemical abortion regulations were issued by the Arizona Department of Health Services on January 27, under the authority of a law signed in 2012 by Governor Jan Brewer, as *NRL News Today* reported [http://nrlc.cc/1vXScjO].

In testimony at the trial, the attorney for the Center for Reproductive Rights (CRR) conceded the use of the prostaglandin misoprostol is "off-label," but argued the "medical community" has found that it is safe to use the two drugs in different quantities than recommended by the FDA and up to nine weeks in pregnancy.

Judge Bury rejected the argument of lawyers for Planned Parenthood Arizona and Tucson Women's Center "that the burdens on them and their clients of having to live within the law in the interim outweighed the state's interest in imposing the regulations," according to reporter Howard Fischer.

Harkening back to Supreme Court precedents, Bury held that HB 2036 did not place an "undue burden" on the right to abort or place a "substantial obstacle" in the exercise of that right [nrlc.cc/1j0ARhH].

In his 14-page ruling, Bury said that on its face the laws reflects the legitimate goals of the Arizona legislature to protect women from "dangerous and potentially deadly off-label use of abortion-inducing drugs" and require abortionists to adhere to the procedures tested and approved by the FDA.

"In other words, the primary, if not the sole, purpose of the statute is maternal health," Judge Bury wrote. "The government has a legitimate interest in advancing the state of medical knowledge concerning maternal health and prenatal life."

He concluded that the injunction sought by Planned Parenthood Arizona and Tucson Women's Center "is not in the public interest."

But Judge Bury had barely decided to refuse to block the law's enforcement while deciding the legal issue before the 9th Circuit granted a temporary stay.

Heading in reverse, pro-abortionists desperately insist pro-lifers are on the defensive

By Dave Andrusko

I know a thing or two about "rallying the troops." Inevitably there will be down times—see the elections (and re-elections) of Bill Clinton and Barack Obama. At such times the temptation is to conclude we are like Sisyphus: we rolled the rock–if not to the top of the mountain, close to it–only to have it roll back down.

But we could not give up for the simple reason that it is not for us that we fight: we do battle on behalf of unborn children and their mothers. So we persevered and now we have a President with a 38% job approval rating, the House of Representatives in pro-life hands, and a very reasonable chance of capturing the Senate. And that doesn't even mention the passage of pro-life legislation in the states.

So, you might ask yourself, what in the world is pro-abortion Katie McDonough talking about in a piece headlined (at Salon.com) "Doomsday for religious right: How anti-choice radicals finally lost respectability." (For deep thinkers like McDonough, who rigidly hold onto 30-year-old sterotypes, the pro-life movement and the "religious right" are synonymous.)

The core of her argument, such as it is, includes the following. On August 29, a judge who they can count on to invalidate pro-life legislation, took a sledge hammer to the 2013 Texas omnibus pro-life bill, HR 2.

But, McDonough concedes, "it was an admittedly narrow victory." U.S. District Judge Lee Yeakel's 100% predictable decision will be reviewed by the full U.S. 5th Circuit Court of Appeals. McDonough is hoping for the best (from her perspective) but one easily can conclude from her comments that she fears the worse.

Pro-abortionists have relied on the courts to override state legislatures going back to the 1960s. That is their fervent wish…again. Nothing new here, nothing that signals the "loss" of pro-life "respectability."

What else? We've already enumerated some of the nonsensical conclusions pro-abortionists drew from the spot-on comments NRLC President Carol Tobias made August 31 in her appearance on ABC News' "This Week."

McDonough recycles the same non-sequitur: that Carol somehow "admitted" that the Texas law didn't make abortion ("which is already incredible safe") "any safer."

Of course, that is **not** what she said, as any fair reading makes abundantly clear. As we have noted, pro-abortionists operate out an abiding commitment to either/or: either the mother (actually always the mother) or the baby.

Pro-lifers are committed to win-win, both/and solutions, which is exactly the position Mrs. Tobias articulated. A Huffington Post pro-abortionist put it this way:

> *"Asked directly whether all the new abortion restrictions are about restricting access to abortion or about women's safety, Tobias said, 'It's about both.'"*

Got that? Both.

She calmly stated what every pro-lifer says and believes. We don't want women dying in substandard abortion clinics—period– **and** we don't unborn babies dying in any abortion setting–period.

McDonough concludes by stringing together more tedious pro-abortion talking points, including a ham-handed NARAL poll as evidence the public is on their side. (We've already addressed this lame effort in depth at *National Right to Life News Today.*)

Suffice it to say, among other things, NARAL (a) manages to miss that only 23.2% of responses said having an abortion is "morally acceptable" and (b) unfairly combine categories of responses to get the "correct" number.

As we've said many times, writers do not ordinarily write the headlines, which is why so many pro-abortion stories have these outlandish claims embedded in the headlines that the story itself cannot begin to support.

But, to be fair, the pro-abortion movement is in startling disarray, as many admit, sometimes directly, sometimes between the lines. With that as backdrop, the old adage makes perfect sense: the best defense is a good offense—especially when you are back on your own goal line.

The devastating impact of sex-selective abortions on Indian culture

By Dave Andrusko

Over the years we've run dozens and dozens of stories about the ghastly practice of sex-selective abortions and how the sex-ratio imbalances that result are completely disrupting countries such as India.

On September 2, CNN ran a terrific piece, written by Carl Gierstorfer. He is described as "a journalist and filmmaker with a background in biology. He has produced and directed documentaries for German public broadcaster ZDF, Discovery Channel and the BBC."

The headline on the CNN story—as a good headline should—said it all: "While India's girls are aborted, brides are wanted."

We read, "Decades of sex-selective abortion have created an acute lack of women in certain parts of India. Traffickers capitalize on the shortage by recruiting or kidnapping women ensnared in poverty to sell as brides."

There is an extraordinary shortage of women is in certain areas of India, particularly the northwestern states, according to Gierstorfer. Why? "[N]orthwestern states are more conservative and also more affluent, meaning they're able to afford ultrasound scans and selective abortions."

And, of course, in a society where males are so much more valued than females, "where everyone wants a son," it is the girl babies who are aborted in gigantic numbers.

The results? In the "state of Uttar Pradesh, there are only 858 girls born for every 1,000 boys, a ratio that doesn't occur naturally without medical intervention," Gierstorfer writes. "The northwestern state of Uttar Pradesh is home to one of the largest skewed sex ratios in India." (In some areas, the ratio is even more distorted.)

But this huge imbalance has led to purchasing (or "trafficked") brides--and something far worse. More than 3,000 women went missing in the state of Assam in 2012.

"The National Crime Records Bureau estimated in 2012 that about 10 women are kidnapped in Assam every day," Gierstorfer writes. "Some of these women are found again. Some go missing forever."

The driving forces are a decline in overall fertility and an attitude "that sees sons as a blessing and daughters as a curse." The results are ghastly.

Gierstorfer writes

"The skewed sex ratio is due to what Puneet Bedi, a Delhi suburb gynecologist, calls 'mass murder on an unprecedented scale.' Census data shows some districts in India have fewer than 800 girls born for every 1,000 boys, leaving male-heavy villages.

"A maverick amongst India's medical community, Bedi accuses his colleagues of helping parents use ultrasound scans to determine the sex of the baby and abort females, because of a cultural preference for sons. If this practice doesn't stop, Bedi fears the worst for the future of India.

"'The social fabric of society we accept as normal is unimaginable when a good 20 or 30% of the women are missing,' he says."

The tragic stories he conveys of families whose daughters were kidnapped, or women purchased to live elsewhere in India who when they are arrived are not prized by neighbors but dismissed as "paro -- which is derogatory for foreigner or stranger"—are deeply troubling.

"While India's girls are aborted, brides are wanted" is a powerfully, troubling story. You can read the entire narrative at www.cnn.com/2014/09/03/world/asia/india-freedom-project/index.html?hpt=hp_c3.

Make your voice heard: Register to vote!

By Elizabeth Spillman, National Right to Life Political Assistant

As this fall's election approaches we as pro-lifers have reason to be optimistic. We have a real chance of making significant pro-life gains in the United States Senate. But we can't do it without you. We need your vote. We need every pro-life vote we can get.

As the election draws near voter registration deadlines will soon begin to pass. Please take a moment and make sure you and your pro-life friends and neighbors are registered. The outcome of the election may depend on it.

We were reminded just this summer how important each and every vote is. Consider that a Congressional Primary race last month in Tennessee was decided by just 38 votes out of a total of over 70,000 votes cast. Never underestimate how important your vote is.

In Minnesota's 2008 U.S. Senate race, pro-abortion Al Franken defeated pro-life Senator Norm Coleman by a few hundred votes out of 2.8 million cast. That's about seven thousandths of a percent -- or one voter in about every thirteen precincts in Minnesota. Many races this year are expected to be extremely close. The balance of power in the United States Senate hangs in the balance. If every pro-lifer helped one friend or family member register to vote we would have a tremendous pro-life impact on this election.

You would be surprised how many people you know who may not be registered to vote. One volunteer and dear friend of NRLC did a voter registration drive in her church a few years ago and signed 15 people up to vote, including the Pastor and his wife.

Be especially aware of people that are new to your area, maybe having just moved to your state, and young people who have just turned 18 or recently moved away to college. They may be excited to register but may not know how or where to do it.

We want to make the process as easy as possible for people so check out the following resource on our website: Click here to find out how to register in your state https://ssl.capwiz.com/nrlc/e4/nvra/?action=form&state=/

Lena Dunham Jokes about Aborting Royal Baby

By Katie Yoder

What's with the feminist left and abortion humor these days? First there was a film billed as an "abortion romantic comedy," then the assertion that abortion is the "perfect topic" for sitcoms. Now comes Lena Dunham with a tasteless tweet.

The "Girls" star found an inventive way to celebrate the news of the Duchess of Cambridge's pregnancy with baby number two. "Kate Middleton is pregnant! Will she keep it?" Dunham joked on Twitter Sept. 9.

A staunch abortion advocate, Dunham loves inserting abortion into media projects, including:

Directing a music video with an "abortion dog"

Pushing NBC to air ads for "Obvious Child," an "abortion romantic comedy"

Deeming "After Tiller" (film empathizing with late-term abortionists) a "beautiful, sensitively made film"

Plugging Planned Parenthood while hosting SNL

Boasting a "special partnership" with Planned Parenthood, an organization "close to [her] heart," during her book tour

And she has the media to back her up.

Just this morning, Sept 10, ABC's "Good Morning America" Anchor Lara Spencer recognized Lena Dunham as "not a girl, but a goddess." Anchor Robin Roberts later explained how, "She's been transferred into a neoclassical statue for the cover of The New York Times' annual culture issue."

Editor's note. This appeared at newsbusters.org

The royal couple with first child, George

How the Missouri Legislature Overrode Governor Nixon's Vetoes

from page 13

Alternatives to Abortion/Tax Credits

In addition to allowing more reflection time before an abortion decision, the general assembly provided more funding to Missouri's Alternatives to Abortion (ATA) program, as well as expanding tax credits for pregnancy help centers, maternity homes, and food pantries.

During the regular session, state legislators appropriated $2.03 million for Missouri's ATA Program. Governor Nixon, however, vetoed $500,000 from the program. During the veto session legislators restored this $500,000 in funding.

The ATA program helps pregnant women carry their child to term instead of having an abortion. ATA also assists women in caring for their child or placing their child for adoption. ATA aims to reduce abortions and aid in improving pregnancy outcomes by assisting women in need with medical and non-medical services. For up to a year after the child is born, ATA also assists with job training and placement.

During the regular session, legislators also expanded existing state tax credits available when people donate to pregnancy resource centers, maternity homes, and food pantries. The governor vetoed the expansion of these credits, but due to the legislative override of the Governors' veto, $2.5 million will be available for pregnancy help centers, $2.5 million will be available for maternity homes, and $1.75 million in tax credits will be available for food pantries. The tax credits encourage more donations to these agencies.

"Taken together, the ATA program and the tax credits provide powerful assistance to some of Missouri's most vulnerable citizens," Hoey said.

Opponents were incredulous at the idea of funding both the ATA program and the tax credits, but pro-life legislators went through the funding numbers to show how these two programs work together to serve the most vulnerable and are well worth the state investment.

State Representative Jay Barnes (R-Jefferson City) said that the ATA programs might possibly be the best veto override that the general assembly could sustain, "I think it is heroic to choose life…ATA programs help women make that heroic choice and help them build a life to look forward to. [There are] Missouri children who might not have been born without the existence of the ATA programs," Barnes said.

The legislation passed the House, and later went to the Senate, where it was approved without debate.

The efforts of legislators were bolstered by the presence of many pro-life citizens who came to the Missouri State Capitol during the veto session to rally and pray. The repeated chanting of "override, override, override…" filled the capitol as hundreds of people made their voice heard. Women and men of all ages attended the pro-life rally, listening to speakers who shared their experiences and stories.

"Pro-Choice," "Pro-toys," and "Do-It-Yourself Abortions"

By Dave Andrusko

So the headline in the *New York Times* reads "Young, Fearless and Not Into Dragons: Ruby Rae Spiegel's Play 'Dry Land' Confronts Abortion."

You know the *Times* would drool over any play about abortion (unless, of course, the mother chooses not to abort). Add to this that the playwright is a recently turned 21 senior at Yale and Laura Collins-Hughesaug is already primed to be practically ecstatic. But there's more.

Spiegel's play is about a young girl who has a DIY (Do It Yourself) abortion, the ultimate expression of "empowerment." And, for good measure (sort of), her real-life father is a former member of the Weather Underground and her mother (once her parents divorced) "filled the rooms of their Park Slope, Brooklyn, brownstone with feminist academics."

There are hints about the play's content, but for more I went to an interview Spiegel gave to Adam Szymkowicz.

The more emotional core of the play came from a feeling that I had about a year and a half ago after I had had sex with someone that I liked, but wasn't particularly close with, and was afraid that I had become pregnant. That intense feeling of aloneness, that the problem affected me and only me and that it resided in my body, literally on my person, was really startling and stuck in my mind for a while after the possibility of pregnancy was a material concern. The final puzzle piece was when I read an article in The New Republic called "The Rise of the DIY Abortion," and I saw theatrical potential in the kind of intimate bodily acts that are demanded of you if you attempt to abort a fetus non-surgically. Also from a political standpoint I found it interesting that articles that detail these realities are somewhat common, but seeing them embodied is somehow too close to that experience. Of course many women do embody that reality, so maybe showing it on stage could be a kind of radical form of empathy for that surprisingly common, yet often silence experience. So bringing those pieces together, the aesthetic interest in pools [she spent much of her childhood swimming], the personal emotional connection, and the interesting political and theatrical story I saw in the article, created the groundwork for the play as it stands now.

And her play is? A "radical form of empathy." Okay. Let's work with that.

Spiegel's fortunes are on the rise. Her play had its premiere September 6 in a Colt Coeur production, at the Here Arts Center in the South Village.

We learn Colt Coeur's artistic director, Adrienne Campbell-Holt, "said she knew as soon as she read the script that she needed to direct the play."

"Abortion is something that I have personal experience with, that many of the people in the company have personal experience with," said Ms. Campbell-Holt, who is 34. "I have never had as immediate a reaction to a play as I had to this play."

Ruby Rae Spiegel

Without being specific [aka graphic], Collins-Hughesaug tells us

"When 'Dry Land' was staged by students at Yale last semester, Ms. Spiegel said, audiences were warned that the play contains violence. A young woman fainted anyway, she said, and a man in the front row spent an entire performance rubbing the belly of his pregnant girlfriend. Another young man told Ms. Spiegel the play inspired him to call his mother to ask about the abortion she had in college."

I don't know Spiegel and I don't know her mother, although the temptation to conclude she was deeply influenced by her mother is hard to avoid. Especially if you happen to have read another interview Spiegel gave, this one to Rebecca Deutsch.

Deutsch asked her, "Tell me a story from your childhood that influenced who you are as a writer or as a person."

This story actually kind of relates to the subject of DRY LAND. So my mom brought me to a pro-choice rally when I was like four or five, and I was pretty bored at first— it was crowded and loud and not the most kid friendly place. But about halfway through I perked up and started chanting along with the crowd. My mom was so proud—they were chanting, "What do we want? Choice! When do we want it? Now!" I was halving a blast, shouting at the top of my lungs, and then my mom put me on her shoulders. She soon realized that I wasn't actually shouting the real words. I was yelling, "What do we want? Toys! When do we want them? Now!" (I thought it was a pro-toys rally.)

This relates on tangentially to my writing— but I misspell almost every other word I write (I'm pretty dyslexic) and I've found that some kind of wonderful things actually come out of it. Spell-check thinks that I mean a different word, and oftentimes I end up keeping the misunderstanding because it was actually better than the word I first intended. Not that a pro-toys rally is better than a pro-choice rally, but you get what I mean!

Yes, we get what you mean. A pro-toys rally might suggest we have kids to give toys to. And, no, you would not expect a pro-choice rally to be the most kid friendly place.

It took me a while to track down but the *New Republic* article Spiegel is referring to involves Jennie Linn McCormack, about whom we have written many times.

McCormack self-aborted in 2010 using unspecified abortifacient pills purchased over the Internet when she was between 18 and 21 weeks pregnant. Just two things besides the obvious fact that ordering abortifacients from the Internet is unbelievably dangerous.

First, even the zaniest pro-abortionist is leery about using RU-486 (the likely abortifacient) much past 9 weeks, certainly not past 11 weeks. Using it a couple of months later in her pregnancy was dangerous to Ms. McCormack, who has three living children.

Second, according to a story in *Newsweek* written by Nancy Hass, when she saw the size of the baby, McCormack was scared, "She didn't know what to do—'I was paralyzed,' she says—so she put it in a box on her porch, and, terrified, called a friend. That friend then called his sister, who reported McCormack to the police."

How Spiegel can find in McCormack's bizarre behavior material for "interesting political and theatrical story" which stirred in her a "radical form of empathy" leaves me speechless.

Embryonic Stem Cell Hype Encore

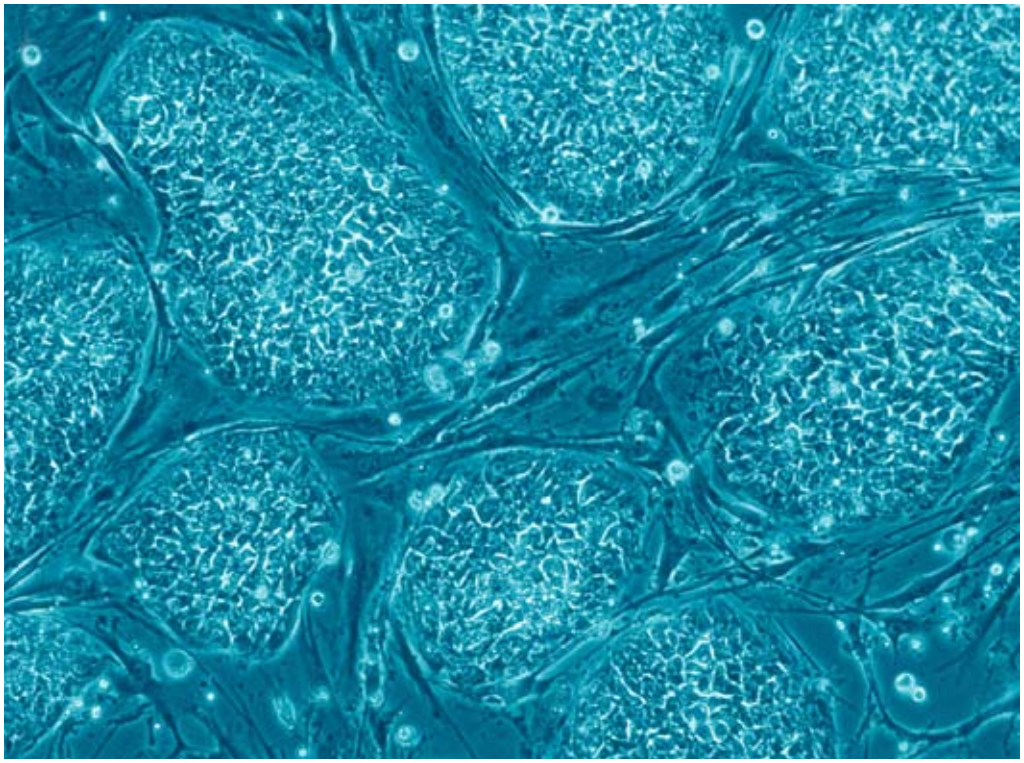
By Wesley J. Smith

I predicted in 2013 that the company which bought Geron would restart its embryonic stem cell product human trial. Indeed, it is.

I could also have predicted the media would hype it to the moon. And so the *San Francisco Chronicle* has in big headlines on the front page. From, "Stem Cell Industry's 'Huge Development' in Bay Area:"

Almost three years after a Bay Area company shut down the world's first clinical trial of a therapy using embryonic stem cells, another local company is reviving the therapy. The treatment drew international attention in 2010, when Geron in Menlo Park began testing it in patients with severe spinal cord injuries. But it scrapped the project a year later because of a lack of funds – a move seen as a major blow to the nascent field. The therapy was then sold to Asterias Biotherapeutics, also in Menlo Park. On Wednesday, Asterias said it had gained regulatory permission to test whether the treatment, which is derived from human embryonic stem cells, helps heal patients with a different kind of spinal cord injury…

"It's a huge development for the field," said Kevin Whittlesey, science officer at the agency. "We're starting to realize the potential touted so highly when embryonic stem cell research was in its infancy."



Let's deconstruct this. First, the prominence of the story seeks to help California's boondoggle stem cell agency keep its door open

The trial was also described as a victory by the state's taxpayer-funded stem cell agency. Created by voters a decade ago, the California Institute for Regenerative Medicine is authorized to spend $3 billion on stem cell research, and its future rests on the results, including any potential therapies, that those scientists and companies develop. A $14.3 million grant will cover half the costs of Asterias' trial, the company said.

Secondly, the original Geron study may not have worked all that well:

With some tweaks, Asterias is picking up where Geron left off. Geron treated severe injuries in the thoracic region of the spinal cord, which runs along the back. Asterias is targeting injuries that originate in the neck, citing an outside study that suggests injuries in this area are easier to treat. It will also amp up the doses used to inject patients.

Finally, if this is such a big deal, why do the media constantly *ignore far more advanced human trials* for spinal cord injury using ethical stem cells? For example this very exciting peer reviewed study [www.centrogiusti.eu/spinal/pubbl/OMA_RIC.pdf]of paralyzed subjects treated with olfactory stem cells:

Of the 13 patients assessed by functional studies, 1 paraplegic patient (patient 9) can ambulate with 2 crutches and knee braces with no physical assistance and 10 other patients can ambulate with walkers with or without braces with physical assistance.

One tetraplegic patient (patient 13) ambulates with a walker, without knee braces or physical assistance.

Did you get that? Tetraplegia means *paralyzed from the neck down!* In this study, o*ne totally paralyzed subject now uses a walker* without assistance. Why isn't that worth a front page story?

Let me answer my own question: Because when it comes to cultural deconstruction, *it isn't the treatment that matters* so much as the *source* of the treatment. Adult stem cells just don't shatter any moral boundaries.

Editor's note. This appeared on Wesley's great blog at www.nationalreview.com/human-exceptionalism/386603/embryonic-stem-cell-hype-encore-wesley-j-smith

Feminists vs. Fox Star: Abortion 'A Perfect Topic' for Sitcoms

By Katie Yoder

Poor Mindy Kaling. Nobody told her that terminating a life just isn't that big a deal, so the actress is demurring from using abortion as a plot device in her new Fox sit-com.

Kaling, who rose to fame with "The Office," now writes, produces and stars as an ob-gyn in Fox comedy "The Mindy Project." As an aside in a September preview in Flare's Magazine, Maureen Halushak noted that "despite Lahiri's profession, Kaling has no plans to address the American right's current war on abortion." She then quoted Kaling as saying, "It would be demeaning to the topic to talk about it in a half-hour sitcom."

How quaint. That's so 2013.

Whatever Kaling's personal views on abortion, her statement defied the current zeitgeist on the feminist left. Pro-abortion liberals have realized they're losing the semantic battle to pro-lifers and, as CMI has detailed, determined to change the way it talks about abortion. "Pro-choice" is out. "Just do it" is in. Abortion is a "deeply affirmative value" that shouldn't involve reluctance or regrets – you know, any of those human feelings that might arise when contemplating infanticide. This was the message when "Obvious Child" hit theaters earlier this summer. It's a romantic comedy about a woman who has an abortion without a pang of conscience or a second's hesitation.

Really, these days, abortion is like going to the dentist, but instead of complimentary floss and toothpaste, you leave the office with nice bag of Girl-Power.

"Sorry, but that's total nonsense," Slate's Amanda Marcotte said of Kaling's statement. "Abortion is actually a perfect topic for a half-hour comedy," she asserted, "because it touches on so many themes that comedy writers love to mine for the laughs." Pointing to Lena Dunham's "Girls," Marcotte expressed, "how easy it is, if you let go of the fear of getting letters from anti-choice nuts, to make some really funny jokes about abortion."

She further reasoned:

> "*While only 14 percent of OB-GYNs actually offer abortion services, a real-life Dr. Lahiri would be a likely candidate, as the same survey found that young doctors were more likely to offer abortion than older doctors, and female doctors were nearly twice as likely to offer it as male doctors.*"

Because of "this unrealistic oversight," she warned, "'The Mindy Project' is unwittingly making it harder for the real-life Dr. Lahiris (played by Kaling) in the world, and the women they treat."

In line with Marcotte, Jezebel's Erin Gloria Ryan prodded, "Sure about that, Mindy?" Ryan called Kaling's comments a "flimsy excuse" and "deliberate dodge of an obvious issue that would face gynecologists."

Attempting to refine her argument, Ryan clarified, "Joking about a thing doesn't mean you think the thing is funny. It means it's part of a joke." Right. That's why Holocaust references are so prevalent in sit-coms. Why not press the nightmare experiences of millions living and dead into the service of comedy?

"Wait, what?" Salon's Prachi Gupta reacted (to Kaling, not Ryan). Before provided a list of sitcoms that addressed abortion, Gupta lamented, "There are so many things about this that boggle my mind." She argued, "There is no more logical place for the issue of abortion to come up than at a gynecologist's office" and "sitcoms have long proved to be a great medium for exploring the dark issues of life and our struggles."

Think Progress' Jessica Goldstein hoped Mindy "changes her mind" and explained, "Abortion isn't Voldemort. We shouldn't be afraid to say it. We shouldn't be so wary of making jokes about it."

Wariness, she continued, has consequences: "Omitting abortion entirely from the world in which 'The Mindy Project' takes place, which is, again, a gynecologists' office, gives the impression that there is something 'other' about abortion, something forbidden and unacceptable."

Really, who would go and attach moral significance to the snuffing out of a human life? What-ever …

Editor's note. This appeared at http://newsbusters.org/blogs/katie-yoder/2014/09/05/feminists-vs-fox-star-abortion-perfect-topic-sitcoms

2014 Elections *from page 1*

Arkansas: Tom Cotton (R) v. Mark Pryor (D)

Pro-life Rep. Tom Cotton, who has a 100% record scored by National Right to Life, is challenging Sen. Mark Pryor, who has a mixed record on abortion – voting against life interests on 26 separate occasions.

Colorado: Cory Gardner (R) v. Mark Udall (D)

Pro-life Rep. Cory Gardner is challenging pro-abortion Sen. Mark Udall, who, in casting 81 NRL-scored votes in Congress, has never once voted pro-life.

Georgia: David Perdue (R) v. Michelle Nunn (D)

Pro-life businessman David Perdue and pro-abortion Michelle Nunn will face off in Georgia.

Iowa: Joni Ernst (R) v. Bruce Braley (D)

Pro-life state Sen. Joni Ernst has a strong pro-life voting record in the Iowa state legislature. Her opponent, pro-abortion Rep. Bruce Braley, is a co-sponsor of H.R. 3471, a bill that, if enacted, would invalidate nearly all state and federal limits on abortion, including Iowa's two laws that protect both individuals and private hospitals from being compelled to provide or participate in abortions.

Kansas: Pat Roberts (R) v. Greg Orman (I)

The U.S. Senate race in Kansas has developed recently. The Kansas state Supreme Court has allowed Chad Taylor (D) to drop out of the race. Pro-life Sen. Pat Roberts's remaining challenger is an independent candidate, Greg Orman, who supports a policy of abortion on demand for any reason.

Kentucky: Mitch McConnell (R) v. Alison Lundergan Grimes (D)

Pro-life Sen. Mitch McConnell's challenger, Secretary of State Alison Lundergan Grimes, opposes the bill to protect unborn children 20 weeks and older, when they are capable of feeling pain during abortions. McConnell has pushed for approval of that legislation, which passed the U.S. House but has been blocked by Senate Majority Leader Harry Reid (D).

Louisiana: Bill Cassidy v. Mary Landrieu

Rep. Bill Cassidy, who has a 100% pro-life voting record in Congress, is challenging Sen. Mary Landrieu, who voted against National Right to Life's pro-life position on every scored vote during her current six-year Senate term.

Michigan: Terri Lynn Land v. Gary Peters

Pro-life Secretary of State Terri Lynn Land opposes abortion on demand, and opposes taxpayer funding of abortion. Her opponent, pro-abortion Rep. Gary Peters, supports a policy of abortion on demand, which allows abortion for any reason, and voted to allow tax dollars to pay for abortion.

North Carolina: Thom Tillis v. Kay Hagan

Pro-life Speaker Thom Tillis provided crucial pro-life leadership in North Carolina to enact a record number of pro-life laws. He is challenging pro-abortion Sen. Kay Hagan, who has voted against pro-life interests 100% of the time.

Go to: www.nrlpac.org to see the downloadable comparisons for these and additional U.S. Senate races.

Now that you know some of the positions of the U.S. Senate candidates on life issues, you can decide which candidate best reflects your views.

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

CNN explains why a woman should tell her OB-GYN she has had an abortion

By Dave Andrusko

As they say, imagine my surprise. A friend recently posted a link on Facebook to a story that ran (as it turns out) several years ago– "5 secrets you shouldn't keep from your GYN"—that had a remarkable truth not ordinarily seen on the "mainstream media."

Elizabeth Cohen, described as a CNN Senior Medical Correspondent, began with a series of horror stories revolving around the unwillingness of women to tell their OB-GYN certain sensitive (or, seemingly, not so sensitive) information.

Cohen does a good job of discussing subject areas you might not necessarily think of—or would assume women would routinely reveal—before getting to #4: "Whether you've had an abortion." (The "Rankin" in the following quote is Dr. Lissa Rankin, a gynecologist in Mill Valley, California.)

> *"People who've had abortions sometimes worry about saying so if they know their doctor is pro-life, or if they don't know where their doctor stands on the issue," Rankin says. While it's understandable to have that worry, it's medically important to tell your doctor if you've had abortions.*
>
> *Why it matters: If you're infertile, it's important for your doctor to know about past abortions for two reasons. One, it indicates that at least in one point in your life, you were fertile and "the plumbing works," Rankin says.*
>
> *Secondly, the infertility might be caused by infection or scar tissue that resulted from the abortion, she adds.*
>
> *Also, multiple abortions could put you at a higher risk for miscarriage or premature birth, she says.*
>
> *Finally, if you're about to have surgery on your cervix or uterus, your doctor needs to know about prior abortions, as scar tissue might make the surgery more difficult.*

Wow! How many times have experts—and by no means necessarily pro-life—tried to get these truths across?! Abortion is an unnatural assault on a woman's reproductive system. There can be, and are, a host of complications.

They include what Cohen talked about but many others as well, including a substantially elevated risk of a premature delivery. This "seriously threatens the lives and health of newborn children," writes Paul Stark. "The risk of premature delivery increases with each additional abortion." In addition, abortion is "also associated with an increased risk of infertility, miscarriage, ectopic pregnancy and placenta previa."

Advance Planning for Treatment Denial "Conversations" Spread – But What is Driving the Conversation?

from page 20

Gordon goes on to report that

[S]ome people are wary of the company's approach. Dr. Lauris Kaldjian, professor of bioethics at the University of Iowa, has concerns about the social worker, patient and family never actually meeting. "Because if you don't have enough knowledge about what's actually going on with the patient, it would actually be irresponsible to pretend to have discussion that depends upon such knowledge."

End-of-life decisions are hard to keep totally neutral, he says, so that's why he'd want full transparency from insurers and the company to guard against bias in the sessions.

But in a move that would be far more significant, Medicare may begin covering end-of-life discussions next year if CMS approves a request from the AMA. One of the AMA's roles is to create billing codes that all of the different providers can use to have a uniform system to be paid. Up until now, there has been no Medicare code to submit for payment regarding an advance planning consultation. A decision is expected this fall.

Such federally funded "advance care planning" conversations pose a very real danger, because they are likely to be used to nudge people to reject life-saving medical treatment they might otherwise want.

Advocates of using tax dollars to pay for "advance care planning" often claim it is intended to promote neutral, fully informed planning by which patients can be assisted to implement their own values through legally valid advance directives. Unfortunately, however, there is abundant evidence that a combination of cost pressures and the ideological commitment of a significant number of health care providers to limitation of life-saving treatment for those deemed to have a "poor quality of life" would in practice lead to many federally funded advance care planning sessions being used to exercise subtle – or not-so-subtle – pressure to agree to reject life-preserving treatment.

While the advance care planning provision in the early version of what became Obamacare was being debated in Summer 2009, author and blogger Lee Siegel, in general a strong advocate of President Obama's approach to health care restructuring, wrote:

[O]n one point the plan's critics are absolutely correct. One of the key ideas under end of-life care is morally revolting.

. . . .

The section, on page 425 of the [original House] bill, offers to pay once every five years for a voluntary, not mandatory, consultation with a doctor, who will not blatantly tell the patient how to end his or her life sooner, but will explain to the patient the set of options available at the end of life, including living wills, palliative care and hospice, life sustaining treatment, and all aspects of advance care planning, including, presumably, the decision to end one's life.

The shading in of human particulars is what makes this so unsettling. A doctor guided by a panel of experts who have decided that some treatments are futile will, in subtle ways, advance that point of view. Cass Sunstein, Obama's regulatory czar, calls this "nudging," which he characterizes as using various types of reinforcement techniques to "nudge" people's behavior in one direction or another. An elderly or sick person would be especially vulnerable to the sophisticated nudging of an authority figure like a doctor. Bad enough for such people who are lucky enough to be supported by family and friends. But what about the dying person who is all alone in the world and who has only the "consultant" to turn to and rely on? The heartlessness of such a scene is chilling.

It has become common now to talk about treatment as being costly and burdensome, depending on one's 'quality of life." Pollack himself illustrates this, writing,

"*Under the current system, physicians can bill Medicare for aggressive imaging, procedures and chemotherapies treatments that may bring little patient benefit in advanced illness. Doctors and hospitals are far more handsomely rewarded for the placement of a feeding tube or a ventilator than they are for meeting with patients and families to determine whether these therapies are helpful or wise."*

In a taxpayer-funded advance care planning session, a patient with cancer might well be told chemotherapy provides little benefit because it will leave him or her with a disability and only "prolong life," without a cure. The extra period of life might be exactly what a person would want, but because the treatment was presented in such a negative way the patient might well be lead to agree to reject treatment.

Importantly, there is no apparent realistic way to adequately monitor the interactions in such tax-funded sessions so as to ensure that the presentation of options is done in a neutral way, rather than one biased toward rejection of treatment.

A precedent on the federal level is a Veterans Affairs patient decision-making aid that was the subject of considerable discussion during the debate over the Patient Protection and Affordable Care Act, a 53-page production entitled "Your Life, Your Choices." The booklet had worksheets to fill out for "Current Health," "Permanent Coma," "Severe Dementia," "Severe Stroke" and "A future situation of concern when I might not be able to express my wishes."

For each of these there was a section on "quality of life." Only for current health was there a choice to affirm that life is worth living without reservation. For all of the others, the choices were "Life like this would be difficult, but acceptable," "Life like this would be worth living, but just barely," and "Life like this would not" – the "not" is underlined – "be worth living." In each circumstance except current health a negative picture was given. For example, "Terminal Illness" was described as a state in which you "have a lot of discomfort that requires medication [,] are in bed most of the time due to weakness [, and] need help with getting dressed, bathing, and bowel and bladder functions." You can read more about this at www.nrlc.org/archive/news/2009/NRL07-08/RationingPage1.html; andwww.nationalreview.com/articles/228199/your-life-not-worth-living/jim-towey.

Of course, what people experience when terminally ill varies widely depending on the particular illness and many other factors, but this booklet seemed designed to lead people to believe that life with terminal illness will be almost unremittingly bleak. In the words of Paul Malley, President of the national non-profit organization Aging with Dignity, "'Your Life, Your Choices' encourages our nation's service men and women to look at illness and disability as things that render life not worth living."

When "advance planning" is so heavily promoted by advocates of cost-cutting and the "quality of life" ethic, we need to consider it with a critical eye – one that asks "who is driving these conversations, and what will they say to people in a vulnerable position?"

Note:

The National Right to Life Committee supports the use of advance directives by which individuals may indicate their wishes regarding medical treatment should they become incapable of making health care decisions; indeed, we promote our own alternative, the "Will to Live," and make available separate forms complying with the laws of each of the states.

Our concern is that in practice federally funded "advance care planning sessions" are likely to pressure patients into rejecting treatment essential to preserving their lives in a manner they would be unlikely to agree to under conditions of truly informed consent.

The pivotal importance of the November mid-term elections

from page 2

"It is no surprise that the Obama Administration is spending billions of taxpayer dollars subsidizing the purchase of health plans that cover abortion on demand," said National Right to Life Legislative Director Douglas Johnson. "Those really responsible for this scandal are the lawmakers, such as Mary Landrieu of Louisiana, Kay Hagan of North Carolina, Mark Begich of Alaska, and Mark Udall of Colorado, who voted against the pro-life amendment that would have prevented this massive federal funding of abortion-covering plans, as well as those who voted to enact the bill after the amendment was rejected, such as Mark Pryor of Arkansas."

Very important as well, as National Right to Life pointed out, in spite of assurances that there would be plans available in each state that do not fund elective abortions, the GAO found that in five states – Connecticut, Hawaii, New Jersey, Rhode Island, and Vermont – every insurance plan currently sold on the exchange covers elective abortion. In addition, abortion-covering plans dominated the exchanges in California (96% cover elective abortion, 86 plans out of 90), Massachusetts (98%, 109 plans of 111), New York (95%, 405 plans of 426), and Oregon (90%, 92 plans of 102).

What do we need to know as the elections approach? For sure read NRL Political Director Karen Cross's essential page one and page 10 stories. Likewise for NRLC President Carol Tobias' terrific column on page 3. And for the nuts and bolts of a crucial component—how to register!—peruse the fine story written by Karen's assistant, Elizabeth Spillman, that appears on page 27.

This edition runs the gamut from A-Z. Beyond elections and the confirmation that President Obama was utterly insincere (not exactly breaking news, come to think of it), we have many examples of the kinds of stories that our readers frequently tell me they love best.

For example, on page 7 Joleigh Little fills us in with the latest about pro-life educational outreach via pro-life camps. Her enthusiasm is infectious. But, then again, working each day with dedicated pro-life young people, how can your batteries not be recharged?

On page 26 a fascinating story about what unborn children learn in the womb. On page 24, there are two hilarious/life affirming stories that remind us (to quote the legendary Art Linkletter), kids **do** say the darndest things. (And don't forget the story on page 22. Nothing quite affirms the humanity of our unborn brothers and sisters like ultrasound photos.)

Wisconsin RTL provides a thoughtful and very useful overview of how it has managed to continue, year after year, to lower the number of abortions. That's on page 5.

And, of course, we would be shortchanging our readers if we didn't discuss our benighted opposition which appears to sense it is losing in a big way. Take your pick—pages 13-14, 17-18, 24 and 37.

I am happy to say NRLC's Robert Powell Center for Medical Ethics has two stories in this issue—pages 9 & 20. Their stories are indispensable to alert us to attempts to keep us from spending our own money on our own health care and to pay for "counseling" whose only intention is to persuade vulnerable older citizens to request non-treatment.

And, please, take a minute to review the Petition on page 8 asking the U.S. Senate to pass the Pain-Capable Unborn Child. And please also consider helping NRLC tell America that "Abortion Stops a Beating heart." That essentially reading appears on page 4.

The September edition is huge—but could be much, much larger. That is why we have National Right to Life News Today, our Monday through Saturday feed that keeps you up to speed on the very, very latest happenings. If you are not receiving this invaluable resource in your email inbox, take ten seconds to register at www.nrlc.org/mailinglist.

Please let me know what you like, didn't like, and would like to see more of in our monthly digital edition of the "pro-life newspaper of record." Drop me a line at daveandrusko@gmail.com.

Thanks for all that you are doing for the unborn child, the newborn baby born with disabilities, and the medically vulnerable elderly. What an honor to be your colleague in arms.

"Forget me not"…please? *from page 2*

As it happens it's not one of the series of life-affirming "Beautiful Woman" videos we've written about before-- the ones from the Thai branch of the Japanese lingerie company, Wacoal, not necessarily the first place you'd think of as a source of such incredibly powerful stories. If you have not seen them, you must. Go to http://nrlc.cc/1qBWIRW; nrlc.cc/1njHj8c; and nrlc.cc/1njHwbF.

Rather this video—"Forget me not"—is the product of Thai Life Insurance and can be seen at www.youtube.com/watch?v=_qtqmaIag-8.

I will not steal the thrill of watching it with fresh eyes by going into detail.

As the video begins, the old man is tying his wife's shoes. We realize quickly that she has Alzheimer's. But through it all—and through every time she asks, "Who are you?"—he is remindful of why he is tenderly taking care of her.

The promise he made when they were married: "To take care of you for the remainder of your days."

Compare this with the young mother and her equally feckless boyfriend who decide that having a live baby around the house is a drag. So they "decided to do something about it.": starve him to death.

They "wanted their lives back," we're told, and got them back in a soul-shrinking act of cruelty, indifference, and lethal narcissism.

By week four, "the doctor the doctor had some concerns about nutrition and other issues."

Christmas was no doubt one of the times where instead of fitting his son in new clothes, the father drugged him "with a sleep aid medication to quiet" the crying baby.

Here's how the local County Attorney described the couple's behavior on December 26:

> *"They discovered that Jordan was not breathing, was cold, and was rigid. They placed him in warm water, but did not do anything for several hours. During that time they cooked a meal and ate. They eventually called Salina Regional Health Center, and were told to immediately call 911. But they still didn't right away, instead cleaning the house first."*

Placed Jordan in warm water, as if they were defrosting a chicken. Ate a meal themselves, cleaned the house, and **then** called 911.

Desirah N. Overturf and Nicholas Corbin, we can be confident, made no promise to take care of Jordan for the remainder his days. They made only one promise: to get their lives back from that intruder who was making himself a nuisance.

And where will those recovered lives be spent? Overturf (and likely Corbin later this month) was sentenced to life in prison with no chance of parole for 25 years.

If she does get out in 2039, she will have been in prison exactly 24 years and nine months longer than Jordan lived.

GAO report confirms elective abortion coverage widespread in Obamacare exchange plans

from page 1

do not have laws in effect that restrict abortion coverage. The GAO found that on these 28 exchanges, 1,036 plans cover elective abortion while 1,062 do not. The Congressional Budget Office has estimated that between 2015 and 2024, $726 billion will flow from the federal Treasury in direct subsidies for Obamacare health plans.

The Obamacare law was enacted in early 2010 despite objections from pro-life forces that it contained provisions that would result in massive federal subsidies to help scores of millions of Americans buy health plans that cover elective abortion. However, President Obama repeatedly insisted that "no federal dollars will be used to fund abortions."

The GAO findings validate previous charges by National Right to Life that the federal taxpayer is subsidizing the purchase of abortion-covering plans on a massive scale. As Politico reported today, "The vast majority of people who bought coverage on the exchanges did so with subsidies. According to government figures, 87 percent of the 5.4 million people who bought a plan on HealthCare.gov in the last enrollment period did so with at least some subsidy."

These massive subsidies for abortion-covering plans amount to a sharp break from decades of federal policy under the Hyde Amendment. The Hyde Amendment says that no federal funds "shall be expended for health benefits coverage that includes coverage of abortion," but the Hyde Amendment does not apply to the Obamacare law. Attempts to include Hyde-like language in the Obamacare law were initially successful in the House but were ultimately blocked by President Obama and his allies in Congress. (For detailed discussion of the history of the Hyde Amendment and the sharp break from Hyde policy contained in Obamacare, see NRL congressional testimony here: www.nrlc.org/uploads/ahc/ProtectLifeActDouglasJohnsonTestimony.pdf)

The author of so-called "compromise" language that paved the way for enactment of the law, then-Sen. Ben Nelson (D-Nebraska), said in 2009 that "you have to write two checks: one for the basic policy and one for the additional coverage for abortion. The latter has to be entirely from personal funds." [155 Cong. Rec. S14134 (Dec. 24, 2009)].

The Nelson "two check" system, previously given great credence by some journalistic "factcheckers," turns out to be not merely a flimsy gimmick, but a vanished mirage. Although the GAO confirmed that the law requires "issuers to collect from each enrollee in a QHP [Qualified Health Plan] covering non-excepted [elective] abortion services a separate payment for coverage of these services," the Obama Administration is not enforcing such a requirement. Not a single one of the 18 insurance companies that are selling abortion-covering plans, and that responded to the GAO, actually were collecting a separate payment from enrollees for elective abortion coverage.

Despite assurances that there would be plans available in each state that do not fund elective abortions, the GAO found that in five states – Connecticut, Hawaii, New Jersey, Rhode Island, and Vermont – every insurance plan currently sold on the exchange covers elective abortion. In addition, abortion-covering plans dominated the exchanges in California (96% cover elective abortion, 86 plans out of 90), Massachusetts (98%, 109 plans of 111), New York (95%, 405 plans of 426), and Oregon (90%, 92 plans of 102).

The House of Representatives has passed the No Taxpayer Funding for Abortion Act (H.R. 7), which would apply the traditional Hyde Amendment policy to all federal programs, including the Obamacare premium-subsidy program, and thereby limit federally subsidized plans to coverage of abortion in cases of rape, incest, or threat to the life of the mother. However, Senate Majority Leader Harry Reid (D-Nevada) has prevented Senate action on identical legislation.

Waddya Know: A Blastocyst IS an Embryo!

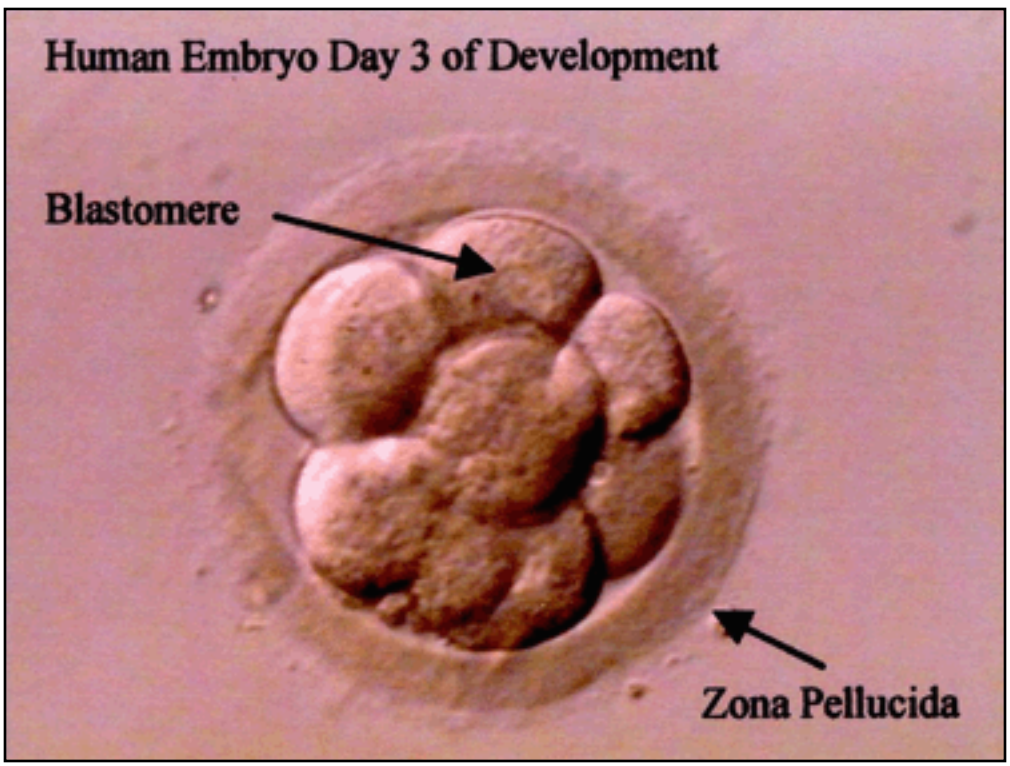
By Wesley J. Smith

How often have I heard scientists and political hacks lie by claiming that an embryo isn't an embryo until it is implanted in a uterus. Before that, they have often said, it is just a "ball of cells," a "pre-embryo," or just a "blastocyst."

By lying about the nature of the embryo, pro embryonic stem cell research advocates hoped to manipulate society into supporting their research agendas.

These arguments were always--and remain--false. When you get down to it, we are all just big balls of cells, so that's a meaningless term. An embryo, unlike say a tumor, *is an organism*, in other words, a human embryo is a nascent, developing human being.

Nor is there such a thing biologically as a pre-embryo–as Princeton biologist Lee Silver admitted. That is a political term invented to skew ethical debates and decisions to permit the manipulation of human life.



As for the blastocyst, the term *describes an embryo's stage of development*, not a different thing than an embryo. Thus, the, "It's not an embryo, it's a blastocyst," is also junk biology.

In this regard, consider the following scientific finding that identified a gene that may cause the first cell differentiation. From the story:

The *blastocyst is an embryonic structure present at early stages of the development of mammals*, before implantation in the lining of the mother's uterus. It is composed of between 64 and 100 cells that surround a central cavity. *Before the embryo reaches this stage* all its cells are equivalent and totipotent, meaning that each cell is capable of giving rise to all embryonic and extraembryonic cell types.

But the formation of the blastocyst implies the first distinction between cell types.

Did you get that? "Before THE EMBRYO reaches this stage of development…"

I write this here so that the next time a researcher or activist claims that embryonic destructive research doesn't destroy

an embryo, you will know you are witnessing blatant mendacity that disrespects moral deliberation and democratic engagement.

This is biology: At no point in a human life are we not a human life–that started from the time you were a one-cell embryo and has continued uninterrupted until the moment you read these words. And that is true whether your genesis occurred in your mother's fallopian tube or a Petri dish.

Editor's note. This appeared on Wesley's fine blog at http://www.nationalreview.com/human-exceptionalism/386946/waddya-know-blastocyst-embryo-wesley-j-smith

Planned Parenthood Raising Money for Big Push in Fall Elections

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made all the difference," and though there were obviously other factors in play, exit polls did show that young single women – the target constituency for Planned Parenthood's misleading ads – did go heavily for the Democrat.

While the previous pro-life Republican administration in Virginia had been able to put in place some of the badly needed clinic regulations Planned Parenthood complained about, Richards noted that "the new governor we helped elect has **beat back attacks** on women's health care and is working to expand access to affordable birth control, cancer screenings, and safe, legal abortion." (No mention of making abortion "rare.")

There hasn't been much in the press about the McAuliffe's efforts to expand "cancer screenings" at Planned Parenthood, but Townhall.com did feature the following headline on its May 14, 2014 website: "'Bankrolled' by Planned Parenthood, McAuliffe pushes looser abortion rules clinic rules."

The other state featured in Planned Parenthood's fundraising letter is Texas. Richards declares "In my home state of Texas, for example, the governor and the legislature pulled every trick in the book to push through a wildly unpopular law that fully implemented could close all but a handful of women's health facilities, leaving hundreds of thousands of women with nowhere to turn for care."

(For all the handwringing about closing clinics, it should be noted that two Texas Planned Parenthood affiliates have already announced plans to open giant new abortion megaclinics in Dallas and San Antonio intended to be fully compliant with the new law. They, too, are using the passage of the new laws as part of their pitch for new funds.)

In that one sentence from Richards there are numerous errors and misstatements that need deconstructing. Here are just a few.

The law may have been "wildly unpopular" in Planned Parenthood's circles and among the throngs they bused in from all over the country, but it passed handily among Texas' elected representatives (male and female) and was signed by a governor Texans returned to office three times.

The law's focus was not on closing "women's health facilities" but on halting abortions on pain-capable unborn children; requiring abortionists to follow the U.S. Food and Drug Administration's prescribing protocol for RU-486; ensuring that abortionists would have hospital admitting privileges so they could accompany women who had suffered complications; and placing safeguards on previously poorly regulated abortion clinics.

As long as they did not perform abortions or met the commonsense requirements, the centers were unaffected. If clinics closed, it was due to their insistence on offering abortions without needed safeguards for women, not due to any effort by legislators to conspire against women needing health care.

Richards does take the opportunity to promote Planned Parenthood's latest "feminist icon," gubernatorial candidate Wendy Davis, the state Senator who led a "heroic 11-hour filibuster" of a pro-life law that eventually passed anyway. The letter manages not to mention that in opposing HB 2, Davis was, among other things, defending late abortions. Richards described the pro-abortion mob that descended on Austin during the filibuster as part of a "grassroots uproar against the reckless new law" that Planned Parenthood called "the most inspiring fight for women's health we've seen in years."

Put that in context of plans already announced by Planned Parenthood to spend $3 million in Texas elections in 2014 to elect Davis and other key pro-abortion candidates.

Planned Parenthood says that

> *"Now in 2014, we need more boots on the ground. We need more trained activists engaging in direct voter contact, face-to-face, aboutwhat these elections mean in terms of safe, legal abortion…* ***We need women to understand how much their vote matters*** *– to themselves, their daughters, and to women all across the country who are having a hard time getting the care they need."*

The message of the letter is clear. Planned Parenthood is going to be raising and spending lots of money in this fall's election, peddling myths about threats to women's health to get voters to the polls and to defend, fund, and expand their abortion empire.