national RIGHT TO LIFE NEWS

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House Financial Services Appropriations Bill contains new prolife riders, amendments expected

By Jennifer Popik, NRLC Federal Legislative Director

Washington DC— On the heels of President Trump signing a measure to continue to fund the government until December, raise the debt ceiling, and provide hurricane relief, the House of Representatives continues to debate the Financial Services Appropriations spending measure.

In spite of the temporary spending deal, the House Appropriations bill serves as a strong pro-life starting point for negotiations with the House and Senate as they work to pass a budget authorizing future spending.

This House appropriations bill carries a significant amount of excellent pro-life language. In addition to continuing longstanding riders such as the Hyde Amendment, which prohibits Federal Medicaid dollars for paying for elective abortion, there are several new pro-life policies that would change current law, if enacted.

There is a provision based on the Conscience Protection

See "Warrior," page 29

Virginia's 2017 Governor's Race: A Test of "Swing-State Politics"?

By Karen Cross, National Right to Life Political Director

In November, voters will choose between pro-life candidate Ed Gillespie and pro-abortion candidate Ralph Northam to be the next governor of the Commonwealth of Virginia.

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

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

Planned Parenthood's Virginia affiliate has endorsed Gillespie's Democratic opponent, Ralph Northam. They have pledged to spend $3 million in the race supporting Northam, whose record in the state Assembly was solidly pro-abortion. Planned Parenthood is the nation's largest abortion provider.

Fenit Nirappil of *The Washington Post* refers to the

See "Virginia," page 33

Editorials

And his name would have been Jude

Judging by the headlines to others posts found at the site "Your Tango," Jamie Berube's post, "Why I Regret My Abortion" was in a distinct minority. The others ran the gamut from foul-mouthed to cavalier to just dumb. Berube's very painful post was altogether different.

I suspect she understands that she isn't supposed to regret her abortion. But the loss of the child–whom she would have named "Penelope Wren (Penny, for short)," if it was a girl "and Amory Jude if he were a boy"– was too intense to keep the truth buried in a cavalier dismissal.

The narrative runs from when Berube first learns she is pregnant through the moment she is pondering the second set of pills (a prostaglandin) that make up a chemical (RU-486) abortion which she will take within a day or two. The baby is likely already dead and the prostaglandin will induce contractions and expel the baby's corpse.

I'm confident from reading her narrative that she knew long before her boyfriend dropped her off at Berube's best friend's house that their relationship would be as dead as her baby would soon be. Even before he says he has to leave (he says he has to work the next morning)–rather than stay with her until her friend Sarah comes home–Berube writes, "I knew what his answer would be before he opened his mouth."

She anticipates that the man who had impregnated her would be with another woman that very night.

Berube tells us early in her essay that

> **I've done a lot of "bad" things in my life. I've made choices that will forever haunt me no matter how much money I shell out for a shrink. But the choice that I made on that day, the choice to sign my name on a piece of paper that would give my consent to terminating a pregnancy is chief among the ones I regret most.**

Why? Why does she write, "Yes, I regret my abortion"? Berube first says, "I regret not thinking through it more carefully." Like so many women, she "knew" from the beginning she "couldn't

See "Jude," page 9

The never-give-up spirit embedded in the DNA of every true pro-lifer

As I drove into work this past Monday, I heard President Trump's eloquent remarks delivered at the Pentagon on the 16th anniversary of 9/11. Since I am old enough to vividly remember where I was when President Kennedy was assassinated, another national tragedy that took place just 16 years ago seems almost like it took place yesterday.

Bear with me, please, while I relate what happened on that day. It bears directly on what I'd like to say in this space.

On 9-11, I was scheduled to go to my graphic designer to put the final touches on the September issue of *National Right to Life News*, in those days a print newspaper**.** I had just come out of a 7/11 convenience story when I heard the stunning news that a plane had crashed into North Tower of the World Trade Center.

I was 40 miles from my graphic designer's office. Communications were spotty, at best, impossible at times, at worst. There was no realistic reason to believe my graphic artist would be able to send the files over the Internet to the printer.

But for reasons to this day I cannot fully explain or even understand, I was determined that the issue go out that night. A lengthy series of interruptions and complications ensued, but we printed *NRL News* within a couple of hours of the time we had originally planned to have the edition roll off the presses.

I don't want to overdramatize what we did. But, to me, it is symbolic--representative--of the never-give-up spirit that is embedded in the DNA of every true pro-lifer.

Such an indomitable spirit is necessary. We are up against the most powerful institutions in our culture, beginning with the Media Elite, most foundations, leading law schools, and a judiciary whose hostility to virtually all protective laws demonstrates that

See "Spirit," page 36

From the President
Carol Tobias

Recalling the progress we are making on so many fronts

For more than 40 years, the pro-life movement has steadily moved forward, pressing on toward that day that unborn children are again welcomed in law and protected by law. I firmly believe we are winning the battle to protect babies from abortion but we must not rest or think we can begin to relax our efforts. We know the forces promoting death have not given up and gone into hiding in a corner somewhere.

With the ebb and flow of everyday life and culture, the battle sometimes seems tougher than other times. Let me discuss just a few of the battles our Movement is engaged in before recalling the progress we are making on so many fronts.

Pregnancy resource centers, that part of the movement dedicated to helping pregnant women in difficult circumstances, are under attack in several states and communities. California law requires these life-affirming centers to inform their clients where they can get an abortion--and that the state may pay for it. In the case of California, the 9th Circuit Court of Appeals has upheld the law and that decision has been appealed to the U.S. Supreme Court.

A similar law in Illinois, as summarized by the Thomas More Society, forces "pro-life doctors and pregnancy resource centers to discuss abortion benefits and refer pregnant women for abortions despite their conscience-based opposition to abortion." Several pregnancy centers challenged the law and, thanks to a federal judge in Illinois, the law has been put on hold until the lawsuit is settled. The Rockford-area judge, Frederick Kapala, wrote that the "act targets the free speech rights of people who have a specific viewpoint."

We hope and pray these laws will be overturned by sensible courts but that battle may take a while. In the meantime, the pregnancy centers have to decide whether they obey the law, ignore it, or shut their doors, no longer able to provide the care and support that is so needed in the lives of often-scared and confused women seeking help.

It seems that Hollywood has taken the gloves off. More and more, the entertainment industry is bringing abortion into its movies and television programs. Stars are using their fame and fortune in unprecedented numbers to brag about their abortions, to heavily promote abortion, and to raise money for the $1.3 billion Planned Parenthood empire, the nation's largest abortion chain.

Pro-abortion groups are pushing chemical abortions via the internet, making it easier, yet more risky, for women to kill their unborn children. And courts continue to strike down many protective laws passed by pro-life legislators who were elected by pro-life constituents.

When there are times that it seems the "other side" has become more active, more vocal, more aggressive in the fight, I remind myself of the advances we have made against abortion.

The number of abortions has dropped from an all-time high of 1.6 million in 1990 to less than a million in the last couple of years. A terrible number, but clear-cut evidence more and more women are choosing life for their babies, and ever-increasing numbers of people are getting involved in the greatest civil rights battle of all time.

I am reminded of our victories every time I see or hear "United States Supreme Court Justice Neil Gorsuch." You know, I know that a President Hillary Clinton would have given us a justice as radically pro-abortion as Ruth Bader Ginsberg.

We are passing legislation that protects unborn babies who can feel pain. We are educating our country about the gruesome way many of those babies die-- being killed by having their bodies dismembered and being torn apart limb by limb-- and we are passing legislation to stop death by this horrific procedure.

We are strengthening right-to-know laws and making it possible for more pregnant women to see an ultrasound before making that life or death decision for their baby.

All too often, when parents are told their unborn child has some disability incompatible with life, they are encouraged to get an abortion. I am moved by the action of some states and right-to-life groups making an extraordinary effort to provide hospice information and comfort care to the parents of a baby who is born with a physical problem to such an extent that the baby's days after birth are limited. These compassionate efforts provide families with a short time to make memories, rather than regretting a decision to pro-actively end the life of their child.

Our state affiliates and chapters are reaching hundreds of thousands of people each year through state, county and local fair booths, showing them the beautiful development of precious little human beings through the use of fetal models and encouraging those with pro-life convictions to get involved.

I am excited by young people like Conor and Destiny and Emily who used their summer to learn more about life issues at the NRL Academy, wanting to prepare themselves even more so they can make a difference for the vulnerable ones. They are representative of untold numbers of the younger generations determined to end abortion.

Certainly we have some challenging years ahead of us. But whenever a day brings some bad news, I always know that brighter news is just around the corner. Why? Because I know your spirit and dedication.

Thank you for all you do to save and protect the most vulnerable among us and their mothers.

WE NEED YOU!

By Carol Tobias, NRLC President

You've made something wonderful happen, and I hope you'll allow me to brag about it for a moment.

Recently, the American Culture and Faith Institute asked Americans who identify as Christians and who are "actively engaged in politics and government" which groups are the best at bringing about cultural change.

National Right to Life ranked in the top ten "Best Cultural Change Organizations" in the United States!

In fact, National Right to Life was the ***only*** single-issue pro-life organization to rank in the top ten.

This recognition is all thanks to YOU. Your support is what sets National Right to Life apart from every other organization working for life in Washington. And it's why the late pro-life champion, Rep Henry Hyde of Illinois, called National Right to Life "the flagship of the pro-life movement."

Working together, we strive to live up to Rep. Hyde's words. Working together, we're making a real difference in the lives of unborn babies and their mothers. **Working together, we have made a tremendous impact on our society.**

Our recent legislative victories—not to mention the hundreds of other pro-life laws on the books in the states and nationally—**have saved lives! There are almost 700,000 fewer abortions each year than there were 25 years ago!**

When our legislative team goes to Capitol Hill, the congressional leaders they meet with know they're representing you and millions of other grassroots pro-life activists. When a state affiliate's legislative director or state legislator calls our State Legislation Center, they know they're going to get well-researched model legislation and background materials.

Without you—without your prayers, your activism, and your financial support—**none of these efforts would be possible. Without you, millions of children wouldn't be alive today.**

But there is still much to be done. Congress is still in session. Some state legislatures are still in session, while others are already gearing up for next year. We need to remain ever-vigilant. But as I've already said, we can't do it without you.

I ask that you prayerfully consider making a contribution so that we can have your National Right to Life staff start preparing to face the upcoming challenges head-on. A sacrificial gift of $500 or $250 would provide a tremendous financial boost, as would even a gift of $100 or $50. The fact is, a financial contribution in any amount will help make a difference.

You can donate securely online by going to www.nrlc.org/donate or you can mail a contribution, payable to National Right to Life Committee, Inc. to my attention at our national headquarters (512 10th Street NW, Washington, DC 20004).

Thank you for any assistance you can provide at this time. May God continue to richly bless you for everything you do on behalf of the most vulnerable members of our society.

Mom who gave up chance to prolong her life dies two days after giving birth to daughter, Life Lynn

By Dave Andrusko

Half-way through their compassionate and thoughtful story about the passing of a much beloved wife, mother, relative, and friend, the *Detroit Free Press'* Ann Zaniewski and Elissa Robinson, wrote, "Nick and Carrie were married for 17 years. They met at church, when she was 10 and he was 12."

Without that knowledge, it would be difficult to appreciate the reason behind and the beauty of Carrie DeKlyen's decision to give up her chance to prolong her life against the onslaught of a viciously malignant brain cancer in order to save her unborn baby girl.

Mrs. DeKlyen died Friday morning, two days after giving birth to Life Lynn DeKlyen, who weighed 1 pound 4 ounces. "Nick said he and his wife came up with the name before Carrie got sick," Mr. DeKlyen told the *Washington Post's* Kristine Phillips. Life Lynn is reportedly doing well.

As we reported last week, in April Mrs. DeKlyen underwent brain surgery in an attempt to stave off for awhile at least a rapidly growing brain cancer. When the couple subsequently discovered the glioblastoma multiforme had returned, they also learned Mrs. DeKlyen was pregnant with their sixth child.

Mrs. DeKlyen, 37, "chose to forgo clinical trials and chemotherapy to treat brain cancer, since it would have meant ending her pregnancy," the *New York Daily News's* David Boroff reported.

"That's what she wanted," Mr. DeKlyen told Phillips. "We love the Lord. We're pro-life. We believe that God gave us this baby."

Carrie and Nick DeKlyen decided to have their sixth child even though it meant Carrie had to stop treatment for her brain cancer. (VIA FACEBOOK)

Their tragedy was compounded in July when Mrs. DeKlyen suffered a massive stroke from which she never regained consciousness. She was 19 weeks pregnant at the time.

For several weeks she received her nourishment through a feeding tube and was on a breathing tube. By the time Carrie was 22 weeks pregnant, Phillips wrote,

> **her baby wasn't growing fast enough, weighing only 378 grams, or eight-tenths of pound. To survive birth, the baby had to be at least 500 grams, just a little more than a pound, Nick said.**
>
> **Another two weeks went by. Good news came: The baby weighed 625 grams. The bad news was the baby was not moving.**
>
> **Nick said he was given two options. He could do nothing and hope the baby starts moving and continues growing. But doing nothing meant his child could die within an hour. Or he could authorize a Caesarean section. Nick chose the latter**.

Life Lynn DeKlyen, was born at 5:30 p.m. Wednesday. Mrs. DeKlyen lived briefly after she was unhooked from life support.

"I sat by her the whole time. I kind of held her hand and kissing her, telling her that she did good," Mr. DeKlyen told Phillips. "I told her, 'I love you, and I'll see you in heaven.' Early on Friday morning, Carrie opened her eyes, Nick said, then closed them again. She clenched her hands tightly, then slowly, she stopped breathing. "

Sonja Nelson is Mr. DeKlyen's sister."I want people to know she gave of herself for everybody," she told the *Detroit Free Press*. "In her last days, she gave of herself for her own child.

"We are proud of her."

Men, misogyny, and hypocrisy: When the abortion debate is about you

Responding to criticisms of pro-lifers' gender, motivations, and consistency

By Paul Stark, Communications Associate, Minnesota Citizens Concerned for Life

Discussions about important topics can become less about ideas and more about the people who express them. That's often true in the abortion debate.

Supporters of abortion don't always defend abortion or critique the pro-life position. Sometimes they offer criticisms of individuals who are pro-life instead. They attack pro-life *people* rather than the pro-life *argument*.

This is called the *ad hominem* fallacy. It is a mistake in reasoning because the personal criticism, even if true, has no bearing on the issue under consideration. It has no relevance to whether the pro-life view is correct. That view must be assessed on its own merits.

Ad hominem arguments in favor of abortion usually criticize pro-life people's gender, motivations, or consistency. Here's why these arguments are flawed.

Gender: 'You're a man'

"I don't understand how any man thinks that he has the right to dictate to women what they should do with their body," says *Daily Show* host Trevor Noah. "Men know nothing about what it's like to be a woman."

It's true that men can't fully understand what pregnancy is like. But it's also true that abortion is right or wrong, just or unjust, irrespective of the gender or personal experiences of any particular individual. Indeed, millions of women—including women who have experienced pregnancy, childbirth, abortion, and adoption—think the pro-life argument is sound.

That argument cannot just be dismissed because of a trait of a person who happens to be advocating it.

Motivations: 'You're a misogynist'

The pro-life movement is driven by "the wish to restrict sexual freedom, enforce sectarian religious views on a pluralistic society, and return women to traditional roles," writes feminist author Katha Pollitt. Some abortion supporters accuse pro-lifers of outright misogyny and a desire to "shame" or "punish" women.

Pro-life people know first-hand that these charges are false and absurd. Indeed, an analysis by political scientist Jon A. Shields notes that pro-life sentiment has remained strong even as views about the role of women have sharply liberalized over the last several decades. Shields concludes that "pro-life activism and beliefs have little to do with gender traditionalism."

The real motivations of pro-lifers are no secret. Pro-lifers are motivated to stop unjust killing and save lives. They are motivated by the proposition that all members of the human family—born and unborn, male and female—have an equal dignity and right to life. Every human being, pro-lifers think, deserves our respect and compassion.

But suppose none of this is true. Suppose pro-life people are the worst people in the universe. That still doesn't make abortion okay. To show that abortion is just, supporters of abortion have to actually show that abortion is just. They can't simply make personal attacks.

Consistency: 'You're a hypocrite'

Numerous *ad hominem* arguments accuse pro-life people of inconsistency or hypocrisy. If pro-lifers *really* cared about human life, these arguments allege, they would act or believe differently than they do.

Some people, for example, claim that pro-lifers are inconsistent if they support capital punishment and war. But many pro-lifers oppose those practices (not all pro-lifers agree), and, in any case, one could oppose the intentional killing of the innocent (abortion) without also opposing state execution of convicted murderers or wars fought against unjust aggressors.

Others say that pro-lifers are inconsistent if they oppose certain economic, social-welfare, sex education, or contraception funding policies. Pro-lifers, again, may have differing views about these issues. People on all sides, both conservatives and liberals, think that their views best advance the common good.

Some claim that opponents of abortion must be willing to adopt unwanted babies. Many pro-lifers do choose to adopt, but one's willingness or unwillingness to adopt children has nothing to do with the

See "Hypocrisy," page 8

Aborted at 32 weeks, little Indian baby dies two days later

By Dave Andrusko

The little baby boy at the center of a fierce abortion debate in India died Sunday morning. His death was likely due to serious respiratory problems, a result of being eight weeks premature, *DoctorNDTV* reported [https://doctor.ndtv.com/pregnancy/13-year-old-rape-survivors-baby-dies-48-hours-after-birth-1748755].

As *NRL News Today* reported last week [http://bit.ly/2gXfaZ6], the case was bathed in confusion and controversy. Last Wednesday the Supreme Court of India gave the 13-year-old mother, a victim of rape, permission to abort her 32-week old baby. But it was not clear in last Friday's accounts, or in Monday's story, whether she actually aborted or whether the doctors induced a delivery to try to save the baby.

In either case, the baby boy weighed only four pounds at birth and was on a ventilator for 48 hours, according to *DoctorNDTV.* He was moved to a Neonatal Intensive Care Unit (NICU) and died about 10 AM on Sunday.

"His condition was critical since birth. Prematurity is what probably killed him but a detailed autopsy will tell us better," said a JJ doctor. The baby died after there was bleeding in his chest. According to the doctor, "It is possible that he bled inside chest and brain as well but we will know only after a post mortem." The family had ultimately decided on taking the baby with them after the birth but unfortunately it remained a mere wish. It was known that the teenage mother was doing fine and would be discharged soon.

The 13-year-old's pregnancy was not discovered until August, the *Indian Express* reported:

when her parents took her to a doctor to check whether her sudden obesity was caused by thyroid, a sonography showed she was 27-weeks pregnant. Police said till then she had not informed her parents about the assault.

On August 9, the parents of the 13-year-old registered a police complaint with Charkop police. According to police, the 23-year-old accused, who allegedly assaulted the minor multiple times, has been arrested.

Further complicating the entire tragedy was that an abortion that close to natural birth is extremely dangerous to the mother. Typically, the process of taking the child's life in those instances extends over three to four days.

The case of this young girl from Mumbai came on the heels of a case of a 10-year-old girl, also a victim of rape, whom the courts did not give permission to abort. The girl delivered her baby by C-section after the Supreme Court of India said that 32 weeks, she was too far along, reasoning that the abortion was far too dangerous for the girl.

South Carolina Gov. McMaster uses executive order to cut off funding for abortion clinics

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

South Carolina Governor Henry McMaster has ordered state agencies to cease payments to medical practices affiliated with abortion clinics.

In an executive order issued August 25, McMaster directed state agencies to "cease providing state or local funds, whether via grant, contract, state-ministered federal funds, or any other form, to any physician or professional medical practice affiliated with an abortion clinic and operating concurrently with- and in the same physical, geographic location or footprint as – an abortion clinic," according to a statement from the Governor's Office.

"South Carolina Citizens for Life applauds the stand that the Governor has taken by discontinuing taxpayer funding of abortion facilities," said Lisa Van Riper, SCCL President. "Taxpayers should not have to pay for the willful killing of unborn children."

South Carolina Governor Henry McMaster

Gov. McMaster also has directed the Department of Health and Human Services to seek waivers from the Centers for Medicare and Medicaid Services to allow the agency to exclude abortion clinics from the state Medicaid provider network.

In his executive order, Gov. McMaster notes that "South Carolina has a strong culture and longstanding tradition of protecting and defending the life and liberty of the unborn."

Mrs. Van Riper said that South Carolina Citizens for Life "thanks Gov. McMaster for acknowledging the efforts of the grassroots pro-life community which has resulted in an overall decline of nearly 60 percent of the number of abortions occurring in South Carolina since 1989."

Men, misogyny, and hypocrisy: When the abortion debate is about you

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ethics of killing them. Imagine a lifeguard who rescues a drowning homeless man. No one would criticize the lifeguard's rescue operation on the grounds that she didn't offer to provide the rescued man with room and board.

More generally, supporters of abortion often assert that pro-lifers don't care about life after birth. That's plainly false. Pro-life individuals, ministries, and churches devote enormous resources to bettering the lives of those in need. The pro-life movement itself operates thousands of pregnancy care centers, maternity homes, post-abortion organizations, and other services to women and their families.

Of course, individuals, organizations, and movements cannot fight for every good cause. They must choose to commit to specific issues (no one criticizes a cancer charity for not also working to combat poverty). The pro-life movement is committed to securing the right to life of all human beings, and unborn children—unlike other members of our species—are currently denied protection of their right to life under the law.

All of these charges of inconsistency (and others) against pro-lifers have two problems. First, the charges are generally not fair or accurate (i.e., there is no inconsistency after all). Second, pro-lifers' inconsistency would not prove that the pro-life position is false or that abortion is permissible.

Maybe pro-lifers *are* hypocrites. Abortion still takes the life of a valuable human being.

It's not about us

Pro-life advocates shouldn't get overly preoccupied with defending themselves. Nor should they employ their own *ad hominem* attacks against abortion supporters. That especially happens on social media, where name-calling and accusations of bad faith can overwhelm respectful dialogue.

Instead, we have to redirect the conversation. We have to focus on the question that really matters. Do unborn human beings have a right to life?

The abortion issue isn't about abortion supporters, and it isn't about us. It's about the ones whose lives are on the line.

"Britain's smallest baby", who mother was advised to abort, now a healthy teenager

Aaliyah Hart was given a 1% chance of survival when she was born. Now she's a normal healthy teenager.

By Society for the Protection of Unborn Children

Born prematurely in 2003, Aaliyah Hart weighed just 12oz (340g) and measured seven inches (18cm) as a newborn, and was thought to be Britain's smallest baby. Because she was so small, doctors warned that she was likely to die from underdeveloped lungs, and gave her just a 1 % chance of survival.

Advised to abort

Her mother Lorraine had already had a difficult pregnancy. "I had a lot of problems throughout the pregnancy, the amniotic fluid was slowly decreasing and doctors advised me to have an abortion," she says. "I was determined to continue the pregnancy because I had struggled to conceive and was close to having IVF."

Aaliyah was put straight on a life support machine, and her mother was warned she might not even last the night. However, the little girl proved that she was a fighter. She received hormones to help her grow, and astonished doctors by reaching all the important milestones. Now, she's 14, and, though small for her age, is perfectly healthy.

A miracle

When she was born, Aaliyah was so tiny that volunteers had to knit clothes to fit her. "I was never aware of the fuss when I was born and it has never affected me," she says. "It was a shock when I saw the clothes I used to wear as a baby, they look like they would be small enough to fit a doll."

Today, the teenager is an aspiring actress and is currently preparing to start her GCSE studies in Birmingham.

"We never thought she would get to this point," says Lorraine. "She is a miracle baby

14 year old Aaliyah:"It was a shock when I saw the clothes I used to wear as a baby, they look like they would be small enough to fit a doll." Picture: Michael Scott/Caters News

And his name would have been Jude

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keep" her baby. Not a lot of pondering about the magnitude of the decision she made so quickly.

"I regret not considering that I might have been a really great mom."As the essay concludes, a tear is falling down her cheek. She tells Sarah, protectively, "Because if I kept him, I'd never let anyone pick on him…ever."

This as much as anything tells us Berube had violated her own code of ethics. If only she had looked for another way…. if only she had **thought** about another way…maybe Penny or Jude would be alive.

Then there is her comment made just prior to going to the abortion clinic when she and the boyfriend stopped for a meal: Berube tells us she was "doing my best to relax and not feel like an irredeemable screw-up with a scarlet 'A' branded on my forehead — 'A' for 'baby-aborter,' in my case."

If you have a few minutes, please read "Why I Regret My Abortion." The conclusion is heart-breaking:

I took the first pill to begin the process — a process I had no clue I'd grow to deeply regret. Because I regret my abortion.

And because if I hadn't, his name would have been Jude.

Orders continue to roll in for 2017 NRLC Convention CDs and MP3s

By Dave Andrusko

The spectacular 2017 National Right to Life Convention in Milwaukee ended over two months ago but orders for CDs and MP3s continue apace. And that is how it should be.

We know that only a tiny fraction of the millions of pro-lifers can attend National Right to Life's annual convention. That is why the convention goes to such lengths to make sure you have the next best thing to physically being present in Milwaukee.

The depth and breadth of the resources available from NRLC 2017 is truly amazing. NRLC's annual convention hosted 66 workshops, five general sessions a Friday morning Prayer Breakfast, and a Saturday evening closing Banquet. And that doesn't even count 14 teen workshops where the next generation of pro-life leaders sharpened their skills and deepened their commitment to unborn children and their mothers.

You can purchase some or all of these resources, either as MP3s or CDs.

An individual CD is $8. And individual MP3 is $5.00. A complete set of either is $400. An entire set of MP3s on a USB drive is only $250.

For MP3s selections, go to shop.nrlchapters.org/Convention-Recordings_c9.htm.

For CDs, go to nrlconvention.com/wp-content/uploads/2017/07/2017-CD-Order-Form.pdf.

Once you've perused the list, be sure to alert your pro-life friends and family. They, too, will likely want to be "part of the action" that took place June 29-July 1.

Actress Jokes with Abortionist: My First Abortion Was 'My Best One'

By Katie Yoder

Editor's note. This is excerpted from a post that appeared at Newsbusters and is reposted with permission.

What do you get when you put an actress who jokes about abortion in the same room as an abortionist who says he's never killed a baby? Cheers, laughter and attacks on pro-life Christians. Or that's what happened in Seattle.

In June, two media-beloved figures spoke at a #ShoutYourAbortion event in Seattle – but surprisingly the event went unnoticed by the media. Actress Martha Plimpton (*The Goonies, The Real O'Neals*) interviewed Willie Parker, a Mississippi abortionist and former Planned Parenthood medical director, on his Life's Work memoir released earlier this year.

But Plimpton began with a different focus: her own two abortions.

"Seattle has some particular significance for me for lots of reasons," she started. "I've got a lot of family here, some of whom are here in the audience tonight. I also had my first abortion here at the Seattle Planned Parenthood."

"Yayyyyy!" she cheered, prompting the audience into applause.

"Notice I said 'first.' I said 'first.' And I don't want Seattle – I don't want you guys to feel insecure, it was my best one," she joked, prompting laughter from both the audience and Parker.

"Heads and tails above the rest," she continued on her abortion. "If I could Yelp review it, I totally would. And if that doctor's here tonight, I don't remember you at all, I was 19. I was 19, but I thank you nonetheless."

After showing off her "feminist" shirt, Plimpton turned to Parker, one of her "heroes" and "favorite writers."

"I want to start with the Hippocratic oath," she said, or the understanding that doctors promise to "first do no harm."

According to Parker, refusing to refer a woman to an abortionist violates that oath.

"When physicians say as a matter of conscience that they don't provide abortions, that's fine because you shouldn't do anything you can't do conscientiously," he said. "But if you fail to refer that person on, you're now doing harm."

Actress Martha Plimpton interviewed Willie Parker, a Mississippi abortionist and former Planned Parenthood medical director.

Ironically, besides performing abortions, many object to referring abortion based on conscience. But Parker seemed to overlook that ("you shouldn't do anything you can't do conscientiously").

The two continued to discuss how religion and science are at odds and attacked Christians and pro-lifers for what they believe. Or, rather, for what Plimpton and Parker think they believe.

"There's the notion that women are incapable of handling the complexity of the decision making about whether or not to become a mother," Parker said. "That a woman who rejects their primacy of motherhood in her life has to be mentally unstable."

That was really just a justification for the patriarchy, he said.

But the Q&A after their discussion was the real killer. The first audience question asked how to convince pro-lifers ("antis") that abortion isn't murder.

"The mind is like a parachute. It only works when it's open," Parker said of the pro-life movement. To laughter and applause, he added, "If you really believe that abortion is murder, call 911 and see if the police will come to an abortion clinic."

To him, abortions wasn't just necessary. It was good.

"But the reality is, abortions aren't bad, they are good," he said, in spite of the pro-life argument that one person always dies in abortion. "They're health care."

"I've never killed a baby," he added later on. "I've ended pregnancies, but I've never killed a baby." …

Their discussions fit the narrative of #ShoutYourAbortion perfectly. The group, founded by Amelia Bonow who jumpstarted the Twitter hashtag, urges women to share their positive abortion stories online (women who regret their abortions – and thousands of them exist – are censored).

Parker has long fascinated the liberal media. In April, he appeared on *The Daily Show* to stress he's "pro-life" for the woman. Earlier this year, a *New York Times Magazine* columnist wrote on the "cool" abortionist who called the unborn baby a "human entity," not a "person."

In 2015, *The Times* published his piece, "Why I Provide Abortions," where he insisted that abortion "respond[s] to our patients' needs" and so expresses "the deepest level of love that you can have for another person." He has also surfaced in Cosmopolitan, where he compared a Planned Parenthood executive to "Jesus before crucifixion."

For her part, Plimpton also obsesses over abortion. She serves on the board of A is For, a nonprofit seeking to normalize abortion. In 2016, Plimpton modeled a dress printed with the word "abortion" multiple times, along with little hearts. The year before, ABC's *Nightline* featured Plimpton in a segment on the #ShoutYourAbortion campaign.

"Abortion is not some crazy weird last resort," Plimpton said before revealing her two abortions. "It is a normal part of women's medical lives."

In 2014, reacting to the Supreme Court's decision in the *Hobby Lobby* case, Plimpton insisted that abortion "reinforces" motherhood.

On Twitter, where she describes herself as "pro-choice/repro justice and proud of it," Plimpton also vocalizes her abortion support.

Human genetic engineering breakthrough raises ethical concerns

By Paul Stark

Scientists in Oregon have successfully genetically modified human embryos, according to research published early August. The researchers used a gene editing technique called CRISPR to repair a disease-causing mutation.

"In altering the DNA code of human embryos," explains the MIT Technology Review, "the objective of scientists is to show that they can eradicate or correct genes that cause inherited disease, like the blood condition beta-thalassemia. The process is termed 'germline engineering' because any genetically modified child would then pass the changes on to subsequent generations via their own germ cells—the egg and sperm."

Preventing disease is a noble goal. And gene editing technology has already been used in born human beings for therapeutic purposes. Genetic engineering of embryos, however, raises a number of ethical issues.

First, the research involves the creation and intentional destruction of human embryos. Human embryos are living members of our species (human beings) at the embryonic stage of their lives. Each one of us, indeed, was once an embryo.

The Oregon scientists produced more than 100 of these young humans solely in order to experiment on them. They were utilized to test gene editing methods that could possibly benefit other human beings in the future. Then they were killed.

Shoukhrat Mitalipov is the first U.S.-based scientist known to have edited the DNA of human embryos.
Photo: OHSU/ Kristyna Wentz-Graff

These human beings were treated like disposable material. They were treated like things that we use rather than human beings whom we respect. That's profoundly wrong.

The assumption of researchers engaged in embryo-destructive work is that some members of our species (like potential beneficiaries of the research) matter morally and deserve respect and compassion while other members of our species (the tiny human beings who are destroyed) don't matter and may be used and discarded by the rest of us in any way we see fit.

But there's no such thing as a disposable human being. We all matter.

Second, germline engineering is controversial in itself. One concern is safety. "These mutations could be passed down through the germline to future generations with unknown implications for everyone," writes Dr. David Prentice of the Charlotte Lozier Institute. We don't know the long-term risks of making such genetic modifications.

Another concern is more fundamental. Genetic engineering could be used not only to prevent health problems, but to choose particular favored traits (e.g., eye color, athletic skill, intellectual ability). It could be used to create so-called "designer babies."

This is a form of eugenics—an effort to produce "enhanced" or "superior" or more desirable human beings. Indeed, Oxford bioethicist Julian Savulescu (among others) argues that we have a moral obligation to eugenically engineer our children.

But eugenic thinking can undermine a society's commitment to human equality and to the dignity of human beings who are weak, sick, disabled, or "imperfect."

David Albert Jones, director of the Anscombe Bioethics Centre, summarizes these moral dangers of genetically engineering human embryos. "Instead of treating existing human beings in ways that respect their rights and do not pose excessive risks to them or to future generations," he writes, "we are manufacturing new human beings for manipulation and quality control, and experimenting on them with the aim of forging greater eugenic control over human reproduction."

Science is powerful. Research is important. But they must always respect the dignity and rights of human beings.

Editor's note. Mr. Stark is Communications Associate for Minnesota Citizens Concerned for Life.

NY High Court Rejects Assisted Suicide Right

By Wesley J. Smith

There is no constitutional right to assisted suicide, so the courts keep ruling.

The Supreme Court of United States rejected an assisted suicide *Roe v. Wade* 9-0 in 1997 State supreme courts have rejected state constitutional claims in Florida, New Mexico, and elsewhere.

In fact no high court in the USA has ever ruled that there is a constitutional right to assisted suicide (including in Montana, which issued a muddled ruling that assisted suicide did not violate public policy).

Now, New York can be added to the growing list.

First, a little background: The zealots at Compassion and Choices–formerly the more honestly named Hemlock Society–want the courts to pretend that when a doctor prescribes a lethal overdose for use in self-killing, it isn't really suicide. This blatant word engineering attempt is rejected outright by the court.

From the *Meyers v. Schneiderman* decision:

> **Suicide has long been understood as "the act or an instance of taking one's own life voluntarily and intentionally." … Black's Law Dictionary defines "suicide" as "[t]he act of taking one's own life," and "assisted suicide" as "[t]he intentional act of providing a person with the medical means or the medical knowledge to commit suicide" (10th ed. 2014). Aid-in-dying falls squarely within the ordinary meaning of the statutory prohibition on assisting a suicide.**

New York Court of Appeals

Duh.

The court proceeds to reject the constitutional claim to assisted suicide by a terminally ill person on several grounds. Here's one that bears noting: Refusing medical treatment when death is the likely outcome is not synonymous with a "right to die."

> **Contrary to plaintiffs' claim, we have never defined one's right to choose among medical treatments, or to refuse life-saving medical treatments, to include any broader "right to die" or still broader right to obtain assistance from another to end one's life…**
>
> **We have consistently adopted the well-established distinction between refusing life-sustaining treatment and assisted suicide. The right to refuse medical intervention is at least partially rooted in notions of bodily integrity, as the right to refuse treatment is a consequence of a person's right to resist unwanted bodily invasions.**

Yup.

The court also notes that there is a rational basis for the state's law against assisted suicide:

> **As to the right asserted here, the State pursues a legitimate purpose in guarding against the risks of mistake and abuse. The State may rationally seek to prevent the distribution of prescriptions for lethal dosages of drugs that could, upon fulfillment, be deliberately or accidentally misused.**

This is very good. The last thing this country needs are courts imposing extra-democratically a radical social revolution against venerable values and mores, particularly in the face of hundreds of legalization rejections by voters and legislatures throughout the United States over the last twenty years.

One more point: When a social movement feels the need to hide its actual agenda beneath a veneer of gooey euphemisms ("aid in dying," "death with dignity," etc.) there is something very subversive about the agenda.

Editor's note. Wesley's column appears at National Review Online and is reposted with permission.

As many as 1.5 million additional online suicide searches following "13 Reasons Why"

By Dave Andrusko

If this doesn't unnerve you, I'm not sure what would.

Reuters Health reported that a study appearing online in *JAMA Internal Medicine* found that "Online searches related to suicide spiked right after Netflix released '13 Reasons Why,' a popular series about a teen girl who takes her own life."

The study appeared online on July 31 and written up subsequently in a *Reuters Health* story by Lisa Rapaport. She notes

> **Google search volumes for queries about suicide were 19 percent higher than expected in the 19 days following the show's release, reflecting 900,000 to 1.5 million more searches than there otherwise would have been.**

Why is this significant? Rapaport quotes lead author John Ayers of San Diego State University in California, who said, "The more someone contemplates suicide, the more likely they are to act," adding, "Searches often foreshadow offline behaviors."

"In '13 Reasons Why,' high school student Hannah Baker kills herself and leaves behind cassette tapes describing the events that led to her death, which is shown in graphic detail in the series finale," Rapaport explains. "After its debut, many mental health experts raised concerns that watching the series could trigger copycat suicides, particularly among certain vulnerable teens who might already be struggling with depression or suicidal thoughts."

In the weeks following the Netflix show's release, searches of "how to commit suicide" were up 26 percent.
Beth Dubber/Netflix

Rapaport contacted Netflix whose response is a textbook example of evasion and insensitivity. "We always believed this show would increase discussion around this tough subject matter," Netflix told *Reuters Health* in an emailed statement. "This is an interesting quasi experimental study that confirms this."

Netflix seemed convinced it had done all it needed to—content warmings, advice to parents "to watch the show with teens and offered talking points," and the like.

Which did not go nearly far enough for Kimberly McManama O'Brien, co-author of an accompanying editorial in *JAMA Internal Medicine*.

> **"The choice to graphically depict the suicide death of the star of the series was a controversial decision," McManama O'Brien said by email. "Research has shown that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals."**

Mother shares photo of daughter born at 21 weeks: My baby was not a 'clump of cells'

By Becky Yeh

One mother is sharing an image of her baby, born premature at 21 weeks, to show the humanity and inherent dignity of children in the womb. The image, posted by Save the Storks on Facebook, affirms that the preborn are not "clumps of cells" or "tissue," but unique human beings. Although baby Madalyn only lived for two hours after birth, her life had meaning, and the time her parents had to spend with her was invaluable.

Tragically, the abortion industry has dehumanized children in the womb. Madalyn's mother, Jennifer, writes that the rhetoric pushed by Planned Parenthood and abortion facilities is "disheartening" because it devalues human life:

According to Planned Parenthood, a baby isn't actually a person until they are born and begin to breathe. According to them, abortion should be legal until 36 weeks after conception.

Meet Madalyn, Our daughter born at 21 weeks 6 days.

Our daughter, who graced the world with her presence for 2 hours and 37 minutes. The precious little girl who has taught me compassion, empathy, and love. I think of her often and all that was lost when she passed.

I dream of the beautiful 7-year-old she would be today. I grieve for all the time I have lost with her. Reading and listening to all the pro-choice excuses is beyond disheartening. An unborn child is never just "A clump of cells."

They are not "just tissue" and I promise you they are never unwanted.

There are thousands of couples who would love to cherish your child as the precious gift they are. When a child dies, we lose not only their life, But everyone and everything that stems from them.

Who would they have been? What would they have done? Who would they have Married? God created each and every one of us in His image and for a purpose. A Child is not a choice and their life should never be thrown away.

Life is not to be disposed of because some may deem it as an inconvenience. Every life is precious and should be protected.

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

Renovating Society to Make Room for Special Children

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

I could watch TV home improvement shows practically all day long.

I adore the transformations--the Cinderella stories of houses being renewed with granite countertops, glorious new light fixtures, and amazingly enlarged closets.

So I was excited to pick up the "Magnolia Journal," a magazine produced by the husband-and-wife stars of *HGTV*'s "Fixer Upper."

Chip and Joanna Gaines did not disappoint, with features on mantels and hearths, cozy textiles, and expert gardening tips.

But I was pleasantly surprised to find an article entitled, "People Who Inspire: Kelle Hampton." The piece tantalizingly promised "an unexpected gift this mom never thought she wanted."

The gift was a child with Down syndrome.

Kelle speaks honestly of her sadness when she first learned her daughter Nella had Down syndrome: "I began the grief process for the dream of the child I had imagined."

But then something else happened--she experienced real gratitude. She writes, "I get both the challenge and the privilege of raising a child to believe that she is so much more than a diagnosis or an arrangement of chromosomes."

Sadly, as many as 90 percent of American parents who receive a Down syndrome diagnosis for their preborn child choose abortion.

But there is hope in improving the odds--through stories such as Kelle's--and through laws that require parents to be offered resources and educational materials when Down is suspected *in utero*.

The high pre-birth death toll for children with Down syndrome represents fear, lack of understanding, and discrimination against one of our nation's most vulnerable populations. However, this lethal trend can and must be reversed. Too many families are missing out on the joys of a Down syndrome child.

Our larger American family is suffering from the lack of compassion that makes the extermination of Down syndrome children possible. We owe it to our nation to open up our hearts to the unexpected and priceless treasures represented by babies with an extra chromosome.

Trial concludes in lawsuit challenging Kentucky's abortion clinic transfer law

By Dave Andrusko

Three days of testimony before a federal judge concluded Friday in the lawsuit challenging Kentucky's law requiring abortion clinics to have a transfer agreement with a local hospital in case of an emergency. According to the *Associated Press*," Instead of closing arguments, attorneys in the case will present post-trial briefs to U.S. District Judge Greg Stivers within 60 days."

The challenge was initially brought by EMW Women's Surgical Center of Louisville, Kentucky's lone remaining abortion clinic, but Judge Stivers, who is hearing the case without a jury, allowed Planned Parenthood of Indiana and Kentucky to join in.

The nub of the lawsuit is that the transfer agreement is both unnecessary and a ruse to block access to abortion and unnecessary—"They're about shutting down abortion facilities," said Brigitte Amiri, an ACLU attorney for EMW. Amiri insisted there were no problems until Matt Bevin became governor.

But Gov. Bevin's attorney,

U.S. District Judge Greg Stivers

Steve Pitt, countered (according to *WDRB*) that

> **the real problem is that past administrations were lackadaisical in enforcing regulations that required abortion clinics to have transfer agreements with hospitals and ambulance services.**
>
> **"You may remember that Planned Parenthood reported that it had done 23 abortions without a license," Pitt said. "That caused the cabinet then to start looking these transport agreements."**

The plaintiffs insisted the Bevin administration was strong-arming local hospitals and the University of Louisville hospital to persuade them not to agree to a transfer arrangement, or, in the case of the University of Louisville, of backing out.

But "The state has denied putting any pressure on KentuckyOne to rescind its agreement with Planned Parenthood," reporter Deborah Yetter of the *Louisville Courier* reported. (KentuckyOne Health was managing the hospital last year when it backed out of its agreement with Planned Parenthood.)

Planned Parenthood and EMW claim the state is making compliance impossible by continually changing the rules.

However, as *WDRB's* Lawrence Smith reported

> **Pitt said the administration said any changes are meant to clarify the rules not confuse them and that EMW has been given every opportunity to comply.**
>
> **"There is absolutely no political or religious connotation here," Pitt said. "This is question of women's safety and health."**

Inside an Abortion Survivor's Head on her 40th birthday

By Melissa Ohden

Editor's note. This ran August 29 on the blog of Melissa Ohden. Melissa is the survivor of a "failed" saline abortion in 1977. She speaks all over the world including at many National Right to Life Conventions. She has often written for NRL News Today.

If you've ever wondered what goes through an abortion survivor's head on their birthday, I'll give you a sneak peek into mine on my 40th birthday.

12:33 am: I'm woken up by our 3-year-old. I glance at the clock, realizing it's now the 29th. I say a prayer, thanking God for being alive and continue this prayer multiple times throughout the day.

6:30 am: I think about how I was delivered around this time in the final step of the abortion procedure. I'm saddened and horrified thinking about it, while at the same time, so thankful to have been born alive.

These thoughts automatically trigger my questions about who all was present at the time or shortly thereafter and the effect all of this might have had on them. My grandmother was there. Nurses were there. I worry about them. Yes, even my grandmother. Did this haunt them throughout their lives? When did the abortionist first find out the abortion had "failed"? When did he begin to panic? Was I his first botched abortion survivor?

I reflect on the panic that so many must have felt. This wasn't supposed to happen. And then to be told I needed to be left to die. To hear me, to see me, this suffering newborn gasping for breath. My heart breaks for them. I wonder, do they realize today is the 40th anniversary of that fateful day?

9:00 am: I wonder how long I had been in the NICU forty years ago today at this time. I wonder if my grandmother kept checking on me. I wonder if she was allowed anywhere near me? I wonder what that was like for her to have me there at the hospital she worked at, trained nurses at, for the next twenty one days. Was she ever thankful I was actually born alive, or was she simply angry that the abortion failed, and I was there like a black eye for all to see–the child born to her daughter out of wedlock?

Melissa Ohden

1:00 pm: I can't remember what time my medical records state that the neonatologist visited me, but I think of him today. "Approximately 31 weeks gestation," he wrote in my records. I'm sure he assessed and directed care for many premature infants. I wonder what he thought of my circumstances?

3:00: The words "it is finished" keep rolling around in my head. Of course, it reminds me of Jesus on Good Friday, as He hung from the Cross, but the words have been echoing in my head all day. After four days of the abortion procedure, today was meant to be the day that it was finished. Except, much like Good Friday, God was not done. What looks like the end, could very well be just the beginning. Thank God, truly!

5:00 pm: I think about the nurses again. I wonder if that nurse who whisked me off to the NICU because she couldn't just leave me there to die is still alive today? If she remembers this day? If she does, I sure hope she knows how thankful I am for her.

And the NICU nurses…I think about them again, too. I wonder who's been tending to me throughout the day. Have they been praying over me already? I bet they have, based on the conversation I was blessed to have with one of them earlier this year.

I wonder what the buzz is around the hospital, knowing it was so associated with my grandmother. Did people know 40 years ago around this time about what happened? I know how quickly news and gossip travel, and this one would have hit like a lightning bolt. What was this like for my grandmother? Did it anger her more that the abortion had failed and created all of this? Did it make her even angrier at my birthmother? What was it like for her continue to be there at the hospital in the days and weeks even after I was gone? That place had to have been forever changed for her.

8:30: As I'm rocking our overly tired three year old to sleep (so thankful that she asked me to do this), I think about my grandmother once again. If her plans had succeeded, I wouldn't be doing this right now. I wouldn't have become a mother. I wouldn't have lived. My daughters wouldn't have lived. And I choke back the tears that threaten to fall and wake Ava.

I wonder if she ever would have accepted me. I wonder if she ever could have loved me, despite how she worked so hard that I not live. I feel sorry for her that she never got to meet her great-granddaughters and see the impact of the decisions she made about my life and therefore, theirs. Maybe it would have affected her in a

See "Survivor," page 21

Who's "extreme" on abortion–Jacob Rees-Mogg or BPAS?

Conservative MP Jacob Rees-Mogg has been branded "extreme" and "out of touch" after saying that he is completely opposed to abortion. But is he really the extreme one?

By Society for the Protection of Unborn Children–SPUC

A rather strange media storm erupted yesterday after Jacob Rees-Mogg, an MP well known for his Catholicism and social conservatism, "revealed" yesterday that he is "completely opposed" to abortion.

"Life begins at conception"

Mr. Rees-Mogg, who has recently gained a large social media following (known as Moggmentum"), was a guest on *Good Morning Britain*. When asked about his views on abortion he said: "I am completely opposed to abortion", and when questioned if this extended to cases of rape, he replied: "I'm afraid so" and when pushed said "my personal view is that life begins at the point of conception and abortion is morally indefensible."

"Abhorrent" views

His honest stating of his views has lead to howls of outrage in the media, and to him being branded a bigot, with abhorrent views, who could set the Tories back for decades. *The Evening Standard* ran with the headline Jacob Rees-Mogg faces angry backlash over 'extreme' and 'out-of-touch' views on gay marriage and abortion.

But who thinks this? If you read the article, you'll see that most of the quotes are from… abortion providers. Katherine O'Brien, head of policy research at BPAS, one of the largest abortion providers in the UK, said: "Rees-Mogg's stance on abortion is quite simply extreme, and extremely out-of-touch."

MP Jacob Rees-Mogg

Laura Russell, Policy Manager for the Family Planning Association, said the comments are "massively out of step with the vast majority of the public's opinion, including people of faith". Marie Stopes, another major abortion provider, also commented.

Extreme?

Mr. Rees-Mogg said that he based his opposition on abortion on the fact that life begins at conception – an indisputable scientific fact. Is this extreme? Opposing abortion in the case of rape may not be popular, but as a rather bemused [hostess] Julia Hartley-Brewer pointed out to Kerry Abel of Abortion Rights on *Talk Radio* this morning, it is a perfectly logical, morally defensible position for someone who believes, as he does, that abortion is the killing of an unborn child.

BPAS, on the other hand, believe that there should be no limits on abortion at all. They believe abortion should be completely decriminalised. If anyone was in doubt about the implications of that, it was made clear a few weeks ago, when BPAS CEO Ann Furedi shocked the panelists on *Loose Women* [a television show] by confirming she believes abortion should be allowed up until birth and for any reason a woman chooses, including on grounds of gender.

Out of touch?

These views make it laughable that BPAS can accuse Mr. Rees-Mogg of being out of touch with popular opinion. The most recent survey of British views on abortion found that 89% of the general population and 91% of women agree that gender-selective abortion should be explicitly banned by the law. It also revealed that 99% of the public oppose the abortion limit being raised to birth.

Chile: Court Approves Law Legalizing Abortion

Editor's note. The following is excerpted from a post written by the Parliamentary Network for Critical Issues (PNCI).

The Constitutional Court of Chile has approved a new law legalizing abortion, ruling that it is not unconstitutional, by a vote of 6-4. The law, which was recently passed following a two-year debate in Congress, allows abortion in cases of the life of the mother, rape, and for life-limiting anomalies in the unborn child. A coalition of pro-life groups challenged the law in court, claiming it violated Article 19 of the constitution which protects the right to life of the unborn child.

The court's ruling has met with strong criticism from Catholic bishops, who said the decision "offends the conscience and the common good of the citizens." In a statement, the bishops said that Chilean society as a whole loses with the legalization of abortion.*"We are confronted with a new situation in which some unborn human beings are left unprotected by the State in this basic and fundamental right."* The approved law also fails to protect rights of conscience for nurses and other medical personnel, including Catholic hospitals. Legislation to enact and implement the new law has to be passed before abortion is available for the three legal grounds.

OAS "Welcomes" Legalization

The human rights body of the Organization of American States (OAS), the Inter-American Commission on Human Rights (IACHR), 'welcomed' the decision of the Constitutional Court of Chile to legalize abortion under three circumstances, stating that the decision is "an essential step to respect and protect the human rights of women, girls, and female adolescents in Chile."

The extreme pro-abortion view of the IACHR was expressed by Commissioner Margarette May Macaulay, First Vice-President of the IACHR and Rapporteur on the Rights of Women, who commented,

> *"The right to sexual and reproductive health implies that women have the right to have access, without discrimination, to health services designed to address potential risks before, during, and after pregnancy. In the case of involuntary pregnancies that result from rape or incest, as well as pregnancies that pose a risk to a woman's physical integrity, the State must protect the woman's right to interrupt her pregnancy safely, legally, and voluntarily, as a guarantee of risk-free maternity and to protect the right of all women to health."*

The Commission urged Chile to promptly adopt and implement measures to enact the legislation. In addition, it sent an anti-life message to other pro-life countries in the region "to adopt legislation designed to safeguard the effective exercise of women's sexual and reproductive rights, cognizant that the denial of the right to voluntarily interrupt a pregnancy in certain circumstances can constitute a violation of the fundamental rights of women, girls, and adolescents."

No international or regional treaty for the Americas includes access to abortion as a human right, despite the claims of IACHR commissioners and other pro-abortion activists. However, the American Convention on Human Rights does recognize unborn children as having a right to life in Article 4:1 *Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception. No one shall be arbitrarily deprived of his life.*

PNCI notes that the IACHR states that it "derives its mandate from the OAS Charter and the American Convention on Human Rights" yet it flagrantly ignores Article 4 of the Convention in its pro-abortion fanaticism and in so doing fails to uphold its mandate to promote and protect human rights for all.

Every baby is a little miracle…

By Dave Andrusko

When we made our yearly pilgrimage to Minnesota last month to vacation, we visited our niece and her brand new baby boy. It was like old times watching her (and my sister, her mother) pull out the Pampers.

I don't often see commercials for Pampers these days, or, if I do, they don't register. Even our grandkids are now long past that stage.

But I know, from having written about many of Pampers' commercials in the past, they are often awesome. They affirm not only the importance of babies, they also remind parents that "Every baby is a little miracle to celebrate, support and protect."

And since they often begin with sonograms, pro-lifers see this sentiment as apropos not just for babies once they are born, but from the beginning of the baby's developmental journey.

If you watch "For every little miracle," (www.youtube.com/watch?v=6gZRRQgusXU), I promise you will (as did I) forward the link to many of your family and friends.

The overarching point they make is…it doesn't matter. Whatever the circumstances, babies are a gift, a treasure, to honor and protect and (my words here) to marvel at.

The very first "whether" is the most important: "whether he's planned or not…" We first see a headshot of a young woman in her wedding dress–and then the rest of this woman's very pregnant profile.

That is cutting to the chase. This baby didn't choose the circumstances of his conception. That's on us.

Moreover, without being preachy or overt, the ad (I believe) is telling us in no uncertain terms that there is only one choice– to choose to "celebrate, support and protect" this "little miracle."

There are many other "whethers," including whether the baby has "special needs" or has "lots of needs" [comes as a package deal with multiple siblings]…or adopted…or comes "3 months early" [a preemie] "or ten years late "[an older mom]…or is biracial/multicultural…or has family nearby or "far away."

In all these circumstances–the planned and the perfect, or the unplanned and the other-than-perfect–this baby is one of us, a miracle to whom we have the strongest obligation on the face of the planet: to our own flesh and blood.

Inside an Abortion Survivor's Head on her 40th birthday

From page 18

positive way? Maybe she could have recognized the damage she caused?

As I rock Ava, I think about how 40 years ago at this time, I was motherless. And I hate thinking about this. Taken from my birthmother, without her knowing I was alive, and not yet having my adoptive mom's arms to hold me, I was alone. I know the nurses provided me great care and love, but I was motherless. And my heart aches for my newborn self.

And for my birthmother. I wonder if she was still in the hospital, with me being just down the hallway, unbeknownst to her?

9:00: I'll be honest. I've really done nothing today for myself. It's been a busy day. My own goal was to sit down and drink a cup of coffee while reading a magazine. I contemplate sitting down to at least read the magazine, but decide instead to tuck our nine-year-old, (who doesn't want or need tucked in that often these days), into bed.

I even brush her hair as I help her settle in. I reflect on how this simple thing, brushing her hair, is a gift. She may not allow me to do this much longer, and just being with her, caring for her, is a gift.

And as I settle her in, the final thoughts of the day settle in. It is finished. There's those words again. The horrors of that day still haunt me and my birthmother, as well as many extended family members and likely the medical professionals who cared for me, maybe even the abortionist, but the evils of that day are finished.

I'm alive. I've been united with my birthmom and many members of both sides of my biological family, despite all of the efforts to keep us apart. The secrets of what was done to me, of what was done to my birthmother, are secrets no more.

That cycle of secrecy, lies and suffering has ended. The fear that has silenced so many, including me over the years, has been overcome.

And I return again to my prayers of Thanksgiving.

Where is the real divide over assisted suicide and euthanasia?

By Paul Russell

Editor's note. This appears on Mr. Russell's blog and is reposted with permission. He is the founder of HOPE Australia.

Some of the discourse on assisted suicide and euthanasia can make the question seem complicated. In essence the proposition is quite simple: should our society allow doctors to support a person's wish to suicide or not?

Yes, there are overlays about suffering that evoke the very best in each of us to want to be compassionate, knowing that we, too, would want the very best of care at the end of life and to receive the best pain and symptom management possible. But there are other less dramatic ways of achieving that outcome. And, for most, the issue really isn't about pain; it's about fear. Do we give in to fears or learn to deal with them? Do we abandon people to such fears or do we help them to work through them?

These are the big questions. Can we justify creating exceptions to the laws that are meant to protect all of us equally when the same cris de coeur [passionate appeals] are also speaking to us about building a health system that provides the public with confidence in their care and assurance that their needs will be met?

Do we make public policy for the common good or do we make fundamental changes to our laws on homicide for the few?

These kinds of questions know no conventional political divide. Euthanasia and assisted suicide voting records really don't line up with any other issue.

The NSW [New South Wales] Shadow Minister for Health, the Hon Walt Secord, provided a good example in the pages of the Sydney Morning Herald recently. Secord identifies as a 'progressive' legislator yet finds himself opposed to the upcoming assisted suicide legislation soon to be introduced into his chamber.

"…I believe parliamentarians cannot codify legislation on how to end a human life.

"It is not possible to put in place sufficient safeguards and protections to prevent abuses of these laws.

"And this is before we consider the invidious pressures of medical costs, financial burdens on families or the prospect of manipulation in regard to inheritances.

"So, my concerns come from a legislative and practical perspective; not a religious one."

"It is through minimising pain that we can properly, and ethically, help the elderly or those struck down with terminal illness to have dignity."

Secord's observations are open to consideration by anyone – regardless of political or religious persuasion. They were amplified on News.com.au by similar comments from the NSW Premier, Gladys Berejiklian. "The premier on Monday said she did not support the bill."

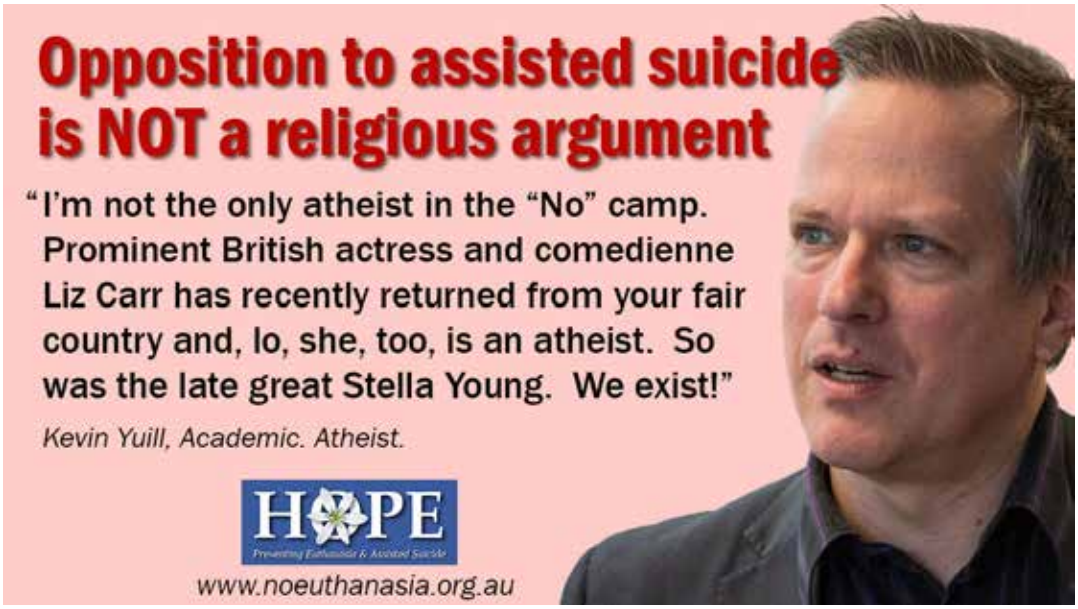
"Traditionally I'm someone who's quite progressive on social issues, but that's a difficult one for me," she told reporters in Sydney.

"I don't think I can support it."

And yet the debate is largely characterised by the pro-euthanasia camp and some sections of the media as being opposed largely (if not exclusively) by religious, conservative types. This is clearly a misrepresentation that seeks to dismiss rational opposition.

UK Actress, comedienne and disability rights advocate, Liz Carr put this false divide to bed when she spoke to Victorian Parliamentarians in March this year. Liz is, likewise, politically and socially progressive:

"Opposition to these bills is usually marginalised as being religious and that's very useful to do if you don't want to listen to it, but actually if we want to introduce a bill like this, we have



See "Divide," page 25

Cecile Richards's contribution is not to the "prevention of human disease" but to multiplying the number of dead babies

By Dave Andrusko

Have you ever heard of the Lasker-Bloomberg Public Service Award? Me, neither.

It's self-described thusly: "Since 1945, the [Lasker-Bloomberg] Awards Program has recognized the contributions of scientists, physicians, and public servants who have made major or advances in the understanding, diagnosis, treatment, and prevention of human disease."

Sounds pretty prestigious. Guess who won The 2017 Lasker-Bloomberg Public Service Award?

Cecile Richards, head honcho of Planned Parenthood, whose chief claim to fame is she presides over a killing machine that brutally disposes of 330,000 babies every year–in the neighborhood of seven million since it rolled out the machinery of death.

The "human disease" for which PPFA is the "cure" is "unwanted" unborn babies.

The euphemism drenched summary for why she [PPFA] received the award is "for its 100-year history of advancing reproductive health and rights and advocating for greater access to health care for all people."

Richards posted an op-ed recently at the *Journal of the American Medical Association* (*JAMA*) under the headline, "A Century of Progressing and Advancing Reproductive Health Care" to tout Planned Parenthood's all-purpose wonderfulness. Here are a couple of thoughts about Richards' 1,271-word-long pat on PPFA's institutional back.

#1. Kudos flow river-like to PPFA founder Margaret Sanger. Of course not a syllable about Sanger's eugenicist instincts or that Sanger saw PPFA's organizational purpose as "nothing more or less than the facilitation of the process of weeding out the unfit, of preventing the birth of defectives or of those who would become defective."

Planned Parenthood President Cecile Richards

#2. "Despite hard work across the public health sector, people of color in the United States are disproportionately unable to access and benefit from quality health care, including cancer screenings and preventive care," Richards writes. As *NRL News Today* has explained on numerous occasions, according to PPFA's latest annual report, the number of cancer screenings are actually down at Planned Parenthood facilities, while abortion totals are up from the year before.

And just to be clear, no Planned Parenthood in the nation performs mammograms for its patients. Roughly 35% of all babies aborted in the U.S. die at PPFA abortion clinics.

#3. Reading her op-ed, you'd think PPFA is just a selfless servant. Nothing about being a $1.3 billion dollar "non-profit," or the recipient annually of a half-billion dollars from the federal government.

As Dr. Randall K. O'Bannon, NRLC director of education and research, has explained on many occasions, PPFA is the antithesis of the "Mom and Pop" abortion clinic. They are consolidating like mad, shedding clinics that are not as profitable (those that don't perform abortions), as part of a restructuring program (as one CEO proudly put it) that is culminating in a "stronger powerhouse affiliate."

#4. Richards' concluding paragraph reads

> **Just as Planned Parenthood has done for 100 years, it will continue to increase access to reproductive health care for all people. Each day, physicians, clinicians, and staff continue to open the doors of Planned Parenthood health centers across the country to provide high-quality, compassionate care. Planned Parenthood will continue to advocate and fight against restrictive and burdensome policies aimed at restricting health care access for millions of people.**

Translated?

(a) More abortions at larger abortion clinics which tend to be close to (if not actually located in) urban areas with high numbers of women of color.

(b) Fighting any and all limitations–no matter how widely supported by the public–that would cut into PPFA's lucrative abortion business.

A "century of progressing"? For PPFA, yes, but not the millions of babies whose lives have been ended at Planned Parenthood abortion clinics.

Reversing Chemical Abortions a threat to Abortion on Demand Ideology

By Ingrid Duran, Director, NRLC Department of State Legislation

A chemical abortion, commonly known as RU-486, occurs when a mother is given a lethal cocktail of two powerful drugs. Mifepristone, typically given at the abortion facility, blocks progesterone, thereby inhibiting the signal to the woman's body that she is pregnant and shutting down the system supplying nutrients to the child. The second drug, misoprostol, usually taken at home, induces severe cramping and bleeding in order to expel the baby's tiny body.

Thanks to the ingenuity of pro-life physicians who care for both mother and child, however, there is now a glimmer of hope for those women who change their minds before taking the misoprostol. As you would expect, the abortion industry is furious.

The effort to halt chemical abortion was first launched by Dr. George Delgado and Dr. Matt Harrison, Medical Director and Associate Medical Director of Abortion Pill Reversal, respectively. They have found it may sometimes be possible to save the unborn baby provided the woman has not taken the second of the two drugs that make up the chemical abortion regime.

Here's how their technique works. First, they perform an ultrasound to determine that the unborn child is still alive. When this is confirmed, they prescribe large amounts of progesterone for the duration of the first trimester to attempt to counter the impact of the mifepristone.

Since 2012, their organization has received at least 2,000 calls from women who had changed their minds, some who indeed turned out to still be pregnant. According to Dr. Delgado's testimony before the Colorado Legislature this year, with APR›s treatment, at least 250 babies have been saved due to the reversal process!

Within the last few years, legislation providing information on the possibility of abortion pill reversal (APR) has been introduced in a number of state legislatures and has become law in four states. Typically, the law amends a state's informed consent law to provide mothers with information about the possibility of halting the chemical abortion process. Customarily the law highly recommends that if a woman wants to offset the effects of the Mifepristone in an attempt to save her baby, she should contact a health care provider immediately.

Arizona was the first state to enact such a law. However, due to a legal challenge and court settlement, that law has been repealed and replaced with a weaker law. Since then Arkansas, South Dakota, and Utah have followed suit. NRLC expects this will continue to be a trend in 2018 when most of the state legislatures convene.

However, not everyone is happy about the possibility of saving unborn children. Surprise, surprise, pro-abortionists are feigning concern for women!

Recently, the pro-abortion media has gone above and beyond in writing articles attacking the abortion reversal process. Many of these radical supporters of abortion use terms like "unproven" and "junk science" and "sham" when describing the abortion reversal process and/or about the successes that Dr. Delgado and Dr. Harrison have experienced. One has to wonder why these so-called proponents of "choice" are so vehemently opposed to the possibility that a mother may change her mind and choose life.

Instead they rely on notorious pro-abortion authors in order to falsely claim that mothers never regret their decision to abort. We know this is a blatant lie because there are countless women who have testified in Congress, across state legislatures, and even within various post-abortion networks about the pain they still carry because they chose to abort.

We also know this is untrue because as noted above, the organization Abortion Pill Reversal has had at least 2,000 women inquire and women have testified that the method works and have the children to prove it.

Other pro-abortion critics claim that chemical abortions often fail if the second drug (misoprostol) isn't used, claiming the progesterone boost Dr. Delgado and Dr. Harrison prescribe isn't effective. But there is no inherent danger in supplemental progesterone and other research currently going on is specifically trying to use additional progesterone to prevent miscarriage in vulnerable women.

Some of the same pro-abortion critics also critique Dr. Delgado's case study claiming that the sample size was too small to be considered significant or that there just isn't enough evidence. Delgado is in the process of completing a larger study and hopes to publish the results soon, but most importantly, there at least 250 living little humans as a result of the abortion pill reversal process.

Even if there is a small chance that a baby can be saved, don't we owe it to these mothers to tell them of this possibility? Isn't that what "choice" is all about? Or is choice only validated when mothers get biased information that offers no hope at all?

The truth is the pro-abortion lobby is trying to cast doubt on the reversal process because they are abortion extremists who believe in the unfettered right to kill unborn children.

The possibility that when told, women may seek life, is a sign of hope and a direct threat to their abortion on demand mission.

Nurse may have killed at least 90 in German nursing homes

By Michael Cook

A male nurse may have killed scores of patients in nursing homes in northern Germany. Niels Högel was given a life sentence in 2015 after he confessed to the murders of about 30 people at two clinics. Even at the time police suspected that he was responsible for more deaths.

Evidence for these has emerged now after they exhumed and examined 134 bodies. It appears that Högel had given a number of them a lethal injection. Although the total will never be known, as a number of patients were cremated, it appears that he killed at least 90. This makes him the worst serial killer in Germany's criminal history.

Niels Högel/EuroNews

Police Chief Johann Kühme said that he was speechless. "And as if all that were not enough, we must realize that the real dimension of the killings by Högel is likely many times worse."

Högel will be tried again for the newly-discovered murders.

Several senior medical staff at one of the clinics are also facing manslaughter charges for neglecting to investigate the high number of suspicious deaths when Högel was on duty. Investigations are continuing at the other clinic.

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

Where is the real divide over assisted suicide and euthanasia?

From page 22

to listen to all sides of course, and we have to not diminish their view."

The opposition to this legislation from the disability community is almost exclusively from people with no religious affiliation at all who would not normally associate with the poorly caricatured 'religious right'.

Canadian born UK Academic, Kevin Yuill [www.spectator.com.au/2017/07/atheist-against-euthanasia/] also railed against this false caricature. Writing in the Spectator

"I'm not the only atheist in the 'No' camp. Prominent British actress and comedienne Liz Carr has recently returned from your fair country and, lo, she, too, is an atheist. So was the late great Stella Young. We exist!

"The reason we have been ignored is that it is much easier to write off opinion as religious than confront it. Then you avoid the difficult questions like, if assisted dying is deemed medical treatment, how can it be denied to anyone who suffers?"

"Or, what will sanctioning suicide for some do to efforts to combat suicide generally? Or, won't defining dignity as the ability to go to the toilet unaided demean and devalue the existence of many disabled people who lead enjoyable, fulfilled lives, thank you very much, despite not having that ability?"

Yuill's questions have a deep resonance. They draw us to the deepest of issues about how we behave as a society and how we value humanity – all of humanity. They are beyond any possible pigeon-holing; they ask us to look beyond the slogans and the marketing and to delve into what this is really all about.

This is why comments like those of Walt Secord's and Premier Berejiklian need to be considered. It is not uncommon to hear MPs who have delved into the issue, respond that they might like the idea of assisted suicide on compassionate grounds, but understanding the risks, and realise that we should never legislate.

As Toby Hall [the CEO of St Vincent's Health Australia] told The Age last week:

"Proponents of assisted suicide are constantly urging Victoria's politicians to show courage by supporting its introduction.

"But if assisted suicide is legalised in Victoria does anyone really think that the fear and anxiety around death will disappear?

"Far more courageous is the MP who looks past the superficial appeal of assisted suicide and recognises that nothing in life – or death – is ever that straightforward and simple."

Federal Judge issues TRO on Texas Dismemberment Abortion Ban

By Dave Andrusko

Late on July 31, U.S. District Court Lee Yeakel, as anticipated, issued a temporary restraining order blocking Texas' Dismemberment Abortion Ban while the full lawsuit brought by the abortion industry against the State of Texas moves forward.

The immediate effect is to block implementation of Senate Bill 8 for 14 days. Judge Yeakel will hold a September 14 hearing to decide whether to issue a preliminary injunction of the dismemberment ban which is part of a larger bill, Senate Bill 8. The dismemberment ban had been scheduled to go into effect September 1.

Pro-life Gov. Greg Abbott signed SB 8 into law on June 7, as *NRL News Today* reported. In addition to banning dismemberment abortions, Senate Bill 8 also prohibits partial-birth abortion and regulates the disposition of abortion victims.

Yeakel, a thorn in the side of any and all protective abortion legislation, wrote "The act leaves that woman and her physician with abortion procedures that are more complex, risky, expensive, difficult for many women to arrange, and often involve multi-day visits to physicians, and overnight hospital stays."

Pro-abortionists lauded Yeakel's decision. "Today's ruling is the latest victory upholding a woman's right to safe and legal abortion," said Nancy Northup, president of the Center for Reproductive Rights.

Marc Rylander, a spokesman for Texas Attorney General Ken Paxton said, "Dismemberment abortions are gruesome and inhumane, which makes it troubling that a district court would block Texas' lawful authority to protect the life of unborn children from such a barbaric practice."

Texas Right to Life pointed out in its release

The abortion industry disingenuously argued in court that the Dismemberment Abortion Ban raises an undue burden for women seeking second trimester abortions by banning all D&E abortions. In filings and in court, the Texas Attorney General's office powerfully argued SB 8 clearly only prohibits one specific type of D&E abortion, which the state Legislature defined as "Dismemberment Abortions."

The abortion clinic lawyers are attempting to frame this lawsuit on how SB 8 will affect Texas women and the abortion industry. However the important question before the court is whether this type of procedure is something Texas has the right to prohibit. In the hearing over the temporary restraining order earlier this week, the attorney for the state opened his comments in court clarifying, "SB 8 is designed to do one thing: stop the brutal and gruesome procedure of living dismemberment abortions."

The ban on dismemberment abortion is very specific. It forbids the use of an abortion "technique" that uses sharp metal clamps and scissors to crush, tear and pulverize living unborn human beings, to rip heads and legs off of tiny torsos until the defenseless child bleeds to death. Texas joined seven other states–Kansas, Oklahoma, West Virginia, Mississippi, Alabama, Arkansas, and Louisiana–in barring dismemberment abortion.

Various news accounts highlighted that "dismemberment abortion," isn't a medical term. But as National Right to Life has explained at length, it is a legal term of art similar to the partial-birth abortion. The Supreme Court upheld the federal ban on partial-birth abortions in 2007.

Moreover Justice Kennedy, in his dissent in a 2000 decision which invalidated Nebraska's ban on partial- birth abortions, directly addressed the use of medical terminology to describe abortions [internal cites are omitted for clarity]:

The Court's approach in this regard is revealed by its description of the abortion methods at issue, which the Court is correct to describe as "clinically cold or callous." The majority views the procedures from the perspective of the abortionist, rather than from the perspective of a society shocked when confronted with a new method of ending human life. Words invoked by the majority, such as "transcervical procedures," "[o]

See "TRO," page 29

Canadian Pro-life group raises $150,000 after Liberal Government cut off funding

By Lianne Laurence

CALGARY, Alberta –An attempt by abortion activists and Justin Trudeau's Liberal government to stop their pro-life work backfired, a leading Canadian pro-life activist group says.

The Liberal government cut summer job grant funding to several pro-life groups in May, including the Canadian Centre for Bioethical Reform.

That left CCBR with a $150,000 shortfall for its summer internship program, which is essential for its continuing activism.

Interns are trained to "take leadership positions throughout Canada," said CCBR communications director Jonathon Van Maren.

Moreover, many of them choose to stay with CCBR, which for this reason has grown from five people in 2011 to some 50 in 2017.

So "we decided that we were going to, despite of this denial of funding, go ahead with it and just trust that Canadian pro-lifers would support our work and step up," Van Maren told *LifeSiteNews*.

CCBR hired 30 summer interns, 11 in Alberta and 19 in Ontario.

Van Maren admits he was "nervous, absolutely" with the decision.

"I think that pro-life non-profits sort of spend their life in a state of financial nervousness, so it's not an unfamiliar feeling," he said.

"But essentially we just trusted if we were frank about what we needed, our donors would come though, and Canadians pro-lifers who

Canadian Prime Minister Justin Trudeau

recognize the value of our work would come and help us and they did," he said.

In fact, "they've responded beyond what we could have possibly imagined."

On Thursday, CCBR hit its crowdfunding target of $150,000, from 336 donors, and the donations are still coming.

But that's not all, says Van Maren.

The Liberal funding cut was instigated by Victoria-based Abortion Rights Coalition of Canada, which targeted CCBR in an April press release as an "extremist political organization" that mounts "offensive campaigns."

Patty Hajdu, minister of employment, labour and workforce development, subsequently announced Liberal MPs would no longer be approving summer job grants to pro-life groups.

"Any funding provided to an organization that works to limit women's reproductive rights last summer was an oversight," spokesman Matt Pascuzzo said at the time.

"That's why this year we fixed the issue and no such organizations will receive funding from any constituencies represented by Liberal MPs."

Hajdu also said she'll look

Jonathan Van Maren

into changing how the summer job program is administered so that no MP, Liberal or otherwise, can in the future approve funding for a pro-life group.

It's up to individual MPs to assess and approve applications for summer job funds from groups in their ridings.

Kathy Dawson, ARCC's Alberta board member, said at the time that changing the rules to the program "would be fabulous."

But the abortion activists didn't factor how pro-lifers would respond in that equation.

"Instead of the Abortion Rights Coalition of Canada succeeding in keeping all the activists off the street, we have more supporters than when we started," Van Maren told *LifeSiteNews*.

"And we have people who have never really been involved in the pro-life movement before who are now engaged."

Moreover, "we have a very unified group of people who are determined to ensure that the Abortion Rights Coalition of Canada and the Liberal government, and any other organization that assists the abortion industry in hiding the truth, is not going to be successful," he added.

So as to ARCC's attempt to stamp out pro-life activism by cutting off Liberal funding, "It's safe to say it backfired," said Van Maren.

"It's definitely backfired."

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

Doctors pressured this woman to die by euthanasia

One year later she is much better

By Alex Schadenberg, Executive Director – Euthanasia Prevention Coalition

In July Candice Lewis's mother, Sheila Elson, received a disappointing response from the local Newfoundland hospital after sending an official complaint that she'd been pressured by doctors to approve assisted suicide for her daughter, Candice, who has multiple disabilities.

As reported in a story written by Stephen Roberts, "Elson calls Labrador-Grenfell Health's response to her letter a joke."

However a follow up article from Roberts published in the *Northern Pen* newspaper on August 28 explained that Candice is doing much better after receiving excellent care from a hospital in St John's Newfoundland.

The article reported:

According to her mom, Sheila Elson, Candice hasn't been having any seizures, is now able to feed herself, walk with assistance, use her iPad, and is more alert, energetic and communicative since her stay in St. John's.

"She's back to about where she was five or six years ago," says Elson.

Candice Lewis

After a two-week hospital stay, Candice, along with her mother, walked her sister Glennis down the aisle at her wedding in Dildo in August.

She's been able to do all this despite the fact that in 2016, doctors suggested that Candice might be dying.

In September of that year, a doctor at Charles S. Curtis Memorial Hospital in St. Anthony had also suggested to Elson that physician-assisted death could be an option for Candice.

What is satisfying her these days is her daughter's health. Since returning to St. Anthony earlier this month, Candice hasn't required a visit to the hospital.

Elson believes Candice's condition has improved because she is now on fewer medications.

Legalizing Medical Assistance in Dying (MAiD) gives physicians the right in law to lethally inject their patients. The doctors attitude toward Candice's "quality of life" were based on negative and discriminatory attitudes towards the lives of people with disabilities. The doctors thought that Candice was better off dead.

Editor's note. This appeared on Mr. Schadenberg's blog and is reposted with permission.

House Financial Services Appropriations Bill contains new prolife riders, amendments expected

From page 1

Act. The Conscience Protection Act would prohibit any level of government from mandating that health care providers participate in abortion. It would protect doctors, nurses, hospitals, and health plans (and employers who purchase the plans).

Most importantly, the language empowers those who are affected by abortion mandates to file private lawsuits in federal courts – without the need for intervention by the pro-abortion activists who draw paychecks at the federal Department of Health and Human Services.

Another provision would prevent funding for fetal tissue research from induced abortion. An additional provision would nullify DC's dangerous and recently enacted assisted suicide law.

There are expected to be dozens of amendments, with two of pro-life interest. As reported by the Appropriations Committee, the bill includes language to make null and void the so-called "budget autonomy" law enacted by local officials of the District of Columbia.

National Right to Life sent a letter to the House urging Members to vote against the Norton Amendment which would delete this crucial provision from the bill. The Norton amendment would mean continuing to allow District officials to hijack over $8 billion annually in funds that the Constitution and the Home Rule Act place under congressional authority, opening the door to use of these funds to pay for elective abortions or other illicit purposes.

The other amendment of interest to pro-lifers relates to the so-called "Reproductive Health Nondiscrimination Act" (RHNDA), a local law enacted by the District of Columbia Council in 2014.

The RHNDA prohibits employers within the District from engaging in "discrimination" on the basis of "decisions" reached by employees, or potential employees, regarding "reproductive health" matters. It is not disputed that abortion is among the matters encompassed by the term "reproductive health" as used in the new law. The scope of the RHNDA is very broad, covering any "decisions" that are "*related* to the use . . . of a particular . . . medical service . . ." [emphasis added]

National Right to Life advocates for recognition that each unborn child is a member of the human family, and that each abortion stops a beating heart and ends the life of a developing human being. That viewpoint is shared by many women who once believed otherwise and submitted to abortions, and by many men who once believed otherwise and were complicit in abortion. Such persons number among the most committed activists within our organization and other pro-life organizations.

Yet it would be intolerable for an advocacy organization such as ours to be required to hire, or be prohibited from firing, a person who makes a "decision" to engage in advocacy or any other activity that is directly antithetical to our core mission to lawfully advocate for the civil rights of the unborn.

We are urging the House to vote in favor of the Palmer Amendment to curb implementation of the "Reproductive Health Nondiscrimination Act."

While we can expect that many of these prolife provisions will not become law, the bill serves as a strong prolife starting point.

Federal Judge issues TRO on Texas Dismemberment Abortion Ban

From page 26

smotic dilators," "instrumental dis-articulation," and "paracervical block," may be accurate and are to some extent necessary, but for citizens who seek to know why laws on this subject have been enacted across the Nation, the words are insufficient. Repeated references to sources understandable only to a trained physician may obscure matters for persons not trained in medical terminology. Thus it seems necessary at the outset to set forth what may happen during an abortion. *Stenberg v. Carhart*.

Finally, as even the hyper-pro-abortion Texas Tribune observed, in Tuesday's two-hour hearing before Judge Yeakel, Darren McCarty, a lawyer for Paxton,

> **questioned the timing of the lawsuit's filing, and argued it was a strategy to force the court to "rubber stamp" emergency relief days before the ban was slated to go into effect. Yeakel, agreeing, said he could see no reason why the suit couldn't have been filed as soon as the governor signed the bill into law, and said its timing was a "real imposition" and put "maximum pressure" on the court to act at the last minute.**

Wales approves genetic screening for babies with Down's syndrome

By Society for the Protection of Unborn Children–SPUC

The Welsh Government has confirmed that non-invasive prenatal testing (NIPT) will be introduced within the prenatal screening programme in Wales.

The announcement by Public Health Minister, Rebecca Evans confirms that Wales will follow England in making the test available on the NHS [National Health Service] from 2018.

Throughout the press release, NIPT is referred to as a "safer" test for Down's syndrome, because the traditional invasive amniocentesis test has a small risk of causing miscarriage. However, the more accurate amniocentesis would still be carried out to confirm a diagnosis.

It is thought that NIPT will lead to 92 more children with Down's syndrome being aborted each year. Image: Getty

Safer for who?

Significantly though, the release does not mention the fears expressed by many campaigners that genetic screening will lead to an increase in eugenic abortions.

The Don't Screen Us Out Campaign, which achieved a high media profile when the issue was being debated in England, highlighted that the National Institute for Health and Research RAPID evaluation study projects that the proposed implementation would result in 102 more babies with Down's syndrome being identified each year. Based on the current 90% abortion rate for babies with a Down's syndrome diagnosis, this is projected to result in 92 more such children being aborted each year.

Are we so different?

Recently, a report from Iceland (where genetic screening was introduced in the early 2000s) shocked audiences worldwide by revealing that nearly 100% of babies diagnosed with Down's syndrome are aborted. With the termination rate in England and Wales already at 90%, it is feared that the introduction of NIPT on the NHS will lead to the same situation here.

Don't Screen Us Out

The 2016 abortion statistics (released in June 2017) already show an increase in the number of abortions for Down's syndrome from 689 in 2015, to 706 in 2016. This increase since 2010 is 46% – which is likely explained by the private availability of NIPT in the UK.

As with the decision in England, the Welsh Government has decided to roll out NIPT without consulting people with Down's syndrome and their families, or considering what impact it could have on their communities.

Servile media portraits of pro-abortion leaders is par for the course

By Dave Andrusko

Thanks to all of you who kind enough to read and repost and retweet the story about the amazing decision to award the Lasker-Bloomberg Public Service Award to Planned Parenthood CEO Cecile Richards/PPFA. This prestigious award is supposed to be in recognition of "the contributions of scientists, physicians, and public servants

Cecile Richards

who have made major or advances in the understanding, diagnosis, treatment, and prevention of human disease."

In a manner of speaking PPFA may indeed be the brightest and the best but certainly not in the realm of the "prevention of human disease." Rather they are at the top of the killing chain because of their unparalleled proficiency at eviscerating upwards of seven million unborn babies during their inglorious history.

This slavish devotion to a $1.3 billion dollar "non-profit" (and to its CEO who rakes in a salary in the neighborhood of $1 million dollars annually) is part and parcel of the kudos PPFA receives not just from foundations but also (and especially) from the major media. That uncritical attitude applies equally well to NARAL Pro-Choice America.

I remember musing about a profile of NARAL President Ilyse Hogue written by the *Washington Post's* Ellen McCarthy. It's not enough for the Media Establishment to throw hosannas at the leadership of the Abortion Industry. That just makes those who make billions off of dismembering unborn babies "heroes." Their wonderfulness must be contrasted with those lame (at best) pro-lifers.

You have to read Style section writer McCarthy's account to (dis)believe it.

As is so often the case, the story was timed to coincide with what was then Senate consideration of the Pain-Capable Unborn Child Protection Act. The *Post* would rather write about anything other than dismembering, poisoning, and shredding pain-capable unborn children so how about an in-kind contribution to NARAL?

McCarthy had the perfect hook for her story. Hogue was pregnant (with twins, no less) to disprove the myth that pro-abortionists "must hate children and not want to parent," to quote Hogue.

And just to prove how dim pro-lifers are, we're told the following:

> **At one point, she says, she walked into a hearing on Capitol Hill and an antiabortion advocate looked at her swollen belly and asked, "Is that real?"**

Let's go through this step by step. For starters, let's assume for the sake of argument, this is an accurate quote. I highly doubt it, but let's assume it's more or less accurate rather

Ilyse Hogue

than a self-serving paraphrase. What would the pro-lifer be trying to say?

Nine chances out of ten she (or he) was just trying to process what to most people would find a stark incongruity. The leader of an organization that never found an abortion it would condemn is pregnant with twins.

But it was more likely a tongue-in-cheek observation and/or an ice breaker. These are Hogue's first children.

But it is intended to put pro-lifers in a negative light, so the supposed comment is part of the headline: "Abortion rights leader's pregnancy surprises opponents: 'Is that for real?'"

However, the real (and, as always, unintentional) revelation appears a few paragraphs earlier in McCarthy's story:

> **In January, Hogue told her staff that she was pregnant after years of trying. "I admit, I had trepidation about telling people," she says during an interview in her corner office in downtown Washington. Hogue, who has gray-green eyes and wavy auburn hair, says she wondered, "Is it going to change the way they look at me? Are they going to treat me differently?"**

Get it? Hogue herself worried that telling her staff that she was pregnant would change the way THEY looked at her. SHE was the one who feared that her fellow pro-abortionists would be asking themselves (if not their boss) "Is that for real?"

Naturally we are told in the next sentence that her staff and board of directors "greeted her announcement with nothing but support." Surprise, surprise.

Of course, to make the portrait just right, McCarthy paints Hogue as some kind of naïve naïf who practically wandered in off the streets to apply for the NARAL job. Who could have been an "odder choice" to succeed Nancy Keenan because, while a garden variety feminist, her "reproductive rights advocacy' track record was limited to having "marched in an abortion rights rally during college," to which McCarthy immediately adds, "but it hadn't become one of her central issues."

See "Servile," page 37

Saving babies with Down syndrome brings out the very worst in pro-abortionists

By Dave Andrusko

In light of an extremely troubling August 14 *CBS News* report documenting that virtually 100% of all babies prenatally diagnosed with Down syndrome in Iceland are aborted, I wondered how long it would take for the usual suspects to blast proponents of Ohio's S.B. 164, the Down Syndrome Non-Discrimination Act.

As it turned out, about three days.

First, a few words of background.

In mid-August, according to Ohio Right to Life, "Parent advocates, medical professionals and others joined Ohio Right to Life with supporting testimony in favor of this important legislation in front of the Senate Health, Human Services, and Medicaid Committee." In addition to Jessica Koehler of Ohio Right to Life, "four parent advocates testified on behalf of this legislation, along with two medical professionals, Dr. Dennis Sullivan, Director of the Center for Bioethics at Cedarville University, and Kelly Kuhns, RN, BSN, a labor and delivery nurse."

So what would S.B. 164 do? Pure and simple it "seeks to prohibit abortions that are committed for the sole reason of a Down syndrome diagnosis."

So what is a good "there never is a bad reason to abort" feminist to say? How about "Anti-Abortion Activists Are Using Down Syndrome Parents to Argue Against Women's Rights"?

Writing for Slate.com, Christina Cauterucci's opening paragraphs are semi-coherent and make an ever-so-slight nod in the direction of fairness.

For example, "Advocates contend that a society that encourages women to terminate fetuses with Down syndrome is one that ascribes less value to a child with Down syndrome, which leads to discrimination against people living with the condition." Ah, yes.

In the next sentence, however,

Cauterucci is off to the races. "In the U.S., anti-abortion leaders are hijacking this rhetoric of the disability rights movement to argue against women's rights to choose their own future for their families and bodies."

"Hijacking"? How so? If babies are "terminated" precisely because of the prospect that they will be born with a disability, is that not a perfectly unambiguous example of lethal discrimination **on the basis of disability**? What am I missing here?

What I'm missing, of course, is the pro-abortion feminist's response to **any** proposal to extend **any** legal protection to **any** category of unborn babies: it doesn't matter. As Cauterucci reminds her readers, "For abortion-rights advocates, there's no acceptable reason to deny a woman the right to bodily autonomy."

Over the years I've often wondered how far pro-abortionists would extend that logic. For the "there's no acceptable reason" crowd, that means abortion up until birth. For some, beyond birth.

After all what exactly is "bodily autonomy"? Surely a woman's bodily autonomy is "compromised" by the existence of a one-month-old, especially one with colic or worse. This hard-hearted line of argument often bisects nonsense about "personhood" which turns out to mean (to the likes of Peter Singer) the requirement of qualities no little one can possess such as self-awareness.

Let me finish by addressing a comment Cauterucci makes which she no doubt thinks is a real zinger. She quotes a pro-lifer who made the unassailable point in a *Washington Post* op-ed that overwhelmingly people with Down syndrome and their families are happy. Then Cauterucci pulls a 180:

> **Reducing the life purpose of a person with Down syndrome to a learning opportunity for her siblings is just as damaging as assuming that people living with Down are "suffering," as the Icelandic doctor put it.**

Of course (as Cauterucci knows perfectly well), that wasn't the point at all. It was cited to rebut the ignorant notion that siblings wish they didn't have a brother or sister with Down syndrome, not to turn the individual's existence into a life-long "learning opportunity" for them and others.

(It is a waste of time to try to explain to those as self-centered and as heartless as Cauterucci is that maturity begins with an acknowledgement that we are interdependent and that it is a great privilege to be there for those who need our love and affection.)

Finally what in the world can you say to something who actually believes

> **There is no inherent moral good in increasing the number of people with a given genetic condition, just as there is no inherent moral good in eliminating that condition from the population.**

Doesn't she have an editor? These children have a genetic anomaly. It's not as though some deranged scientist is placing chemicals in the water system, "increasing the number of people with a given genetic condition" (Down syndrome).

The question, rather, is do you kill the child **because** she has an extra chromosome?

Virginia's 2017 Governor's Race: A Test of "Swing-State Politics"?

From page 1

Virginia Governor's race as a "test of swing-state politics in the era of President Trump" in anticipation of the 2018 congressional elections.

In July, *Cook Political Report* ranked the Virginia Governor's race "lean Democrat," which means the seat is considered competitive, but the Democrat has an advantage. Northam has a slight lead in recent polling.

A study in contrasts

The contrast between the gubernatorial candidates on abortion couldn't be more stark.

"Ed Gillespie is a strong advocate for life. As governor, he would support and sign pro-life legislation, including legislation to protect an unborn child from abortion at the point he or she can feel pain, and he opposes using taxpayer dollars to pay for abortion," said David N. O'Steen, Ph.D., executive director of the National Right to Life Committee. **"National Right to Life looks forward to working with him in Virginia to implement pro-life policies to protect unborn children from abortion, and medically dependent or disabled persons, whose lives are threatened by euthanasia and assisted suicide."**

Gillespie has a long history of pro-life advocacy within the Republican Party. As chairman of the Republican National Committee, Gillespie strongly supported the pro-life plank in the Republican platform. When he was Counselor to President George W. Bush, Ed championed pro-life Congressman Henry Hyde to receive the Presidential Medal of Freedom. This year, Gillespie accompanied Mike Pence for the Vice President's historic speech to the March for Life.

Northam's position is so extreme he supports abortion on demand – that's abortion for any reason anytime during the pregnancy – and he favors using your tax dollars to pay for abortion.

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

Virginia voters will decide whether they will protect the weakest among us – our unborn children – this November. They will decide whether to support pro-abortion Ralph Northam who will oppose any protective pro-life legislation, or pro-life Ed Gillespie.

So far in 2017, pro-abortion Democrats are 0 for 5 in competitive pro-life vs. pro-abortion races.

In each of those races, the pro-life candidate endorsed by National Right to Life prevailed over the pro-abortion candidate. In an effort to reverse that trend, pro-abortion forces are prepared to pull out all the stops in Virginia.

For example, Planned Parenthood Advocates of Virginia has pledged to knock on 300,000 doors and mail 400,000 flyers to Virginia voters in support of Northam. They also plan to run radio ads.

The $3 million Planned Parenthood plans to spend could be seen as an investment into protecting their ability to receive state government money in the long run – if they are successful.

The babies don't have lots of money but they do have you – the pro-life movement.

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

And it's up to all of us to see that they succeed – helping the "swing state" swing toward protection of all its vulnerable citizens: the unborn, the elderly, and those who are medically vulnerable.

Look for election updates in future editions of nationalrighttolifenews.org.

Amazing photo of baby born in the amniotic sac goes viral

By Nancy Flanders

The photo of a newborn baby boy still in the amniotic sac after being born in the car has gone viral. The amazing first photograph of baby E.J. was shared on Instagram by his mother, and has thousands of likes, proving that we are all fascinated with life inside the womb – a life we have all lived, forgotten, and wish to understand more about.

When Raelin Scurry first felt contractions, she didn't think much about them. Her baby wasn't due to be born for another 11 weeks — but the pain continued to escalate and the contractions became more frequent.

"I was only 29 weeks and 4 days, so I just figured they were Braxton hicks and decided to wait it out," she explained on Instagram. "After about 45 minutes of consistent contractions that were increasing in intensity, I decided I should probably go in."

She finally woke her boyfriend, Ean Vanstory, and told him they needed to get to the hospital. They first had to make a stop to drop their daughter off before continuing their hurried drive.

"I was just thinking, 'We've got to get to the hospital right now.' I was just driving around people and running lights," Vanstory told CBS Pittsburgh.

Sensing that the baby was not going to wait until they arrived at the hospital, Scurry, who works in medical research, dialed 911 for help.

"They couldn't understand me between the screams with contractions. So I handed the phone to my fiance. I pulled my pants off and reached down, sure enough his head was right there. I pushed one time and my miracle baby was here," she wrote.

Her baby, however, had another surprise in store for his parents: he was still the amniotic sac – a rare occurrence that happens in one of 80,000 births. Scurry became concerned that her baby was being so still inside the sac, so she took action.

"I rubbed his face with my thumb, and he pulled his little hands and feet up to his face as if he understood my prayers and wanted to reassure us he was okay," she wrote.

Scurry gently and cautiously held her son in the sac until they arrived at the hospital where the medical team broke the sac and E.J. let out his first cry. He weighed just three pounds and one ounce.

It has been just over a month since little E.J. made his astonishing entrance into the world, and his big sister said she can't wait to bring him home. While he still needs oxygen to help his little lungs, he is doing better than doctors expected. His parents expect he will be able to go home soon.

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

Media filters out the brutal truth about the dismemberment of living unborn babies

By Dave Andrusko

Newcomers to the pro-life camp may not be aware that even our benighted opposition ruefully conceded that the debate over partial-birth abortions changed the trajectory of the abortion debate.

Not that they didn't try every dirty trick in the book to hold back the tide. We were told partial-birth abortions either didn't happen or were unbelievably rare (in fact there were thousands performed); it's not a "medical term" (it's a legal term of art defined by Congress as a matter of federal law); and the Supreme Court would never uphold it (the High Court did in 2007)—to name just three distortions.

The genius of partial-birth abortion is that the description cut through the gauzy euphemisms. A baby is partially delivered, surgical scissors are jammed into the baby's skull, and her brains are vacuumed out like soot.

This shock of recognition was pivotal in clearling the path for the Supreme Court to uphold the federal ban in *Gonzales v. Carhart.*

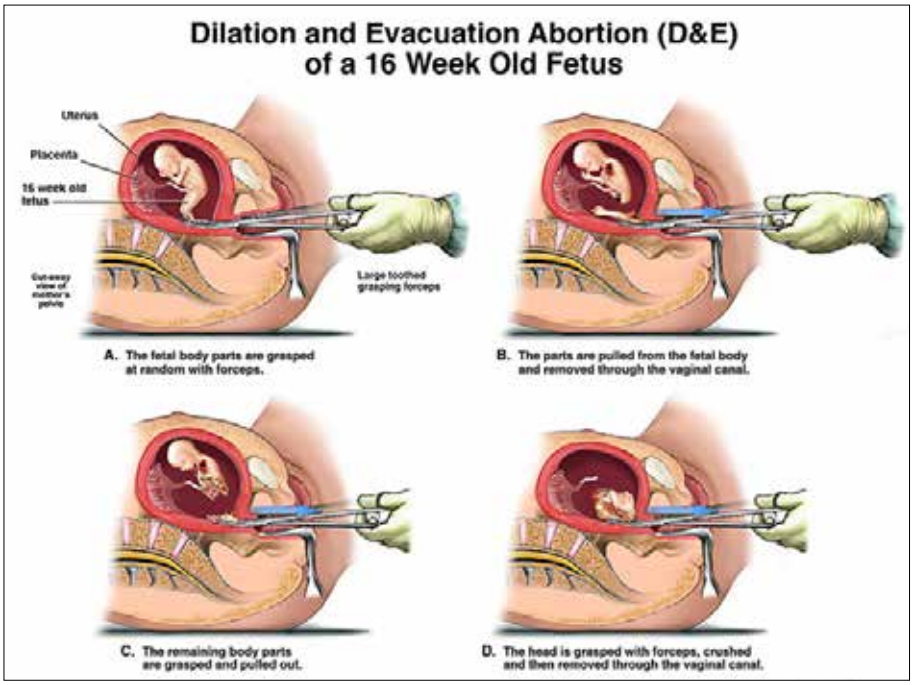
With that in mind, consider a post a friend forwarded to me that appeared in the pro-abortion *ThinkProgress* written by Casey Quinlan. Ms. Quinlan is celebrating the decision by Federal Judge Sam Yeakel to temporarily enjoin Texas' ban on dismemberment abortions of living unborn children. (See http://bit.ly/2gNgQEq.)

She was honest enough to concede one thing directly and one indirectly. The former was contained in the subhead: "But it won't stop other states from introducing these bans."

The latter we find when she quotes Elizabeth Nash, senior state issues manager at the pro-abortion Guttmacher Institute. Alluding to the Dismemberment Abortion Ban section of the Pro-Life Senate Bill 8 passed by the Texas Legislature last May

Nash added that she finds it encouraging that the media and public have not popularized terms used by anti-abortion activists to describe these laws. By using language that makes the procedures sound dangerous, anti-abortion activists were successful in pushing for what they called "partial birth" abortion bans in the 1990s, Nash explained. This was a different second-trimester procedure called intact dilation and extraction.

"They use this term called 'dismemberment abortion,' which hasn't been picked up in the same way that partial birth abortion was used," Nash said. "We haven't seen that term catch up, so I am wondering if that shows some sense of reluctance on the part of the public and the media to buy into the claims by abortion opponents on this issue."



While this is 50% error and 50% spin, Nash has the big picture correct. The media coverage of laws to ban the dismemberment of living unborn babies could have been written by Planned Parenthood and NARAL.

The coverage (a) relentlessly misrepresents what the law bans; (b) lifts the description of the banned abortion procedure from the pro-abortion playbook; and (c) makes what happens to the unborn child sounds almost like an abstraction.

In fact, dismemberment abortions are every bit as brutal as partial-birth abortions. This "technique" tears and pulverizes living unborn human beings, rips heads and legs off of tiny torsos as the defenseless child bleeds to death. It is a measure of how trafficking in abortion dehumanizes practitioners and defenders alike that a common response is that all "surgery" is "gross."

Just to be clear for 99% of the public what they know about dismemberment abortions is what the compliant, pro-abortion media tells them. If only half of the reality of this "abortion procedure" were conveyed, you would find overwhelming opposition akin to that we saw in the public's outrage over partial-birth abortion.

In the meanwhile, it is up to you and me to share what you read in *NRL News Today* with as wide a circle of your friends and contacts as possible.

The never-give-up spirit embedded in the DNA of every true pro-lifer

From page 2

the arc of history (at least in the short-to-midterm) doesn't always bend toward justice.

But if a handful of federal judges reflexively hammers pro-life laws, the glass-is-fourth-fifths-full response is that they couldn't wield their judicial mallets if pro-life legislatures weren't habitually passing legislation. And they are. And they continue to do so. And eventually, perhaps in the not too distant future, these commonsense laws will receive a more hospitable response at the United States Supreme Court.

Already common sense does occasionally peek its head out. Take for example, last week's *Myers v. Schneiderman* decision rendered by New York's highest court, the New York Court of Appeals.

The usual suspects wanted the state's long-standing ban on assisted suicide to be tossed out. In typically disingenuous fashion, the plaintiffs argued that the state's ban on assisted suicide doesn't ban "aid-in-dying." Five judges unanimously said no, rejecting all of the various challenges and in the process maintaining the distinctions assisted suicide advocates are determined to erase.

The judges wrote

> **Contrary to plaintiffs' claim, we have never defined one's right to choose among medical treatments, or to refuse life-saving medical treatments, to include any broader "right to die" or still broader right to obtain assistance from another to end one's life.**
>
> **We have consistently adopted the well-established distinction between refusing life-sustaining treatment and assisted suicide.**

In many ways, this illustrates arguably the most important overarching conclusion of the 17-page decision: the court's insistence on bright line distinctions without which it's a jurisprudential Wild, Wild West. Referencing the U.S. Supreme Court's 1997 decision which unanimously rejected the notion of a "right" to be assisted to die, they wrote

> **In any event, the State may permissibly conclude that an absolute ban on assisted suicide is the most reliable, effective, and administrable means of protecting against its inherent dangers.**

"Inherent dangers"? Indeed. As we have seen in Europe and Canada, the "right" to assisted suicide has metastasized, sweeping in a host of categories of people that even five years ago we would never have anticipated.

There are a number of other stories in this September digital edition of the "pro-life newspaper of record" that illustrate the importance of pro-life state officials vigorously defending protective laws, and the triumph of the human spirit in the face of daunting challenges.

Please read them all and pass them along using your social networks. And between monthly issues, be sure you are having *NRL News Today* sent to your inbox every Monday through Saturday.

Servile media portraits of pro-abortion leaders is par for the course

From page 31

So her "progressive" credentials lay primarily in working for Moveon.org, eventually becoming its director of communications and political advocacy.

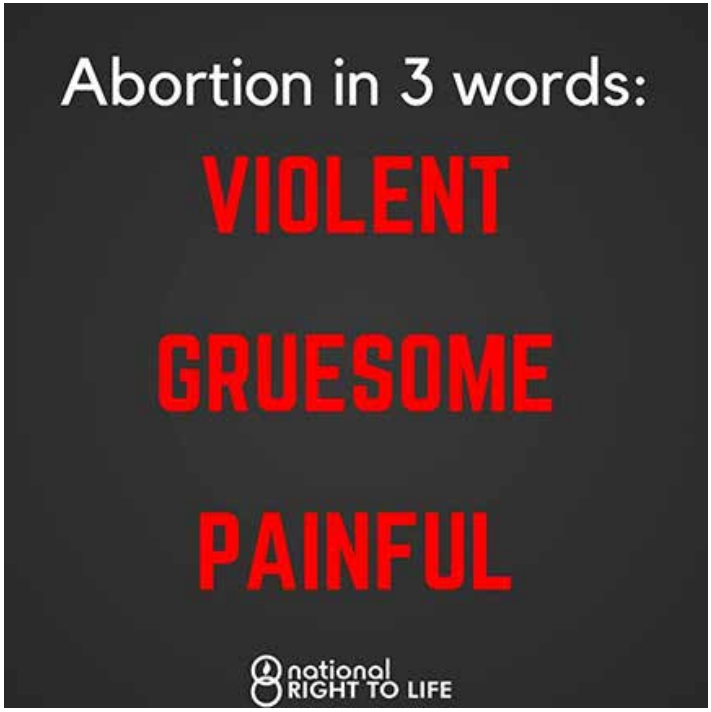
But as *Newsbusters'* Kristine Marsh noted

> **Hogue has an extensive background in left-wing advocacy groups, and held senior positions at Move On.Org, and Media Matters. Not to mention that Hogue's currently a contributor to the ultra-left-wing site, The Nation.**

Two other quick thoughts. First, she threw her hat into the ring in 2013, and when "she dived into researching the position," Hogue "came to fully appreciate reproductive freedom as 'a foundational issue upon which everything else is built.'"

While this is pro-abortion boilerplate, it is a good reminder that to the NARALs and Planned Parenthoods of this world, the way–indeed the **only** way–women can attain true equality is if they can treat their unborn children as without any rights at all.

Equality is the birthright of the already-born.



Second, according to McCarthy, Hogue

> **presented the NARAL board with a three-pronged proposal that focused on moving the organization's vision and narrative beyond *Roe v. Wade*, putting it in an offensive rather than a defensive position, and painting a public portrait of the opposition and their beliefs.**

In English, that means hiding the abortion issue under the covers. Abortion cannot be a standalone issue (on that she is right). It must be part of a wider panoply of issues which obscures the loser: abortion. It also means tilling much plowed ground: slurring pro-lifers with any label they can conjure up.

Finally, "Under her leadership," we're told, NARAL led the fight to block the nomination of an "anti-abortion" judge to a federal judgeship "and another to stop ads for crisis pregnancy centers from appearing on Yahoo and Google when people search for local abortion clinics."

Is it just me, or is that very, very slim pickings? Setting up a roadblock to one federal judge and continuing a campaign to bully under-funded crisis pregnancy centers into submission?

Of course having children–or, to be more specific–choosing not to kill her unborn children has only made Hogue more committed than ever to the right of all women to abort all children, as singletons or twins.

To those who marvel at the schizophrenia on display, Hogue shoots back defiantly, "What don't you get about choice meaning choice?"

You really don't know?