



national
RIGHT TO LIFE
NEWS

November/December 2018

For unto you is born this day in the city of David a Savior, which is Christ the Lord.

Luke 2:11



**Merry Christmas, from all of us
at National Right to Life!**



national RIGHT TO LIFE NEWS

2018 Election Overview and a look ahead to 2020

By Karen Cross, National Right to Life Political Director

Heading into the 2018 elections we knew that historically in mid-term elections, the president's party loses seats and that one or both houses of Congress almost always flip to the opposing party.

The best news coming out of November 6 is that the U.S. Senate is still controlled by pro-life Republicans. Republican experienced a net gain of two new pro-life members.

Four new NRLC-endorsed senators – Rick Scott in Florida, Kevin Cramer in North Dakota, Josh Hawley in Missouri,



Pro-life Representative-elect Dan Crenshaw (TX 2) with Jennifer Popik, National Right to Life legislative director.

and Mike Braun in Indiana—prevailed against pro-abortion incumbents. Only one pro-life incumbent lost. There are now 53 Republican senators.

The bad news is that pro-lifers no longer control the U.S. House of Representatives. Democrats now hold 235 seats to 199 for Republicans. To regain control in 2020, Republicans would need a net gain of about 19 seats, which is certainly more than possible.

See "Overview," page 23

National Right to Life Scorecard on Abortion and Other Right-to-Life Issues: U.S. House of Representatives and U.S. Senate 2017-2018

By Jennifer Popik, J.D., NRLC Director of Federal Legislation

As the 115th Congress comes to an end, National Right to Life (NRLC) has released numbers on how members of the U.S. Senate and U.S. House of Representatives voted on life issues. Each member has received a "score" for the entire two-year Congress, which is the percentage of times that he or she voted in accord with the position of the National Right to Life Committee on these issues.

This compilation of 15 roll



call votes represents the most significant congressional votes on abortion and other right-to-life issues that occurred in the U.S. House of Representatives and U.S. Senate during the 115th Congress (2017-2018).

Following the November 6 mid-term elections, the Senate remained in Republican control heading into the 116th Congress, but Democrats now

See "Scorecard," page 35

Editorials

Merry Christmas and a look at the December digital edition of National Right to Life News

This probably qualifies as the understatement of the year: it's been quite a month since our staff produced the November digital edition of **National Right to Life News**. You might not be aware of all that has taken place, if you not a subscriber to *National Right to Life News Today*. If you aren't, I truly hope you will immediately sign up so that you do not miss one more day of our daily Monday through Saturday news feed. This is a free service and takes 45 seconds to complete. (See <http://www.nationalrighttolifenews.org/news/join-the-email-list>.)

Just last week, the nation paid tribute to its 41st President. George Herbert Walker Bush was laid to rest at his presidential library on the campus of Texas A&M in College Station, Texas. He was buried next to his beloved wife, Barbara, and Robin, their daughter who tragically died at age 3.

We talk about his many pro-life contributions on page 5. Probably because Mr. Bush was such a modest man, even pro-lifers (especially younger ones) don't realize what a tower of strength he was against pro-abortion Democratic majorities in both the House and the Senate throughout his entire term (1989-1993).

On page one, NRL Political Director Karen Cross reminds us that pro-life Republicans not only retained control of the U.S. Senate, but also increased their numbers by a net gain of two new pro-life members. Fifty three rather than 51 members may not seem like a big difference but, of course, in truth, it can have an immense impact, especially on judicial appointments.

Likewise, while pro-abortion Democratic control of the House, 235 seats to 199, is a bitter pill to swallow, the encouraging news is Republicans would need only a net gain of 19 seats in 2020 to take the House Speaker's gavel away from Nancy Pelosi.



Also on page one, Jennifer Popik, JD, NRLC director of federal legislation, summaries in a highly readable manner what's transpired on Capitol Hill. As we go forward in 2019, please keep Jennifer's keen overview at your fingertips.

Every issue of the "prolife newspaper of record" provides readers with encouraging, uplifting news about unborn children and their families. In the December digital we have nine stories

See "News," page 36

Drop in abortions reported by CDC provides additional reasons for pro-life optimism

Elsewhere in the December digital edition of **National Right to Life News** you'll find a terrific overview summary of the abortion report that came out in November from the Centers for Disease Control. Dr. Randall K. O'Bannon, NRLC Director of Education & Research, explains that the CDC's latest surveillance documents how the number of abortions, the abortion rate, and the abortion ratio have all continued to fall for 2015, the latest year for which the CDC has figures.

Let me piggyback on Dr. O'Bannon's fine work to highlight some additional components.

*We should never, ever become blasé about a reduction in the number of unborn babies lost to abortion. Strange as that might seem, we can miss that a 2% reduction from 2014 to 2015 means that 14,470 flesh and blood human beings are walking the earth today because their mothers chose life, largely because of a change in attitude spurred by **your** activism.

*It is nothing short of amazing how easy it is to be confused by the contrast between the number of abortions reported by the CDC and the higher number of abortions reported by the Guttmacher Institute. Guttmacher is more aggressive in reaching out to what it describes as "all U.S. facilities known or expected to have provided abortion services." Guttmacher's numbers abortion numbers are both higher and more accurate.

By contrast the CDC is essentially the prisoner of the willingness of state health departments to report abortion data. Additionally, some states are far more thorough than others in their collection while three states don't send the CDC any numbers at all!

What the CDC surveys do is very important. The CDC provides insights into other dimensions of the abortion issue, particularly which populations are most at risk. However, the bottom line

See "Optimism," page 39

From the President Carol Tobias

To all the “Clarences” of the pro-life movement, keep up the good work!



Let me just start by saying I LOVE Hallmark Christmas movies. I know when the new ones are airing and I either watch them in real time or put them on the DVR for later viewing. What’s not to like? The people are attractive, they live in beautiful houses (which never seem to need cleaning!), and everyone lives happily ever after.

Christmas is called the most wonderful time of the year.

Many of us have loving families, wonderful friends, good jobs, and a nice house (even if not like those in the movies!). We look forward to Christmas parties and gatherings with loved ones and Christmas cards and church services.

But I do understand that real life isn’t wonderful for everyone at Christmas, let alone like a Hallmark movie.

Many people don’t have a stable family life. Many don’t have the education or the job skills to earn a “nice” living. Their home environment is very much wanting.

Americans traditionally open their hearts and wallets to help those in need during the holiday season.

The Salvation Army has bell-ringers outside stores to accept donations to help those less fortunate. Stores and organizations set up angel trees so that caring persons can buy clothes or toys for children whose Christmas isn’t as bright as ours. Churches collect donations of food to help those who may not have enough.

Although many churches serve meals throughout the year to help the homeless and others “down on their luck,” volunteers and food are more plentiful at this time of the year.

What does all this have to do with pro-lifers? What I love about pro-lifers is

that while they have the optimism and enthusiasm to want to help make life for others a little bit more like a Hallmark movie during the Christmas season, they also have the compassion and energy to work throughout the year for those whose needs don’t stop on December 26.

Pregnant women with untimely pregnancies are deeply concerned about how they are going to raise their babies. The pro-life movement responds with emotional and material support, in many various ways, to help her get through a difficult time in her life.

People in the pro-life movement have met too many women who are suffering the consequences of their abortion, physically, mentally, and emotionally. We know fathers and grandparents who will never meet the family member killed by abortion. So we work to elect candidates and pass laws because we don’t want unborn babies killed and we don’t want women hurt.

The care and compassion of the pro-life movement is more reflected in a movie like “It’s a Wonderful Life.” George Bailey is despondent and taking stock of his life. Was it worth it? Did he accomplish anything? Would the world be better off if he had never been born?

I see the pro-life movement as Clarence, George’s guardian angel. We want everyone to know that their life has value. We want our society to recognize that each and every life has an impact on so many other lives. We want everyone to see what we lose whenever an innocent human life is taken, whether by abortion or euthanasia.

National Right to Life has a flier/bulletin insert that reads “Infinite Possibilities” and

lists possible characteristics and careers for every baby. We have an award-winning DVD entitled “A Baby’s First Months: Infinite Possibilities” that conveys the beauty of the unborn child’s development.

Often pointed out is that the woman or man who has been aborted may have been the person who discovered a cure for cancer. Someone who would be as musically talented as Beethoven was never given the chance to make music history because his/her life was ended before he/she was born.

Each and every life, like George Bailey’s, has value. Each life is unique and cannot be replaced.

So to all the Clarences of the pro-life movement, keep up the good work! Keep that optimism and energy going because the world needs more of it. We need to keep reminding



our society that every life makes a difference.

Enjoy the wonderful blessings of Christmas. Enjoy the time with family and friends. Rejoice in the Savior who came to bring eternal Life. And know that you are also a George Bailey. Whether you know it or not, you have made a difference in countless lives.

And may God bless you for that.

Operation 2K20: Building a Pro-Life America

Christmas is one of my favorite times of the year. Everything about the season helps prepare us to celebrate the birth of Christ.

As we contemplate the season and all its glad tidings, I wanted to thank you for the joy you've brought into my life during the past year through your support of National Right to Life. It is my privilege to work hand in hand with you to save the little ones from our modern day Herods--the Planned Parenthoods and NARALs.

Throughout Christmastime celebrations there is a constant theme that honors the value and dignity of life. **That theme reminds us that each and every life matters, that each life is interwoven with many others.**

The gentleness and peace of this time of year stands in stark contrast to the vicious assault on Brett Kavanaugh. But National Right to Life stood behind President Trump's second Supreme Court nominee and we pray that we are on the brink of recognizing the common humanity we share with God's unborn children.

Pro-abortion Democrats now control the House of Representatives. Led by Nancy Pelosi, they will attack pro-life protections at every point. At the top of their anti-life agenda will be eliminating the Hyde Amendment which has saved two million lives by cutting off virtually all federal funding of abortion.

Shortly after Election Day, several of us from National Right to Life were at a lunch with a group of pro-life women, all leaders in their own right. We were talking about the challenges the pro-life movement now faces with pro-abortion forces in charge of the U.S. House.

We mentioned the Hyde Amendment and one woman stopped us. "Talk more about that," she said. "As a cradle Catholic, and someone who's been pro-life her entire life, I don't know enough about that issue."

So, beginning right now, National Right to Life is launching *Operation 2K20: Building a Pro-Life America.*

This two-year campaign will

Identify new activists; Educate on the fundamental life issues; and Motivate Pro-Life Americans to take action.

To be sure, it's an ambitious project. But saving 900,000 lives each year requires ambition and faith and sacrifice.

For the sake of the lives of unborn children and their mothers, I pray that you will consider making a special year-end contribution to your National Right to Life and to *Operation 2K20.* You can do so at www.nrlc.org/donate.

Your contribution of \$100, \$250, or \$500 will allow us jump start *Operation 2K20*. Or, if you are able, I would ask that you prayerfully consider making a larger contribution — \$1,000, \$2,500, or even at the \$5,000 level.

We know that our enemies have endless coffers to peddle their false and deadly message to the American public. This creates an urgency which keeps us working harder, praying harder, and wanting to give even more.

Please consider a generous donation to *Operation 2K20* to the National Right to Life Committee today. Please click on www.nrlc.org/donate.

At Christmastime, we are reminded that He came that all might have life. My wish is for you and your loved ones to have a most blessed Christmas and New Year, and for every unborn baby to be safer and enjoy the fruits of life in 2019 because of our work.

May God continue to richly bless you and your loved ones for all of your work on behalf of His most defenseless children.

For their lives,

Carol Tobias
President

MAKE A DONATION

President George H.W. Bush: A great man who will be missed

By Dave Andrusko

"Looking forward to being with the Bush family. This is not a funeral, this is a day of celebration for a great man who has led a long and distinguished life. He will be missed!"

--A tweet President Trump.

Official Washington and the American people paid homage last week to former President George H.W. Bush, who passed away November 30. The forty-first President was buried December 6 at his presidential library on the campus of Texas A&M in College Station, Texas next to his beloved wife, Barbara, and Robin, their daughter who died at age 3 of leukemia.

Over the course of 35 hours the public paid its respect at the casket of President Bush which was lying in state in the Rotunda prior to the December 5 state funeral at Washington National Cathedral.

The symbolism was rich, deep, and accomplished what it was intended to do: remind us of the loss of a President whose incredible life included two terms as President Reagan's

vice president and one term as President of the United States.

As a pro-life President,



NRLC Executive Direction David N. O'Steen, Ph.D. shakes hands with President George H.W. Bush

Ronald Reagan set a high bar. But as you will read in President Bush's sterling record on abortion at the end of this post, he was up to it.

There are so many examples, illustrating his commitment to protecting the vulnerable unborn at home and abroad. Let me offer just these three

On October 13, 1989, his

Justice Department filed a brief with the Supreme Court in which (as the pro-abortion *Washington*

abortion protected by the Constitution.

Then, as the summary below illuminates,

***President Bush opposed the "Freedom of Choice Act," a bill which, he said, "would impose on all 50 states an unprecedented regime of abortion on demand, going well beyond *Roe v. Wade*." The President pledged, "It will not become law as long as I am President of the United States."**

***President Bush vowed, "I will veto any legislation that weakens current law or existing regulations" pertaining to abortion. He vetoed 10 bills that contained pro-abortion provisions, including four appropriations bills which allowed for taxpayer funding of abortion.**

He stood athwart the ambitions of pro-abortion Democrats which included its anti-life golden calf: federal funding of abortion.

The private family funeral and burial is tomorrow. Our prayers go out to the entire Bush family.

Post put it) Solicitor General Kenneth W. Starr

told the court the administration "continue{s} to believe that *Roe* was wrongly decided and should be overruled." The 28-page brief repeatedly argues that there is no fundamental right to

President George H.W. Bush's sterling record on abortion (1989-1993)

"Since 1973, there have been about 20 million abortions. This is a tragedy of shattering proportions."

*"The Supreme Court's decision in *Roe v. Wade* was wrongly decided and should be overturned."*

--President George H.W. Bush

*The Bush Administration urged the Supreme Court to overturn *Roe v. Wade* and allow states to pass laws to protect unborn children, stating "protection of innocent human life -- in or out of the womb -- is certainly the most compelling interest that a State can advance."

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*President Bush vowed, "I will veto any legislation that weakens current law or existing regulations" pertaining to abortion. He vetoed 10 bills that contained pro-abortion provisions, including four appropriations bills which allowed for taxpayer funding of abortion.

*President Bush vetoed U.S. funding of the UNFPA, citing the agency's participation in the management of China's forced abortion program.

*President Bush strongly defended the "Mexico City Policy," which cut off U.S. foreign aid funds to private organizations that performed or promoted abortion overseas. Three separate legal challenges to the policy by pro-abortion organizations were defeated by the Administration in federal courts.

*President Bush prohibited 4,000 federally funded family planning clinics from

counseling and referring for abortions.

*President Bush steadfastly refused to fund research that encouraged or depended on abortion, including transplantation of tissues harvested from aborted babies.

*The Bush Administration prohibited personal importation of the French abortion pill, RU-486.

*The Bush Administration prohibited the performance of abortion on U.S. military bases, except to save the mother's life and fought Congressional attempts to reverse this policy.

Tiny one pound, one ounce baby overcomes grim prognosis, will be home with her family to celebrate her first Christmas

By Dave Andrusko

“I’ll be home for Christmas” will always have a special meaning for Sussie Bea Patrick. And no doubt chocolate bars will always be her favorite candy.

Born in June, four months early, Sussie has left the Neo Natal unit at Arrowe Par hospital in Northwest England and will celebrate her first Christmas at home with mother Jodie Marrin and her dad Lee Patrick.

When Sussie was born at 22 weeks she was so tiny doctors said she was the size of a chocolate bar. One pound, one ounce to be exact.

As is always the case with extreme preemies, the circumstances were harrowing and doctors immediately told the parents Sussie’s survival chances were “non-existent.” Medics added, if somehow she did survive, Sussie’s life would be bleak.

“They said she wouldn’t have a quality of life but we said ‘look that’s something that we will have to deal with but if she’s fighting we have to fight,’” Lee Patrick told Emilia Bona of *The Mirror*. “And she’s here now.”

While Sussie is still on oxygen, her dad said his daughter is “perfect” and called her “his little miracle.”

There were no indications that Sussie would come early, Bona reported. Best guess is sepsis sent the “perfectly normal” pregnancy off course

when either Jodie or Sussie contracted a bug.

Near midnight the night of June 27, Jodie felt so poorly they decided to go the hospital.



Patrick told *The Mirror*

“She was throwing up. Within 15 minutes she was giving birth in the back of the taxi to hospital.

“Within about 15 minutes Sussie literally slid out.

“I grabbed her and said ‘help!’ This was in Arrowe Park in one of the triage wards.

“About 10 minutes

when she came out we would have to say our goodbyes.

“They said she wouldn’t be breathing for long and might not look like we expected.

“They said they would let us be together as a family.”

She came out and gave a little whimper so they started working on her.

“We were told it wasn’t worth [treating her].

But Sussie had other ideas. And over the course of the long stay, “Lee said lots of the neonatal staff and nurses at the hospital recognise Sussie, and that the family became incredibly close with the staff while she was receiving treatment.”

Rona concludes

Having “been through the wars and back” Lee and Jodie are over the moon their little fighter is home in time for Christmas with the family that never gave up on her.

Lee will be taking part in this year’s Santa Dash along with another dad to a premature baby girl in aid of Ronald McDonald House at Arrowe Park.

after we got to the hospital she gave birth.”

Sussie was so small no sooner had she been delivered than her folks were told to prepare themselves. Patrick said

“We were told that

An “Interview with an Unborn Child”

No baby should ever be unwanted, unknown, or unloved.

By Dave Andrusko

Years ago I wrote a story about a video titled, “Interview with an Unborn Child” by the Life Network of Malta. It moved me more than any of the dozens and dozens and dozens of pro-life videos I’d seen before or since.

Just recently, I re-watched it.

seconds. Why? How?

For starters, the music immediately signals that this child is completely and utterly alone. And when he tells us that “My most beautiful dreams turn into nightmares,” he tells us in a voice you have to hear to understand how affecting it is.

existentially. Even if he didn’t, we do. And too many of us attempt to keep his cries muffled and our indifference barricaded.

And when he says,

“My greatest pain will not reach the ears of anyone... not even my

and who I would become.

We believe He is with the baby in his final hours. If that doesn’t motivate me to be His hands and feet to find a better way, I don’t know what will.

When the baby say

Nobody else will ever know me... not even my mother.

We want to be able to say that while we may not know him individually, we work tirelessly to find a life-affirming solution for babies just like him and their mothers.

The video ends with a refrain I remembered instantly, even though the last time I watched “Interview with an Unborn Child” was seven years ago:

Even though I am preparing to breathe the outside air

The only breath I will breathe is the breath of death.

Except for death, no one will kiss me...

not even my mother.

And

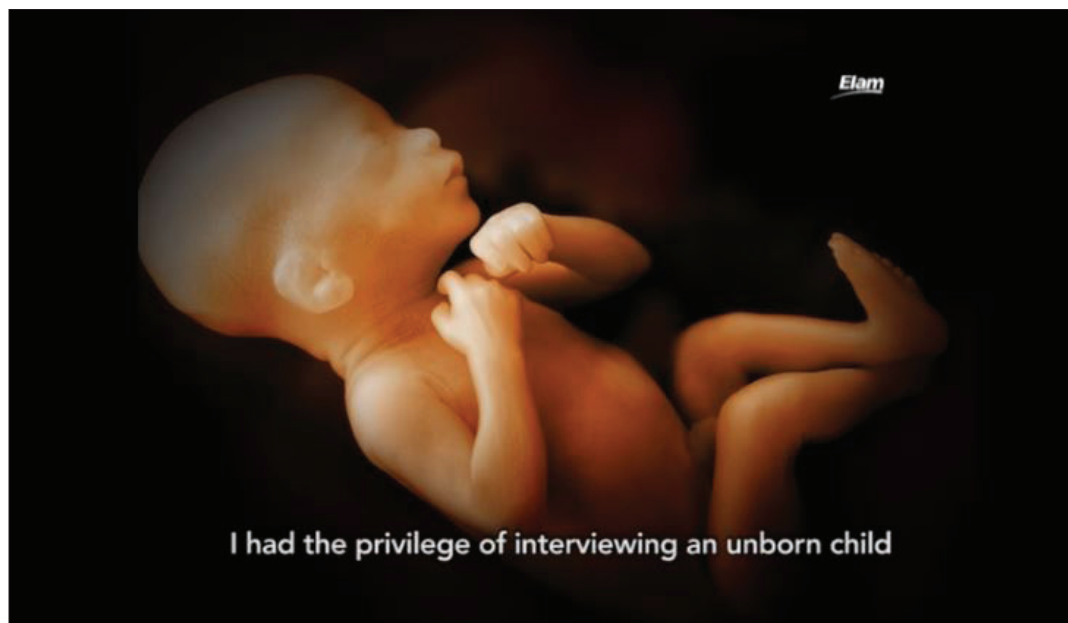
Even though I have feelings,

I will never experience love from someone else.

When I wrote that last sentence, I re-watched the video once again.

Please share it. [using your social media contacts.

For no baby should ever be unknown, unwanted, or unloved.



If possible, this four-minute-long video made an even deeper impression on me this time.

The creators of this video know that abortion is a highly sensitive topic and even many pro-lifers find brutally honest pictures of aborted babies very unsettling. So this “Interview,” filled with images of unborn babies, while very haunting, strikes a nerve for very different reasons.

We read the introduction

I had the privilege of interviewing an unborn child

I asked about his dreams

Here is his reply.

The narrator (the unborn child) ever-so-quietly reduces you to tears in less than 60

Partly we are touched because the refrain “not even my mother” is the narrative thread that binds the video together—that and the expressions of deep, **deep** pain etched on his tear-stained mother’s face.

From his words and the images, we know that he has been abandoned. Even many decades in the Movement, this truth still cuts me to the quick. This pain is only exacerbated by the truth that as often as not, the child’s father (at a minimum) will encourage the child’s mother to “get rid” of him.

Listening to the baby, we know that he anticipates being hurt, physically and

mother”

you are (or at least I was) stunned into silence.

Then there is abortion’s finality.

“Even though my heart is beating fast, how quickly the star of my life will be snuffed out.”

This little one has been cast aside, and

“I’ll never know who I am.”

But Someone does.

Only He would made me different from all others will know me.

He sees my talents

Winning the argument on abortion on facts alone

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

In these days of social media frenzy, when arguments break out on Facebook faster than you can press the “angry” icon, it’s important to keep in mind that rational discussions on the right to life are indeed possible.

In fact, we can learn a lot by considering the points made by Bishop Robert Barron in his recent book, which is a summary of talks he gave at the offices of Facebook and Google. While the auxiliary bishop of Los Angeles’ book is entitled, *Arguing Religion*, the ideas he offers for argumentation can be applied to a non-religious context.

One example he uses is of a video that went viral. It is of a six-foot tall male, interviewing college students by posing a series of provocative questions: “What if I told you I was a woman? What if I told you that I felt I was a Chinese woman? What if I told you that I claim the identity of a six-foot-five-inch Chinese woman?”

As Barron writes, the students “all agreed that they would be fine with that description

if that’s what he truly felt he was.”

He points out that the interviewees “are in the grips of a deeply distorting ideology” that distances them “from reality.”

A similar argument could be used to characterize those who support legal abortion. **They deny** the reality that a living being with separate DNA from the mother lives in the mother’s womb. **They deny** the fact that the words “right

to an abortion” appear nowhere in the U.S. Constitution. And **they routinely ignore** the cries of women who say they have been deeply harmed by their abortions.

A case in point which

of meaning, of the universe, and of the mystery of human life.”

This passage, aptly dubbed the “mystery of life” passage, is clearly wrong.

My freedom does not



Barron specifically references is *Planned Parenthood v. Casey*, the 1992 U.S. Supreme Court ruling which failed to overturn *Roe*. The decision curiously stated, “At the heart of liberty is the right to define one’s own concept of existence,

determine whether you exist. You exist independently of, separate from, and distinct from me. You were a separate being from your mother from the time of your conception.

On facts alone, the pro-life side wins!

Pro-life persuasion: How to discuss abortion with logic and grace

How do we change the views of these abortion supporters?

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

How can we persuade others that abortion is an injustice? It's not always easy.

Some people see ultrasound images or fetal models and quickly recognize the humanity of unborn children. Some people hear descriptions of abortion procedures and understand the inhumanity of dismembering human beings in their mother's womb.

Other people, though, are not persuaded by these facts. They may believe that unborn children aren't really human if they can't yet think or feel. They may deeply value the right to bodily autonomy. They may think that making abortion illegal would have unfair or dangerous consequences for women.

How do we change the views of these abortion supporters? Most of them are unlikely to spend time reading pro-life articles or watching pro-life presentations. Most are unfamiliar with the best pro-life arguments and responses.

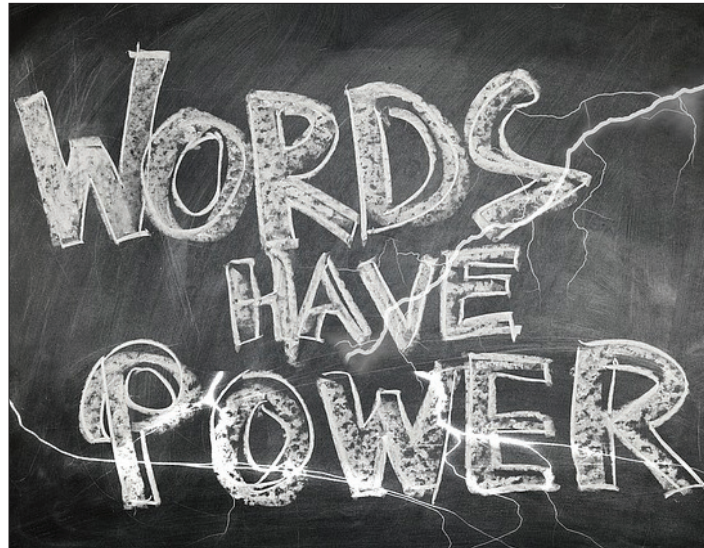
This is where dialogue comes into play. Dialogue, in many cases, is the only way to share the pro-life message, answer concerns, get people thinking—and change their minds. Yet conversations about abortion, especially on social media, are often unproductive or even counterproductive.

Here are three things you can do that will make your conversations—whether face-to-face or through another medium—more fruitful.

(1) Know the basics of the debate

You don't need to know

everything about the abortion debate, but it's helpful to know some basics. Remember



these three steps of the pro-life argument:

1. The unborn (the human embryo or fetus) is a human being—a living human organism at the earliest developmental stages. This is a fact of science.
2. All human beings—regardless of age, size, ability, and dependency—have human rights. This is a principle of justice.
3. Therefore, the unborn human being has human rights, which include the right not to be intentionally killed.

That's why killing unborn children through abortion is unjust. It's pretty simple.

Most arguments in defense of abortion (such as appeals to choice, circumstances,

consequences, and tolerance) *assume* that unborn children don't count as valuable

react to stimuli), human (they have human DNA and human parents), and whole organisms developing themselves through the different stages of life as members of our species.

Another approach is to argue that although unborn children are biologically human, they do not have the same value and right to life as older human beings—they are not yet “persons” like we are (a denial of step 2). But the differences between born and unborn human beings simply aren't relevant to whether or not an individual bears a right to life. Unborn children may look different, for example, but appearance has nothing to do with value. Unborn children are less physically and mentally developed, but toddlers are less developed than teenagers, and that doesn't make them any less important. Unborn children are dependent on someone else, but so are newborn children and disabled persons.

When an abortion supporter claims unborn children don't have rights because they lack a particular characteristic, you can highlight two major problems with this view. First, that characteristic, whatever it is, always excludes more human beings than just unborn children.

Second, the characteristic comes in varying degrees, and that means some people are more valuable or have greater rights than others. If self-awareness is the trait that

members of the human family. You can show this using a tactic Scott Klusendorf calls “trot out the toddler.”

Ask whether an argument for abortion would work as a justification for killing toddlers or other born human beings. Do parents facing economic hardship, for example, have the right to choose to kill their 3-year-olds? Of course not. If unborn children also have human rights, like born humans do, then these arguments don't justify killing them either.

Other arguments try to *show* that unborn children don't count. One approach is to claim that unborn children aren't even human beings in the biological sense (a denial of step 1). But that's empirically false. The science of embryology shows that human embryos and fetuses are living (they grow, metabolize food into energy, and

See “Persuasion,” page 44

AMA continues to battle over whether to change its position of opposition to PAS to neutrality

By Dave Andrusko

Last June, Jennifer Popik, JD provided *NRL News Today* readers with a full background report on the AMA's disappointing decision to continue to review, not maintain, its long-standing opposition to physician-assisted suicide (PAS).

Popik, NRLC Director of Federal Legislation, explained that the vote, taken at the annual meeting of the American Medical Association, came after two years of hard and detailed work examining the dangerous trends and effects of legalizing physician-assisted suicide.

Although the Council on Ethical and Judicial Affairs (CEJA) issued a report to the full AMA recommending the organization maintain their position of opposition to assisted suicide, about 56% of the delegates did not accept the report, sending it back to the CEJA for "further review."

Which brings us to the AMA's House of Delegates' Interim Meeting, where, according to Shannon Firth, Washington Correspondent for *MedPage*, "dozens of physicians made impassioned speeches, clashing over whether to ultimately endorse an AMA policy report that, while it reflected more nuanced views, ultimately left the association's code intact, declaring PAS 'fundamentally incompatible with the physician's role as healer.'"

Firth's account is the only one I can find, so what follows is based on her reporting and what we've know prior to the interim meeting.

* During a committee meeting which took place on a Sunday morning, James "Jim" Sabin,

MD, the CEJA chair, said the council had "revised its report and integrated 'crucial material' into its recommendations," in response to feedback. According to Firth's account,

"We believe that the code as it exists



is excellent moral guidance to our profession," said Sabin, of Code 5.7, which states the AMA's opposition to PAS/aid-in-dying and a second Code 1.17 the "Physician's Exercise of Conscience," which addresses the concerns of those practicing in states where PAS is legal.

For those who want the AMA to take a position of neutrality on Physician-Assisted Suicide, this "nuanced" position fell well short of the mark.

*A typical, polite critique came from Katalin Roth, MD, a geriatrician who practices in Washington D.C. In lieu of approval of the CEJA report, she urged another "referral," which would "require the committee to once again rethink and revise

its stance," Firth reported.

Roth told a story of a patient of hers whom she had helped to commit suicide which touched on all the themes PAS supporters offer for her position. Firth noted that Roth said "that she is one of the first

approximately 11,000 physicians licensed to practice in the District have registered to help patients exercise their rights under the law. Only one hospital has cleared doctors to participate.
[Underlining added.]

*One other thing from Ms. Firth's story. She favored the pro-neutrality position by beginning with proponents before giving those who support the current position of opposition. But, to be fair, their arguments (while later in the story) were given space.

Kevin Donovan, MD, director of the Pellegrino Center for Clinical Bioethics, and a professor at Georgetown University, speaking on behalf of himself and his center, said he supported the Council's report and argued against changing the code of medical ethics.

Donovan urged the AMA not to declare itself "indifferent to suicide."

"If you don't equate neutrality with indifference, you may be right ... [but] silence gives assent. So, to not speak against this is indirectly an endorsement," Donovan argued.

The AMA would never take a neutral stance on other "equivalent concerns," such as female genital mutilation or prisoner torture, so considering a neutral stance in this situation seems irrational, he said.

physicians in D.C. to write a prescription for a terminally ill patient. (D.C's Death with Dignity Act became law in February 2017 and became applicable that summer.)"

In fact there is every reason to believe Roth is one of the very few physicians who are "assisting" patients to die in the District of Columbia. A story written by Fenit Nirappil that appeared last April in the Washington Post began:

Nearly a year after the District enacted a law allowing terminally ill patients to end their lives — over the objections of congressional Republicans, religious groups and advocates for those with disabilities — not a single patient has used it.

And just two of the

See "AMA," page 20

By ending test pilot program in providing primary care, Boise Planned Parenthood returns to its abortion roots

By Dave Andrusko

The headline to Roam Yocham's story at *Boise State Public Radio* unintentionally revealed great truths about the unborn child's most lethal enemy:

Planned Parenthood Rolls Back Primary Care In Idaho.

The Boise Planned Parenthood clinic won't provide certain primary care services anymore, but all of their usual reproductive health services will remain.

Little of genuine health care remains after Planned Parenthood tides up its financial bottom line, but abortion? That money maker is here to stay.

Here's the backdrop. In 2016 Boise Planned Parenthood began a pilot program "treating things like high blood pressure, high cholesterol and more acute colds and flus," Yocham reports.

When Planned Parenthood rolled out its pilot program, Chris Charbonneau, CEO of the Planned Parenthood affiliate, said, "People tend to have preconceived notions about Planned Parenthood, so we are pleased to bring these services to our health centers to complement the quality reproductive and sexual health care we already provide. He added, "With these new service offerings, we are able to offer more comprehensive care to the women and men who rely on us."

Guess what? Those "preconceived notions" proved to be 100% true. "Those particular services [aka primary care] are the ones that are no longer being offered," Boise State Public Radio reported.

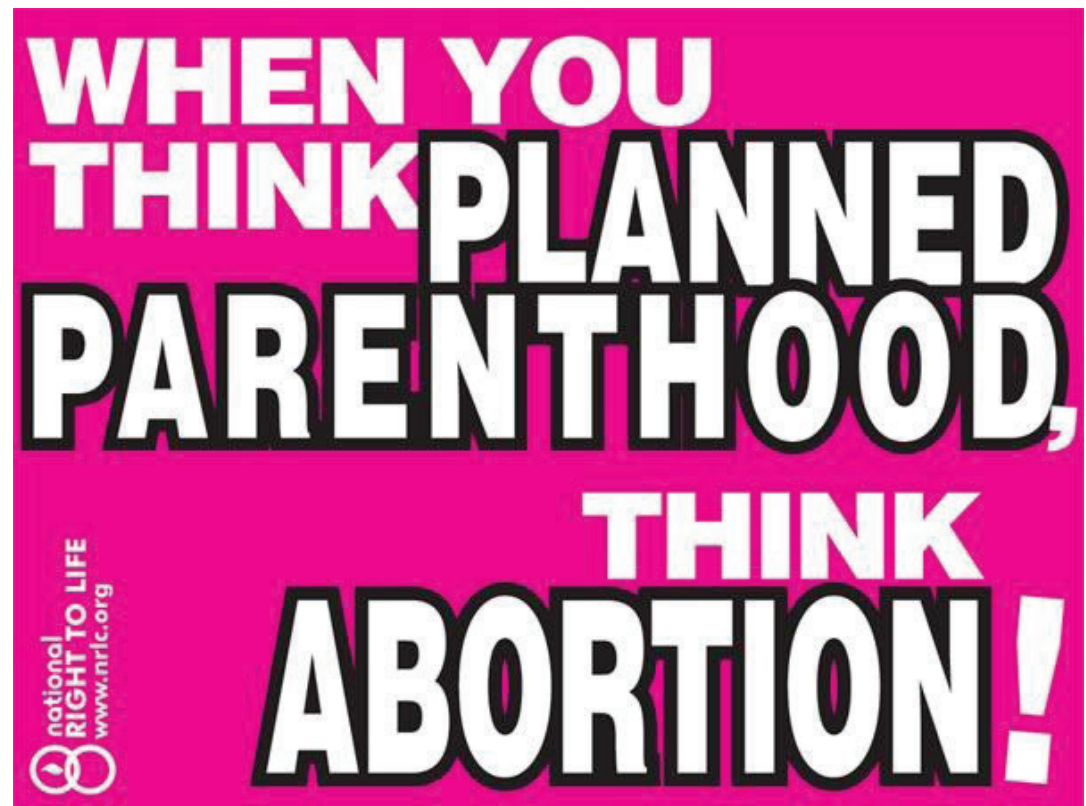
Why? Simple. Planned

to those services **elsewhere.**" (Emphasis added.)

This, of course, is a point that has made over and over and over again. There are vastly more places, such as federally qualified community health centers— which do not provide

located in areas of the country in which Planned Parenthood simply doesn't exist."

And that doesn't even take into account, Franklin observes, the thousands of pregnancy help centers which provide services that "range from material aid—



Parenthood doesn't have that many patients who come to the largest abortion provider in the United States for primary care!

Kara Cadwallader, Vice President of Medical Affairs and Senior Medical Director for Planned Parenthood of the Great Northwest and Hawaiian Islands, "pointed out that most of the people they were trying serve had access

abortions – which provide more comprehensive health care services than those offered by Planned Parenthood.

As Katie Franklin put it, "Indeed, non-abortion centers like community health centers and rural health care centers outnumber Planned Parenthood 20-1 and provide a wider range of services to women." On top of that, "They also tend to be

resources such as diapers, cribs, and formula—to medical care— services such as STD testing and ultrasound screenings."

Well so much for Boise Planned Parenthood's attempt to repackage its image. It is returning (no doubt with a sigh of relief) to its first and most important function: killing over 320,000 unborn babies each and every year.

18 AGs and the Governor of Mississippi ask Supreme Court to uphold Indiana's ban on eugenic abortions

By Dave Andrusko

Last month *NRL News Today* reported that pro-lifers in Indiana were congratulating Attorney General Curtis Hill who was asking the Supreme Court to review and reverse a 2017 decision by Judge Tonya Walton Pratt which had been upheld in a split 2-1 decision last April by a panel of the Seventh U.S. Circuit Court of Appeals.

Judge Pratt, an Obama appointee, overturned HEA 1337, the state's law banning abortion for the sole reasons of the child's race, sex, national origin, or a potential disability such as Down syndrome.

The bill had been signed into law in 2016 by then Gov. Mike Pence. Planned Parenthood and the American Civil Liberties Union then brought a lawsuit against HEA 1337.

Thankfully, a coalition of 18 state attorneys general, led by the Wisconsin attorney general, along with the governor of Mississippi filed a 38-page friend of the court ("amicus") brief asking the High Court to uphold HE 1337—the "Dignity for the Unborn Act."

Right out of the box, the amicus brief declares

The Seventh Circuit's decision below contains two holdings that, especially when taken together, exhibit an unprecedented, unlawful hostility to the States' authority to honor human life and dignity.

Referring specifically to the Anti-discrimination Provisions of HE 1337, the amicus notes that the Seventh Circuit panel

invalidated the provision which **prohibits the elimination of classes of human beings through discriminatory abortion based upon race, gender, and**



disability because, in the Seventh Circuit's view, [the 1992] Casey [Supreme Court decision] foreclosed any prohibition on pre-viability abortions, no matter the interest being sought, no matter how carefully tailored the law. But the plaintiffs in Casey specifically declined to challenge Pennsylvania's discriminatory-abortion prohibition, and this Court, accordingly, did not rule upon that prohibition.

Nevertheless, the Seventh Circuit concluded that Casey controlled the outcome

in this case because, in the Seventh Circuit's view, Casey enshrined the right to pre-viability abortion as "categorical." But this Court has never

argues both that evil the Antidiscrimination Provision is intended to combat is "serious" and that "Iceland is a canary in the coal mine."

By that they are referring to the truth, proudly embracing by medical authorities in Iceland that a positive test for Down syndrome results in abortion close to 100% of the time! The amicus also cites the rampant practice of sex-selective abortions in Asia which has resulted in 100 to 160 million "missing" women.

In its concluding paragraph, the brief explains why the prohibition must operate pre-viability:

Finally, that Indiana's Antidiscrimination Provision includes pre-viability abortions does not affect its constitutionality because the State's interests do not correspond to the unborn child's stage of development. In the traditional abortion regulation context, this Court has held that the State's interest in protecting an unborn child's life is "not strong enough" to prohibit a pre-viability abortion. [See *Casey*.] The logic is that the more developed the unborn child, the stronger the State's interest

declared any right to be "categorical," and Casey itself upheld one type of pre-viability abortion prohibition. Under a proper understanding of Casey's undue-burden test, the Antidiscrimination Provision furthers the State's compelling interest in prohibiting the discriminatory elimination of classes of human beings by race, gender, or disability. This issue is ripe for this Court's review, as [Seventh Circuit] Judge Easterbrook, joined by Judges Sykes, Barrett and Brennan, explained. the amicus

See "Eugenic," page 24

Possibly the youngest surviving preemie doing well at 4 years old

By Dave Andrusko

As any reader of *NRL News Today* already know, we are mesmerized by stories of very premature babies beating the odds. For one thing, it emphasizes the common humanity these little ones share with us. For another, it reminds us of the inherent schizophrenia of abortion where a baby down the hall who is the same age as a baby being torn to pieces is desperately being worked on by surgeons who will do anything to save her.

Courtney Stensrud was featured on NBC's *Today* in 2017 when she first went public with the story of Lyla and over this last Thanksgiving Eve, *NBC News* "caught up" with the family. Courtney and her husband (her high school sweetheart) are the parents of a baby born in 2014 at 21 weeks who may be the most premature surviving baby.

The latest story, as you would expect, including a lengthy blow by blow, almost minute by minute account of Lyla's harrowing but ultimately successful birth. The hero (besides mother and daughter) is Dr. Kaashif Ahmad.

A. Pawlowski writes

Stensrud, now 36, and Ahmad first met in the delivery room of a San Antonio hospital minutes after Stensrud gave birth. The 14.5-ounce baby — who was lying on her stomach still attached by the umbilical cord — was due in November, but it was only July. "It was shocking to see a living,

breathing person that small," she recalled.

After experiencing a premature rupture of membranes and chorioamnionitis (an infection of the placenta and

try then I'm absolutely happy to try'... knowing that there were no guarantees," Ahmad recalled.

After doctors clamped the baby's

came home three days before her original due date in November 2014.

Today, she's "she's happy, full of energy and full of life" and keeps right up with her 5-year-old brother, Stensrud said.

Dr. Ahmad was very cautious about drawing any generalizations about babies born that early, even though, for example, doctors have no reason to believe Lyla will have cerebral palsy.

Stensrud sees things differently:

Still, Stensrud said she feels hopeful other babies in a similar situation will be given a chance at life, like her daughter was. And she wants other parents to know survival is possible. Telling Lyla's story and giving hope to other families has become Stensrud's passion.

"The reason I'm doing these interviews — it's not for me, it's not for my daughter. It's for that mother in antepartum who is frantically searching online — that she will have a little bit of hope and faith that she can have the same outcome," she said.

You can read her blog at hopefaithandrockstars.com.



Lyla was 3 weeks old in this picture. "When she was born her eyes were still fused shut. This photo was from the day her eyes opened," her mom Courtney Stensrud said. Her wedding ring is on the baby's right arm. Courtesy of Courtney Stensrud

the amniotic fluid) Stensrud went into an early labor. Dr. Ahmad frankly told her of all the dire possibilities and why her baby would not live—lungs are not developed enough, the blood vessels in her brain are so fragile, for starters—and the possibility of disabilities such as cerebral palsy if she did survive.

"But when I was holding a live baby in my arms, I just absolutely thought she could survive. I felt it in my heart," Stensrud told Pawlowski.

"As he was basically telling me there was nothing they could do, I said, 'Will you try?'" Stensrud said.

"My answer was, 'If you would like us to

umbilical cord, he placed her under an overhead warmer to raise her body temperature and placed a breathing tube into her airway.

"From that point, she gradually responded. She turned pink. Within a few minutes, she began to make efforts to breathe and then she began to move," he recalled.

"They work miracles," Stensrud said.

Lyla was whisked to the neonatal intensive care unit and spent about four months in the hospital. She finally

Babies kicking in the womb are making mental maps of their bodies

Life before birth is amazing

By SPUC—the Society for the Protection of Unborn Children

In March this year, we reported on a study from Trinity College Dublin which found that babies move around in the womb because they are trying to develop strong bones and joints. Now, scientists at University College London may have discovered another reason why unborn babies kick.

A study published in the journal *Scientific Reports* suggests that foetal movements enable a baby to construct a basic brain network so that it can understand what part of the body is moving and how it is being touched.

Feeling their surroundings

The team analysed the brainwaves of 19 two-day-old infants, some of whom were premature and were therefore assumed to be acting as if they were still in the womb. Using noninvasive electroencephalography (EEG) researchers found that when

the babies kicked, a region of their brains that is linked to sensory input, known as the

somatosensory cortex, was activated.

The size of these brainwaves was largest in premature babies in the equivalent of the last trimester and were no longer triggered by movement once the infants turned a few weeks old.

“Spontaneous movement and consequent feedback from the environment during the early developmental period

are known to be necessary for proper brain mapping in animals such as rats. Here we

showed that this may be true in humans too,” study author Dr Lorenzo Fabrizi said.

Care for preemies

Mothers start feeling movements between 16-25 weeks gestation (though spontaneous movement starts at 7 weeks). Apart from shedding light on this aspect of pregnancy, this research could also be used to help premature babies.

“We think the findings have implications for providing the optimal hospital environment for infants born early so that they receive appropriate sensory input,” said co-author Kimberley Whitehead, a clinical physiologist. “For example, it is already routine for infants to be ‘nested’ in their cots – this allows them to ‘feel’ a surface when their limbs kick, as if they were still inside the womb. “As the movements we observed occur during sleep, our results support

other studies which indicate that sleep should be protected in newborns, for example by minimising the disturbance associated with necessary medical procedures.”

Mothers might be glad to know that there is a reason for all the kicking, especially as another recent study found that a baby’s kick has more than 10 lbs of force – more than hitting a tennis ball!



Architects of Victoria's right-to-die law publish 'manual' on how to push legislation through

By Michael Cook

One year ago, in December 2017, the Australian state of Victoria legalised euthanasia and assisted suicide. This has given new heart to supporters in other states who have been lobbying for years for the "right-to-die".

Helpfully, the *Australian Healthcare Review* has just published a review of how supporters were able to break the log-jam in Victoria – essentially a how-to manual for activists written by the government's former Ministerial Advisory Panel, the brains trust for the process.

Here are a few of the elements which the authors highlight in their article.

1. Victoria passed a Charter of Human Rights in 2006. Its emphasis on autonomy helped to enable passage of a law decriminalising abortion in 2008 and then last year's euthanasia legislation.

2. Victoria's Labor government, headed by Premier Daniel Andrews, supported the legislation, although it was eventually decided on a conscience vote. A report

from the parliament's Legal and Social Issues Committee endorsed it. "Government support was essential," report the authors.

3. As members of its Ministerial Advisory Panel (MAP), the government



The Victorian Parliament

appointed seven men and women with distinguished professional qualifications, all supporters of a change in the law. The chair, Brian Owler, was a former federal president of the Australian Medical Association.

4. The MAP had extensive discussions with stakeholders in legalised euthanasia, such

as health professionals and administrators, legal groups, medical colleges, nursing and allied health groups, consumer and carer groups and mental health providers. Consultative workshops were held throughout Victoria.

5. The support of the Department of Health and Human Services was essential to the process. It provided expert legal and political advice, and administrative support. The Health Minister dedicated "significant departmental resources required, for the process of consultation to develop a high-quality bill."

6. Skilful media management ensured that messaging was "consistent and accurate". The members of the MAP were given media training. Journalists were given extensive briefings at each major step "to ensure that the public messaging of a complex model containing strict criteria was clear and that the work was reported accurately. In addition, different lobby groups undertook public campaigns to engage the media and the general public, as well as to directly lobby politicians, which was helpful in balancing the differing arguments."

The authors conclude that "This process has been a tangible example of democracy at work at a time when many may feel cynical about political processes."

It would be interesting to read an account of how the legislation passed from the point of view of its opponents.

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

Country Western singer Thomas Rhett shares lessons learned from the journey to adopting his daughter

By Texas Right to Life

Thomas Rhett is best known for his chart-topping country songs, but with millions of followers on social media he has developed an even bigger fan base. Through social media platforms Thomas Rhett is known for the beautiful moments he shares of life with his wife, Lauren Akin, and their daughters Willa Gray and Ada James.

In 2017, while they were expecting daughter Ada James, Thomas Rhett and Lauren adopted toddler Willa Gray from Uganda. The story of bringing Willa Gray home with them was long and complicated, but the moment they finally did was one the family will never forget. Thomas Rhett described the final hours, saying, “On the way to the airport, it was like Christmas Day.”

Since then, Thomas Rhett and Lauren have shared many images and reflections that have inspired people around the world. Their candid discussion of adoption and their work with the nonprofit Love+One International offer a beautiful look at the reality and need for adoption.

For National Adoption Awareness Month, Thomas Rhett opened up to E! News about the journey to adopting Willa Gray and the family’s hopes to adopt again. He told the news outlet, “For me and Lauren, it was one of the most amazing but also challenging experiences of our lives and it is something that totally changed

our lives for forever.” He added, “Willa Gray is literally the joy of my world. I cannot imagine living my life without Willa Gray today.”



Thomas Rhett

He explained that the adoption process should not be taken lightly but people should also not underestimate the need and importance of adoption. He told E!, “It’s one of those things that you should really think hard about, but also know that if you do it, you are giving somebody a chance at a life they may not have had otherwise.”

And, as for the future, Thomas Rhett says they are definitely open to another adoption. He told E!, “[It’s] something we

will more than likely do again.”

He quipped, “Lauren wants a million kids so we need to get back on that train.”

Although the abortion

who place their child with an adoptive family cannot be understated.

Pro-Lifers are often falsely accused of being “pro-birth,” as if Pro-Life people only care about preborn children and abandon them once they are born. This is demonstrably false. Pro-Life organizations across Texas and around the world support mothers throughout pregnancy and for years after the child is born with material, social, and community resources.

The commitment of Pro-Lifers to loving and honoring all lives is also personal. When we asked Texas Right to Life followers on social media if they would adopt a child who was at risk of being aborted, the responses were overwhelming. Not only would people consider the scenario, but many people had already adopted children.

The importance of adoption and the countless Texans with stories like Thomas Rhett’s are why Texas Right to Life has long championed reforms to make adoption more efficient and affordable. National Adoption Awareness Month is a time to celebrate the families who have been brought together through the loving choice of adoption and to assess how far we must go to ensure that every child is welcomed into Life and the loving family they deserve.

How has adoption impacted your life?

Following in utero surgery to correct spina bifida baby girl born completely healthy

By Dave Andrusko

When Georgia Axford, 19, and Tyler Kelly, 21, discovered during a routine 20-week scan their unborn daughter Piper-Kohl had spina bifida, they were told the British National Health Service could attempt to perform corrective in utero surgery. Spina bifida is a congenital defect of the spine in which the spinal cord is left exposed through a gap in the backbone which can lead to a variety of problems including paralysis.

However they were also told the NHS surgeon had never performed such intricate surgery!

The couple, from Yate, South Gloucestershire, England, then took out a loan of roughly \$11,500 in American dollars to travel 570 miles to Germany where Professor Thomas Kohl performed the three-hour surgery last June.

Where feasible, surgeons much prefer to do surgery before a baby is born rather than try to correct the damage after birth. Sometimes the baby is completely removed before the surgery is performed (although that was not the case with Piper-Kohl) and then placed back in their mother's womb.

The *Daily Mail's* Bryony Jewell explained the operation.

Surgeons attached a 3.5cm collagen patch used to treat burns victims over Piper's spine when she was just 2.1oz.

The patch covered the exposed nerves

and will repair cognitive and lower limb development, to stop the baby being paralysed.

After the successful operation on June 13 the couple returned home where Georgia was told to rest up

and delivered their daughter at 30 weeks and four days, weighing just 3lb, 10oz.

Tyler told *The Sun's* Josie Griffiths

"We were a bit anxious when Georgia went into labour but Piper was actually a lot bigger than we were

took her home that we felt like proper parents. Beforehand we had all the nurses around us so we didn't feel alone.

Ironically that was Prof. Kohl's birthday and as a gesture of gratitude, the couple named their daughter after him. The proud mother told Jewell

'She was covered in wires when she was first born but it was just the best feeling to see her. She was just so tiny.

'You could really see the mark on her spine when she was first born. It really makes you think how incredible the procedure was.

The couple is optimistic their daughter will be just fine, although they cannot be sure until she starts to walk. So far Piper-Kohl is totally healthy and doctors can't see any signs of a problem.

Tyler described Prof. Kohl as "an amazing bloke," adding, "We're still in contact with him and keep him posted on Piper's progress. We'd love to take Piper to Germany so she could meet him."

Georgia told Jewell

'I would honestly recommend the surgery to anyone who is a similar boat to us.

'It was a bit scary at the time and was a lot of money but it was absolutely worth it.'



The family from Yate, South Gloucestershire, hope that in a few months when Piper can sit up by herself they'll be able to know if the procedure was a complete success.

until her due date on October 2.

But there was a further, and not unexpected, complication. Georgia went into labor early

anticipating.

"When she was first born there was a little open red wound from the operation.

"It wasn't until we

Another lame pro-abortion attack on the Hyde Amendment

By Dave Andrusko

Say what you will about the delusional nature of their insistence, it's refreshing when pro-abortionists stop beating around the bush and just announce that it is your and my obligation to pay for their abortions.

This, by the way, was one of Hillary Clinton's "new" arguments in 2016. For the first time Planned Parenthood had endorsed a candidate in the primary: Hillary Clinton.

In January of that year, a grateful Clinton told the crowd in New Hampshire, "Any right that requires you to take extraordinary measures to access it is no right at all," and that included "laws on the book like the Hyde Amendment making it harder for low-income women to exercise their full rights."

Never mind that for decades a solid majority of Americans has made it abundantly clear they do **not** want their taxpayer dollars paying for abortions, which is what the Hyde Amendment prevents. But it is exactly that consensus that Moira Donegan attacks in the Guardian under the headline: "Yes, I do want your taxes to pay for abortion."

Anything new in Ms. Donegan's argument, anything that we haven't heard two **million** times before? (Coincidentally, it is estimated that two million lives have been saved by the Hyde Amendment, which is why pro-abortionists

loathe it so.)

Certainly nothing new in the first few paragraphs where she hyperventilates over the increase of Republicans in the Senate from 51 to 53. The one "new" argument is actually a recycled rip-off from the days when pro-abortionists controlled both the House and the Senate. "[I]n the House, where Democrats regained control a more diverse, more female, class of incoming representatives, one major abortion rights victory is closer than it ever has been before: the end of the odious Hyde Amendment."

Really? Before Donegan's lays out how control of one House of Congress while the other (and the Presidency) is controlled by pro-life Republicans can actually make this all come to pass, she vents her spleen in the usual caricature of the Hyde Amendment.

And then back to the reason it can pass. Which is?

The "reason" it could pass is that, well, pro-abortion House Democrats will try really hard.

Since that is a very slim reed to rest her hopes on, she switches gears to make the typically inane comparisons, i.e., men can't abort; you can't choose which activities to fund since abortion is a constitutional right [and "human right"]; and, for good measure, the Hyde Amendment "should be ended because our laws should be

aimed at helping Americans exercise their full rights, maintain their full dignity, and fulfill their full potential."

Each "argument" is flimsier than the one before, but how could it be otherwise? The

How important is [non-] public funding of abortions? Prior to the Hyde Amendment you and I footed the bill for 300,000 abortions a year.

In a revealing speaking of the tongue, Donegan ends her op-ed



public fully understands, even if Hillary Clinton and Moira Donegan don't, that abortion is different.

Even when the Supreme Court was most hostile to the pro-life cause, in 1980 the justices ruled in *Harris v. McRae* that states could distinguish between abortion and "other medical procedures" because "no other procedure involves the purposeful termination of a potential life."

Abortion access is a precious public good [sic] that is necessary for women to be complete citizens, truly equal in freedom and opportunity to men.

Indeed, "abortion access" is not just a "good" to the pro-abortionist, it is more like a secular deity before which they kneel.

The 2018 Florida Midterms: What happened?

By Lynda Bell, President, Florida Right to Life

This year, in the 2018 midterms, pro-abortion Democrats were salivating at the possibility of gaining congressional seats across the nation. A typical midterm election customarily results in losses for the party in power.

Democrats were thrilled at the possibility of electing a Democrat governor in Florida for the first time in 20 years and winning another term for incumbent pro-abortion Senator Bill Nelson.

This didn't work out for the Democrats in Florida. Republicans not only won the race for Governor (Ron DeSantis), the U.S. Senate (Rick Scott), but also for Attorney General (Ashley Moody). In fact, for the first time since 1875, Florida will have two Republican United States senators.

But what happened with the expected Democrat sweep? Florida has become more blue in recent years, meaning it is a true swing state. Our Sunshine State has many northern transplants who flee the cost of liberal policies but bring their liberal philosophy with them, a true enigma!

Democrats nominated Andrew Gillum, an extreme pro-abortion left wing, "progressive" candidate for governor, Gillum, the first Black gubernatorial candidate

in Florida history was backed by and benefited greatly from none other than self-identified socialist Senator Bernie



*Florida Governor-elect
Ron DeSantis*

Sanders. Gillum was favored to beat pro-life Republican Congressman Ron DeSantis.

Early in the race, Gov. Scott held the lead against Sen. Nelson. But by October almost every poll had Nelson ahead. Leading up to the midterms, Real Clear Politics had Nelson up by 2.4 points, Quinnipiac had Nelson up by 7 points. Only a couple of polls

had Scott up—and by a very slim margin.

So what happened? It is a truism in Florida politics that Cuban Hispanics tend to be more conservative than non-Cuban Hispanics and vote in larger numbers. A contributing factor is that Sen. Nelson didn't



*U.S. Senator-elect
Rick Scott*

excite his base and many didn't bother to cast a vote in that race.

Frankly, many voters, including Democrats, thought it was time for the three-term incumbent to go. They saw in Gov. Scott someone who could help to accomplish the Trump agenda.

Some Democrats were also disgusted, along with Republicans, with the horrific treatment heaped upon now-Justice Brett Kavanaugh by the Democrats during his confirmation hearings. The Democrats certainly overplayed their hand and this came back to bite them, and not just in Florida.

Senator Nelson voted against Kavanaugh's confirmation!

But what happened in the governor's race? The Democrats had in Gillum a charismatic black candidate who could certainly excite the college age voters and minorities in Florida.

But again, Democrats chose a far to the left pro-abortion candidate who alienated middle of the road Democrats. This did not sit well with pro-life, church going Democrats, especially those in the Panhandle in the northwest part of the state.

Had they nominated someone like Gwen Graham, the daughter of Bob Graham, the former United States Senator and governor of Florida, we could have possibly seen a different outcome or even more of a nail biter!

If the Democrat Party continues alienating voters by nominating candidates such as Gillum and Nelson, pro-life Republicans will keep winning in Florida.

A repugnant new test could screen out IVF embryos with lesser intelligence

Babies could be chosen based on genetic indications of intelligence. Company also expects parents to chose babies of higher intelligence

By SPUC—the Society for the Protection of Unborn Children

Genetic tests have long made it possible to screen out embryos with conditions such as cystic fibrosis or Down's syndrome. Now, a new way of testing an embryo's genes could make it possible to discard them for not being intelligent enough.

Genomic Prediction, a company based in New Jersey, says it has developed genetic tests that can assess complex traits, such as the risk of some diseases and lower intelligence. The tests haven't been used yet, but the firm began talks last month with several IVF clinics with a view to providing them to customers.

“Mental disability”

While such a test can't predict IQ for each embryo, it can, apparently, indicate certain genetic outliers, allowing parents to avoid embryos with a high chance of an IQ 25 points below average. While the

company says it will only offer screening based on intelligence for cases of “mental disability”, co-founder Stephen Hsu claims the technique could be used



to identify embryos with a likelihood of having a high IQ. “I think people are going to demand that,” he said. “If we don't do it, some other company will.”

Peter Visscher, a geneticist at the University of Queensland, Australia, says that the idea of using such tests to select embryos predicted to have high

conditions isn't currently allowed. However, some IVF doctors would like this to change.

Simon Fishel, president of the Care Fertility Group clinics in the UK, called the tests “a potential revolution”, and said he saw no reason why this would be a slippery slope to designer babies. “Cognitive disability is a health issue. We're not talking about whether we need to make more intelligent people in society.”

It could soon be possible to choose children based on likely IQ level, while destroying others who fail to ‘qualify’. That IVF doctors are already claiming this is a “health” issue – though in fact any embryo ‘deselected’ would be killed – tells us much about what has happened to the practice of medicine.

intelligence is “repugnant, but technologically feasible.”

A “health issue”?

In the UK, screening embryos for polygenic (multi-gene)

AMA continues to battle over whether to change its position of opposition to PAS to neutrality

From page 10

“Any retreat from our Hippocratic tradition on which the AMA position rests is unwise and unnecessary,” he said.

Vernon Zurick, MD, a radiologist from Boulder, Colorado, spoke from first-hand experience. After PAS/aid-indying was adopted in 2016, “advocates began pressuring

hospitals, ‘many of whom had ethical issues,’ to carry out the practice, Zurick said.”

He flatly declared “Neutrality is permissibility.”

He also expressed concern that health systems worried about reining in costs could influence the practice of PAS and could hurt the patient-physician relationship. He

cited “abuses” by the late Jack Kevorkian, MD, who spent 8 years in prison after being convicted of second-degree murder for assisting in the deaths of roughly 130 people suffering from chronic and usually terminal illnesses who sought his help in ending their lives, according to the *New York Times*.

“The AMA has wisely stated that we should not help in the execution of prisoners. I think there needs to be a very careful look at whether or not people are being coerced into an early death for reasons [that are not justified] ... I think we have other ways to deal with this issue,” Zurick said and urged adoption of the report.

Clash of views as Judge hears oral arguments in challenge to Kentucky’s law banning dismemberment abortions

By Dave Andrusko

“Room packed, views clash as trial over Kentucky abortion law begins” is the headline to Deborah Yetter’s story describing the trial in which the ACLU is challenging Kentucky’s “House Bill 454.”

Views did indeed “clash.” Representing EMW Women’s Surgical Center in Louisville, the state’s lone remaining abortion clinic, the ACLU’s Alexa Kolbi-Molinas told Judge Joseph McKinley that tearing living unborn babies limb from limb well into the second trimester is safe, safe, safe—for the mother.

And to even have to first inject the living unborn child with potassium chloride

is unconscionable—“an unconstitutional barrier for women seeking abortions after the 14th week of pregnancy,” as Yetter paraphrased the ACLU’s argument.

That’s one view. The other view saw the living unborn child as more than the object of the abortionist’s tool whose removal was more than “exercising” a right. That view said, “Think what you are doing—to the helpless child, to her mother, to the profession of medicine.”

But, as always, the gory, brutal, inhumane dismemberment of living unborn babies was brushed off by the ACLU lawyer with

euphemisms intended to make unspeakable acceptable. Yetter writes that Kolbi-Molinas

also said that supporters of the law will rely on extreme language to make their case.

“This court is going to hear the same inflammatory rhetoric and non-medical terminology,” she said.

What is a non-inflammatory description of an act where an abortionist continually reaches into the mother’s womb with a variety of sharp-edged metal clamps and tools, yanking off parts of the child and pulling

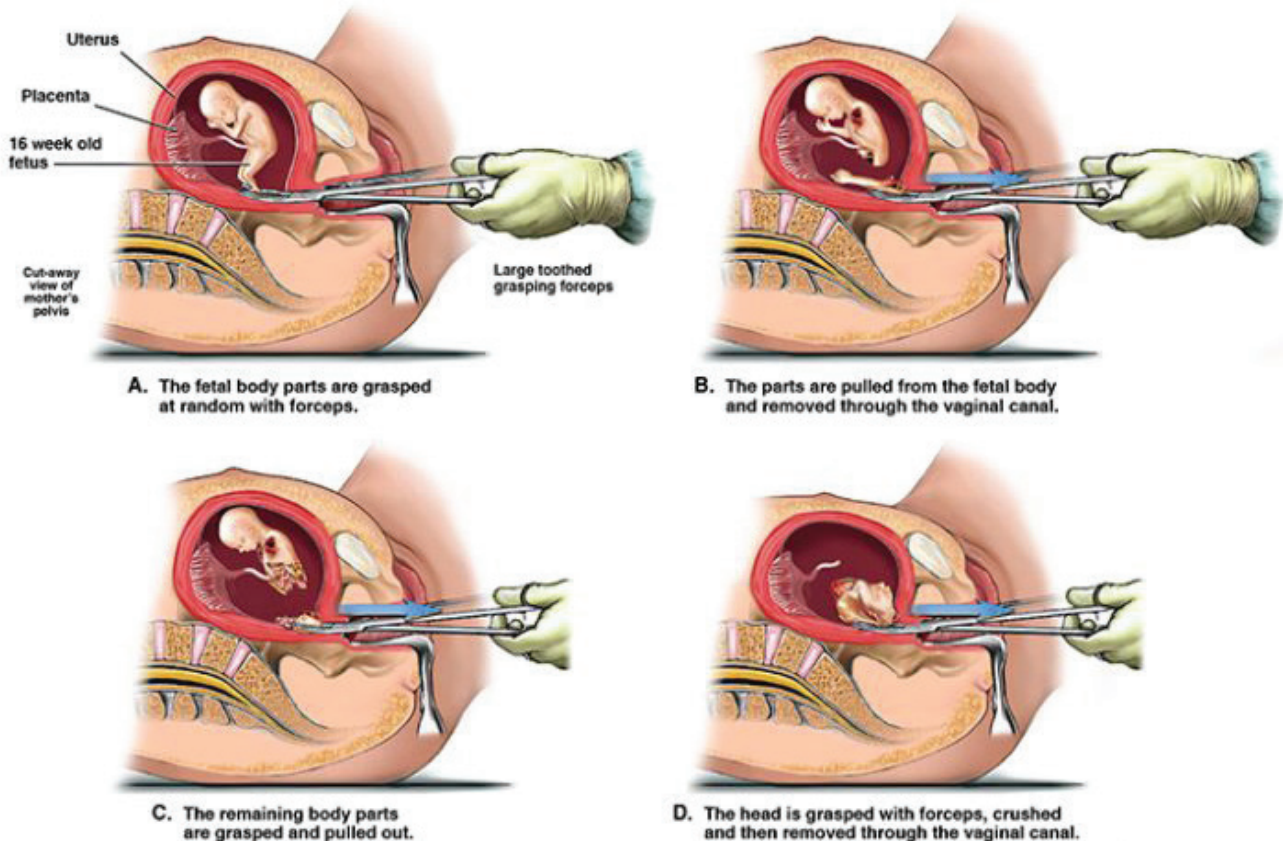
them out, piece by piece, and placed in a tray?

According to Yetter’s non-inflammatory story, “The method involves dilating the patient’s cervix and removing the contents of the uterus with forceps.”

“Removing the contents of the uterus”.... That’s the non-inflammatory view of the ACLU which typically is not the least bit shy about using incendiary language when it fights for its clients.

Yetter concludes her story **[Judge] McKinley is expected to issue a ruling at a later date, with both sides saying an appeal is inevitable.**

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



Pro-abortion researchers find new “victims” when women denied abortions: their other children!

By Dave Andrusko

Operating out of the University of California at San Francisco, a beehive of pro-abortion academic orthodoxy, it is Diana Greene Foster’s mission in life to persuade the world that any abortion “denied” is a colossal “harm” extending as far as the eye can see.

As Dr. Randall K. O’Bannon, NRLC director of education & research, explained in a five-part series, that message was touted far and wide by a sympathetic media when it came out in 2013.

“Given the way that the same press has dismissed or ignored study after study appearing in reputable journals connecting abortion to depression, substance abuse, suicide, and other mental health problems,” Dr. O’Bannon wrote, “the ready acceptance and promotion of this study, before its findings have undergone peer review or public scrutiny is all the more remarkable.”

Foster et. al’s argument in their “Turnaway” study was that women denied abortions fared poorly. Dr. O’Bannon questioned the many dubious assumptions and leaps in logic and showed in exhaustive detail how women positively adjusted after their abortion had been denied because she was too far along even for most abortionists.

Indeed, Foster herself supported that conclusion, as revealed in a quote that appeared in a story in the New York Times Magazine. When the reporter told Foster of a mother who, having been denied an abortion, was made

sick by even the thought of losing her child

“That would be consistent with our study,” Foster said. “About 5 percent of the women, after they have had the baby, still wish they hadn’t. And the rest of them adjust.”

Foster’s latest “victim” of women unable to abort are the woman’s other children! Writing at *Stat News* about a study that appeared in the *Journal of Pediatrics*, Foster concludes “we found significantly worse socioeconomic outcomes for children whose mothers were denied abortions than those who received them.”

But that’s just dollars and cents, and (as Dr. O’Bannon explained in his series) that conclusion can be very misleading.

The more important conclusion by Foster et al. was that “Women are also much more likely to report poor maternal bonding.” Foster doubles down, telling us how much better the maternal bonding is with “the next child born following a wanted abortion.”

Two quick points.

*The aborted baby is not better off dead. The child has been deprived of the greatest gift of all—the gift of life. Many of us grew up in less than ideal conditions. Is that not preferable to being annihilated? I think almost anyone not affiliated with Foster’s team would come to that conclusion. But that, of course, cannot be part of her ethical arithmetic.

*I couldn’t help thinking

of the rigorous studies that demonstrated how happy were the siblings of children born with Down syndrome. Dr. Brian Skotko has done pioneering work, showing (as Dr. Peter Saunders paraphrased) that

More than 96% of

88% felt that they were better people because of their siblings with DS, and more than 90% planned to remain involved in their sibling’s lives as they became adults. The vast



brothers/sisters who responded to the survey indicated that they had affection toward their sibling with DS; and 94% of older siblings expressed feelings of pride. Less than 10% felt embarrassed, and less than 5% expressed a desire to trade their sibling in for another brother or sister without DS.

Among older siblings,

majority of brothers and sisters described their relationship with their sibling with DS as positive and enhancing.

Foster and her colleagues will milk their “Turnaway” studies forever and a day. But the rest of us understand that we must turnaway from an ethical calculus that turns unborn babies into things and familial ties into calculations about commodities.

2018 Election Overview and a look ahead to 2020

From page 1

Background

Republicans had more going against them than the losses that the President's party historically suffers in the first mid-term election of a new President. Millions upon millions of dollars were spent by pro-abortion groups to defeat our pro-life candidates.

EMILY's List, the extreme pro-abortion PAC that only works for Democrat women who support abortion for any reason, claimed they would raise more than \$90 million for their "pro-choice" candidates in the 2018 election cycle.

In addition Planned Parenthood, the nation's largest abortion provider, announced its political action committee would spend \$30 million targeting pro-life candidates, and NARAL Pro-Choice America pledged to spend \$5 million.

Add to that the utter vitriol the biased, pro-abortion media spewed out at pro-life candidates. Against all that, Republicans are stronger in the Senate.

Competitive races

National Right to Life and its political entities, National Right to Life Political Action Committee and National Right to Life Victory Fund, were actively focused on 120 of the most competitive federal races overall: thirteen U.S. Senate races, and 107 races for the U.S. House of Representatives.

Despite the huge financial disparity, National Right to

Life's political entities won 73 of the closely contested federal races, or 61%. (North Carolina's 9th congressional district race is still undecided.)

Overall, National Right to Life endorsed 278 candidates nationwide and 79% won. Not surprisingly, when you look at the 2018 map of U.S. House

gain in the U.S. Senate means there will be additional support for President Trump's judicial nominees. It means we have a stopgap for pro-abortion efforts by the U.S. House.

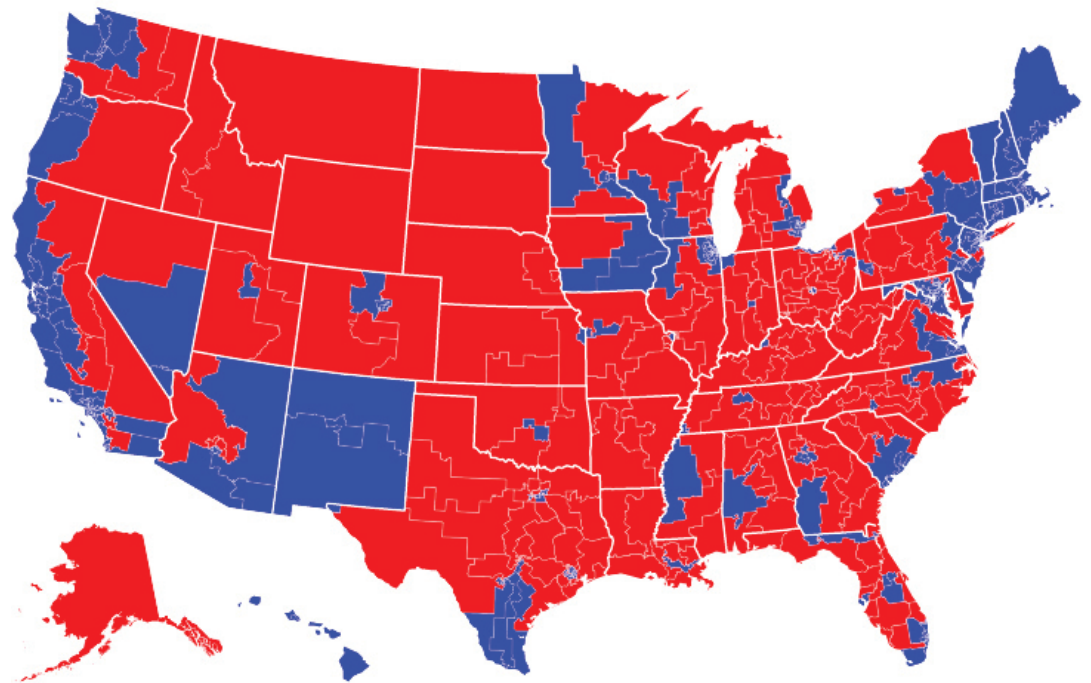
For this, pro-lifers can be deeply thankful.

The loss of the U.S. House to pro-abortion leadership means

in January. She is a militant's militant on abortion.

The 2018 elections gave us a glimpse of what is in store for the 2020 elections.

EMILY's List, Planned Parenthood, and NARAL Pro-choice America's candidates had a huge financial advantage this election, but fortunately,



races, you'll see that most of the Democrat strongholds are on the west coast, in major cities, and in New England.

Elections always have consequences

One of the greatest responsibilities we pro-lifers have is to ensure we have a pro-life Senate that will confirm pro-life nominees and block judges who would entrench and expand *Roe*. Fortunately the

we pro-lifers will be on defense on a number of pro-life fronts. Pro-abortion Democrats are desperate to eliminate the pro-life Hyde Amendment, which restricts taxpayer funding of abortion. The Democrats want to change the law so that your tax dollars pay for elective abortions essentially on demand.

Pro-abortion Congresswoman Nancy Pelosi (D) is likely to be elected Speaker of the House

the babies and their pro-life candidates have YOU.

Take a breath, enjoy the holidays with your friends and family. That way you will be refreshed when 2019 arrives. We must prepare for 2020 like we've never prepared before to elect a pro-life president, keep the U.S. Senate, and re-take the U.S. House from Nancy Pelosi's pro-abortion grip.

And that will be good for all of us – born and unborn.

Researchers stunned at ‘complexity’ of how mom’s immune system supports preborn baby

By Anna Reynolds

From the earliest stages of pregnancy, a mother’s immune system supports the growth and development of her child. The mother’s body shelters a rapidly developing human being with unique genetic material for nine months without her immune system attacking the baby, and scientists have not known exactly how — but they’re getting closer now.

Science Magazine reports that researchers looked more closely at this immunological wonder, and successfully “captured the intricate molecular negotiations that help keep both fetus and mom safe until the baby is delivered.”

Commenting on the research project, immunologist Sumati Rajagopalan said, “The complexity is stunning.” Rajagopalan works for the National Institute of Allergy and Infectious Diseases in Bethesda, Maryland.

Fellow researcher Sarah Teichmann, a computational biologist at the Wellcome Sanger Institute in Cambridge, told *Science*, “The maternal-fetal interface is not well understood, but is crucial for a successful pregnancy.” In

order to gain understanding, researchers examined the gene activity of single cells from the mother and placental and uterine tissue. Identifying 35 types of cells, the researchers

that were not previously appreciated.”

As there is much information yet to be learned about this process, Teichman’s research team organized an online

research in this area will instead rely on ethical means of examining the interaction of maternal and fetal cells during pregnancy. The results of these findings may help prevent



were able to examine how the various cells interact to support the growth of the baby and the continuation of the pregnancy.

Teichmann explained, “We can now see in detail how they communicate with each other.” She added, “Our results also reveal multiple layers of regulation of immunity

database for other researchers to add additional information as they explore other interactions between the cells of mothers and babies during pregnancy.

This research, published in *Nature*, tragically seems to have used cells obtained from aborted babies between 6 and 14 weeks. Hopefully, ongoing

miscarriages and pregnancy complications as aspects of this important immunological communication are better understood.

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

18 AGs and the Governor of Mississippi ask Supreme Court to uphold Indiana’s ban on eugenic abortions

From page 12

in keeping that child alive. This reasoning has no applicability where the strength of the State’s interests does not correspond to the unborn child’s stage of development. The State’s interest

is the prevention of the discriminatory elimination of classes of human beings; it makes no difference from the point of view of that interest if unborn children with Down syndrome

are systematically eliminated at 10 weeks or 25 weeks, if the result is the same. Genetic screening for Down syndrome now regularly occurs “as early as 10 weeks” into the pregnancy,

well before the unborn child is viable. ... So to prohibit effectively the discriminatory elimination of this class of society, the Provision must operate pre-viability.

Post-abortive woman: “If my words lead you to save your child’s life, I will also feel that you saved mine.”

By Dave Andrusko

As an avowed opponent of abortion and firm believer in finding win-win solutions, I nonetheless understand the shrewdness of the incessant campaign to bolster abortion by enhancing its status from a legally protected right to a celebration as a positive, indeed even moral, good.

Variations of “Tell your abortion story” were and are a recognition that idiocies such as the “War on Women” had served their purpose and something beyond the tiresome rants about patriarchal oppression were needed. Or, you might say, if you can touch people’s hearts, you have a chance to take people’s eyes off abortion’s inherent ugliness and brutality.

Which is why the abortion machine hates nothing more than women whose “Abortion a mother—in this instance, the mother of a dead child. That’s not the approved narrative.



story” is not a celebration of the death of their baby but a recognition that they always be I ran across a post today headlined “Women, don’t abort your baby,” says post-

abortive mother”. I’ve read many lamentations but this strongly affected me for more than the usual reasons.

The author is Paola Belletti and her story is based on what someone who posted on a friend of Belletti’s Facebook account wrote. The woman, identified only as “Marina,” begins with a counter-cultural assertion, if ever there was one: “Freedom is a serious thing. It is responsibility.” Responsibility, that is, includes what the impact freedom has on others.

No it isn’t, the culture virtually screams. In exercising

See “Words,” page 36

Have NRL News Today sent to you quickly and automatically

By Dave Andrusko

Every day I am reminded that there are an awful lot of people who see *National Right to Life News Today* stories, not because they have signed up to receive our daily dispatch in their inboxes, but because search engines such as Bing, Yahoo, and Google include our stories when they aggregate and group similar stories together.

But it’s our goal at *NRL News Today* to make sure you have the chance to read all the stories and in a timely manner. How?

It takes about 30 seconds to be able to have the entire bundle of stories that we accrue during the course of the day sent to your email. Just go to www.nrlc.org/maillinglist and plug in your email address.

And if you want to see what’s going on during the course of the day, just go to www.nationalrighttolifenews.org. You can check in often as you like.

So, to reiterate, if you want to peruse stories all day long, go directly to www.nationalrighttolifenews.org.

And if you are not receiving all the *NRL News Today* stories en masse at the end of the day, sign up at nationalrighttolifenews.org/news/join-the-email-list/.

My email is daveandrusko@gmail.com.



CDC Report shows 2% drop in in the number of abortions as decline continues

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

In late November the U.S. Centers for Disease Control (CDC) gave pro-lifers something to be very thankful for this Thanksgiving. Their latest surveillance reports that abortions, abortion rates, and abortion ratios all continued to fall for 2015, the latest year for which it has figures.

These declines are very important, but sometimes CDC numbers can be confusing. To be clear their total of

guide to incidence of abortion and overall demographic trends.

The CDC's total abortions reported for 2015 represented a welcome drop of 14,470 from the national total it reported for the previous year. This represents a reduction just over 2% for the 47 states and two municipal health agencies (New York City and Washington, DC) that provided the CDC with data.

twice that— 25 per thousand—the largest figure CDC ever reported.

The CDC's abortion ratio measures the number of abortions for every 1,000 reported live births. This number gives us an indication of the likelihood that a pregnant woman chooses to abort rather than going on to give birth to her baby.

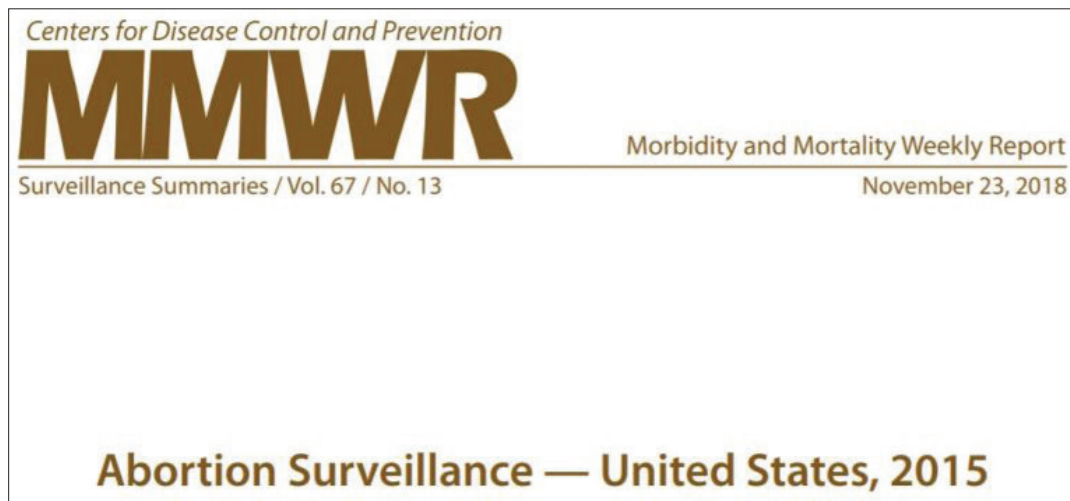
The CDC's most recent abortion ratio showed that there

and contraception; the availability of abortion providers; state regulations, such as mandatory waiting periods, parental involvement laws, and legal restrictions on abortion providers; increasing acceptance of nonmarital childbearing; shifts in the race/ethnicity composition of the U.S. population; and changes in the economy and the resulting impact on fertility preferences and use of contraception.

The CDC has long echoed the abortion and family planning lobby's contention that more and better contraceptive use is a key feature in past and any future declines. It's very noticeable, however, that the CDC admits that pro-life laws such as waiting periods, parental involvement, and clinic regulations may have had a tangible impact on reducing the number of abortions and the likelihood that pregnant women choose abortion.

In its reporting Guttmacher has also noted the declining number of abortionists. In its report the CDC mentions "the availability of abortion providers" as a possible factor. Missing, however, is a further elaboration about the reason those abortionists quit — exiting in scandal (like Kermit Gosnell), retirement, conversion, or simply because of a reduced demand for their "services."

See "CDC Report," page 30



638,169 abortion represents a significant undercount. The CDC relies on state health departments which vary in their thoroughness. Moreover California, the nation's most populous state, and Maryland and New Hampshire have not reported figures to the CDC since 1998.

(The Guttmacher Institute reported 926,490 abortions for the U.S. as recently as 2014, and their numbers are generally thought to be more reliable because they survey abortion clinics directly and have data from those missing states.)

However, the data the CDC collect yearly offers a good

Significantly, abortion rates and abortion ratios also showed declines, both reaching levels not seen since Roe legalized abortion nationwide in 1973.

The CDC's abortion rate is the number of abortions per 1,000 women aged 15-44 years. In 2015 it was 11.8, down from 12.1 from the previous year. In 1973 the abortion rate was 14 per thousand women aged 15-44. In 1972 the abortion rate was 13 per thousand in 1972.

Clearly abortion has become considerably less common than it's been since abortion became legal throughout the nation. As a reference point, in 1980 the abortion rate was more than

were 188 abortions for every thousand lives births in 2015. This, too, is lower than it was in 1973 (196.3 abortions for every thousand live births). That figure has dropped by nearly half from what it was in 1984, when the CDC recorded a high of 364.1 abortions for every 1,000 live births.

All these are clear and welcome indications that fewer women are turning to abortion. The CDC is reluctant to credit any single cause, saying that

Multiple factors influence the incidence of abortion, including access to health care services

Supreme Court Justice Antonin Scalia, “one of the greatest jurists ever to serve our country,” receives Presidential Medal of Freedom

By Dave Andrusko

On November 16 pro-life President Donald Trump awarded the late Supreme Court Justice Antonin Scalia the Presidential Medal of Freedom, our nation’s highest civilian honor. Justice Scalia, one of seven recipients, was represented by his wife Maureen and their nine children.

As President Trump explained to the audience assembled at the White House, the Presidential Medal of Freedom “is given to individuals who have made outstanding contributions to American life and culture.” In his remarks, the President captured the enormity of what Justice Scalia contributed:

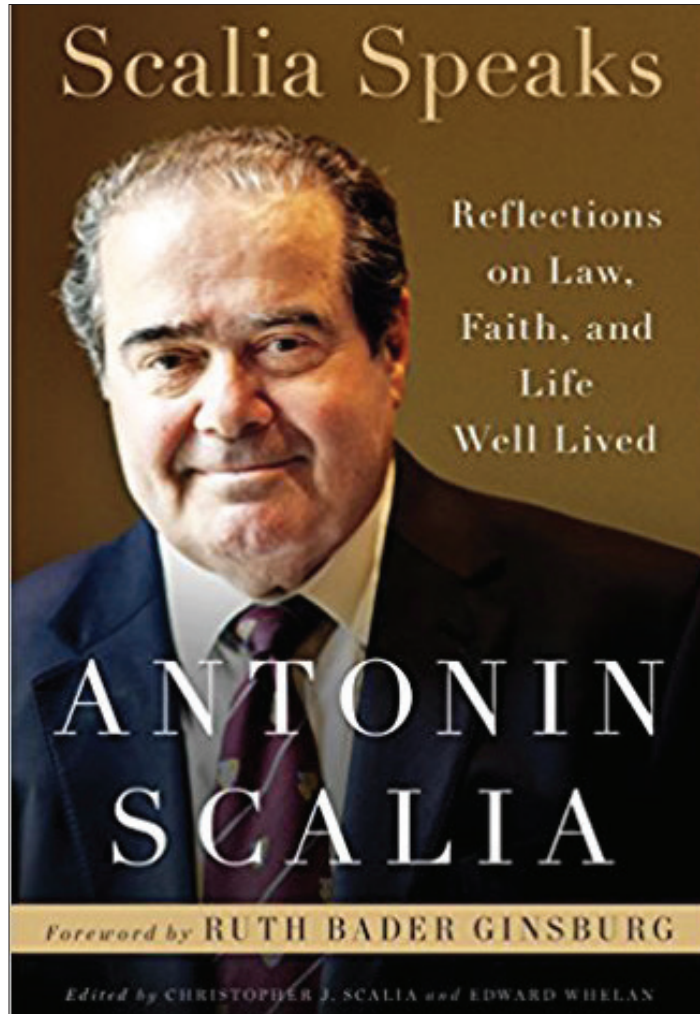
The second recipient we honor today is one of the greatest — truly was one of the greatest jurists ever to serve our country: Supreme Court Justice Antonin Scalia. Universally admired for his towering intellect, brilliant wit, and fierce devotion to our founding principles, Justice Scalia has made a deep and lasting impact on the history of our nation. His presence is dearly missed by all. Friend of a lot of people. Truly great intellect.

Justice Scalia

transformed the American legal landscape, igniting a national movement

charter. Through nearly 900 written opinions and more than 30 years

American freedom. Our whole nation is indeed indebted to Justice Scalia for his lifetime of noble and truly incredible service.



to apply the original meaning of the Constitution as written. Few have done more to uphold this nation’s founding

on the bench, Justice Scalia defended the American system of government and preserved the foundations of

For pro-lifers. Justice Scalia will always be remembered for his scintillating dissents. When pro-lifers read through so many Supreme Court decisions on abortion, decisions whose contempt for state legislatures was matched only by their indifference to the fate of unborn children, we could always count on Justice Scalia to cut through the dithering and the deception and the duplicity.

Unlike many of his colleagues, he really did understand there are three branches of government and that the Supreme Court ought to pay appropriate deference to men and women elected by the people. Justice Scalia’s withering critiques of untethered judicial activism will be read by law students for generations to come.

Congratulations to Justice Scalia’s family. He richly deserved the Presidential Medal of Freedom for his valiant, unrelenting critique of judicial activism best personified in the awful *Roe v. Wade* and *Doe v. Bolton* decisions.

When they cast their ballots, Mississippians knew just how pro-life Sen. Hyde-Smith was

By Dave Andrusko

Around 9:30 pm on November 27th, pro-abortion Democrat Mike Espy conceded the special runoff election in Mississippi to pro-life Sen. Cindy Hyde-Smith.

In her acceptance speech, Hyde-Smith said, “The reason I was elected tonight — because the people in Mississippi, they know me, and they know that I’m going to represent everybody. I always have; that’s always been the case.”

Hyde-Smith, who was appointed senator by Gov. Bryant on April 8, also emphasized her experience. “This is not my first race. This is the sixth race that I have won. I’ve been on the ballot five times before this. Mississippians know me. Other people try to turn it into something that it’s not, and they don’t believe them. They know who I am. I’ve been around awhile, and I have a long, very good history — very good record of public service. They know who I am.”

What else contributed to her important victory?

*Pro-life President Donald Trump (as they say) pulled out all the stops to ensure that when the 2018 midterm elections finally were completed, the

Republican majority in the Senate would grow by two seats, to 53.

You would assume this would be a big boost if the President has another opportunity to make an appointment to the Supreme Court. But if we learned anything (actually, we learned a lot) about the gutter-level assaults by pro-abortion Democrats on now-Justice Brett Kavanaugh, it is that there is no level to which Democrats will not stoop to attempt to block a Trump Supreme Court nominee.

*Sure, it was true that in 2016 President Trump carried the state of Mississippi by nearly 18 points over mega-pro-abortion Hillary Clinton. But this was a special runoff election to fill the remaining two years of pro-life Senator Thad Cochran’s term. And it was the second election in less than a month because no candidate in a crowded field won 50% in the general election held November 6.

Which is simply to say nothing could be taken for granted, certainly nothing about the size of the turnout. That’s why it was critically important President Trump made two trips in two different parts of the state—Tupelo and Biloxi—the day before the election.

*Democrats won control of the House of Representatives by running candidates who, in many cases, portrayed



Pro-life Sen. Cindy Hyde-Smith

themselves as moderates.

Even *CNN*’s Alice Stewart, who was gushy in her praise of Espy and considerably less so of Hyde-Smith, nonetheless observed

Perhaps many voters took note of neighboring Senator Doug Jones, who campaigned for Espy. ...Jones won in December of 2017, in large part by claiming he would serve as a conservative. However, since taking office Senator Jones has been a reliable vote for the

Democratic agenda, including his vote against Judge Brett Kavanaugh.

We are seeing similar feints right now in the battle over whether pro-abortion Minority Leader Nancy Pelosi (D-Ca.) becomes the House Majority Leader in January. A number of newcomers told constituents they would not vote for Pelosi to become Majority Leader. So Pelosi is employing various stratagems to allow them to cast a preliminary vote against her when it doesn’t really matter. Finally

*After Hyde-Smith prevailed, President Trump tweeted, “We are all very proud of you.”

Likewise you should be proud of what National Right to Life did on behalf of Sen. Hyde-Smith. To name just a few, National Right to Life reached more than 60,000 pro-life Mississippians. We ran radio ads statewide, mailed brochures, distributed literature drop flyers, made Get-out-the-vote calls, and shared videos, memes, and articles on social media.

When they cast their ballots, Mississippians knew just how pro-life Sen. Hyde-Smith was.

Watching an abortion

By Dave Andrusko

Talk about coming straight to the point. The headline for *Las Vegas Review-Journal* columnist Victor Joecks' piece is "Put abortion back into the abortion debate."

Why, yes, let's do that.

Joecks' jumping off point is one of those euphemistically labeled, question-begging pieces of pro-abortion legislation—the "Trust Nevada Women Act"—which pro-abortion Nevada State Sen. Yvanna Cancela recently submitted as a bill draft. Misdirection aside, it's a bill to decriminalize abortion.

Why not a hint what the bill is about in the title? Joecks is not surprised since "Abortion advocates go out of their way to avoid talking about the procedure itself."

Joecks next describes exactly what happens in surgical abortions, which he rightly characterizes as "barbaric":

Preborn babies are sucked apart, torn into pieces or chemically burned to death.

He describes in vivid, but totally accurate, detail what occurs in vacuum aspiration abortions; dilation and evacuation abortions; dilation and extraction abortions; and saline abortions (which were/

are so dangerous to the mother they are rarely used anymore and because occasionally a baby, like Melissa Ohden, survives).

Here's just one description—dilation and evacuation:



The abortionist puts a Sopher clamp inside the mother. The Sopher clamp is similar to a foot-long pair of scissors that has metal jaws filled with sharp teeth, instead of cutting blades. The abortionist, who can't see what the clamps are latching on to, grabs blindly.

"Once you have

grasped something inside, squeeze on the clamp to set the jaws and pull hard — really hard," said Dr. Tony Levatino, a former abortionist. "You feel

"You will know you have it right when you crush down on the clamp and see a pure white, gelatinous material issue from the cervix," Levatino said. "That was the baby's brains. You can then extract the skull pieces. If you have a really bad day, like I often did, a little face may come out and stare back at you."

Joecks believes that if every American actually witnessed one of these hideous abortions being performed, the abortion rate would "plummet."

That's why abortion supporters use euphemisms. They want to distract you from what the abortion debate is fundamentally about — if it should be legal to stick scissors into the skull of a preborn baby and suck her brains out.

And that nauseous reality is, of course, exactly what Nevada State Sen. Yvanna Cancela and her fellow pro-abortion Democrats will move heaven and earth to keep out of the conversation.

something let go and out pops a fully formed leg about 4 to 5 inches long."

The abortionist uses the clamp to pull out the pieces of a baby — her arms, spine and internal organs. Levatino said the hardest part was grasping the "now free-floating" head.

The Unborn Children: More Precious Than a Diamond

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

I vividly recall the diamond that my father bought to replace the ring that had been stolen from my mother in a hotel room during their honeymoon.

The diamond was small, yet exquisite to my child's eyes. It was all that my father could afford. I found it to be elegant and regal, and so befitting my mother's royal-like bearing.

The fact that the diamond was tiny made it no less spectacular to me. In fact, I believe that I respected it all the more—so much beauty contained in such a tiny package.

This memory reminds me of why it is so important to protect preborn children at the earliest

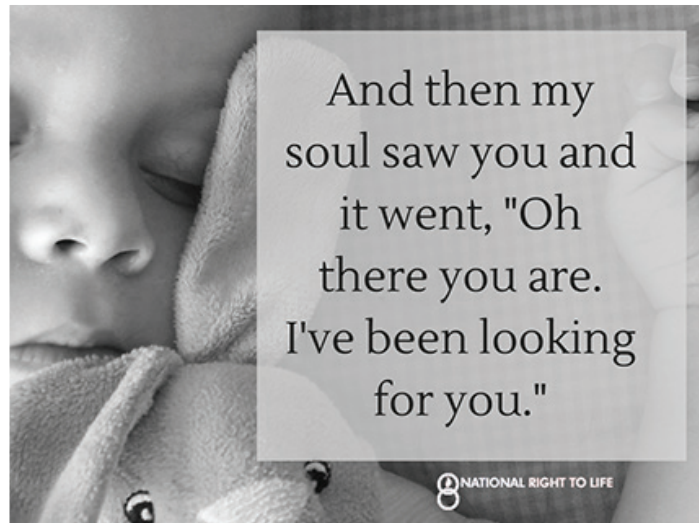
stages of development. They are no less worthy of respect, just because they are small.

The heart of an unborn child can beat just 24 days after conception. Brain waves can

be detected a mere 43 days post-conception. At 49 days, the preborn baby looks like a miniature doll with arms and legs, fingers, toes, and ears.

How grand the creation of a child is, only a few weeks after conception. Do supporters of legal abortion know such facts about fetal development, or does their political ideology blind them to the truth?

In any case, any unborn baby at any stage of development deserves complete legal protection. Our shared humanity demands it. One day, I believe that our U.S. Supreme Court will recognize it, too.



CDC Report shows 2% drop in in the number of abortions as decline continues

From page 26

There are some concerning elements among the otherwise encouraging statistical good news. The number of chemical abortions is increasing. The percentage of “early medical abortions” (the CDC’s designation for nonsurgical chemical abortions at or earlier than eight weeks gestation) in the last ten years has risen from 11.3% in 2006 to 24.2% in 2015.

High numbers of chemical abortions are why nearly two-thirds (65.4%) of abortions are now performed at eight-week’ gestation or earlier. Before trials of mifepristone (one half of the typical two drug chemical abortion regimen) began in the U.S. in 1994, the percentage of abortions at eight weeks or earlier never rose above 52.1%

The CDC acknowledges that

the situation is worse than that, however. The percentage of later chemical abortions – those at nine weeks or further into pregnancy—jumped in 2015.

This followed the decision by the National Abortion Federation and the Society of Family Planning to modify their guidelines to endorse mifepristone use up to 70 days (ten weeks). The Food & Drug Administration did not authorize this change until March of 2016.

After a fairly even climb from 5% of all chemical abortions at nine weeks or later in 2011 to 7.7% in 2014, the percentage suddenly increased to 13% in 2015, a sign that these later chemical abortions were on the rise.

Repeat abortions accounted for 43.6% of all abortions.

Nearly six in ten (59.3%) of aborting women reported having at least one previous live birth. About one in 12 (8.2%) had undergone three or more previous abortions while about one in seven (14.2%) had had three or more prior births, according to the CDC.

Precise demographic data is hard to measure with states with high minority populations such as California missing from the mix. But higher abortion rates and abortion ratios for black and Hispanic women continue to be a serious problem.

Though all racial and ethnic groups showed improvement over previous numbers, Non-Hispanic black women still had an abortion rate (25.1 abortions per 1,000 women 15-44 years old) and an abortion ratio (390 abortions per 1,00 live births)

for 2015 more than three times that of non-Hispanic white women (abortion rate of 6.8 per thousand women and an abortion ratio of 111 abortions per thousand births).

Rates and ratios for Hispanic women for 2015 (11.6 abortions per thousand women, 152 abortions per thousand births) were higher than those for whites but lower than those reported for African American women.

Due to data collection and processing lags, the numbers for abortion-related maternal deaths are a year behind. The CDC says it was able to confirm **at least six** abortion-related [maternal] deaths due to legal abortion in 2014, a silent rebuke to the abortion industry’s portrayals of modern abortion ease and safety.

The “Medical Conscience” civil rights movement

By Wesley J. Smith

Until recently, healthcare was not culturally controversial. Medicine was seen as primarily concerned with extending lives, curing diseases, healing injuries, palliating symptoms, birthing babies, and promoting wellness—and hence, as a sphere in which people of all political and social beliefs were generally able to get along.

That consensus has been shattered. Doctors today may be asked to provide legal but morally contentious medical interventions such as sex-selection abortion, assisted suicide, preimplantation genetic diagnosis of IVF embryos, even medications that inhibit the onset of puberty for minors diagnosed with gender dysphoria. As a consequence, medical practice has become embroiled in political and cultural conflict.

On one side, a coalition of establishment medical associations, pro-choice activists, gay rights organizations, the ACLU, the Democratic party, and mainstream bioethicists promotes a “patient-centered” medical paradigm. Under this view, patients have the right to obtain any legal and effectual medical intervention they desire (and can pay for).

In the interest of avoiding discrimination, whatever religious or moral qualms medical professionals may have will take a back seat to satisfaction of the patient’s desire. Many advocates argue that if doctors can’t leave their own morality at the clinic door, they should get out of medicine.

Against such healthcare conscription, “medical conscience” advocates—doctors, nurses, and other

professionals who believe in the sanctity of life, plus their supporters, such as conservatives and the pro-life movement—insist that as a matter of basic civil rights, medical professionals should be allowed to refuse participation in procedures and interventions



to which they have a religious or moral objection (subject to certain limitations, such as when the patient’s life is at stake). This view is already supported to a limited extent in federal law regarding abortion and sterilization, as well as in most state-assisted suicide legalization statutes. The Trump Administration recently raised the stakes when it announced the creation of a special office in the Department of Health and Human Services to enforce existing federal laws protecting medical conscience. The secular left was not amused.

Now David S. Oderberg, a philosophy professor at the University of Reading in the U.K., has produced a “Declaration in Support of Conscientious Objection in Healthcare”. As the Declaration notes, Article 18 of the U.N.’s Universal Declaration of Human Rights reads: “Everyone has the right to

freedom of thought, conscience and religion,” a statement that should not exclude healthcare professionals in the performance of their callings. From Oderberg’s Declaration:

If health care workers are not to be reduced to mere functionaries

(of the state, of the patient, of the legal system), they must be free to exercise their professional judgment and to allow their consciences to inform that judgment. This freedom of professional judgment informed by conscience must translate into the freedom not to be involved in certain activities or practices to which there is a conscientious objection.

The Declaration acknowledges that people are free to access legal medical procedures from willing professionals. But their rights to do so “are not violated merely because they cannot be enforced against a person exercising their freedom of conscience and religion—for otherwise this freedom itself

would be meaningless.”

In other words, liberty is a two-way street. Patients may obtain medical care from consenting professionals, but they may not dragoon the unwilling into acting against their own moral views.

Oderberg’s Declaration also asserts that democratic societies “should not play favorites by choosing one system of morality to trump all others.” I would state it even more strongly: Civil liberties are most needed when protecting minority perspectives. This means that medical conscience rights are more crucial to liberty now—as Western societies are secularizing and faith is becoming a heterodox perspective—than when religious belief was society’s default setting.

Oderberg is aware that some might make ludicrous claims for protection—either as a wild hypothetical to disparage the right of medical conscience, or as a result of religious beliefs that society need not countenance. Hence the Declaration states:

Freedom of conscience and religion in a liberal society does not entail that “anything goes.” ... For the protection to apply, a person must have a deeply held, sincere adherence to a tenet or doctrine of their code of ethics or religion that forbids—expressly or by necessary implication—the kind of act to which they

See “Conscience,” page 33

National Right to Life Applauds Announcement from Trump Administration Regarding Pro-Life Policies in Health Insurance

WASHINGTON — The Department of Health and Human Services (HHS) has issued a proposed rule to require health plan issuers operating in state and federal healthcare exchanges to separately bill for any elective abortion coverage and to segregate any collected funds.

In 2010, the passage of Affordable Care Act (Obamacare) did away with the longstanding principles of the Hyde Amendment, which protected taxpayers from paying for abortion and health insurance plans that include abortion. Section 1303 of Obamacare requires that when federal subsidies are paid toward the purchase of a health plan that includes coverage of elective abortion, the money for abortion premiums was supposed to be separately collected and accounted. The Obama administration failed to enforce Section 1303, all but ensuring that insurers ignored these requirements.

A 2014 report by the Government Accountability Office (GAO) provided dismaying confirmation of earlier predictions by National Right to Life that federally subsidized abortion coverage would become a widespread feature of Obamacare. The

report found that more than one thousand federally subsidized exchange plans covered elective abortion. The GAO

the federal government ought to get out of the business of paying for abortion until Obamacare can be

Additionally, HHS announced a final rule change to the Affordable Care Act and HHS coverage mandate that would protect moral and religious rights of conscience.

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

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

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



findings validated previous charges by National Right to Life that the federal taxpayer is subsidizing the purchase of abortion-covering plans on a massive scale.

“While only comprehensive legislative reform can cure the multiple abortion-expanding components of Obamacare, today’s proposed rule from the Trump Administration sends a strong message that

replaced,” said Jennifer Popik, J.D., National Right to Life legislative director.

National Right to Life President Carol Tobias added, **“We applaud President Trump and his administration for enforcing the law and seeking to uphold the principles of the Hyde Amendment to prevent the use of tax dollars to pay for abortion coverage.”**

Voyage (“Odysee”) is a must watch video

By Dave Andrusko

It’s only a Facebook page (as far as I can tell) named, “Only for Nurses.” But I’m sure they wouldn’t mind if I share it with you.

I don’t recall who/what brought me to the computer-generated video that ran under the headline “Amazing Must Watch... And share”

And I’m not entirely sure I can adequately explain what you see at “Odysee” (“Voyage”), only that my conclusion is, “Wow!”

All pro-lifers have seen probably a dozen (or many dozens of) fetal development videos. In my experience, with rare exceptions, they are exceptionally helpful.

So what makes “Odysee” special? Here’s my amateur video critic explanation:

1. It’s brief — 3 minutes, 24 seconds. As someone who finds it difficult to stay focused on any one item for very long, this

is hugely important. The music is even more difficult to explain other than (a) it’s experimental and (b) it fits the video.



2. There is a kind of natural unfolding, or progression, of the baby’s development. This reminds us how early a primitive heart develops. When the camera zooms in (actually zooms out), you have the first of many “Oh, Wow!” responses.

3. This is especially true (for me) of the baby’s hand. One second a bud, the next the limb extends, the next fingers.

Similarly for the feet.

4. Before you know it, the baby “looks” more like a baby. Of course the child is no more or less a member of the human community than she was a few seconds (weeks, in real time) before.

She just looks more like the idealized image we carry around in our heads.

Obvious lesson? This is the developmental sequence we all go through.

5. The baby moves about more and more, her fully formed eyes open.

When you get to the end, you find out that this is taken from “L’Odyssée de la vie”(“The Odyssey of Life”), a 2006 documentary.

Virtually everything is in French, which I neither read nor speak. Meaning I can’t give an overall thumbs up or down (or even sideways) to the substance of what is said.

But I can wholeheartedly agree with “Just for Nurses”: this 3 minute, 24 second excerpt is “Amazing Must Watch... And share”.

The “Medical Conscience” civil rights movement

From page 31

object. Moreover, the relevant religious or ethical code must be one that has current or historic popular acceptance across some significant portion of the society in which the conscientious objector resides, or in some other society where the code is readily identifiable.

The Declaration warns that new fields of medical research and bioethical advocacy could lead to even greater conscience controversies within the healthcare sphere than are currently being experienced. These are not enumerated, but let me suggest a few examples to indicate the stakes:

- Some of the world’s most influential bioethicists

advocate changing the law to permit organ harvesting from people diagnosed as persistently unconscious.

- Biotechnologists hope to develop treatments made from embryonic stem cells derived from human cloned embryos.
- New gene-editing technologies could allow the engineering of human gametes and human embryos in order to enable eugenic modifications of progeny.
- Advocacy has commenced to allow healthy limbs to be amputated or spinal cords severed as a “treatment” for people suffering from “body identity integrity

disorder”—a mental illness in which able-bodied people identify as being disabled.

- There is even a growing movement to require the intentional starvation of dementia patients who willingly take food and water—if they have previously asked to die upon reaching a certain milestone of cognitive decline.

Do we really want to require doctors, nurses, pharmacists, and others to participate in such acts if they consider them to be immoral or grievously sinful? Should healthcare public policy declare lived faith to be non grata in the medical professions? I say emphatically, no!

There is also a practical

consideration. If we force healthcare professionals to violate their moral beliefs, we could see a mass exodus from the medical professions. Older doctors and nurses will retire, taking their experience and knowledge with them. Talented young people who would make splendid doctors, nurses, or pharmacists may avoid the field altogether.

If you agree that protecting medical conscience is an important civil rights issue, I hope you will join me in supporting the Declaration in Support of Conscientious Objection in Health Care. For information on signing and to read the entire Declaration, hit this link.

Editor’s note. This appeared at First Things and is reposted with permission.

Five winsome ways to gently promote a life-affirming message

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

I recently had the opportunity to host a Facebook Live discussion of winsome ways to promote a life-affirming message. Our message that life is precious and should be protected at all stages of development can be shared in a manner that brings a smile to a person's face... especially after a long day of feeling demoralized by a caustic culture.

What's more, we can celebrate the pro-life cause in ways that are simple, cost-effective, and highly effective.

So... drumroll please. Here are my top five winsome ways to promote life:

1.) Share ultrasound videos on social media. We learned as children that sharing is caring, and that's especially true when it comes to ultrasounds. What is more precious than seeing a preborn baby smiling in her mother's womb? What is more dramatic than viewing a video of unborn twin sons sharing space? Social media makes it easy for us to share such ultrasounds on Facebook, Instagram, Twitter, and LinkedIn. I guarantee you that you will receive plenty of "likes" and "loves" when you post an ultrasound.

2.) Wear the precious feet pin. This is a beautiful pin, in silver or gold that depicts the actual size of a baby's feet in utero. It is a great conversation-

starter. It is also a pleasant way to stand with preborn babies and their mothers.

3.) Write letters to the editor of your local newspaper. Such missives are highly effective in getting the pro-life message out. Thanks to social media,

likely. When writing letters to the editor, be sure to follow the newspaper's guidelines on style and word limit to increase the chances your letter will be accepted.

4.) Spiritually adopt a preborn baby. This involves

season... the last home football game on the schedule... the 100 percent your child scored on her last test. Remember to carve out space in your week to do the things that bring you joy, whether that's playing basketball...painting...singing...or dancing. Your joy



you can then easily share a letter you have written with your friends, family members, and followers. Also, if you are the parent of a junior high or high school student, encourage him or her to write a letter to the editor as well. Newspaper editors love to receive letters from young people and, if your child includes his or her age, publication is more

praying for an unborn baby every day for nine months. Be sure to tuck in an extra prayer for the baby's mother. This is a wonderful way to keep preborn children at the center of your mind and in the depth of your heart.

5.) Celebrate life! In addition to celebrating major milestones, celebrate the start of each

will be contagious, and it will help show the world that life is worth living!

By following these simple steps, you can help lay the foundation for rebuilding a culture of life in your community.

And that's an achievement worth celebrating!

National Right to Life Scorecard on Abortion and Other Right-to-Life Issues: U.S. House of Representatives and U.S. Senate 2017-2018

From page 1

have a majority in the House. Pro-life Senate leadership and the and pro-life Trump administration will be key to ensuring that the attempts by the incoming pro-abortion House leadership to erode long-standing pro-life policy and gains made at both the state and federal level are not successful.

The issues tackled in any

President George W. Bush publicly committed to veto any appropriations bill that weakened pro-life protections on taxpayer funding and any other bill that weakened federal policy on abortion through formal letters during their terms in office.

The leaders of the majority party play the dominant role

the Pain-Capable Unborn Child Protection Act, No Taxpayer Funding for Abortion Act, and improvements to the Born-Alive Abortion Survivors Protection Act.

However, most of these bills were blocked in the Senate by threatened filibusters. House votes also included repeal and replace of the 2010 Affordable Care Act (“Obamacare”) as well as a vote to nullify a regulation of an Obama-era pro-abortion Title X rule.

Of the 7 roll call votes in the Senate, the position supported by NRLC prevailed on 4 of the votes. The Senate notably filled two Supreme Court vacancies left by the death of Associate Justice Antonin Scalia and the retirement of Associate Justice Anthony Kennedy. Justice Kennedy was widely regarded as a “swing vote” on abortion issues. In 2017, Justice Scalia’s seat was filled by Neil Gorsuch and in 2018, Brett Kavanaugh filled the seat vacated by Justice Kennedy.

How to Interpret this Scorecard

This scorecard can be an important tool in helping you evaluate how your representatives in Congress voted on some of the right-to-life issues that are important to you and to NRLC. However, it has limitations that you should keep in mind.

While roll call votes on the House and Senate floors determine the outcome of many important pro-life issues, they provide only a “snapshot” of how a lawmaker responded on the limited range of right-to-life issues that came before him or her for a recorded vote during

one given year.

For a more complete picture, you should also refer to reliable information regarding the lawmaker’s positions on a broader range of pro-life issues -- for example, NRLC scorecards for earlier years, and reports on recent pro-life events in Congress that appear in *National Right to Life News Today*: <https://www.nationalrighttolifenews.org/news/>

Additionally, while a lawmaker’s percentage “score” for a year provides a useful reading of the representative’s overall sympathy for pro-life legislation, it should not be stretched too far. The “score” is a simple calculation of how often the lawmaker voted in accord with NRLC’s position on the roll calls for which he or she was present. Thus, each amendment or bill included in the scorecard is given the same weight in calculating the score.

But in reality, some roll calls are on issues that are considerably more important than others. Thus, particularly with regard to lawmakers with “mixed” voting records, it is important to study the explanatory material in order to properly assess their overall degree of support for the pro-life cause.

To read the 2017-2018 Votes in the House of Representatives, go to www.capwiz.com/nrlc/scorecard.xc?chamber=S&state=US&session=115&x=14&y=8.

To read the 2017-2018 votes in the Senate, go to www.capwiz.com/nrlc/scorecard.xc?chamber=H&state=US&session=115&x=14&y=10.



Congress are determined in large part by which party holds majority control. During 2017-2018, both houses of Congress were under Republican control. In 2019, the Senate will be controlled by 53 Republicans with varying degrees of pro-life reliability.

However, the House will now be controlled by Democrats who enjoy a 235 seats to 199 advantage. Pro-abortion Democrats will wield control over not just what types of legislation is voted on, but also over the important appropriations process.

Currently, long-standing appropriations riders protect direct taxpayer funding of abortion, restrict funding for abortion advocates, establish conscience protections, require embryo protection, and oppose coercive family planning provisions. President George H.W. Bush and

in setting the congressional agenda. While pro-life champion Mitch McConnell (R- Ky.) controls the Senate, longtime abortion advocate Nancy Pelosi (D-Cal.) is expected to be elected Speaker of the House in January. The contrast will be stark and the battles many.

Overview of 2017-2018

During the last two years, the pro-life side prevailed on votes in the House of Representatives. The pro-life side enjoyed several notable successes in the House where the rules require a simple majority, and less success in the Senate where 60 votes are needed to overcome the threat of filibusters.

Of the 8 House roll calls compiled here, the position supported by NRLC prevailed on all 8. The House approved a succession of major bills supported by NRLC, including

Merry Christmas and a look at the December digital edition of National Right to Life News

From page 2

that underline and emphasize the remarkable complexity of the little ones; the courage of parents to stare down physicians who tell them their babies can't (or shouldn't!) be saved; and the beauty of adoption.

But no issue would be complete without reminding ourselves what Planned Parenthood, the unborn child's deadliest enemy, is up to.

In 2016, when the Boise, Idaho, Planned Parenthood affiliate rolled out a pilot program, Chris Charbonneau, its CEO bragged, "People tend

to have preconceived notions about Planned Parenthood, so we are pleased to bring these services to our health centers to complement the quality reproductive and sexual health care we already provide. He added, "With these new service offerings, we are able to offer more comprehensive care to the women and men who rely on us."

Guess what? Those "preconceived notions" proved to be 100% true. "Those particular services [aka primary care] are the ones that are no

longer being offered," Boise State Public Radio reported.

To me, the symbolism of a Planned Parenthood affiliate tossing overboard its brief experiment in providing genuine health to return to its real anti-life roots is almost overpowering. But...

This is what they do.

This is who they are.

Please take the time, even during this busy Christmas season, to read the December issue, if not cover to cover, at least most of it, and then pass

stories along to pro-life friends and family.

After all, who wouldn't like to read about a courageous mother, pregnant with twins and facing leukemia, who finally finds a bone marrow match? Or be entranced by the story of Lyla Stensrud, born in 2014 weighing only **14.5-ounces, who four years later is possibly the youngest surviving preemie?**

I think you will love this edition. I sure loved putting it together.

Post-abortive woman: "If my words lead you to save your child's life, I will also feel that you saved mine."

From page 25

freedom, the one and only responsibility is to yourself.

No one else has the right to insist you take into account the impact your freedom has on other. You and you alone get to decide what and whether to do something and nobody but nobody can tell you what you did was wrong.

Marina's very next sentence illustrates how preposterous this is. "If you were to throw your child from the balcony, you'd suffer the consequences legally, but especially humanly. The ache would haunt you every day of your life."

But to the increasingly frenzied, push-it-to-the-limits pro-abortion mind, even that is problematic. What if the child was born with serious disabilities? What if you already have children and this new baby—born with or without disabilities, but especially with genetic anomalies—is going

to take a disproportionate amount of your time? Wouldn't everybody, including the baby, be "better off"?

Maybe there would be an "ache," but surely not one that would "haunt you every day of your life."

But the poster on Belletti's friend's Facebook account has anticipated that rejoinder:

"Millions of anesthetized women are wandering the world when they could have enjoyed a single kiss with their sweet baby: maybe he would be sick or disabled, maybe healthy ... but each baby is the expression of a truth that nobody can misunderstand ... life is always life ..."

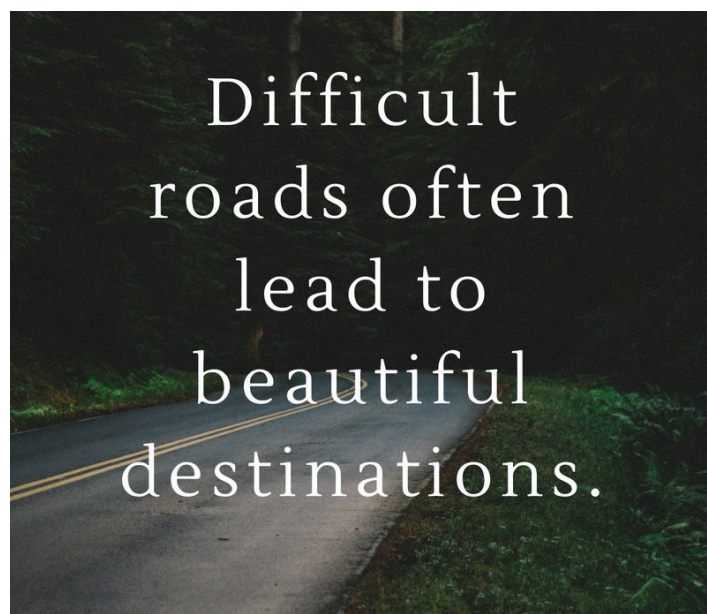
This post-abortive woman could mean any number

of things by the phrase "Anesthetized women." They could be morally anesthetized, relationally anesthetized, spiritually anesthetized, or it could be as if their very soul was anesthetized.

The post is a fabulous read

and I highly recommend you read it. I know that I will always remember her last words:

"On my knees I beg you: if my words lead you to save your child's life, I will also feel that you saved mine."



“This Time”: A powerful pro-life, pro-adoption video

By Dave Andrusko

Editor’s note. November was National Adoption Month.

Oh, my goodness, another incredibly powerful pro-life video, this time from John Elefante, the former lead singer of the group “Kansas.” I learned about “This Time” from *Charisma News* which explains that the video shares the story of the birth of Sami, Elefante’s adopted daughter, whose 13-year-old mother came perilously close to aborting Sami.

As I re-watched the video, I realized how much depth and breadth there is to this story and how much you (meaning me) can undervalued parts of it the first time you watch it.

“I can’t imagine life without my daughter, Sami, and it just breaks my heart that pregnant young women much like her birth mother, instead of choosing life for their babies, are denying them the chance to be born,” Elefante tells Abby Carr. “If our song can in any way bring attention to this issue and encourage those who are considering abortion to choose life through options such as adoption, then we couldn’t be happier.”

So, why is “This Time” so incredibly moving?

For starters, Elefante does a marvelous job setting a real-life stage: a very frightened (barely) teenage girl discovers she is pregnant. Scared out of her wits, she slams the bathroom door on her mother and races to the “solution”: the abortion which is not uncommon. “You’re still young, we see this all the time.” To them, this is just routine, last-minute panic. She pleads to be able to call her own mama “to help me find my baby a home.”

The young girl falls into



clinic.

When a girl or woman is at the abortion clinic—let alone in the operating room itself—the pressure to “get this over with” is unfathomable. And the staff is there to make sure “it” gets done.

The clinic staff is shown restraining her from leaving,

a half-asleep and dreams of being with the little girl she is carrying and about to abort. It would likely take something as powerful as a “picture” in her mind’s eye to convince her that abortion is desperately wrong.

That and the assurance that God Himself was telling her

*You’re not taking this one!
She’s Mine!
She’ll grow up to seek
My name.
You’re not taking her
this time*

Sami’s teenage mother does make it to the phone to call for her own mother. But she still has to find her way out of the abortion clinic and all she finds are...dead ends! There is no way out.

At this moment of desperation, a young girl suddenly appears. They clasp hands and run to safety...together.

The last scene takes place outside. Her mama has arrived, and the teenager wants the little girl to come with her. But, of course, she cannot. She was a vision sent to save them both.

The music, as you would expect from a multiple-Grammy-winning songwriter and producer, is just tremendous. It just flat-out soars.

The lyrics tell the story of why she ran to the abortion clinic.... and why she chose life.

Take four minutes out of your busy day and watch “This Time.” Believe me you’ll be forwarding this video to all your friends and family.

Pro-abortion State Senator reintroducing bill to mandate abortion pills at all public universities in California

By Dave Andrusko

As pro-abortion State Sen. Connie Leyva told *The Daily Californian* she would, Leyva reintroduced legislation on the first day of the state Senate's session, mandating that all public universities in California carry abortion pills in student health centers.

There are 34 public campuses in the University of California and California State University systems.

As we reported back last year, on September 29, Gov. Jerry Brown surprised most everyone when he vetoed the bill. Even though he upset his pro-abortion allies, Brown's reasoning was impeccable:

"According to a study sponsored by supporters of this legislation, the average distance to abortion providers in campus communities varies from five to seven miles, not an unreasonable distance," Brown wrote in the veto letter. **"Because the services required by this bill are widely available off-campus, this bill is not necessary."**

According to *The Daily Californian's* Boyce Buchanan, Leyva and Nuha Khalfay, External Affairs Vice President Associated Students of the University of California, both "hope" pro-abortion governor-elect Gavin Newsom will be more receptive. And understandably so. In an October 2, 2018, story appearing in the *San Francisco*

Chronicle, reporter Joe Garofoli wrote

He [Newsom] said he would have signed a bill to require public universities in California to offer abortion pills on

man, to decide what women can do with their bodies was just very disappointing."

She added,

"I felt that all women everywhere were

access without thinking about it, and the side effects can be more severe. There should be more instruction on the adoption process," said Brewer.

Naturally, in all the promotion for chemical abortifacients at student health centers not a syllable about complications, including deaths.

The latest FDA latest update tells us that as of December 31, 2017, there were reports of 22 deaths of women associated with Mifeprex [RU-486] since the product was approved in September 2000, including two cases of ectopic pregnancy resulting in death; and several cases of severe systemic infection (also called sepsis), including some that were fatal."

Needless to say, as is always the one-sided way with pro-abortionists, "SB 320 [last year's bill] also invites health centers to offer abortion counseling services to their students but is specifically written in such a way to exclude pro-life counseling," the California Catholic Conference observed.

Last year Melody Gutierrez of the *San Francisco Chronicle* reported

"UC [University of California] and CSU [California State University, a public university system in California] did not take a position on the bill, although both expressed concerns about the costs of implementing it."



campus. Brown vetoed the measure, saying such services are "widely available" to students at off-campus clinics.

"I would have supported that. I have long supported that," Newsom said. **"I subscribe to Planned Parenthood and NARAL's position on that."**

According to reporter Buchanan, Leyva said about Brown's veto that

"It's extremely important to women's health, it's extremely important to woman's choice, and for him, a

disrespected with his veto message."

Opponents had seen SB 320 in a far different light. Their instinct is not to take the child's life but to help the mother navigate an unplanned pregnancy at the same time she is attending school. According to the *Daily Titan*, the student newspaper at California State University, Fullerton

Students For Life's new president, Cameron Brewer, opposes the bill. Brewer said that any campus health resources should be used to help women who are pregnant, need help with child care and give information about adoption.

"It's (the pill) more traumatic for women. It's way easier to

Drop in abortions reported by CDC provides additional reasons for pro-life optimism

From page 2

is that whichever set of figures we refer to, more babies are surviving—abortions are down 2% in the CDC figures for 2015 and 3% in the Guttmacher figures for 2014.

*Remember the “1 in 3” women will have an abortion in their lifetime mantra? That was always misleading for reasons we have explored previously. Referring to women who were between 15 and 44 in 2014, two Guttmacher Institute researchers (reporting in the *American Journal of Public Health* in 2017) predicted that nearly **1 in 4** would have an abortion by age 45, not **1 in 3**.

*As *Time* magazine reported, “The CDC confirmed that the numbers recorded in 2015 accounted for both the lowest total number of abortions and the lowest rate of abortions for the entire 2006 to 2015 period of analysis.”

What is the abortion **rate**? It is the number of abortions per 1,000 women aged 15-44 years

(essentially of women of child-bearing age).

Reuters’ Barbara Goldberg reported that the 11.8 abortions per 1,000 women aged 15 to 44 recorded for 2015 was “down 26 percent from 2006, when the study began and the rate was 15.9 abortions per 1,000 women.”

*The abortion **ratio** dropped as well between 2014 and 2015, continuing a steady trend. “Abortion ratios measure the relative number of pregnancies in a population that end in abortion compared with live birth,” as the CDC explained.

This is extremely helpful information.

There were 188 abortions for every 1,000 live births in 2015. To put this in perspective, consider that in 1984, there **364.1** abortions for every 1,000 live births. The 2015 figure represents a reduction in lost lives of almost **half!** Finally

*Doubling back to an earlier point—why the welcomed

downswing? Here’s what NRLC President Carol Tobias told Goldberg of *Reuters* :

Laws **do** matter—in a huge way. However pro-life measures do not get passed



“That is due, in a significant way, to pro-life legislation that seeks to provide life-affirming solutions to abortion, combined with pro-life efforts that educate Americans about the effects of abortion and the humanity of the unborn child.”

and signed into law without the ceaseless work of pro-life lawmakers. Thank you for all you do to keep the focus on both mother and unborn child.

Your labors are making a real, life-affirming difference.

EWTN finally wins lawsuit filed against Obama mandate

By Dave Andrusko

Tip of the hat to the *Catholic News Agency* for reporting on an important recent legal settlement I had missed.

According to *CNA's* Ed Condon, following an October 5 settlement between the *Eternal Word Television Network* and the Department of Justice, the U.S. Court of Appeals for the 11th circuit issued an order vacated a 2014 District Court decision against *EWTN*.

As you may recall, way back in 2012 *EWTN* filed a lawsuit challenging the infamous Obama mandate issued by the Department of Health and Human Services under a provision of ObamaCare. That mandate required employers — even those with deeply held religious objections — to provide health coverage for drugs and procedures to which they have moral or religious objections.

In *EWTN's* case, they objected to being required to provide contraception, sterilization, or abortifacients through its employee health care plan. But the principle extends to single issue pro-life organizations. What if a pro-abortion administration requires those employers to

provide coverage for almost seven years.



abortion?

“This moment has been a long time coming,” said *EWTN* Chairman and Chief Executive Officer Michael P. Warsaw.

“Almost seven years and two presidential administrations later, the government and the courts have now realized what *EWTN* has been saying all along, that the HHS mandate was an unconstitutional attempt to coerce us into violating our strongly held beliefs. This is the right outcome for *EWTN* and for all those who value religious liberty in America.”

Condon does a masterful job summarizing court cases that extend back

He begins when the U.S. District Court in Birmingham, Alabama, dismissed *EWTN's* initial lawsuit in March 2013.

Then...

When the administration's revisions [to the HHS regulations] failed to address *EWTN's* moral objections, a second suit was filed by the network in October 2013. In June 2014, the U.S. District Court of Mobile, Alabama ruled against the network, though an injunction was granted while the decision was

appealed to the U.S. Court of Appeals for the 11th Circuit.

In February 2016, a panel of judges voted 2-1 against *EWTN*, but suspended that decision pending the outcome of the case *Zubik v. Burwell*, which also concerned the HHS mandate and was then pending before the U.S. Supreme Court.

Following the Supreme Court's decision in *Zubik*, the Court of Appeals vacated its own negative order against *EWTN* on May 31, 2016. The court's order asked for further briefing on the matter while the parties worked toward a settlement.

Attorneys for *EWTN* and the Department of Justice negotiated terms of a settlement under which the government agreed

Indian authorities raid illegal sex-selective abortion enterprise

By Dave Andrusko

A week ago Sunday, the Directorate of Medical Services for the Indian state of Tamil Nadu busted an illegal sex-selective abortion racket in a sting operation, according to *The Hindu*, a local daily newspaper.

The proprietor, a woman named Anandhi, had been arrested for the same offense in 2012 and 2016.

Under the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, no laboratory or center or clinic is allowed to conduct any test including ultrasonography for the purpose of determining the sex of the fetus. The Act's intent is to "prevent the misuse of prenatal diagnostic techniques for sex selective abortion."

The Hindu reported that the vigilance team had received information about Anandhi and monitored the house in the city of Tiruvannamalai.

"We sent a pregnant woman to her house as a decoy. Initially, her son chased her away, but after much pleading he gave Anandhi's number," said M. Kamala Kannan, Superintendent in the vigilance team.

She asked the decoy to go to the Tiruvannamalai bus stand and gave the phone number of Sivakumar, an autorickshaw driver, who doubled up as a broker. The driver picked her up and took her to Anandhi's house.

A team led by Thomas Prabhakar, Assistant Commissioner in the vigilance team, S Natarajan, radiologist,

quacks or doctors who determine the sex of the fetus in violation of the Pre-Conception and Pre-Natal

"From the next time we will be arresting spouses and relatives who force women to engage in sex selective abortions," he said.



from Government Hospital, Cuddalore, Mr. Kamalakannan and others raided the house.

Two others were arrested, *The Hindu* reported.

In a follow-up story that ran the very next day in the Times of India Pushpa Narayan reported that Tamil Nadu's health department

warned that it would jail spouses and kin of pregnant women who seek to determine the sex of the fetus. So far the government has only been arresting

Diagnostic Techniques Act.

In the initial Sunday raid, police had detained "at least five pregnant women after officials from the directorate of medical services told police they had travelled from other districts to find out the sex of their fetus at an illegal scan centre run by the arrested quack, Anandi," Narayan reported.

"We let the women go after we asked their husbands to promise they will not be taken to other centres for sex determination or sex-selection abortions," said directorate of medical services superintendent Kamalakannan.

The generalization that only poorer people with a cultural preference for boys would have sex-selective abortions has long since been demolished. In his story Narayan explains that educated couples are also procuring sex-selective abortions.

"One of the couples, graduates and upwardly mobile living in Puducherry, came by car to meet Anandi," said Kamalakannan. "The couple had two girl children and they did not want the third one to be a girl. When we threatened to initiate action, the couple said they will not opt for sex-selective abortion ever again."

Pregnant with twins and facing leukemia, this mother of 3 just found a bone marrow match

By Lisa Bourne

A California mother of three facing leukemia while expecting twins received news last week that may save her life after tens of thousands stepped up to potentially donate bone marrow.

regarding learning her diagnosis months ago.

Rabaca's sister is a 50 percent match, but doctors said the match wasn't sufficient to treat her cancer, an aggressive form of acute

worldwide was a complete match for her.

Rabaca, with the help of daughter Riley, made an online plea for more possible donors.

Her story went viral, and since then more than 50,000 people

beyond amazing," Rabaca said. "It's an overwhelming feeling of just joy and happiness. It really is."

More tests will be needed, but the hope is that she will be able to undergo the transplant after delivering some time in the next week.

"It's so exciting," Rabaca said. "It's the best Christmas gift, it's everything."

In a Facebook post Thursday, the pregnant mom said:

"With tears running down my face and my heart full of hope I want to say THANK YOU LORD! And thank you from the bottom of my heart to every single person that has said even 1 prayer for me and my family! Thank you to my family, friends, people around the country that I don't even know that have shown support and especially that have signed up for BE THE MATCH!!!! Journey isn't over but a huge step forward!!! Thankful for you all lots of love! Keep Praying thank you!!!!"

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



NEW THIS MORNING
HOLIDAY MIRACLE FOR PREGNANT MOM **GMA**

Susie Rabaca was praying for a perfect match so she could stay alive for her kids. She needs a bone marrow transplant to save her life.

"I was devastated, emotionally devastated," she told *NBC News*,

myeloid leukemia.

She needs a 100 percent match, but Rabaca's mixed heritage – Latina and Caucasian – has made finding a match problematic. No one from some 30 million people registered

registered with the national marrow donor program Be The Match, a record-breaking number.

She received word of a 100 percent match Wednesday.

"Oh, my God, that to me is

EWTN finally wins lawsuit filed against Obama mandate

From page 40

not to enforce the contraceptive mandate against the network, and that EWTN would ask the 11th Circuit Court of Appeals to vacate the District Court's decision. The

11th Circuit granted that request on Nov. 29 "I am confident this agreement will protect EWTN from such regulations, both now and in the future," Warsaw told Condon.

"EWTN lives by its Catholic faith all day every day, expressing its beliefs worldwide in TV, radio, and print," said Lori Windham, senior counsel at Becket, which represented EWTN. (Becket is a non-profit, public-

interest law firm dedicated to protecting the free expression of all religious traditions.) "We are glad that the government and the courts agree that it can continue doing that without being forced to violate its faith."

Countering PPFA's "rhetorical poison with the remedy of truth"

By Dave Andrusko

Ryan Bomberger, the founder of the indispensable Radiance Foundation, often (and rightly) warns of the "dangerous consequence when we act without facts." Activism without a basis in facts can lead the unwary down a treacherous path. We need, Mr. Bomberger writes, "more factivism."

And this is what he does on his terrific blog, day in and day out. Provide facts, facts, and more facts, which includes the essential job of substituting facts for mythology and the truth for flat-out lies.

This was never more fully on display than yesterday when he wrote about Dr. Leana Wen under the headline, "Planned Parenthood's New Prez tells the same old pro-abortion lies."

It is a long post, where he deconstructs five "pro-abortion lies," but it is must reading.

Here are some selected highlights, including the important context Mr. Bomberger begins with.

* Wen would seem a new recruit to the abortion army. As Mr. Bomberger notes of her interview ("infomercial") with "CBS This Morning,"

Wen tried to cast her role as Planned Parenthood's new leader as "deeply personal," claiming that her mother and her sister used the organization's services for "healthcare."

Yet, up until she was announced as the next President of the billion-dollar abortion chain, she never mentioned 'abortion', 'Planned



*Dr. Leana Wen
By Hotchocolita via
Wikimedia Commons*

Parenthood', or 'reproductive rights' in any of her (now removed but archived) online blog entries.

Even as recently as September 2017, her Baltimore Sun Op-Ed describing her moving immigrant story never credits Planned Parenthood. She praised neighbors and her church. Guess they don't count any longer when you have to push the lie of Planned Parenthood

as the savior of women and of the poor.

*As we have written before, besides not having a lengthy history with Planned Parenthood (which performs about 1/3rd of all the abortions in the United States), in addition Wen is not a veteran political operative. Cecile Richards was—and reveled in it. As Richards once gloated to the *New York Times*, "We aim to be a kick-butt political organization."

So for Wen to pretend that "Healthcare [Abortion] Shouldn't Be Political" is preposterous. Referring to Richards' statement, Bomberger wrote, tongue in cheek, "Wen missed that memo and the fact that the far-left group spent over \$20 million on the recent midterm elections. But sure, not political."

And...

*As I wrote yesterday, Wen not only has the talking points down pat, she also is fluent in dramatically misstating the reach of what Planned Parenthood actually does (besides spending tens of millions to elect pro-abortion Democrats).

Bomberger refers to the pro-abortion lie that "One in Five Women Use Planned Parenthood."

I debunked this years ago. Cecile Richards repeated this

like a broken record. Looking at the abortion chain's latest annual report, they claim to serve 2.4 million people. According to a spokesperson, 250,000 of these individuals are men, leaving 2.15 million women as "patients." In 2016, the Census Bureau estimated there were 106,054,899 females ages 15-64 in the U.S. That would make it 1 in 50 women, not 1 in 5. Also, in CBS This Morning's segment open, host Norah O'Donnell claimed that 8,000 patients were served, per day, by Planned Parenthood. But that would equate to 2.92 million patients!

Well, it's only 520,000 more than are actually exploited—I mean served—at Planned Parenthood. Clearly, Big Abortion and CBS are using some common core math.

It's a great read which accomplishes many objectives. At the top of the list is cementing a truth pro-lifers already suspect. Wen's "seedy propaganda" is on par with Richards's. Our job is to "counter this rhetorical poison with the remedy of truth."

Pro-life persuasion: How to discuss abortion with logic and grace

From page 2

confers rights, for example, then comatose patients and human infants have no rights, and people who are more self-aware have greater rights than those who are less self-aware. Equality, according to this kind of view, is a myth.

The pro-life view, by contrast, holds that we have rights simply because we are human—not because of what we look like, or what we can do, or what others think or feel about us, but rather because of *what (the kind of being) we are*. So all human beings matter, and they matter equally because they are equally human.

The next time you explain to someone why you're pro-life, try saying this: "Because I'm convinced that human equality is really true." Or this: "Because I think human rights are inclusive—they belong to all humans rather than only some." It's probably not the explanation the other person is expecting, and it almost guarantees that you'll have a substantive conversation.

A third type of argument says that, regardless of the nature or value of the unborn child, abortion is justified because pregnant women have a right to control what happens inside their own bodies. But this bodily autonomy should respect the bodies of other human beings. Even most abortion supporters, for example, agree that pregnant women shouldn't ingest drugs that cause birth defects. And if *harming* unborn children is wrong, then *killing* them by crushing and tearing them into pieces is even worse.

According to a more sophisticated version of the argument, just as we may refuse to donate an organ to save someone else's life, a

pregnant woman may refuse to let an unborn child use her body to survive. Abortion, however, isn't merely the withdrawal of bodily support—it is intentional and active killing, often by dismemberment, which violates the child's right to life and right to bodily integrity. The father and mother, moreover, bear responsibility for the care of their child because they brought her into existence.

If you just understand these basics—the logic of the pro-life view and the three main categories of arguments in support of abortion—you will know more about the abortion debate than almost everyone. And that gives you a huge advantage in any conversation.

(2) Show respect and compassion

To have any chance of persuasion, though, you have to communicate your knowledge in a particular way. You have to be the kind of person others will listen to.

Conduct yourself with gentleness and respect. This is the right way to act. The pro-life view, after all, is that every human being deserves our respect (even those with whom we disagree about whether everyone deserves respect!). This is also the only way that actually works. You won't persuade someone if you refuse to listen to and understand her perspective, or if you make your points with condescension, annoyance, anger, or name-calling.

Avoid judgments about character and motive. People who support abortion, however mistaken their view, are not the enemy. Even people who work in the abortion industry are not the enemy. (Many members of

that industry have become pro-life, in fact, and some have even become pro-life leaders.) We ought to "seek only to defeat evil systems," said Martin Luther King Jr. "Individuals who happen to be caught up in that system," on the other hand, "you love."

When emotional objections to the pro-life view arise, compassion is crucial. Show compassion by affirming legitimate concerns expressed by the other person. If she thinks you're callous or indifferent, she's much less likely to consider your point of view.

For example, if someone draws attention to the difficult circumstances that many pregnant women face, agree with her wholeheartedly. Many pregnant women face enormously tough and often unfair situations. Then you can show why difficult circumstances don't justify killing (try "trotting out the toddler") and how we can respond to these difficulties with practical support and positive alternatives to abortion.

If someone talks about cases of rape, don't just explain why abortion isn't the solution. First take time to acknowledge the evil of rape and the injustice when a woman becomes pregnant as a result. This builds rapport with the other person and shows that you're not a moral monster. It shows that she may just want to consider what you have to say.

You might speak with an abortion supporter who has personally experienced abortion, poverty, or abuse. Her rejection of the pro-life view may be less intellectual than emotional. So ask about her experience, listen, and express

sympathy when appropriate. Carefully suggest some post-abortion resources. Just as unborn children should matter to us, people hurting from abortion or other traumas should matter too.

(3) Ask questions

In addition to knowing the arguments and communicating them in a winsome manner, there's one simple dialogue technique that can make your conversations far more productive.

That technique, to borrow from Socrates and from an approach developed by Greg Koukl, is to ask questions instead of just make statements. Questions allow you to engage *with* others rather than lecture *at* them in a way that seems pushy or obnoxious.

You can use questions in three ways. First, open-ended questions help get dialogue started. Share a pro-life article on social media, for example, and ask your followers what they think about it. Or say to your friend or family member: "So I was reading an interesting article about abortion the other day. You and I have never talked about that topic. What's *your* take on it?"

Second, use questions to graciously make the other person explain and defend his own views. "It's often only when we're asked to explain something that we realize whether we have answers, and whether those answers make sense," writes Stephanie Gray in her book *Love Unleashes Life: Abortion and the Art of Communicating Truth*. Ask the abortion supporter to clarify

See "Persuasion," page 45

Pro-life persuasion: How to discuss abortion with logic and grace

From page 44

what he means when there is ambiguity (“What do you mean by that?”). And ask him to provide reasons in support of his claims (“Why do you think that’s true?”). For example:

- “You say that no one knows when life begins. Do you mean ‘life’ in the biological sense? (The life of a human organism begins at fertilization.) Or are you talking about when a human organism becomes valuable or has a right to life?”
- “You believe a fetus is human but not a person. What do you mean by ‘person’? Are you saying that there are some human beings who have no human rights?”
- “You think thousands of women will die if abortion is made illegal? What evidence supports that conclusion?”
- “You say abortion in the first trimester is okay, but you oppose late-term abortion? What’s the difference and why do you think it matters to whether or not someone may be killed?”

Third, you can use questions in a proactive way to gently make a point or expose problems you see in the other person’s view:

- “I agree that women have a right to choose to do lots of things. But aren’t there some things we don’t have the right to do? Like things that are unjust? Isn’t the

question at issue whether or not abortion is one of those unjust things?”

- “If an unborn child shouldn’t be protected because she is not yet ‘viable’ (able to survive independently), wouldn’t

that be the basis for our equality? What could that be other than our shared humanity? And isn’t a fetus also human?”

As Gray says, “Questions have power.” They can lead

if they feel uncomfortable or awkward. But if an opportunity arises, be ready to take advantage.

Second, you won’t always know how to deal with an argument or objection, and that’s fine. The best response is honesty. Just say, “That’s an interesting point—I will have to think more about that. Maybe we can talk about it later, or I can email you my thoughts?” Then think through the issue and read what pro-life authors have said about it.

Third, don’t expect to change someone’s mind on the spot. That often doesn’t happen (especially with someone who has a firm pre-existing view). Just try to leave him with something to think about and a positive experience interacting with a pro-life person. You might also offer to continue the conversation at a later time.

Sometimes, if a person is belligerent or unwilling to listen, a real dialogue isn’t even possible. In that case you might want to politely end the conversation.

Make no mistake, though: Dialogue is important. It’s important because it can and does help change hearts and minds. It can and does help people reject and oppose abortion in their own lives and support legal protection for unborn children and their mothers. It can and will help make abortion culturally unthinkable.

The lives of human beings, individuals who really matter, are at stake. That’s why we need to talk about abortion. And that’s why we need to do it well.

that mean that a conjoined twin who can’t survive apart from the body of the other twin shouldn’t be protected either?”

- “You say that you wouldn’t personally choose abortion but want it to remain legal for others. Why do you personally oppose it—because it kills an innocent human being? Isn’t that a pretty good reason to make it illegal?”
- “Since you believe in equality, doesn’t that mean we all have something in common—and have it equally—

people to think seriously about their views. And that’s the context in which people sometimes come to change their minds.

We need to talk about abortion

If you do these three things—know some basics, show respect and compassion, and ask a few gracious questions—your conversations will go much smoother.

Here are a few final points of advice. First, don’t force conversations. Many times and places aren’t appropriate for a conversation about a sensitive topic. People aren’t receptive

