



national
RIGHT TO LIFE
NEWS

November 2019



**Happy
Thanksgiving!**

From all of us at



NATIONAL RIGHT TO LIFE



national RIGHT TO LIFE NEWS

Simple Math of Politics: Democrat Presidential Candidates = Abortion Through Birth

By Karen Cross, National Right to Life Political Director

In recent weeks, there have been changes in the number of Democrat candidates running for president to challenge pro-life President Donald J. Trump. Former New York City Mayor Michael Bloomberg and former Massachusetts Governor Deval Patrick are in, while former Texas Congressman Robert Francis “Beto” O’Rourke is out. Others are restructuring their campaigns.

So, what do these additions and subtractions mean to the Pro-Life Movement overall?

I’m a numbers person, so let’s look at it from a mathematical

perspective. What would the equation look like?

Here’s the equation:
19 Democrat candidates + Michael Bloomberg + Deval Patrick– Beto O’Rourke = 20 Abortion on demand through birth candidates.

In other words, despite the latest changes, all of the eight top-tier candidates running on the Democrat ticket for president as well as the 12 lesser knowns support abortion on demand through birth.

Period.
See “Politics,” page 22

Where Do the Candidates Stand on Life?			
Candidates	Roe v. Wade/Abortion	Pain-Capable Unborn Child Protection Act	Taxpayer Funding of Abortion and/or Abortion Providers
Where Do the Republican Presidential Candidates Stand on Life?			
 Donald Trump (R) President (94.2% average)	President Trump has proven his pro-life commitment through his many pro-life accomplishments as president including appointments of pro-life advocates in his cabinet and administration, restoring the “Mexico City Policy,” and he has pledged “to veto any legislation that weakens current pro-life federal policies and laws, or that encourages the destruction of innocent human life at any stage.”	At his 2019 State of the Union speech, President Donald Trump called on Congress to “pass legislation to prohibit the late-term abortion of children who can feel pain in the mother’s womb.”	In 2018, President Trump’s HHS Department issued regulations to ensure Title X funding does not go to facilities that perform or refer for abortions. His Administration cut off funding for the UNFPA due to their involvement in China’s forced abortion program and he committed to defund abortion providers.
 Bill Weld (R) Former Governor (MA) (10.7% average)	Bill Weld supports the current policy of abortion on demand. He claims to be “the most pro-choice person you’re ever going to meet.”	While governor, Bill Weld supported partial-birth abortions and said he would allow women to terminate pregnancies through the ninth month.	Bill Weld supports using tax dollars to pay for abortion.
Where Do the Democrat Presidential Candidates Stand on Life?			
 Joe Biden (D) Former Vice President (26% average)	Joe Biden supports the current policy of abortion on demand. Joe Biden voted for the Harkin Amendment to endorse Roe v. Wade, which allows abortion for any reason.	Joe Biden outvoted the U.S. Supreme Court majority for upholding the Partial-Birth Abortion Ban Act in 2007.	Joe Biden supports using tax dollars to pay for abortion. Joe Biden says he will overturn the Hyde Amendment. Joe Biden voted for taxpayer funding of overseas pro-abortion organizations.
 Elizabeth Warren (D) U.S. Senator (MA) (20.8% average)	Elizabeth Warren supports the current policy of abortion on demand. Warren cosponsored a bill that, if enacted, would invalidate nearly all state and federal limitations on abortion. Warren voted against the Born-Alive Abortion Survivors Protection Act.	Elizabeth Warren voted against the Pain-Capable Unborn Child Protection Act, legislation to protect unborn children by prohibiting abortion at 20 weeks, when the unborn child can feel pain.	Elizabeth Warren voted to use tax dollars to pay for abortion. Elizabeth Warren voted for taxpayer funding of abortion providers. Elizabeth Warren has pledged to repeal the Hyde Amendment.
 Bernie Sanders (I) U.S. Senator (VT) (17.8% average)	Bernie Sanders supports the current policy of abortion on demand. Sanders cosponsored a bill that, if enacted, would invalidate nearly all state and federal limitations on abortion. Sanders voted against the Born-Alive Abortion Survivors Protection Act.	Bernie Sanders voted against the Pain-Capable Unborn Child Protection Act, legislation to protect unborn children by prohibiting abortion at 20 weeks, when the unborn child can feel pain.	Bernie Sanders voted to use tax dollars to pay for abortion. Bernie Sanders voted for taxpayer funding of abortion providers.
 Pete Buttigieg (D) Mayor South Bend, IN (8% average)	Pete Buttigieg supports the current policy of abortion on demand.	When asked about New York’s abortion on demand legislation passed in January 2019, Pete Buttigieg said he opposes government “restrictions” late in pregnancy. “I don’t think we need more restrictions right now.”	Pete Buttigieg supports taxpayer funding of abortion providers. Pete Buttigieg wants to repeal the Hyde Amendment.

Two pro-abortion hearings in U.S. House lay bare the Democrats’ extreme abortion agenda

By Jennifer Popik, J.D., Director of Federal Legislation National Right to Life

Amidst the flurry of impeachment action in the House of Representatives this past week, Democrats held two hearings aimed at expanding abortion.

On November 13th, the U.S. House of Representatives Judiciary Committee held a hearing on measure (H.J. Res. 79) that purports to retroactively erase the seven-year deadline that Congress attached to the Equal Rights Amendment (ERA) when it sent it to the state legislatures in 1972.



Jennifer Popik, J.D., Federal Legislative Director, David N O’Steen, Ph.D., Executive Director, and Carol Tobias, President of National Right to Life visited the White House to hear President Trump present remarks on Federal Judicial Confirmation Milestone.

This effort by congressional Democrats to revive the 1972 ERA is an unconstitutional exercise in “political theater,” driven in part by pressure from pro-abortion activist groups.

According to an analysis from National Right to Life Committee, “Once a court adopts the understanding that a law limiting abortion is by definition a form of discrimination based on sex, and

See “Hearings,” page 33

Editorials

A growing recognition of the evil of eugenic abortions is helping to alter the abortion debate

Over the years in frequent conversations at the annual National Right to Life convention, one topic friends and I have often mulled over is what are the issues about which the anti-life crowd is either most sensitive or feels most vulnerable (they are not necessarily the same).

There are many, including laws that ban aborting children who are capable of experiencing the horrific pain of being torn apart. Likewise for stopping abortions that dismember **living** unborn children. Those laws have passed in a growing number of states.

One that has yet to become a “face” of the abortion debate is the blatant sexism of aborting babies **because** they are the “wrong” sex—females. The good news, however, is that thanks to pro-life state legislatures and the writing of Supreme Court Justice Clarence Thomas, that lull in public awareness may be coming to an end.

Less so, perhaps, because of a heightened awareness of this lethal discrimination against females, although that surely is and ought to be part of it, but also because these bans can be part of a larger prohibition that forbids aborting children because of their race, sex, or because the unborn child may have Down syndrome.

Judges wholly unsympathetic as well as those more disposed to our position are made hugely uncomfortable by what are, plainly, eugenic abortions.

Take reliably pro-abortion U.S. District Judge Howard F. Sachs who has prevented most of Missouri’s strong pro-life legislation, HB 126, from going into effect pending the final ruling that is expected in several months.



The most high visibility component Judge Sachs invalidated was a ban on abortions performed at or after eight weeks of pregnancy. Granted, on September 27, Judge Sachs did issue a preliminary injunction barring enforcement of the Down syndrome abortion ban prior to viability, but he did not initially. We’ll see how that

See “Eugenic,” page 36

The Nilsson photo—“The Fetus, 18 weeks”—is “one of the 20th century’s great photographs”

It’s been almost three years since the passing of photojournalist extraordinaire Lennart Nilsson. To get ahead of myself, one of his iconic works (no lesser term will suffice)—“Fetus, 18 weeks”—is getting a well-deserved second look as “one of the 20th century’s great photographs,” to quote Charlotte Jansen, writing for the British (and very pro-abortion) newspaper, *The Guardian*.

Each generation of pro-lifers is shaped and molded by what we might call common core knowledge. For those of us who were recruited in the 1970s and early 1980s that stock of must-read/must-view information included The Willkes’ “Handbook on Abortion,” Jean Garton’s “Who Broke the Baby?” and what were always called “the Nilsson photos.”

The latter refers to a series of photos taken by Swedish photographer Lennart Nilsson which first appeared in *Life Magazine* and then in the book, “A Child is Born.”

Here’s how one publication described the impact of Nilsson’s work:

His 1965 book, “A Child is Born,” was one of the most

successful photography albums ever, selling in the millions and becoming an iconic work for the anti-abortion movement.

“Iconic” is one of the two or three most misused/overused words in the English language. In this case, it is absolutely accurate.

“When the supporters of abortion were arguing that the baby was nothing more than a ‘blob of tissue,’” Dr. Randall K. O’Bannon, NRLC director of education & research once told me, “these photographs were exposing that lie on the magazine racks of checkout counters all across America.”

TIME magazine called “Fetus, at 18 weeks” one of the 100 “Most Influential Images of All Time.” It adorned the cover of April 3, 1965, issue of *LIFE* magazine, “along with other, equally jaw-dropping pictures across multiple pages inside the magazine,” according to *TIME*’s Ben Gosgrove. The collection was called, “The Drama of Life Before Birth.”

See “Photo,” page 40

From the President Carol Tobias

The Movement of Love and Hope

I have long considered the pro-life movement to be, before all else, the Movement of Love. We labor to save people we will never meet, and we seek to help and protect others simply because they exist. Whether those persons are unborn babies saved from abortion, or elderly and disabled persons safeguarded from euthanasia or assisted suicide, they likely will never know that our many and varied efforts to protect life made it possible for them to live. That is a beautiful expression of love.



Everything we do, we do because of, and with, love. We work to better inform our friends and neighbors, our community and our states about the precious gift of human life. The lesson is as simple as it is fundamental; that each and every human life has inherent, intrinsic value and is deserving of dignity and respect.

We work to pass pro-life legislation to protect unborn children and their mothers.

We work to elect men and women to office who will work with us to protect the innocent and vulnerable.

We work with pregnant women who aren't looking with excitement and joy at the new life growing inside them. This child is coming at an inopportune time in her life. We offer support, encouragement, and practical help as she works through the situation to find a life-affirming solution.

Our love is also endless; we will never give up. We sometimes have setbacks, but we keep on keeping on because love doesn't give up, it doesn't end.

We are also a movement of Hope.

The pro-life movement offers hope to women who are considering abortion. They will find support and encouragement as they journey through a difficult time in their lives. As one pregnancy center near my home advertises, "You've got this."

Creative thinking that offers hope

inspired the development of the abortion pill reversal process which the Abortion Industry hates with a passion. If a woman has begun the two-drug chemical abortion process by taking the first set of pills but then changes her mind and acts quickly enough, she may well be able to reverse the chemical abortion process and save her baby.

As many as 68% of women who change their mind and use the pill reversal process are able to deliver beautiful babies, amazing miracles of creation. Over 900 babies have already been saved.

We open our hearts and our arms to women who have had an abortion. As a woman deals with the after-effects of abortion, she will find love and hope in the pro-life movement. Many women have been able to release their sorrow, anger, and regret through healing programs offered by pro-life people of love.

What do abortion advocates offer? What is their solution for a woman facing an unplanned pregnancy? A dead baby. The discouraging (and dishonest) message they give to a woman is that she can succeed only by killing her unborn child.

We offer hope to those with disabilities who are told they would be "better off dead." Or, as the disability rights community constantly reminds us, they are told they are a drain on resources and that society would be better off if they didn't exist. We advance the truth that all human beings, regardless of capacity or disability, are valued members of the human family.

We provide hope to pro-lifers around the world. They see us still fighting to protect innocent unborn children and their mothers after almost 50 years of legalized abortion. They see us winning elections with leaders who tell the world that civilized societies do not kill innocent unborn babies.

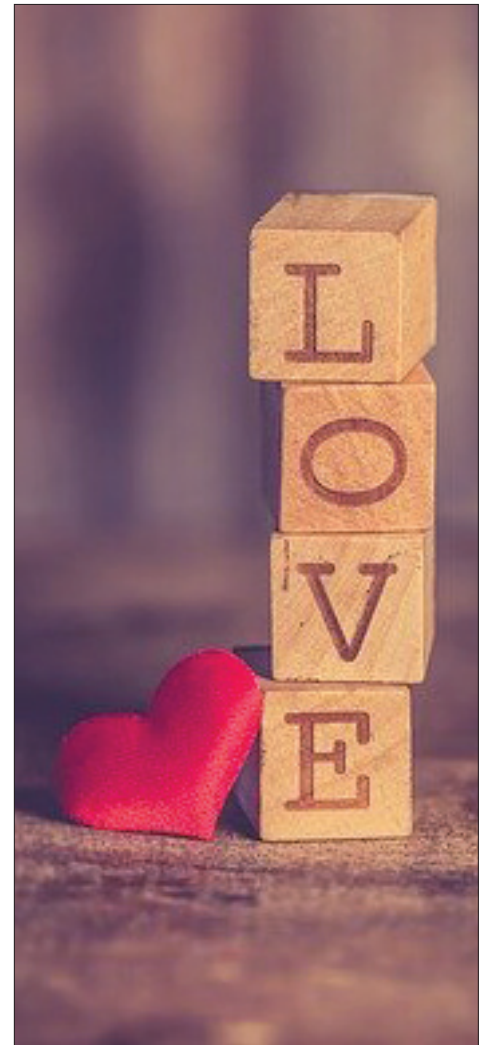
National Right to Life is honored when pro-life leaders from around the world come to our annual convention, wanting to find out what we do and how we do it; how we keep Life as a top priority in America.

Bishop Desmond Tutu of South Africa,

human rights activist and Nobel Peace Prize winner, once stated, "Your ordinary acts of love and hope point to the extraordinary promise that every human life is of inestimable value."

Everything you do to protect innocent preborn babies and those vulnerable to assisted suicide and euthanasia encourages, uplifts, and motivates lovers of Life. Because of your efforts, America will continue to be a country that leads the world in fighting for what is right.

Our ordinary acts of love, as Bishop Tutu describes them, provide hope as we remind those near and far that every human life, born and unborn, is of inestimable value.





In Loving Memory & Honor

You, your family, and your friends may remember a deceased loved one by making a memorial contribution to National Right to Life. This memorial gift is a fitting way to remember a lifetime of love for the unborn at the time of death. Your contribution can also be made to commemorate birthdays, new arrivals, anniversaries, Mother's Day, Father's Day, or any other special occasion. An acknowledgment card in your name will be sent to the family or person you designate. The contribution amount remains confidential.

In Memory of **Catherine Bender**

Arizona Coil Spring &
Manufacturing Company
Jerry & Jeri Chapel
Thelma C. Heiman
Cindy Long
Marilyn & Robert Waters

Janice Brown Susanne Argenziano

Richard Burgmeier Margaret Siehr

Michael Cook Dustin Ater HFCS Dads Club Joseph & Eileen Maxwell

Fr. Daniel Doctor Mary Benson

Thomas Garrison Michael & Mary Garrison

Joan McDade Carney Russell Carney

Margaret Mary Pitner **(17 week unborn child)** Mark Augustine

Angel Son Joey Strohsnitter John & Janice Strohsnitter

Deacon Jack Wise James & Mary Ann Stewart

In Honor of **60th Anniversary of** **Mary & Stan Abolts** Susan and Ronald Dunlay

The Wedding of **Jennifer & Trevor Willis** Jennifer Hartman Keith & Kathy Holbert John & Mary Matovich Mike Parke

November 2019

You can make your contribution in loving memory or in honor of someone online at www.nrlc.org/giving or by sending your contribution along with the form below.



In Loving Memory & Honor

Contribution
amount



Your name _____

In memory of _____ In honor of _____

Your address _____

Name/Address for acknowledgment card _____

Make your check payable to National Right to Life Committee and return with this form to:
National Right to Life Development Office
1446 Duke Street | Alexandria, Virginia 22314

President Trump's Wonderful Record on Judges

By Carol Tobias, President

For many years, National Right to Life and its state affiliates have labored intensively and diligently to elect pro-life candidates, who then enacted pro-life laws—only to see Planned Parenthood, the Center for Reproductive Rights, or a local abortion facility challenge those laws in court. Far too often, the challenges were successful, because some judges legislate from the bench rather than follow the U.S. Constitution.

During the 2016 presidential campaign, with a vacancy on the U.S. Supreme Court due to the death of Justice Antonin Scalia, Trump released a statement acknowledging Scalia's legacy, adding, "His career was defined by his reverence for the Constitution and his legacy of protecting Americans' most cherished freedoms. He was a Justice who did not believe in legislating from the bench and he is a person whom I held in the highest regard and will always greatly respect his intelligence and conviction to uphold the Constitution of our country."

The presidential candidate also made public a list of persons from which he said he would pick nominees for



Pro-life President Donald Trump

vacancies on the Supreme Court, saying those on the list were "representative of the kind of constitutional principles I value."

On Wednesday, November 6, 2019, NRLC Executive Director David N. O'Steen, Ph.D., NRLC Federal

showcased the achievements of his administration in federal judicial nominations.

The President told those in attendance that, working with the Republican-controlled U.S. Senate, as of that date, he now had 158 judicial nominees confirmed to the federal bench, including two Supreme Court justices, 44 circuit court judges, and 112 district court judges.

President Trump has appointed more circuit judges at this point in his presidency than any president in recent history. Fully 25% of all active judges on courts of appeals have been appointed by President Trump.

The President delighted the appreciative audience by saying he is on track to have more judges confirmed this year than in his first two years combined.

The nomination and confirmation of so many judges who respect and carefully adhere to the text of the Constitution bodes well for the lives of unborn children.

Legislative Director Jennifer Popik, J.D., and I had the wonderful opportunity to attend an event at the White House, at which President Trump

House Judiciary Committee passes measure to retroactively erase seven-year deadline Congress attached to pro-abortion ERA in 1972

By Dave Andrusko

On November 13, the Democrat-controlled House Judiciary Committee passed a measure to retroactively erase the seven-year deadline that Congress attached to the ERA when it sent it to the state legislatures in 1972.

It's rarer than hen's teeth when NRLC and the likes of NARAL Pro-Choice America agree on anything. But on the possible impact of a federal Equal Rights Amendment, we are in accord. The difference is we lament the potential impact, NARAL celebrates it.

Here's part of what NRLC wrote in a letter to members of the House in opposing H.J.Res. 79:

There is now essential agreement between key pro-life and pro-abortion groups that the language of the 1972 ERA is likely to result in powerful reinforcement and expansion of "abortion rights." For example, NARAL Pro-Choice America, in a March 13, 2019 national alert, asserted that "the ERA would reinforce the constitutional right to abortion . . . [it] would require judges to strike down anti-abortion

laws . . ." A National Organization for Women factsheet on the ERA states that "... an ERA — properly interpreted — could negate the hundreds of laws that have been passed restricting access to abortion care..."

Moreover

Once a court adopts the understanding that a law limiting abortion is by definition a form of discrimination based on sex, and therefore impermissible under an ERA, the same doctrine would invalidate virtually any limitation on abortion. For example, under this doctrine, the proposed federal ERA would invalidate the federal Hyde Amendment and all state restrictions on tax-funded abortions. Likewise, it would nullify any federal or state restrictions even on partial-birth abortions or third-trimester abortions (since these too are sought only by women). Also vulnerable

would be federal and state "conscience laws," which allow government-supported medical facilities and personnel — including

a federal ERA that would expunge pro-life gains made over the last 40+ years.

National Right to Life has long made clear that NRLC would go neutral on an ERA if



religiously affiliated hospitals — to refuse to participate in abortions.

But, of course, that is the whole purpose of the pro-abortion offensive: to attempt to erase any and all limitations on abortion—at the state or federal level—and to require that abortions be paid for by taxpayers.

NARAL and other groups such as the Women's Law Project, the Planned Parenthood Federation of America, and the NOW Legal Defense and Education Fund envision

it contained a simple "abortion-neutralization" clause. It would read, "Nothing in this Article [the ERA] shall be construed to grant, secure, or deny any right relating to abortion or the funding thereof." ERA proponents have refused to accept this revision, which makes its real agenda—on abortion, at least—crystal-clear.

National Right to Life will keep you up to date as proceedings continue.

More deeply unsettling details emerge about the abortionist who stashed away the remains of over 2,400 aborted babies

By Dave Andrusko

A fascinating piece in the *Chicago Sun Times* written by Stefano Esposito, reinforces a conclusion that may or may not prove to be ultimately true about the late Ulrich Klopfer who left behind the remains of at least 2,400 aborted babies discovered stashed away in two separate locations—that we’ll never know why:

“You can speculate till hell freezes over,” said Kevin Bolger, a Chicago lawyer representing Klopfer’s widow. “You’re not going to know the answer. He took it with him.”

However we learn a great deal more about Klopfer, who was 79 when he died September 3, from Esposito’s account, even as a number of mysteries remain.

Let’s first quickly enumerate what we do know.

*Ulrich aborted as “few” as “tens of thousands” of babies, although the total may be closer to 40,000 or 50,000. He finally lost his medical license in Indiana permanently in 2016.

*The initial discovery of 2,246 fetal remains came after the attorney for Klopfer’s widow called local officials in Will County, Illinois. Mrs. Klopfer, her sister, and a brother in law found what turned out to be the “perfectly preserved” remains in a garage in Klopfer’s home in Crete, Illinois, which is 40 miles from downtown Chicago. Another 165 babies’ bodies were discovered in the trunk of

a late 1990s Mercedes Benz in the Chicago suburb of Dolton where Ulrich had stowed eight older cars.

*Indiana Attorney General Curtis Hill has taken charge of the babies’ bodies and is leading

reporting on abortion ever. Esposito writes

Klopfer spent his early career in downtown Chicago, working at Chicago Loop Mediclinic, 316 N.

abortionist, Dr. Ming Kow Hah.

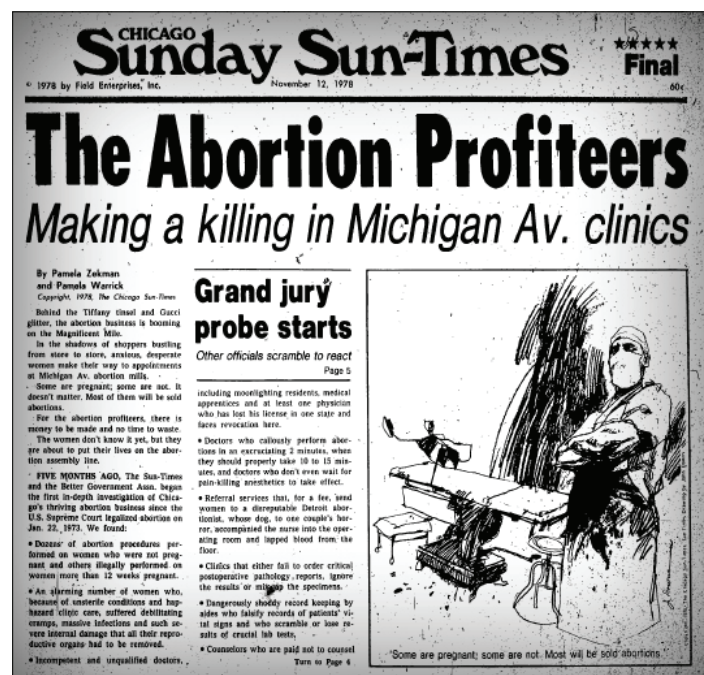
Klopfer was featured in the Nov. 15, 1978, *Chicago Sun-Times* story, from which Esposito quotes:

They [Klopfer and Hah] compete to see who can get the most patients done,” a former clinic nurse was quoted as saying. “They’ll ask each other, ‘How many have you done?’ or they’ll ask the staff how many the other guy has done. ... Klopfer would be having a cup of coffee and be on his last sip when he’d jump up and say, ‘I’d better get going or Hah will have the whole recovery room full.’”

** In the you-can’t-make-this-stuff-up category, “The Gary [Indiana] clinic, a bunker-like brick building with slits for windows, sits across from a now-shuttered child-care facility called Children Are the Future.”

** Klopfer “also often told people that, when he died, he expected to meet the likes of Hitler, Stalin and Mussolini.”

**Once he lost his license and no longer could see patients, Klopfer nonetheless drove to his abortion clinics. Asked why, he responded, “Force of Habit.”



an ongoing investigation. As Esposito notes, one of the questions is “whether Klopfer had help moving the fetuses.”

The question has always been and remains why did Klopfer, who had licenses to practice medicine in Florida and South Dakota and Illinois, move almost all his “work” to his three abortion clinics in Indiana, where he “got a license to practice in Indiana in the late 1970s.”

**What is new, at least to me, is his involvement in an infamous abortion clinic that was part of one of the most famous jobs of investigative

Michigan Ave. — a facility that figured prominently in the Chicago Sun-Times/Better Government Association 1978 investigation “The Abortion Profiteers.” The series documented how women were moved through clinics with conveyor-belt-like speed, not all of them surviving and others left maimed. At Mediclinic, where doctors were paid per procedure, Klopfer tried to one-up another

Appearance doesn't determine whether human beings have human rights

By Paul Stark, Minnesota Citizens Concerned for Life

Ultrasound technology provides a powerful visual witness to the humanity of babies in the womb.

At their very earliest stages, though, unborn children don't really look like us. Young embryos are tiny and lack many characteristically "human" features. That can make it hard to regard them the same way we regard older human beings. Even many people who oppose the killing of 20-week-old fetuses, for example, have little objection to the destruction of embryos in the earliest weeks through abortion or for the purpose of biomedical research.

"People treat as human that which appears to be human," writes the late Harvard professor James Q. Wilson, a defender of abortion early in pregnancy. He offers this thought experiment:

Imagine a room on the walls of which are arrayed, in chronological order, exact color photographs of the human embryo, suitably enlarged, from first fertilization, through early cell divisions and implantation, through the emergence of various human, or human-like, features, and on to the complete

fetus the day before normal delivery. ... Suppose we then ask a variety of people ... to examine these photographs and to tell us in which one ... they first see what

baby" even earlier than seven weeks. His claim, though, is that "it is precisely the degree of resemblance between a fetus and an infant that is of moral significance."

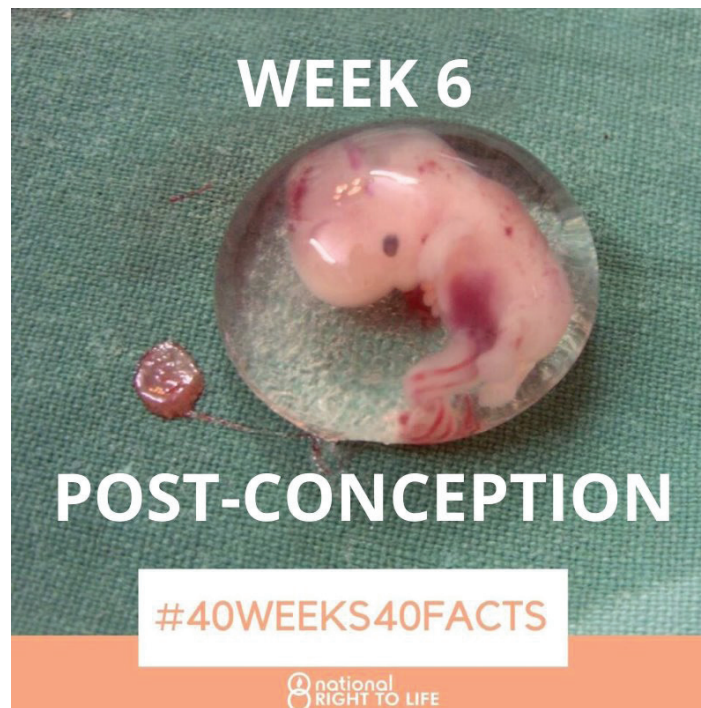
Appearances can illuminate reality and awaken moral

severe deformities that made him a "freak show" attraction. Many cultures have thought less of ethnic groups whose skin color (among other aspects of appearance) bore little similarity to their own.

Do human rights vary according to a human being's degree of resemblance to whatever we take to be the standard? Would Nick Vujicic count more if he had one or two limbs rather than none? Abraham Lincoln quipped that if light skin color confers superior value, as many Americans of his time believed, then "by this rule, you are a slave to the first man you meet with a fairer skin than your own."

The truth is that appearance, in itself, is morally irrelevant. That's why, to avoid serious injustice, we must see beyond it. Young unborn children may not look "human" to us, but they look exactly the way human beings are supposed to look at the embryonic stage of life. Each of us once looked like them—because each of us once *was* one of them. That's the reality of human developmental biology.

Surface differences like color, shape, and size can prevent us from seeing that in the most important respect we are the same. We are all human. And that's what matters.



appears to be "a baby." Having examined such pictures, most people, I speculate, would select those that represent life at around seven to nine weeks after conception.

Some people, Wilson acknowledges, may find that the unborn child looks like "a

intuitions. But they're also a notoriously unreliable guide for determining how to treat others. If the "degree of resemblance" to a prototypical person makes someone valuable, then Nick Vujicic—who has no arms or legs—is less valuable than most people.

So was Joseph Merrick, the so-called "Elephant Man" with

New PPFA “App” about Increasing Share of Abortion

“Abortion Care Finder” directs women to closest open Planned Parenthood clinic

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

Planned Parenthood now has an online application or “app” that can tell a woman, based on her age, zip, and the date of her last menstrual period, the nearest PPFA clinic where she can have an abortion. Anyone can access the app from their computer or smart phone and set up their abortion appointment.

Is this new, as the excited hype about it suggests? Actually, women have been able to go on the Planned Parenthood website and set an abortion appointment for years. This is only “news” because Planned Parenthood has put the new “Abortion Care Finder” on the front page and convinced the media that this is somehow in response to women’s confusion about abortion laws in their states.

Put in the context of Planned Parenthood’s recent history and activities, it appears to be just their latest marketing ploy playing off the increase in the number of protective state laws.

Inherent contradictions

A couple of things about this new app. While saying that it is dedicated to helping a woman find a clinic “near me,” the app only directs women to Planned Parenthood clinics. Though Planned Parenthood is clearly the largest abortion chain with the most clinics, there are obviously other clinics, some large, renowned, perhaps part of other chains where she can obtain an abortion with medical services at least comparable to what she might find at a random Planned Parenthood clinic. The app thus chiefly serves Planned

Parenthood’s interests, not the patient’s.

Second, those saying that this new app can “help navigate the dizzying world of abortion laws” (headline for Fast Company’s 11/12/19 article on

without outside interference. If so, why is a special app necessary?

Planned Parenthood and their pro-abortion allies like to talk as if there has been a sudden rash of pro-life legislation in

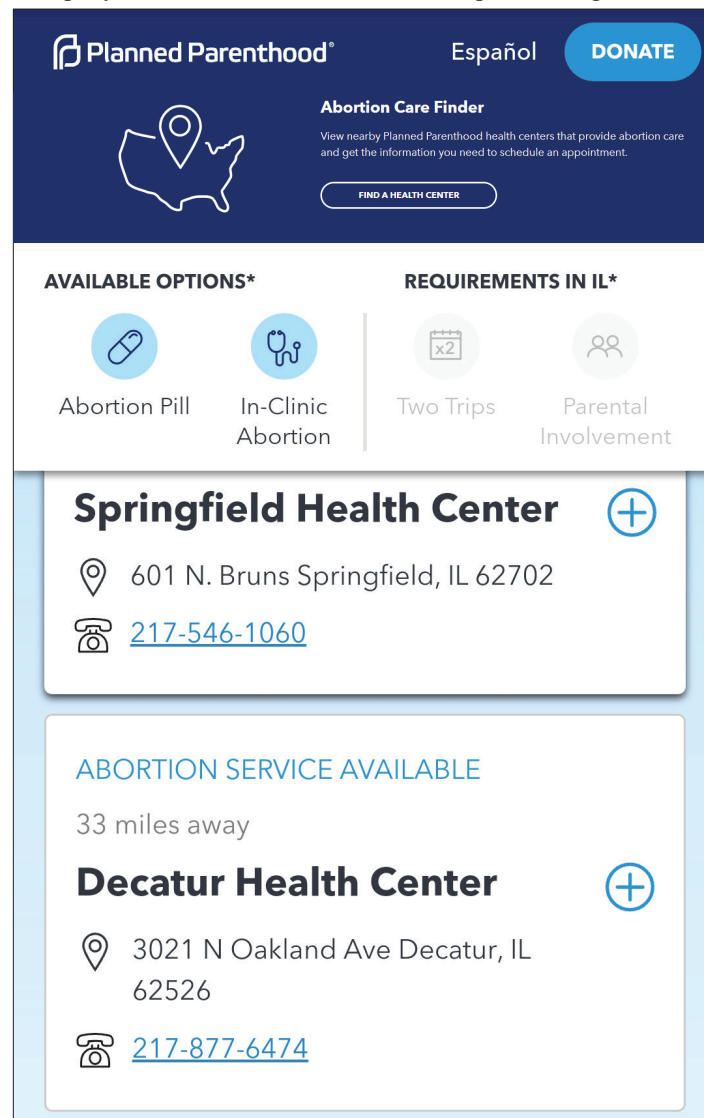
informed consent, ultrasound viewing laws, abortion funding limits, partial-birth abortion bans, laws protecting pain capable unborn children, etc., have been around for years, if not decades. Many clinics have closed, but this trend has been going on for a number of years as well. Lost in the pro-abortion rhetoric a lot of those closures seem to have been driven by falling demand.

The truth is, this app is another Planned Parenthood’s ceaseless marketing gimmicks. That is not to say that it might not be effective. There are likely to be some pregnant women who hear of the app, find it, and make an appointment with their nearest Planned Parenthood to abort their babies. This success would be judged by the abortion giant cornering an even larger share of the market.

Business has been steady at Planned Parenthood

Not that Planned Parenthood is hurting for business. It is easily the nation’s largest and most powerful abortion chain. It has managed to expand its reach, keeping its abortion business growing or at least holding steady while abortion numbers were falling everywhere else in the country. Thirty years ago, PPFA held less than 10% of the market. Today, nearly three in eight (36.7%) of the country’s abortions are performed at a Planned Parenthood-affiliated clinic.

Despite their incessant complaints about cuts in



the story) betray the standard rhetoric on “choice.” Typically, the claim is that women are fully competent, mature in their decision making, that they don’t need additional information to make up their minds, that they can fully manage their situation

recent years, closing clinics and forcing many abortionists into retirement. Though many states did indeed pass health and safety regulations once the horrors of Kermit Gosnell’s abortuary became known, legislation such as parental involvement,

See “PPFA ‘App,’ ” page 45

Viral video of adopted baby with Down syndrome highlights the gift of her life

By Katie Franklin

Recently, a heartwarming video of an adopted baby with Down syndrome went viral, with more than 16 million views from across Facebook.

The video is as simple as this: Off-screen, mama asks her baby girl, “How’s your day going?”

Lying on her belly with her doughy arms folded sweetly on the floor, the brown-eyed baby breaks into a huge toothless grin.

The video was posted by the National Down Syndrome Adoption Network a few weeks ago.

Based in Cincinnati, Ohio, the organization says its mission “is to ensure that every child born with Down syndrome has the opportunity to grow up in a loving family.”

Their recent viral video shows the beauty of that mission in a quick 22 seconds.

The baby’s grin, the joy in the mother’s voice—both represent a wildly beautiful contrast to some tragic news that came out of Ohio around the same time.

On October 11, the U.S. 6th Circuit Court of Appeals ruled to block Ohio’s Down Syndrome Non-Discrimination Act (HB 214) from going into effect. That legislation would prohibit abortions from taking place for the sole reason of a Down syndrome diagnosis.

The ruling came as a result of a lawsuit filed by the American Civil Liberties Union, a pro-abortion group that claims to stand against discrimination.

A couple of weeks after the ruling, Ohio’s pro-life attorney general, Dave Yost, filed a petition for an en banc review, asking the entire panel to weigh in on the 6th Circuit’s previous decision.

And they should. The discrimination that children with Down syndrome face is revolting. Some of it comes from ignorance, and some of it comes from an actual eugenic belief that some people are simply “unfit” for our society and therefore need to be forcefully weeded out. (Something which Planned Parenthood founder Margaret Sanger preached, and which U.S. Supreme Court Justice Clarence Thomas excoriated earlier this year.)

Globally, unborn babies diagnosed with Down syndrome are disproportionately aborted.

In the last few years, reports have revealed these alarming trends in European countries like Denmark, where 98 percent of babies with a positive diagnosis are aborted, and in Iceland, where nearly 100 percent are aborted.

In 2016, a French court banned a pro-life commercial featuring smiling children with Down syndrome on the basis that it could “disturb the conscience” of women who had aborted their unborn children.

If only the people of France could see the smiling baby on the National Down Syndrome Adoption Network’s Facebook page.

If only the U.S. 6th Circuit could see her.

If only the many mothers who are being pushed to abort their children could see her.

Because oftentimes it is not the woman herself who wants the

abortion, but instead a medical professional forgoing his duty to preserve life who is urging it.

The women who are facing an unexpected diagnosis within pregnancy need to be lifted up with information and resources—whether it is through one of America’s 2,750 pro-life pregnancy



help centers, or any of the myriad organizations specifically designed to meet the needs of those with that diagnosis.

In the case of Down syndrome, there is the National Down Syndrome Adoption Network, Jack’s, the Jerome LeJeune Foundation, and many others.

The information available on those living with Down syndrome is astounding.

Today, the average lifespan of people with Down syndrome is 60 years—a stunning increase from the 25-year life expectancy that was recorded in 1983. The Global Down Syndrome Foundation says this dramatic rise is due to the end of institutionalizing people with Down syndrome.

See “Viral,” page 22

Presidential Proclamation on National Adoption Month, 2019

Every child is precious and deserves a loving family of his or her own. During National Adoption Month, we honor the adoptive parents who provide homes — and the invaluable gifts of hope, love, and stability — to thousands of infants, children, and youth. We also recognize the dedicated professionals who work tirelessly to sustain their families through compassion and hard work.

The families who provide forever homes to children and youth in the foster care system should be recognized for their loving adoptions. While preliminary data show a fortunate decline in the foster care population over the past year, foster care numbers are still too high. In Fiscal Year (FY) 2018 alone, nearly 690,000 children and youth were served by the foster care system. While there were more than 63,000 adoptions from the foster care system in FY 2018, thousands of children and youth are still waiting to find permanent, loving families. The need is urgent. We must improve efforts to recruit new adoptive families while faithfully supporting, equipping, and encouraging

those families who have already taken one of our Nation's young people into their home to love and care for.

This month, we also reaffirm our commitment to our Nation's most vulnerable and valuable resource — our children, especially those at greatest risk of neglect. Thousands of older youth in the foster care system desperately need the ongoing guidance and support of a nurturing family. Too many of our youth transition to the next stage of their lives without stable family connections or positive role models to help them navigate the challenges of adulthood. Additionally, children with disabilities and those with siblings typically wait longer for permanent placement in a home. These children need a family who will provide a foundation of acceptance, mentorship, and unconditional love that will motivate and help them to reach their full potential in life.

The health and well-being of all young people is a top priority in my Administration, and a strong family bond is one of life's greatest joys and richest blessings. That is why we will continue to champion adoption as a profound way

to transform lives, strengthen families, and ignite hope across America. In addition, we will protect our country's long and



vital tradition of faith-based agencies helping children find their forever homes. We are committed to ensuring that faith-based agencies are able to unite children with families while following their deeply held religious beliefs.

During this annual observance of National Adoption Month, we acknowledge that every child — born and unborn — is uniquely gifted by their Creator and endowed with both potential and immeasurable value. We recognize the loving and devoted individuals who

are part of God's plan for every child by taking on the role of a parent through adoption. We also celebrate the beautiful families created through the generous act of adoption, and we hold all the children and youth still waiting for their forever families close in our hearts and lift them up in our prayers.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim November 2019 as National Adoption Month. I encourage all Americans to observe this month by helping children and youth in need of a permanent home secure a more promising future with a forever family and enter adulthood with the love and connections we all need.

IN WITNESS WHEREOF, I have hereunto set my hand this thirty-first day of October, in the year of our Lord two thousand nineteen, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP

Oklahoma court should uphold law banning dismemberment of living unborn babies

By Tony Lauinger

Editor's note. Mr. Lauinger is Chairman of Oklahomans For Life and Vice President of National Right to Life. This appeared at The Oklahoman.

Nearly 100,000 living unborn children in the U.S. are killed each year by a barbaric procedure known

means, with the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors or similar instruments that ... slice, crush, and/or grasp a portion of the

cases, dies just as a human adult or child would: It bleeds to death as it is torn apart limb by limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off."

exhaustive list of state interests implicated by abortion. Casey is premised on the States having an important constitutional role in defining their interests in the abortion debate. ... States also have an interest in forbidding medical procedures which, in the State's reasonable determination, might cause the medical profession or society as a whole to become insensitive, even disdainful, to life, including life in the human fetus. ... A State may take measures to ensure the medical profession and its members are viewed as healers, sustained by a compassionate and rigorous ethic and cognizant of the dignity and value of human life, even life which cannot survive without the assistance of others."

Other pro-abortion justices have grudgingly acknowledged the logic of equating dismemberment abortion with partial-birth abortion, which the court prohibited in 2007. Ruth Bader Ginsburg in that case wrote that dismemberment abortion "could equally be characterized as 'brutal,' ... involving as it does 'tear[ing] [a fetus] apart' and 'ripp[ing] off' its limbs, ..."

Abortion supporters might counter that in *Planned Parenthood v. Casey* (1992), the Supreme Court repeated its acknowledgment in *Roe v. Wade* of a compelling state interest in protecting the lives of unborn children only at, and after, viability. However, Justice Kennedy in *Stenberg* later explained:

"[In Casey] We held it was inappropriate for the Judicial Branch to provide an

Dismemberment abortion kills a baby in the womb in the most callous and inhumane manner imaginable. Oklahoma has a compelling state interest in prohibiting this practice.



Tony Lauinger

as dismemberment abortion. Oklahoma's Supreme Court is deciding whether a 2015 law prohibiting this grotesque practice in our state can go into effect.

The Unborn Child Protection from Dismemberment Abortion Act defines the procedure: "Dismemberment abortion"

unborn child's body to cut or rip it off."

Former U.S. Supreme Court Justice Anthony Kennedy, although a supporter of legal abortion, was so repulsed by this abortion procedure that he described it candidly in *Stenberg v. Carhart* (2000):

"The fetus, in many

How Planned Parenthood was able to build a gigantic abortion clinic in secret

By Dave Andrusko

You could boil a 1,637-word-long story written by Joseph Bustos of the *Belleville News-Democrat* down to this essential. “A review of the process” by which Planned Parenthood built a mega-abortion clinic in Fairview Heights, Illinois, in utter secrecy

indicates the organization did nothing wrong when it concealed from the world that it planned to open a clinic offering surgical abortions in this city known by many as the retail hub of the Metro East.

“Nothing wrong” might be technically correct, judging by Bustos’s overview, but let’s look deeper.

The first question that jumps out at you is this: what does it say that even the contractor apparently did not know he was refurbishing a building for Planned Parenthood!?

The second question is how could this **not** come in front of the city’s Planning Commission, Zoning Board, or City Council?

The answer to the first question is speculative. The official explanation for the use of a shell company [Raider Ventures LLC] to hide what they were doing at 317 Salem Place was (a) they didn’t want to get “behind schedule,” and (b) fear of those awful pro-lifers

who wouldn’t want Planned Parenthood’s smaller abortion clinic located “in a strip mall at the intersection of Illinois 159 and Frank Scott Parkway” with a 16,347 square foot behemoth located “near the Illinois Route 159 exit from I-64.”

So, maybe the explanation is that Planned Parenthood trusted

The “Reproductive Health Act, signed into law earlier this year to make access to abortions a fundamental right in the state, formally removed a requirement that facilities that perform abortions obtain a license from the state Department of Public Health,” Bustos explained.

Yamelsie Rodriguez, the CEO and president of Planned Parenthood of the St. Louis Region and Southwest Missouri, huffed and puffed as a way of side-stepping how they had snookered everyone. But the bottom line is what everyone knows it is: this gigantic abortion clinic



no one not to spill the beans, including the contractor.

But why weren’t the city’s Planning Commission, Zoning Board, or City Council in the know? Simple. The new PPFA facility was being “built in secret in a vacant medical building, which meant it did not need a zoning change that would require a public hearing.”

But what about the “requirement that facilities that perform abortions obtain a license from the state Department of Public Health”? Equally simple answer.

With every “obstacle” removed, all they needed was “a physician who is licensed by the Illinois Department of Financial and Professional Regulation.” No problem. The seemingly omnipresent Dr. Colleen McNicholas, the chief medical officer of Planned Parenthood of the St. Louis Region and Southwest Missouri,

is licensed as a physician and surgeon in Illinois. Her license in Illinois became active on June 21, according to the department’s website

is located very close to the Missouri border, and Missouri is a very pro-life state, the antithesis of Illinois. Thus

The new clinic doubles the capacity of patients it can see and is expected to draw patients from around the Midwest, including Missouri, where a legal battle continues to wage to keep the state’s only abortion clinic in St. Louis open.

Medical Breakthroughs Follow Ethical Choices

By David Prentice, Ph.D.

Editor's note. The following appeared on the webpage of the Christian Medical & Dental Association. "Adult stem cells" refer to stem cells that come from the patient's own body, such as bone marrow adult stem cells.

Medical breakthroughs are routinely touted in the media, whether they are actual breakthroughs or promising,

In discussing advances in stem cell treatments for patients, the article starts with a decades-old mantra: "Embryonic stem cells can become any cell while adult cells have limited use," implying here and in other places that embryonic stem cells are the great breakthrough and only real promise for patients.

The article briefly mentions that embryonic stem cells

treated...with adult stem cells.

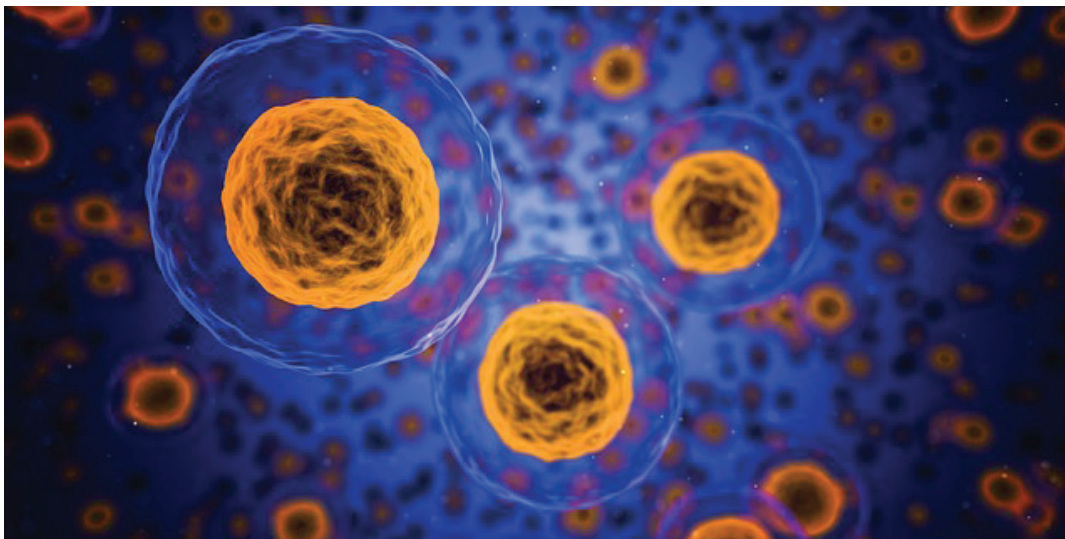
The ethical choice turns out to be the lifesaving choice for patients. Life-destroying embryonic stem cell research has provided only false hopes for over two decades. Indeed, in 2007, Sen. Arlen Specter (Pennsylvania) declared that embryonic stem cells had "the potential to conquer all known maladies" and even today embryonic stem cells are still

least two million lives thus far. These doctors are at the vanguard of a revolution in medicine, developing and validating treatments that put the patient first.

This is not false hope or false promises, but documented evidence for real benefit to real people. These stem cell pioneers have provided hope and help to patients with multiple sclerosis (MS) and a disabling MS-like disease, not just stopping but reversing the course of the diseases.

Stem cell pioneers have documented that using adult stem cells can alleviate chronic stroke symptoms. Recent published data adds to the growing literature, showing that a patient's own bone marrow cells can aid in stroke recovery. Other pioneer doctors have successfully treated sickle cell anemia with an adult stem cell transplant, giving patients new opportunities for their lives. Pioneers have also led the way in using adult stem cells to help patients suffering from Type 1 diabetes and spinal cord injury. These are only a few examples of the opportunities for medical good by making the good choice on stem cells.

Adult stem cells are the gold standard for patient treatments. The ethical choice is leading to remarkable medical breakthroughs, providing real hope and therapeutic benefit for patients.



potential information. Press outlets often make no distinction between real, evidence-based progress that can impact patients versus wished-for projections that can influence funding of projects. Rarely are the ethical choices noted regarding use, or development, of the research.

A recent *Daily Mail* news article about stem cell treatments is a case in point.

are "sourced from human embryos" and mentions previous hype, but it fails to disclose that sourcing those embryonic stem cells requires the destruction of that human life, and that all of the hype was around false claims about embryonic stem cells. The bulk of the article then describes the remarkable results for five patients suffering from different conditions, all successfully

described as "important life-saving research." This fiscal year, NIH will spend almost 300 million taxpayer dollars on human embryonic stem cell research, but embryonic stem cells have not saved a single life.

Stem cell pioneers who made the ethical choice, to help patients with adult stem cells, have made the real medical breakthroughs and saved at

Shocker: a second *NYTimes* analysis highly favorable to the electoral fortunes of President Trump

By Dave Andrusko

Just guessing, but I'm thinking the *New York Times'* Nate Cohn is getting an earful from "progressives" and Democratic officeholders and party officials. For the second time in a week, Cohn analyzed data from "569 respondents to recent *New York Times* Upshot/Siena College surveys in the six closest states carried by the president in the 2016 presidential election" and came up with results that can be interpreted in no other way than highly favorable for President Trump.

We previously discussed how David Leonhardt, another *Times* columnist, lamented, "The poll showed Trump with a good chance to win re-election, given his standing in swing states like Wisconsin, Pennsylvania and Florida."

I added, "It's actually much worse than that. The poll demonstrated that, as weak as he is, former Vice President Joe Biden stands a better chance than fellow pro-abortionist Sen. Elizabeth Warren who is not particularly well-liked and seen by many as essentially a Socialist. She is a tough sell that some 'centrist' Biden supporters would vote for President Trump over Warren, if those are their choices."

Kick in the solar plexuses Part Two came in another Cohn story headlined, "A Sliver of the Electorate Could Decide 2020. Here's What These Voters Want: A demographically disparate group values both moderation and great change."

The core of the analysis is that this group (as many as 15%!) which could see itself voting

for either Trump or one of the Democrats, is more favorably disposed to Trump vis a vis Sen. Warren and, to a lesser extent, Biden. Cohn writes

The size of that persuadable pool depends on how they are defined. Although there is reason to think some voters have more of a partisan lean than they realize, let's call the 15 percent who are still thinking of voting for Mr. Trump or a Democrat the potentially persuadable.

As a group they are 57 percent male and 72 percent white, and 35 percent have college degrees. Most, 69 percent, say they usually vote for a mix of both Democratic and Republican candidates. Among those who voted in 2016, 48 percent say they voted for Mr. Trump, 33 percent for Hillary Clinton, and 19 percent for Gary Johnson or Jill Stein or no one. Those who voted in the midterm election voted for the Republican congressional candidate by one point.

For me, the most telling paragraph was early in Cohn's story where we learn it's not the usual categories that are persuadables (or "swing voters"):

The poll adds a new mix of characters to the quadrennial cast

of swing voters, like a somewhat conservative, college-educated suburban man who does not approve of the president's performance, but strongly

are fairly clear about what they would like from a Democrat. They prefer, by 82 percent to 11 percent, one who promises to find common ground over one who promises to fight for a progressive agenda; and they

The New York Times

opposes a single-payer health system. Or a young man, perhaps even black or Latino, who is not conservative on policy but resents his generation's stringent cultural norms and appreciates the president's defiant critique of political correctness.

Put another way, (a) all the leading Democrats (including the pretend "moderate" Biden) are far, far to the left of the electorate; and (b) the country is sick to death of a political correctness which is quickly becoming shorthand for stifling free speech on a massive scale.

Let's dig deeper into these persuadables...

*They are divided on major issues but, Cohn writes, "they

prefer a moderate over a liberal, 75 percent to 19 percent. Overall, 40 percent describe themselves as conservative, compared with 16 percent who say they're liberal. Forty percent are moderate."

To Democrats like Warren, Sen. Bernie Sanders, and Biden, many of these would qualify for inclusion into a "basket of deplorables."

*It's no secret that Democrats count on a massive vote from Non-White voters. But consider this:

The persuadable nonwhite voters seem to be an unusual group. They are likeliest to be male — 64 percent are

See "Shocker," page 23

WATCH: Judge mentor holds new lawyer's baby while swearing her in

By Nancy Flanders

Together, a judge and a new lawyer have helped show the world that women can accomplish great things while pregnant and parenting. While swearing in the new lawyer this week, the judge held her one-year-old son so the two could enjoy the special moment together. That moment was captured in a video that is getting love from across social media.

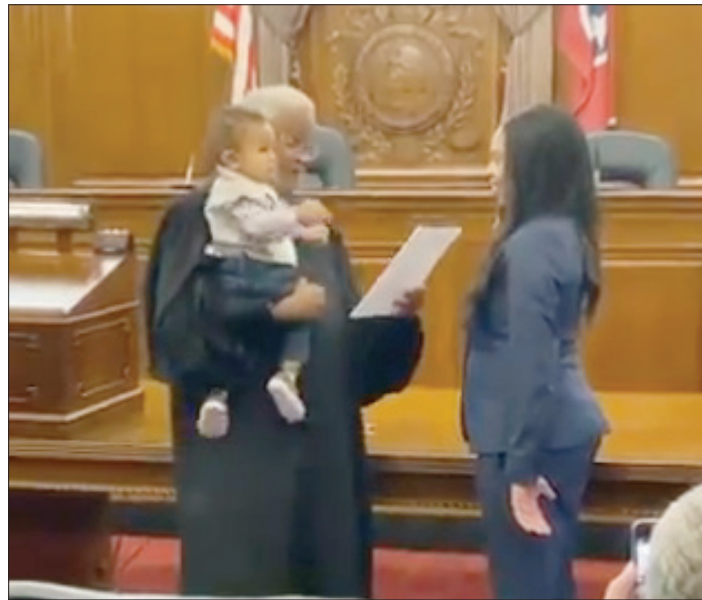
Belmont University College of Law graduate Juliana Lamar became pregnant and delivered her son Beckham via C-section during law school. It wasn't easy to balance the two, especially since the school had a strict policy on how many classes students were allowed to miss. But Lamar said her husband, Javon, who is serving in the US Army, helped her through it all, as did Judge Richard Dinkins.

"Judge Dinkins has also been a guiding light during my legal career," Lamar told BuzzFeed News. "When I was nine months pregnant, the day before I found out I needed to be induced, Judge Dinkins spoke of the importance of voting at an event I hosted as the President of my school's Black

Law Students' Association. During this event Judge Dinkins reminded me of how proud he was of me and that he knew I would do great things, even with a baby in tow."

At her swearing-in, Lamar

while pregnant and parenting. In 2018, single mom Briana Williams graduated from Harvard Law School with her one-year-old daughter in tow, whom she gave birth to during final exams.



was thrilled to have her baby there with her as Judge Dinkins swore her in. The judge can be seen bouncing little Beckham on his hip in an adorable video that has over 600,000 views.

Lamar is not the only woman who has succeeded in graduating from law school

"I suppose I just did what I had to do," she told Yahoo, "regardless of how I felt on the inside, because I did not want people to be able to say that I had to choose between motherhood and success."

Nayzia Thomas became a social media star after her

mother took a photo of her working on her final exams while in the hospital having a baby boy. She even experienced major blood loss and went into shock after delivery but was able to overcome it all and earn a 3.5 GPA.

Lamar, for her part, hopes that her situation will change things for future female lawyers who face a pregnancy during college. "The pressure I felt was horrible, and I hope it has led my law school to rethink its policies for future mothers," she said. "I understand having a child during law school is often a choice, however, as young female professionals there is not a perfect time for us to have children."

She's right. There is rarely a "perfect" time for any woman to have a baby. The fears will always be there. The what-ifs will always be there. But your baby is a one-of-a-kind human being who deserves to be there too.

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

Five women tell local NBC affiliate of being mistreated and traumatized by abortionist Ulrich Klopfer

By Dave Andrusko

When authorities searched the trunk of one of cars the late Ulrich Klopfer kept stored in Dolton, Illinois, it came as no surprise that they found the remains of 165 “perfectly preserved” aborted babies. After all, they’d already searched his garage in Crete Township, Will County, Illinois, and discovered 2,246 aborted babies in bags in more than 70 boxes.

So it also shouldn’t surprise us that Klopfer who died September 3, would have treated his female patients with the same inhumanity he lavished on his other victims, and that gradually more and more women will share their experiences.

NRL News Today has already briefly written about one, a woman who preferred to remain anonymous, who underwent two abortions in 1998. But, as a follow up, the NBC affiliate WNDU reported the accounts of five women—five of the 30,000 to 50,000 women Indiana’s most prolific abortionist aborted.

Anchor Kaitor Kay first tells us about Jessica Bowen, who, at age 18, got an abortion from Klopfer’s Fort Wayne clinic in 2013:

“It was excruciating,” she said. “It was so painful.”

She was already feeling anxious about her decision to get an abortion, but Klopfer’s bedside manner she didn’t see coming.

“I begged him and asked to stop,” Bowen continued. “I started screaming and crying and I said, ‘please stop,

I don’t want to do this anymore,’ and he looked at the nurse and told her to keep me quiet because I was going to scare the other patients.”

She said the nurse then covered her mouth.

Abby Whitt also had an abortion when she was 18 in 2013, only this time, according



Late abortionist Ulrich Klopfer
Photo Credit: Allen County Right to Life

to Kay, it was at Klopfer’s South Bend clinic.

“I just remember being scared of him,” she said, “I don’t think he cared about the patients at all.”

Serena Dyksen was aborted at Klopfer’s South Bend clinic at just 13-years-old, “after being raped by someone close to her,” Kay reported.

“I was so weak,” she said of her state after the abortion procedure. “When I stood up blood just went everywhere. So My dad had to carry me out. I was so weak

and I was so busted, and I was 13.”

She said she was traumatized by the experience.

“It was a horrible, horrible pain,” she continued. “He yelled at me because I was yelling in pain and there was just no care, no compassion at all.

who eventually agreed to become Klopfer’s emergency backup doctor for the sake of helping women like this one.

Dr. Cly told Kaitor Kay that this woman “was so sick and her uterus was so infected with bacteria with pieces of the tissue of baby left inside that the antibiotics didn’t work.” Cly added, “We had to do surgery eventually and we had to take her uterus out. So this young woman could never have children anymore. So I was as a doctor, I was upset.”

Previously, Dr. Cly gave an interview to CBS2 Chicago’s Chris Tye and “compared Klopfer to Hannibal Lecter.”

According to Tye, Dr. Cly said the Ft. Wayne facility “was chock full of botched cases and behaviors he described as pathological and deceptive.”

“It was shocking to me, taking some tissue, and in this case, fetal tissue, home and saving them was just, something that never should be done, I’ve never heard of anybody doing that before,” Dr. Cly said.

For the sake of all the women who fear Klopfer may have hoarded their baby’s remains, we can hope there is some kind of closure. We know Indiana AG Hill is leading the investigation and there is every reason to believe his office will do a complete and thorough job. As Hill said on October 2, “We brought these back to Indiana because they’re Indiana babies who’ve been aborted, and we think it’s appropriate for them to be here.”

Still another woman, who also remained anonymous, said she “would’ve died, if not for a doctor in town that performed an emergency procedure on her.” Klopfer had “left pieces of fetus inside a patient who was about 20-years-old.”

In late September, *NRL News Today* wrote about Geoff Cly

LIFE BEFORE BIRTH: The development of the unborn child

By Minnesota Citizens Concerned for Life

The life of a human being begins at fertilization (or conception), when a sperm cell fuses with an oocyte (egg) to produce a new human organism. This individual is called a zygote at the one-cell stage of development, an embryo through the first eight weeks, and a fetus from eight weeks until birth. Each of us was once a zygote, embryo, and fetus, just as we were once infants, toddlers, and adolescents. All of these terms refer to stages in the life of a member of the species *Homo sapiens*.

Here are some of the milestones of human prenatal development. These dates are measured from the time of fertilization rather than from the last menstrual period (the dating method typically used during pregnancy), which occurs about two weeks earlier.

Conception: A new member of the human species begins. The zygote has a complete and unique set of 46 chromosomes (23 from each parent), the entire genetic blueprint. He or she needs only a suitable environment and nutrition in order to develop himself or herself through the different stages of human life.

- 6 days: The developing embryo, called a blastocyst at this stage, begins attaching to the wall of the mother's uterus.
- 17 days: Blood cells have developed.
- 19 days: The eyes start to develop.
- 20 days: The foundation of the nervous system has been laid.
- 18-21 days: The heart begins to beat.
- 28 days: 40 pairs of muscles have developed along the trunk of the new individual; arms and legs are forming.
- 30 days: Regular blood flow exists within the vascular system; the ears and nasal passages have begun to develop.
- 6 weeks: The skeleton is complete and reflexes are present. The child has measurable brain waves.
- 7 weeks: The baby has the appearance of a tiny infant, with fingers, toes, and ears.
- 8 weeks: All organs are functioning—stomach, liver, kidney, brain—and all systems are intact.
- 9-10 weeks: The baby squints, swallows, and retracts his or her tongue.
- 11-12 weeks: The baby sucks his or her thumb and inhales/

exhales amniotic fluid.

- 16 weeks: The mother may begin to feel her child's movements. The baby grasps with hands, swims, kicks, and turns somersaults
- 18 weeks: The vocal cords are working.
- 20 weeks: A wealth of evidence indicates that, at least by 20 weeks, unborn children can experience pain. In the fifth and sixth months, the child responds to outside stimuli, including music and voices.
- 22 weeks: Babies today are usually capable of surviving outside the womb (with assistance) at 22 weeks post-conception (24 weeks from the last menstrual period). They can often survive even earlier. This is called viability.
- 38 weeks: The unborn child dramatically increases in size and weight during the second half of pregnancy until birth at about 38 weeks (40 weeks from the last menstrual period).

The baby continues to grow and develop in the months, years, and decades to follow. The life of every human being is a continuum beginning at conception and proceeding (if all goes well) through the embryonic, fetal, infant, child, adolescent, and adult stages.

More detailed information about human prenatal development, including photographs and videos, is available from the Endowment for Human Development.



Birth, of course, is not the end of human development.

Micro-preemie born at 25 weeks goes home after 150 days in hospital

By Anne Marie Williams

Born 15 weeks early in May of this year, baby Kallie Bender of Phoenix, Arizona, was discharged home with her family on Monday after 150 days in the hospital.

During her pregnancy, Kallie's mother, Ebonie, had been seeing a high-risk doctor for high blood pressure, also called pregnancy-induced hypertension. High blood pressure in a pregnant woman can be dangerous for the baby because of reduced blood flow to the baby through the placenta, also called placental insufficiency. Over time, reduced blood flow to the baby can prevent the baby from growing properly (medically, this is called intrauterine growth restriction or IUGR) and lead to lung and gastro-intestinal development problems.

Four days before Kallie was born, an ultrasound at a high-risk appointment showed that

due to poor placental blood flow, also called absent end diastolic flow, Kallie had almost no amniotic fluid around her. Mom Ebonie was admitted to the hospital, and Ebonie was born via cesarean section (C-section) on May 24th, 2019, at 25 weeks gestation.

She weighed less than one pound, and was shorter than a Barbie doll placed next to her in her incubator.

At first, Kallie required a machine to help her breathe, and a tube to feed her. Shortly after birth, she underwent surgery to correct a heart defect that's common in very premature babies called patent ductus arteriosus. In fact, she was 37 days old before mom Ebonie and dad Dameon could hold her.

Becky Cole, one of Kallie's primary care nurses in the neonatal intensive care unit (NICU), recalled that day. She

said, "I didn't get to be there when Dameon got to hold her for the first time, but I got to help Ebonie hold Kallie for the first time. That was really an amazing moment, and it took a few of us. It wasn't easy."

Dr. Vinit Manuel, medical director of the NICU at Dignity Health St. Joseph's Hospital and Medical Center where Kallie was born, noted that "no technology can replace the womb," and that "the involvement of the family in the care of these babies is crucial."

During her hospital stay, Kallie's parents and brothers read aloud to her, which research has shown improves overall outcomes for tiny babies and decreases complications of hospitalization. Now, Kallie weighs seven pounds and is thriving. She went home Monday with oxygen and a feeding tube, with goals to

"graduate" from needing both in the future.

Stories like baby Kallie's are becoming more common as medical technology enables ages outside of the womb. Twenty-four weeks is widely considered the age of viability, the point at which a baby has a 50/50 shot at surviving outside the womb with significant medical support, but stories of survival like 22-week-old Cullens, 21-week-old Lylas, and 21-week-old Elioras are out there, too.

Devastatingly, babies even further along than Kallie was at birth are still targeted for abortion. Wantedness, not the possibilities of scientific technology, determines whether they live or die.

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



Indiana AG Hill files brief in support of Ohio's Down Syndrome Non-Discrimination Act

By Dave Andrusko

Curtis Hill, Jr., is Indiana's attorney general, well known to readers of *NRL News Today* for his vigorous and thoughtful defense of his state's pro-life laws and for leading the investigation into the bizarre hoarding by the late abortionist Ulrich Klopfer of the remains of over 2,400 aborted babies in Klopfer's garage in Crete, Illinois, and in the trunk of a car in the Chicago suburb of Dolton.

Since AG Hill had defended his own 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, it comes as no surprise that Hill filed a brief on behalf of Indiana, Kentucky, and 14 other states in defense of Ohio's law which prohibits doctors from performing an abortion with "knowledge that the pregnant woman is seeking the abortion, in whole or in part, because of" a Down syndrome diagnosis.

Ironically, I learned of this brief when I read a hostile story written for the *Times of Northwest Indiana* by Dan Carden. Carden seemed oblivious to Hill's defense of Indiana's historic "Dignity for the Unborn Act," also known as HEA 1337.

But Carden's story did provide a link to Hill's "friend of the court" [amicus] brief.

Hill et al. are asking the entire 6th U.S. Court of Appeals ["en blanc"] to review and rehear a decision by a split three-judge

panel that blocked Ohio's Down Syndrome Non-Discrimination Act from taking effect. As he did in his brief defending Indiana's law, Hill covered the major issues at stake in what is blatant discrimination against babies prenatally diagnosed with Down syndrome.



Indiana Attorney General Curtis Hill

Here are just some of the highlights of the 17-page amicus brief.

"*For the amici States, authority to prevent the spread of abortion as a tool for eugenics is a compelling state interest—an interest that Indiana, Kentucky and other States (along with Ohio) have attempted to protect by enacting anti-discriminatory laws similar to the Ohio law at issue here."

*To the argument that the 1992 *Casey* decision makes this law unenforceable, Hill responds, "To be sure, this is not the first U.S. Court of Appeals called

upon to evaluate one of these anti-eugenics laws. In *Planned Parenthood of Ind. & Ky., Inc. v. Comm'r of the Ind. State Dep't of Health*, the Seventh Circuit invalidated Indiana's statute. Upon review of a petition for rehearing, however, Judge Easterbrook commented

providers do not become 'witting accomplices' to eugenic ideals targeting the eradication of Down syndrome."

"*Under this 'current paradigm of prenatal testing' [pressure for all women to be screened for fetal anomalies], physicians who have 'professed to do no harm' are the ones pressuring parents to choose abortion following a Down syndrome diagnosis."

"*The Supreme Court recognized a State's compelling interest in protecting the medical profession's integrity and ethics when it upheld the constitutionality of banning partial-birth abortions. [*Gonzales v. Carhart*]." Finally, the powerful conclusion.

"*Justice Thomas, concurring in *Box* [the decision rendered earlier this year that upheld portions of Indiana's HEA 1337], acknowledged that the Supreme Court will soon need to address the constitutionality of anti-discriminatory abortion prohibitions '[g]iven the potential for abortion to become a tool of eugenic manipulation.' He agreed, however, with the Court's decision to not take up the issue in that case 'because further percolation may assist [the Court's] review of this issue of first impression.' En banc review by this court would provide such percolation by inviting more judges to engage in discussion on this issue of exceptional importance. Accordingly, the Court should grant the petition."

that he was 'skeptical' about the panel's holding because 'Casey did not consider the validity of an anti-eugenics law,' which is 'morally and prudentially' distinguishable from the laws considered by *Casey*."

"*Ohio's Down syndrome abortion ban serves the State's compelling interests in preventing prenatal discrimination and safeguarding the integrity of the medical profession, and the en banc Court should consider this case in light of those interests. ... In related fashion, States have a compelling government interest in ensuring that medical

“I know we did the right thing” – Mom and dad reverse chemical abortion, rescue their unborn baby

By Katie Franklin

Ivette had just taken the first dose of the chemical abortion pill protocol when she began to feel the pangs of regret. Sitting in the abortion facility, she felt emotion wash over her.

“I knew it was wrong, and as soon as the doctor walked out, I started crying. I asked my boyfriend, ‘Why are we doing this?’ and he just hugged me,” she wrote in a reflection sent to Heartbeat International several months later.

The abortion facility hadn’t let Ivette see her unborn baby on the ultrasound screen, but they estimated her child to be about four weeks old. Just a day before, the couple had believed abortion was their only way forward. With an almost-two-year-old daughter at home, they didn’t believe that bringing another child into the world was financially feasible.

That belief was about to be challenged in a major way.

On the drive back home from the abortion facility, the full force of Ivette’s regret came rushing through her.

“I started arguing with my boyfriend, asking him why he had convinced me to do it. That I didn’t want to, that I hated him,” she wrote. “And he was just looking at me, and I was crying and crying.”

Struck by her words, her boyfriend pulled the car over.

“He started telling me I was right, that he was dumb for even talking me into it, that we should’ve done the right thing,” she recalled.

That’s when her boyfriend decided to take action. Grabbing his phone, he began searching the internet for a way to save their unborn baby.

He came across Abortion Pill Rescue, a 24/7 helpline (877-558-0333) backed by a network of 800 medical professionals offering Abortion Pill Reversal.

Otherwise known as the “abortion pill” or RU-486, chemical abortions typically involve two drugs: mifepristone

saved more than 900 babies to date.

“Women who are facing the immediate regret of abortion call the APRN helpline every day seeking hope and options,” said Christa Brown, director of Medical Impact for Heartbeat International. “They don’t give



and misoprostol. Mifepristone, the first drug, destabilizes a pregnancy by blocking progesterone, the natural hormone needed to sustain a healthy pregnancy. To finish the abortion, misoprostol induces labor, forcing a woman’s body to deliver the baby.

The reversal protocol, which was developed by physicians George Delgado and Matt Harrison more than a decade ago, works by giving a woman extra progesterone up to 72 hours after she takes the first chemical abortion drug.

Now operated by Heartbeat International, the Abortion Pill Rescue Network (APRN) has

up the right to other choices when they seek an abortion and we are here to help.”

For Brown, a woman’s courage to call the helpline and try to rescue her baby is nothing short of heroic.

“One of APRN’s main goals is to help ensure that women like Ivette have the opportunity to choose life for their children every step of the way,” she said. “We are so thankful for the courage and strength of our clients who choose life often under many pressures to continue the abortion. All of our 900 moms are true heroes.”

Despite whatever glimmer of hope the helpline offered, Ivette

was convinced it was too late for their baby.

“I told (my boyfriend), ‘Hang up. This is ridiculous. There’s nothing we can do. What is done is done,’ and took away his phone as we drove back home,” she wrote. “I felt sad. I felt mad. I hated myself. I couldn’t stop thinking about my daughter I already had and what a beautiful blessing she was coming into our lives.”

Tears overwhelmed Ivette for the rest of the day. She could hardly sleep that night. Early the next morning, she searched the internet once more for the Abortion Pill Rescue number.

“A really nice nurse answered,” Ivette wrote. “I will never forget her. She started asking me questions and told me we were still in time to reverse the abortion.”

The nurse connected Ivette to a local doctor who provides the Abortion Pill Reversal protocol and advised her not to take the rest of the chemical abortion regimen. The doctor’s office set Ivette up with an appointment immediately. Together, she and her boyfriend drove 45 minutes to the pro-life clinic.

“I felt so much peace as I entered his clinic,” Ivette wrote. “It had a really big Virgin Mary and a little place for people to pray. I felt hope.”

While waiting to be seen, she slipped into the bathroom. Her hope faltered as she saw how much she was bleeding.

“I was bleeding so much, and I said to myself, ‘I’m losing the baby,’” she wrote.

See “Rescue,” page 23

Simple Math of Politics: Democrat Presidential Candidates = Abortion Through Birth

From page 1

Even former Vice President Joe Biden. And even Mayor Pete Buttigieg. And even Congresswoman Tulsi Gabbard.

For an updated downloadable presidential candidate comparison, to see where the candidates stand on life issues, go to: www.nrlc.org/uploads/records/2020POTUScomparison.pdf

The winner of the Democratic presidential primary, which may be known as early as March 3 – Super Tuesday – will go on to challenge President Trump.

President Trump and his administration have established more pro-life policies than any other president in history.

Ever. Period.

In addition to appointing

Justices Neil Gorsuch and Brett Kavanaugh to the U.S. Supreme Court, President Trump has...

Restored the Mexico City Policy, which prevents the use of tax funds for abortions overseas;

- Appointed numerous pro-life advocates in his administration and cabinet;
- Cut off funding for the United Nations Population Fund due to its involvement in China's forced abortion program;
- Ensured that Title X funds do not go to agencies that perform or refer for abortions;
- And he is committed to signing pro-life

legislation, including

- The Pain-Capable Unborn Child Protection Act;
- The Born-Alive Abortion Survivors Protection Act; and
- The No Taxpayer Funding for Abortion Act.

The importance of the 2020 elections cannot be overstated. It will determine who appoints justices to the U.S. Supreme Court and numerous federal judges to lower courts. The election will determine whether the U.S. Senate will continue to be led by pro-life Senator Mitch McConnell (R-Ky.), so they can confirm the federal judges. And it will determine

whether Speaker Nancy Pelosi (D-Ca.) can continue to squelch protective pro-life legislation such as the Born-Alive Abortion Survivors Protection Act.

It's important that voters know the differences between the candidates.

Be sure to download and share this important information with your friends and family.

The POTUS candidate comparison lists candidates in order of their ranking by Real Clear Politics polling average of at least 1.3% as of November 17, 2019.

The sum total of all we do should equal protection for all lives – born and unborn.

Viral video of adopted baby with Down syndrome highlights the gift of her life

From page 10

Today, people with Down syndrome lead overwhelmingly happy lives.

According to Ohio Right to Life, the pro-life group behind the state's Down Syndrome Non-Discrimination Act:

In 2011, the American Journal of Medical Genetics ran a three-part series on the impact children with Down syndrome have on families. Nearly

99 percent of people with Down syndrome indicated that they were happy with their lives, 97 percent liked who they were, and 96 percent liked how they looked. Additionally, more than 96 percent of brothers/sisters indicated that they had affection toward their sibling with Down syndrome. Of

over 2,000 parents who responded to the survey, 99 percent reported that they loved their son or daughter and 97 percent were proud of them.

With data like that, it's no wonder the baby girl gone viral was smiling.

The answer to a chromosomal difference should always

be love and support, not a death sentence mandated by medicine, government, or anyone.

Editor's note: November is National Adoption Month, a month designated to raise awareness about the urgent need for adoptive families for children and youth in foster care. This first appeared at Pregnancy Help News and is reposted with permission.

Life is Better With You!



Shocker: a second NYTimes analysis highly favorable to the electoral fortunes of President Trump

From page 15

men — and 39 percent are younger than 35. They back single-payer by the widest margin, 54 percent to 40 percent. Those who voted say they voted for Mrs. Clinton in 2016 and for Democrats in the 2018 midterms.

By a wide margin of 52-32, they

prefer a Democratic nominee who would bring fundamental, systematic change to American society over one who would return politics back to normal in Washington.

Yet Mr. Trump's approval rating is positive among these nonwhite persuadable

voters, with 50 percent saying they approve and 44 percent saying they disapprove. A majority opposes an assault weapons ban. They want a more moderate Democrat, 69-26, over a liberal, even as they demand fundamental change, and 35 percent self-

identify as conservative. [My underlining.]

It's just incredible that Cohn has been given a long enough leash at the *New York Times* to publish not one, but two analyses that cut against the Times' #1 objective: defeating Donald Trump.



"I know we did the right thing" – Mom and dad reverse chemical abortion, rescue their unborn baby

From page 21

But the doctor was still willing to fight for her and her unborn baby. He administered progesterone to her and prescribed more for her to take over the course of the next two weeks when she was to return to the clinic for a follow-up appointment.

Ivette's worries weren't gone just yet. The same day she began the reversal treatment, she received a dire voicemail from the abortion facility she had visited. The staff reminded her to take the other four chemical abortion pills

the facility had given her and warned that if she continued the pregnancy, her baby would be born with birth defects.

Once more, Ivette turned to the kind nurse from the Abortion Pill Rescue helpline for guidance. Using the research performed by physician George Delgado, the nurse assured her that her baby was at no greater risk of being born with a defect than any other baby.

As the days passed by, Ivette continued to bleed heavily. Nevertheless, she continued to take the progesterone, and after

two weeks, she returned to the pro-life clinic.

Ivette nervously watched the screen as the doctor performed the ultrasound. Then, he gave her the news she was longing to hear.

"He told me, 'There's a heartbeat!!'" she said. "And there it was on the screen, a little flickering. We couldn't believe it. I looked over at my boyfriend as he smiled and said, 'We did the right thing.'"

Ivette continued to take progesterone for the rest of the first trimester. Then, late last

year, she met the tiny baby she and her boyfriend rescued all those months ago.

"I delivered my baby boy by c-section, and let me tell you, he is the cutest little guy," she wrote. "I couldn't imagine my life without my daughter and my son. I love them so much and I know we did the right thing. Thank you, Abortion Pill Reversal, for this second chance."

Editor's note. This appeared at Pregnancy Help News and is reposted with permission.

A pro-life truth squad

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

While staffing an educational table at a conference recently, I was struck by the number of women who shared with me their pregnancy stories—or the stories of those they love.

One woman told of the baby she lost at less than eight weeks' gestation. That was the only child she would ever have.

Another spoke of a grandchild who died at just 20 weeks' gestation.

Yet another discussed the miraculous survival of a baby just past six months' gestation. The joy in recounting the story lit up her eyes and enveloped her face.

None of these women spoke of a "fetus." None thought of the children as just "blobs of tissue." Each knew the precious humanity of the unborn child and what a difference that baby had made in the lives of family members.

I also noticed a young mother walking through the display tables, cradling her baby, adorned in pink, in her arms. It was as if she was sending a silent message to the universe: "I've got the whole world in my hands in this sweet baby."

Given the non-stop pro-abortion messages that pervade women's magazines, television, and Internet articles, perhaps it should be surprising that so many women do not accept the abortion propaganda that dismisses a preborn baby as something less than human. But, on the other hand, maybe

it is not so surprising, given the fact that truth has a stubborn way of winning out.

The women I met at that conference know the truth—that abortion is the taking of an innocent, unrepeatable human life. They know that life is an inherent good and should be defended at all costs.

They know the heartache of a child lost to miscarriage or premature birth, and they know the inexplicable wonder of a baby who defies the odds and survives.

Humanity at its best defends the most vulnerable from harm. Policies that permit abortion on demand are a distortion

of our very humanity. The pro-abortion mindset is based on despair, fear, and the promulgation of profits over persons. It is founded on the politics of hopelessness.

And because it ignores the better angels of our collective nature, ultimately abortion cannot stand.



I don't see the difference.



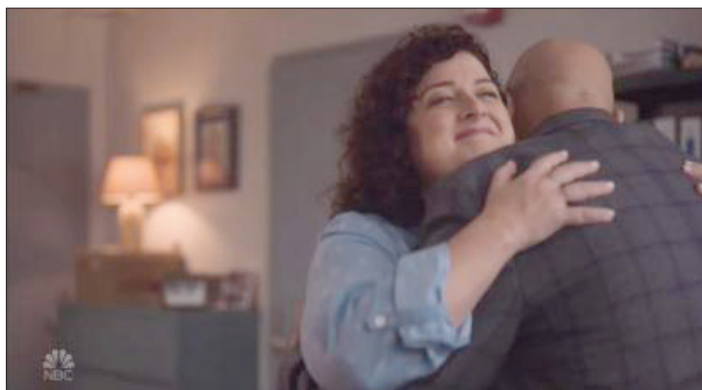
One Patient Mourns Stillbirth, Another Chooses Life on NBC's 'New Amsterdam'

By Julia A. Seymour

After multiple episodes promoting abortion this season, *New Amsterdam* finally incorporated pro-life choices and attitudes. In the episode "What the Heart Wants," a pregnant woman named Gabriella is rushed to the ER needing medical attention. She keeps asking the doctors to help her baby, not just her. Sadly, Gabi's daughter Sofie had a heart defect that caused her to be stillborn. Gabi's tragic loss hits close to home for Dr. Max Goodwin who has been struggling all season to let go of his dead wife Georgia.

After the stillbirth, Max encourages Gabi to meet Sofie, fearing if she never says

hello, she won't be able to say goodbye and deal with the grief of losing her child.



Also this week, Ella (who is carrying Dr. Vijay Kapoor's grandchild) comes to his office to let him know she's

made a decision. In an earlier episode, she told him she wasn't sure if she'd keep the

pro-life opinion to himself.

In a very touching scene this week, Ella tells Vijay she will choose life after all.

Vijay: "Ella."

Ella: "I've been thinking a lot about everything. And I think I finally. I think I figured out what I really want. I'm. I'm keeping the baby."

Vijay: Sits down, clearly relieved and asks, "Really?"

Ella: "Yeah, really."

After smiling and hugging each other, Vijay adds, "Thank you. Thank you."

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

World Medical Association Opposes Euthanasia, Supports Medical Conscience

By Wesley J. Smith

After much pressure to go cowardly neutral on legalizing euthanasia, like a few other weak-kneed medical associations have, the World Medical Association has joined the AMA and reaffirmed its strong opposition to doctors killing patients.

From the "Declaration on Euthanasia and Physician-Assisted Suicide":

The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide.

The WMA also supports medical conscience rights to refuse all complicity and participation in killing patients in jurisdictions where it is legal — contrary to advocacy among prominent bioethicists and a pernicious court ruling in Ontario, Canada:

No physician should be forced to participate in euthanasia or assisted

suicide, nor should any physician be obliged to make referral decisions to this end.

One of the crucial roles of professional associations is to maintain strong ethical boundaries. Hopefully, the WMA's unequivocal stand will encourage other medical/nursing professional

organizations to withstand the increasing pressure from George Soros-funded activists to abandon their sick patients to the lethal jab and prescription.

Editor's note. Wesley's columns appear at National Review Online and are reposted with the author's permission.



WORLD
MEDICAL
ASSOCIATION

Michigan Governor Whitmer's Reproductive Health Act Explained

By Right to Life of Michigan

The bills making up Governor Gretchen Whitmer's Reproductive Health Act (RHA) were introduced into the Legislature on October 31, and Right to Life of Michigan staff have analyzed the changes to Michigan law.

The main bills are identical, SB 622 and HB 5179, and the other bills in the RHA remove sentencing or references to laws it would repeal.

The following are major changes to state law, and scenarios the bills would allow that are based on real events.

Major changes:

- Repeals Michigan's complete abortion ban and codifies an unlimited health exception in state law.
- Creates an unlimited right to abortion, which could have broad implications. Allows women to sue for damages if she believes that right is being restricted in any way.
- Repeals the partial-birth abortion ban.
- Nullifies the current petition drive to enact a ban on dismemberment abortions (which amends the partial-birth abortion ban).
- Allows abortion facilities to be unregulated and never be inspected.
- Removes parental consent requirements.
- Removes waiting periods and requirements that abortionists provide women with informed consent and an opportunity to see her ultrasound.
- Removes mandated

screening for abortion coercion.

- Opens the door for any medical professional to perform a surgical abortion.
- Stops local governments and schools from regulating abortion in any way, including through zoning laws.

Scenarios:

- A woman who is 30-weeks pregnant decides to have an abortion after her boyfriend abandons her. Her relationship situation qualifies as a "health" exception. Rather than completing the birth to allow the viable child a chance to survive, the child is stabbed in the head during the process of birth and her brains are suctioned out.
- A fire marshal is called after receiving an anonymous report about the poor conditions of an uninspected surgical abortion facility. The facility has water damage, rusty surgical equipment, blood spatters on walls, and garbage lying around. The fire marshal decides to let it remain open because he exposes himself to a lawsuit if he tries to close it.
- A 16-year old pregnant girl walks to the abortion facility located across the street from her school. She is given

no informed consent materials, forbidden from seeing the ultrasound of her baby when she asks for it, and her surgical



Michigan Governor
Gretchen Whitmer

abortion is completed during the school day. Her parents never find out. The school can't discipline her for skipping school because of her unlimited right to abortion.

- A sex trafficker takes his pregnant 13-year old victim to an abortion facility, no questions are asked, no medical professional is present, and the victim is sent home with her sex trafficker and abortion pills prescribed by a nurse via Skype.
- A college athlete becomes pregnant. Her coach demands she have an abortion, threatening to pull her scholarship. The athlete doesn't want an abortion, but she knows she has no legal recourse to address her coach's coercion. The abortion facility staff rushes to get her

into the procedure room before she changes her mind.

Other changes worth noting:

- Doesn't repeal the ban on Medicaid-funded abortions (as we speculated in our October 29 press release). However, creating an unlimited right to abortion in state law could potentially impact it.
- An unlimited right to abortion and allowing women to sue for damages could broadly impact conscience protections for healthcare workers.
- Repeals the Abortion Insurance Opt-Out Act, allowing for insurance plans to have abortion coverage as a required benefit.
- Redefines fetal viability from the point a child can survive outside the womb to when a child can survive without "extraordinary" care. "Extraordinary" is undefined and could include common situations like a child sent to a neonatal intensive care unit. This ominous change could have implications for how disabled children and children who survive botched abortions are treated.
- Defines pregnancy in law at the point when the child implants in the womb, not when the child is conceived.

Connecticut Supreme Court Rules Frozen Embryos Mere ‘Marital Property’

May be destroyed over father’s objections

By Wesley J. Smith

Human development begins at fertilization, the process during which a male gamete or sperm ... unites with a female gamete or oocyte...to form a single cell. This highly specialized, totipotent cell marks the beginning of each of us as a unique individual. (p. 18) — Keith Moore and T.V.N. Persaud, *The Developing Human: Clinically Oriented Embryology* (6th ed.)

But science only matters if it gets us what we want. Pre-born human life has many instrumental uses or inconveniences, so we pretend that embryos are not human life.

Most recently, the Connecticut Supreme Court allowed frozen embryos to be destroyed at the request of their mother — over the objections of their father — because they are “marital property” and the divorcing couple had agreed to destroy them in the event of divorce.

In making their ruling, the embryos were called the pseudo-term, “pre-embryo.” From the *Hartford Courant* story, quoting the opinion:

“Pre-embryo is a medically accurate term for a zygote or fertilized egg that has not been implanted in a uterus,” the court wrote. “It refers to the approximately 14-day period of development from fertilization to the time when the embryo implants in the uterine wall and the primitive streak, the precursor to the nervous system,

appears. An embryo proper develops only after implantation.”

But that’s not true. After all, the biological makeup of an embryo outside a woman’s body is no different than one that is inside a woman’s body.

So, how did the term “pre-embryo” come to be used in some medical contexts? It was

considerable time after fertilization; and (5) it was introduced in 1986 “largely for public policy reasons.” (My emphasis.)

Princeton biologist Lee Silver so admitted in his book *Remaking Eden* (my emphasis):

I’ll let you in on a secret. The term

early embryo (now called pre-embryo) experimentation—as well as in the confines of a doctor’s office, where it can be used to allay moral concerns that might be expressed by IVF patients. “Don’t worry,” a doctor might say, “It’s only pre-embryos that we’re



a wholly ideological invention, deployed to permit us to do what we want with nascent life as if they have no greater meaning than a chunk of granite.

Don’t take my word for it. Look at this from the embryology text book quoted above:

The term “pre-embryo” is not used here [in their book] for the following reasons: (1) it is ill-defined; (2) it is inaccurate...(3) it is unjustified because the accepted meaning of the world embryo includes all of the first 8 weeks; (4) it is equivocal because it may convey the erroneous idea that a new human organism is formed at only some

pre-embryo has been embraced wholeheartedly... for reasons that are political, not scientific.

The new term is used to provide the illusion that there is something profoundly different between what we nonmedical biologists still call a six-day old embryo [the blastocyst] and what we and everyone else call a sixteen-day old embryo [an embryo that has begun to develop differentiated tissues]. The term pre-embryo is useful in the political arena—where decisions are made about whether to allow

manipulating and freezing. They won’t turn into real human embryos until after we’ve put them back in your body.”

Or, to allow the Connecticut Supreme Court to rule they can be tossed down a toilet (figuratively) even though one parent objects.

So, there you have it. Non-science rules!

We are so intellectually dishonest. We will do what we want to do — and then invent the language that lets us sleep at night after we do it.

Editor’s note. Wesley’s great columns appear at National Review Online and are reposted with the author’s permission.

Planned Parenthood offers pro-abortion Virginia Gov. Northam talking points to deflect attention away from his comments on infanticide

By Dave Andrusko

Judicial Watch is famous in Washington, DC for filing Freedom of Information Acts (FOIA) requests. Judicial Watch has released a 115 page treasure chest of emails which revealed how closely the office of pro-abortion Virginia Gov. Ralph Northam worked with Planned Parenthood to contain the self-inflicted damage of the remarks he'd made in a January 30 radio interview in which Northam unambiguously supported non-treatment of at least some (to give him the unearned benefit of the doubt) babies who survive abortions.

First, the background.

Northam walked into a buzz saw of controversy in trying to defend a proposed bill that the author (State Delegate Kathy Tran) conceded would legalize abortion through all 40 weeks of pregnancy.

As *NRL News Today* has discussed on many occasions, Democrat Northam, a pediatric neurologist, was asked about the bill in his monthly appearance on *WTOP* radio. He responded

"If a mother is in labor, I can tell you exactly what would happen. The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated, if that's what the mother and the family desired, and then a discussion would ensue between the physicians and the mother."

Northam's office backpedaled. As Valerie Richardson of the *Washington Times* explained

His office later denied that he was supporting infanticide, saying that he was referring



Pro-abortion Virginia Gov. Ralph Northam

to cases involving "a nonviable pregnancy or severe fetal abnormalities."

However, *National Review Online's* Alexandra DeSanctis captured the upshot well:

Though Northam later attempted to clarify his comments, he never walked back the substance of what he said, making clear that he believes it is acceptable, at least in some cases, for physicians to deny medical care to infants

who were meant to have been aborted.

Back to the talking points provided by Planned Parenthood in wake of the immense blowback.

Richardson aptly captures the backdrop in her lead two paragraphs:

Hours after Virginia Gov. Ralph Northam's infamous infanticide interview, a senior administration official circulated talking points written by Planned Parenthood designed to deescalate the furor over his late-term abortion comments.

A 115-page cache of emails obtained by Judicial Watch through open-records requests showed that Gena Berger, deputy secretary of Health and Human Resources, received "topline messages" via Planned Parenthood Advocates of Virginia executive director Missy Wesolowski.

The back-and-forth is complicated with lots of names and titles and acronyms. The gist is that Planned Parenthood Advocates of Virginia offered Gov. Northam a life-line in the form of talking points which Northam dutifully regurgitated.

For example, just hours after Northam's interview on *WTOP* radio, Planned Parenthood's Alexis Rodgers,

a former policy director for pro-abortion Lt. Gov. Justin Fairfax, "sent talking points from her ppav.org email account titled 'Topline messages for Northam' to PPAV representative Missy Wesolowski, who then forwarded them to the Virginia Secretary of Health and Human Services, Gena Berger," according to Judicial Watch.

What were some of Rodgers' talking points? According to Judicial Watch

"There is no such thing as an abortion up until birth."

"Making a decision about whether to continue a pregnancy is a complex and personal decision. Politicians have no place in this process."

"As a physician, I know how important it is to trust my patients and for my patients to trust me."

"These are complicated medical decisions that families deserve to make in private without political interference."

"Despite sensationalized and insensitive commentary from anti-abortion extremists, we are talking about circumstances in which the health and life of the pregnant person is at risk."

Study profiles American Women Seeking Abortion Pills Online

Is More a Marketing Report Than a Study

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

It comes as no secret to readers of NRL News Today that abortion advocates are aggressively pushing to have the U.S. Food and Drug Administration (FDA) authorize abortion pills to be prescribed over the internet and delivered by mail. To that end, they are publishing studies and statements by medical and other academic “experts” claiming that these “self-managed” abortions are safe, effective, and in great demand. And they are advertising that these DIY (Do-It-Yourself) abortions offer a way for women to get around onerous laws passed by proliferers.

So do we learn anything new from an October 17, 2019 study “Demand for Self-Managed Abortion Through an Online Telemedicine Service in the United States” published in the *American Journal of Public Health*?

Surprisingly, yes. In Part One of this Two-Part series, we’ll profile the backgrounds of the researchers who published the study. As we’ll see, this study’s agenda is to promote self-managed abortion, establish a “need” or demand for it in the U.S., with the tacit assurance that these self-induced abortions are safe.

Put another way, “Demand for Self-Managed Abortion Through an Online Telemedicine Service in the United States” reveals more about how well (or not) their campaign is proceeding; how many women are allegedly looking for these mail order pills; and who the advocates

involved in this campaign are and how they operate.

The data and the details tell a different story than the one advocates have been pushing on a compliant media.

A not so objective research team

A study team from a major American university publishing in a prestigious medical journal is supposed to give one the impression of disinterested,



scientific scholarship. However even a quick look at the names of the researchers, their affiliations, and the stated objectives of the groups they represent tell you these are committed activists, not neutral academicians.

Abigail Aiken, the lead researcher, is an assistant professor of public affairs at University of Texas at Austin. So far, so good. But if that UT Austin name triggered an alarm in your head, you’re quite astute. There’s a very interesting connection there.

Think back to the big argument that took place over laws Texas

passed to shift family planning funds away from abortion performing organizations, and later to impose safety measures on Texas abortion clinics. Some of these eventually were struck down in the Supreme Court’s 2016 *Whole Woman’s Health v. Hellerstedt* decision.

You may recall that a group from UT Austin called the Texas Policy Evaluation Project (TxPEP) flooded the media

with reports about the supposed drastic effects of the law – clinic closures, increased wait times, delayed abortions, attempts at self-abortion, etc. These claims received uncritical attention from the media.

Guess who was one the “affiliated researchers” for the TxPEP project? That’s right, Abigail Aiken. And Aiken is not the only author of the current study to be associated with TxPEP. One co-author, Kathleen Broussard, was a “graduate research associate” for the group.

Six of the nine authors, including Aiken and Broussard,

are members of Project SANA (Self-managed Abortion Needs Assessment). SANA is “an interdisciplinary research group at the University of Texas at Austin seeking to examine the who, the what, and the why of self-managed abortion in the United States.”

The stated aims of Project SANA?

By significantly advancing current knowledge of self-managed medication abortion in the U.S., the expected outcomes of the project are to:

1. Equip clinicians with the tools to reduce the risks that may accompany medication self-management and to improve clinical service delivery
2. Inform the public conversation around medication self-management
3. Produce an evidence base that can influence policy conversations about self-managed medication abortion in a positive and constructive way.

If you read that to indicate any intent to warn any woman about the dangers of chemical-induced self-abortion, you’re badly mistaken.

The naming of Rebecca Gomperts as one of the listed authors is most revealing. Gomperts is the former

Study profiles American Women Seeking Abortion Pills Online

From page 29

Greenpeace activist who heads Women on Web. WoW is the group that set up the “I need an abortion” website and is connected to international publicity campaigns like the abortion ship, the abortion train, the abortion bus, the abortion drone, and several international abortion hotlines.

Her presence makes clear that this group’s and this study’s existence is specifically for the purpose of promoting self-managed abortion, establishing a “need” or demand for it in the U.S.

Is there a demand for these self-abortions?

Aiken and team claim that “We found considerable demand for self-managed medication abortion using online telemedicine among U.S. residents” This statement requires some serious scrutiny.

Using data from Gomperts’ group, Aiken claimed that WoW had received 6,022 requests for abortion pills during a 10 month period from October 15, 2017 and August 15, 2018. That number needs to be put in context.

WoW’s “I need an abortion” website is designed to allow women to answer a series of demographic (e.g., age, state of residence) and medical (e.g., gestational age, previous pregnancies, disqualifying conditions) questions. If they give acceptable answers, indicate they have read through appropriate instructions and warnings, and agree not to hold WoW liable for any injuries, etc., then a doctor will authorize abortion pills to be sent to the

provided address.

WoW states on its website that its services are for women in countries “where access to safe abortion is restricted.” Though complaints are made by advocates that this increasingly describes large parts of America, WoW’s official position is that it does not currently provide abortions to women living in the United States. [1]

This means that the 6,022 women the study mentions are supposed to be women who requested abortion pills, not necessarily women who received them. If a woman filled out the form and requested these pills more than once, particularly if using a different name or address (there does not appear to be a verification system for the website), it is not clear that the website or the study could tell the difference.

Simply put, the number given may not reflect the actual number of women seeking pills from the WoW website.

Using this to gauge demand also presupposes that all or most of these women would have followed through with this intention. But how many women might have ordered pills and then changed their minds before (or even after) the pills arrived?

How many of the six thousand who made the initial inquiry were seriously intending to abort and not merely curious about the process? This study was not really designed to determine that.

Even if the 6,022 did represent the actual number of women requesting abortion pills in a ten month period, it

would not necessarily represent that large a number, relatively speaking. The latest national estimates from the Guttmacher Institute put the number of annual abortions for the U.S. at

appear to be that large, certainly not evidence of substantial pent up demand.

In Part Two, topics we’ll discuss will include “Who considers self abortion and



862,320 for 2017, down nearly 64,000 a year from the last figure Guttmacher reported for 2014.

While these numbers from WoW might allow one to think that maybe some of this recent national drop could be women attempting to self-abort, the 7,226 abortions (6,022 prorated for 12 months) represent less than 12% of the annual drop and an even more minuscule portion (less than 1%) of the abortions performed in the U.S. each year.

Do some women, after years of publicity and promotion of self-abortion by WoW, TxPEP, Project SANA, and other groups like Women Help Women, Gynuity, and Aid Access, decide to check out online chemical abortion options? Sure. But it isn’t at all clear how many women follow through.

So far, the numbers don’t

why?” “Reasons for online abortion pills not as expected.” “More a marketing report than a study.”

[1] WoW may not ship pills directly, but it does appear to go to great lengths to try to connect up American patients and abortion pills. Aiken and team point out that “Those who contacted the service by filling out the consultation form received information from a specially trained help desk about locally available abortion services and funds, self-management, online pharmacies that sell mifepristone, and financial and logistical assistance accessing abortion in their state of residence.”

See “Study,” page 46

Federal Judge strikes HHS rule protecting right of conscience for individuals and health care providers

By Dave Andrusko

Last week U.S. District Judge Paul Engelmayer of Manhattan took dead aim at “Protecting Statutory Conscience Rights in Health Care; Delegations of Authority,” an HHS rule that protects individuals and health care providers from discrimination on the basis of their exercise of conscience in HHS-funded programs.

In his 147-page decision, Judge Engelmayer, appointed by former President Barack Obama, said these protections “recognize and protect undeniably important rights,” but the government’s rulemaking “was sufficiently shot through with glaring legal defects.”

“Engelmayer’s decision covered a lawsuit by New York state and 22 other states and municipalities, as well as two lawsuits by Planned Parenthood and other healthcare providers,” Reuters reported.

Judge Engelmayer said the conscience rule “was unconstitutionally coercive because it would let the U.S. Department of Health and Human Services (HHS) withhold billions of dollars of funding from hospitals, clinics, universities and other healthcare providers that did not comply,” according to Jonathan Stempel.

The rule had been scheduled to take effect on November 22.

As *NRL News Today* has reported on multiple occasions, the Trump administration has demonstrated its commitment to expanding religious liberty and protecting the right of conscience.

Here’s how Health and Human Services outlined its

objectives in issuing the rule and the background:

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) announced today the issuance of the final conscience rule that protects individuals

promote and protect the fundamental and unalienable rights of conscience and religious liberty, a promise he made when he signed an executive order in May 2017 protecting religious liberty. In October

analyzed and carefully considered all comments submitted from the public on the proposed conscience regulation before finalizing it.



and health care entities from discrimination on the basis of their exercise of conscience in HHS-funded programs. Just as OCR enforces other civil rights, the rule implements full and robust enforcement of approximately 25 provisions passed by Congress protecting l o n g s t a n d i n g conscience rights in healthcare.

The final rule fulfills President Trump’s promise to

2017, the Department of Justice issued guidance encouraging other Departments, including HHS, to implement and enforce all relevant religious freedom laws.

As a result, in January 2018, following the launch of its new Conscience and Religious Freedom Division, HHS announced the proposed conscience rule. OCR received over 242,000 public comments, and

“Finally, laws prohibiting government funded discrimination against conscience and religious freedom will be enforced like every other civil rights law,” said OCR Director Roger Severino. “This rule ensures that healthcare entities and professionals won’t be bullied out of the health care field because they decline to participate in actions that violate their conscience, including the taking of human life.”

When the final HHS rule was issued May 2, Rep. Chris Smith (R-N.J.), chairman of the Congressional Pro-Life Caucus, said, “I’m grateful that HHS is taking meaningful action to protect the conscience rights of all Americans,” adding, “Health care should be about saving life, not taking life. Health care providers should never be forced or coerced into participating in abortion. The Office for Civil Rights is now better empowered to protect individuals from having their moral convictions about the sanctity of human life violated.”

Rep. Smith is a cosponsor of HR 2014, the “Conscience Protection Act of 2019,” which passed the House of Representatives in previous Congresses. The bill would guarantee a private right of action for victims of abortion discrimination.

Teenage football player pleads guilty to murder and feticide

Victim was six months pregnant when she was stabbed to death

By Dave Andrusko

After insisting for ten months he was not guilty of murdering 17-year-old Breana Rouhselang and her six-months-old unborn child, Aaron Trejo, of Mishawaka, Indiana, pled guilty October 29 during a status conference.

Trejo, 17, “now faces more than 80 years in prison,” according to Kim Shine of *WNDU*, for murder and feticide. His sentencing is scheduled for January 7.

Rouhselang’s “body was found in a black garbage bag in a dumpster,” Ben Kesslen of *NBC News* reported. “An autopsy determined Rouhselang died from multiple stab wounds.”

Trejo told detectives at the time that he had planned for about a week to kill Rouhselang and he admitted to throwing the murder weapon in a river.

Despite his confession, Trejo initially pleaded not guilty.

As *NRL News Today* reported last December, Trejo, who was tried as an adult, could also be charged in the death of the baby because of a new law passed in Indiana.

“Signed in March [2018] by Gov. Eric Holcomb, Senate Enrolled Act 203 permits charges of murder, manslaughter and feticide against any person killing an unborn child, at any stage of development, during the commission of a felony,” Indiana Right to Life explained.

“Additionally, should those charges not succeed in a criminal case, it maintains the judge’s ability to add additional sentencing of six to 20 years. Sen. Aaron Freeman (District 32) authored the bill

after they argued over her pregnancy, according to a charging document.

He allegedly told police that he went to Rouhselang’s house

after she had gone outside her family home to talk to Trejo,” according to Kesslen.

Dave Rouhselang, Breana’s father, told *16 News Now*, “She was probably the nicest, most genuine, caring, innocent

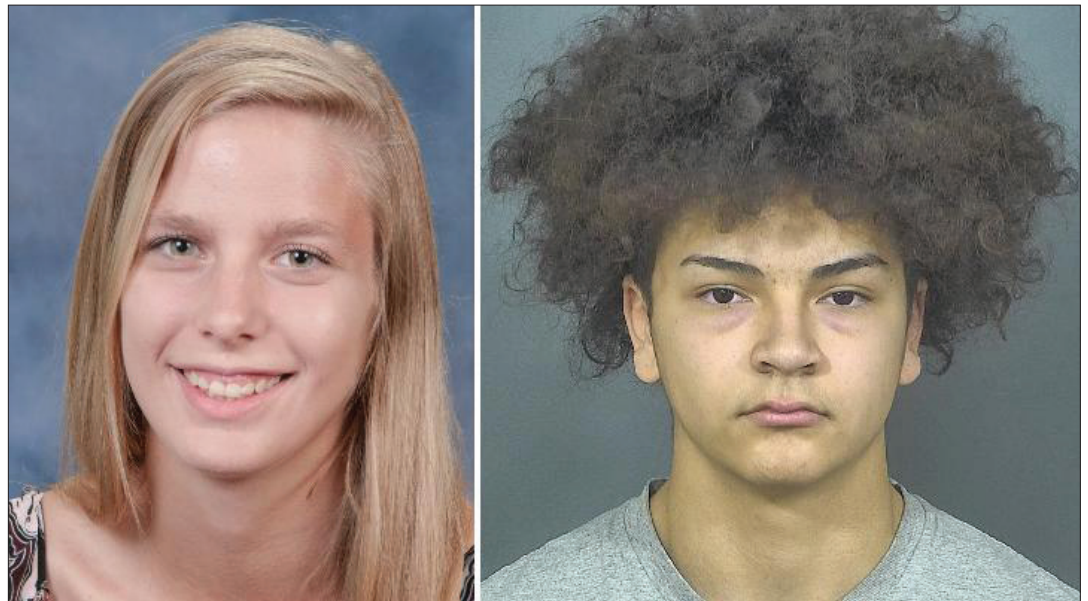


Photo credit: *WNDU*

after hearing from a woman in his district whose pregnant daughter and grandchild were killed in a homicide.”

As we reported back on December 12, the charging document asserted that Viejo told police he strangled and stabbed Rouhselang because she had waited to tell him about her pregnancy until it was too late for her to get an abortion.

According to *ABC News Radio*

Trejo allegedly admitted to investigators that he stabbed Rouhselang in the heart with a knife Saturday night

with a knife “because he thought it would kill Breana quickly,” according to the charging document.

“I took action....I took her life,” Trejo allegedly told police, the affidavit states.

Miss Rouhselang’s father and step-mother said they did not know Rouhselang was pregnant. Viejo was a football player at Mishawaka High School. Rouhselang was a cheerleader at the same high school, a softball player, and football team manager. She “went missing in December

person you could probably meet.”

Mishawaka Police Lt. Tim Williams said, “It doesn’t matter how much time someone is given, the loss is never going to be replaced.”

Williams knows most of the kids who’ve grown up in Mishawaka. He grew close to Rouhselang through the school district’s D.A.R.E. program.

“Children like Breana make such a huge impact on me. It’s almost like losing a child,” he added.

Two pro-abortion hearings in U.S. House lay bare the Democrats' extreme abortion agenda

From page 1

therefore impermissible under an ERA, the same doctrine would invalidate virtually any limitation on abortion," including "restrictions on tax-funded abortions" and "any federal or state restrictions even on partial-birth abortions or third-trimester abortions."

The prime sponsor of the measure, Rep. Jackie Speier (D-Ca.), told the *New York Times* she thought a vote of the full House was likely "before the end of the year." While the measure passed on a 21-11 party-line vote, action is not expected in the Senate.

For more on this hearing, see page six.

However, the effort to expand abortion rights did not end there.

On November 14th, the U.S. House of Representatives Committee on Oversight and Reform held a hearing titled, "Examining State Efforts to Undermine Reproductive Health Care." According to Democrat staff, the hearing was intended to focus on how state policies "restrict comprehensive health services" and placed a special emphasis on Missouri which has a single abortion provider. The stacked panel was designed to create sympathy regarding access to abortion services in the state. Currently, the fate of Planned Parenthood of the St. Louis Region and Southwest Missouri is uncertain due to findings by the Missouri Department of Health and Senior Services [DHSS] that the abortion clinic was guilty of health and legal violations.

According to an October 28th AP story written by Jim Salter headlined, "Hearing Begins on Fate of Missouri's Lone Abortion Clinic,"

Opening statements and testimony began Monday before a commissioner with the Missouri Administrative Hearing Commission. At issue is the state health department's effort to revoke the license for Planned Parenthood's clinic in St. Louis.

The state has said that part of the reason it is seeking to remove the license is a series of "failed abortions." Assistant Attorney General John Sauer outlined details of those cases. In one, he said, a woman had to undergo up to five procedures over four days to complete the abortion. In another, a woman bled heavily after doctors failed to recognize a condition that put her at higher than normal risk.

Sauer cited a third incident where a woman had an abortion but later had to return for a second one because the doctor missed that she was pregnant with twins. Donna Harrison, an OBGYN called as an expert witness by the state who reviewed the records, said there was no indication that adequate follow-up exams were done on the patient.

In spite of the clinic's numerous violations, pro-abortion House Democrats heaped praise and support

on the clinic and its chief medical officer, Dr. Colleen McNicholas. In addition to McNicholas, several other pro-abortion witnesses testified.

Allie Stuckey testified as the sole minority pro-life witness.

of life, do we get to decide who dies because they're not wanted?"

In response to a line of questioning from Rep. Thomas Massie (R-Ky.), McNicholas insisted that abortion "is



In response to questioning from the pro-life Republicans, McNicholas said that she has no idea how many abortions she's performed, and no idea how far along the largest baby she's aborted was. She went on to claim she only aborts to viability but then claimed "viability is a complicated construct."

Allie Stuckey, the lone pro-life voice, is a conservative commentator and hosts a podcast called "Relatable." Ms. Stuckey spoke powerfully while being attacked by pro-abortion members. When no majority witnesses would describe what an abortion was, she pointed out that that abortion is "tearing a child apart limb by limb." Stuckey also noted, "At what other stage

moral....is important, it is healthcare, and I support people being the experts in their own lives in making decisions for themselves."

In response, Ms. Stucky replied, "I don't quite understand the logic of saying that killing the child in the womb is moral, is healthcare. In what other situation, besides when the child is defenseless in the womb, do we call killing someone 'healthcare,' do we call killing someone 'moral?'"

While no vote was taken, and the hearing was not focused on any particular piece of legislation, the hearing showed the Democrats relentless push to legalize and normalize abortion without limits until the moment of birth.

Writer offers the “strongest argument” for abortion and for life

By Dave Andrusko

On her twitter account, writer Caitlin Flanagan says she wrote, “The Dishonesty of the Abortion Debate: Why we need to face the best arguments from the other side” for the *Atlantic* in an attempt “to answer the question my father used to ask me about so many of my opinions: What’s the strongest argument for the other side?”

I don’t think it’s either unfair or inaccurate if we conclude from reading this 3,323 word essay that Ms. Flanagan comes down on the side of “choice.” But does she offer the strongest argument both from the “pro-choice” side and from the pro-life side?

Let’s see, bearing in mind she was not writing a piece that covered **all** the arguments from both perspectives, just what she considered the strongest.

Flanagan doesn’t recycle the tiresome pro-abortion cant about “autonomy” or other appeals to the “head.” She goes right for the gut, appreciating that can be a very effective block to any consideration about the child or of finding better solutions for mother **and** child.

So it doesn’t matter that the abortion techniques Flanagan writes about in enormous and gruesome detail are a thing of the past. Or that even Planned Parenthood conceded, as far back at 1960, that 9 out of 10 illegal abortions were done by licensed doctors: “they are physicians, trained as such... Abortion, whether therapeutic or illegal, is in the main no longer dangerous, because it is being done well by physicians, to quote Dr. Mary Calderone, a former medical director for Planned Parenthood.

Flanagan writes about them because of their shock value and because they are to serve the bedrock argument for pro-abortionists—Women have always had abortions and always will—so go away pro-lifers.

But what makes Flanagan’s essay so powerful is that



she really does offer the best argument for life—ultrasounds/sonograms— and uses her own pregnancy experience as supporting evidence. Here are a series of quotes. The first one sets the stage:

These sonograms are so richly detailed that many expectant mothers pay to have one made in a shopping-mall studio, much in the spirit in which they might bring the baby to a portrait studio. They are one thing and one thing only: baby pictures. Had they been available when I was pregnant, I would definitely have wanted one. When you’re pregnant, you are desperate to make contact. You know he’s real because of the

changes in your own body; eventually you start to feel his. The first kicks are startling and exciting, but even once they progress so far that you can see an actual foot glancing across your belly and then disappearing

we have. Obviously, it would take a profound act of violence to remove him from his quiet world and destroy him.

So what has Flanagan done? From the pro-abortion perspective, she has made concessions to reality that cannot—**cannot**—be made.

First, there is a baby inside every pregnant woman. Second, left to follow the laws of fetal development, this “human being” will be born in 40 weeks **unless** there is “a profound act of violence to remove him from his quiet world and destroy him.”

But these two acknowledgements of the truth are not as devastating to the “pro-choice” position as a third: the undeniable, recognizable humanity of the unborn child as early as the 12th week (it’s actually sooner but that’s something for another day). This “baby,” this “human being” is “one of us.”

Flanagan tells us she was “comforted” when a friend told her most abortions occur in the first trimester, which is true. But then “it occurred to me to look at one of those images taken at the end of the first trimester. I often wish I hadn’t.”

A picture of a 12-week fetus is a Rorschach test. Some people say that such an image doesn’t trouble them, that the fetus suggests the possibility of a developed baby but is

again, he’s still a mystery, still engaged in his private work, floating in the aquatic chamber within you, more in touch with the forces that brought him here than with life as it is lived on the other side.

Then

The argument for abortion requires many words. The argument against it doesn’t take even a single word.

For a long time, these images made me anxious. They are proof that what grows within a pregnant woman’s body is a human being, living and unfolding according to a timetable that has existed as long as

Reducing unborn babies to medical waste: how the pro-abortion mind works

By Dave Andrusko

Whatever their position on abortion, I suspect most people would (a) be shocked to learn that in many instances, “fetal remains” are disposed of as “medical waste,” and (b) find it puzzling that anyone would object to providing a dignified burial—interred or cremated.

A story that appeared in the pro-abortion website Rhealitycheck.org [now known as Rewirenews.org] provides some insight into the pro-abortion mind.

The irony is that “The Day I Learned Aborted Fetuses Aren’t People” bears no relationship to [rh]reality. None, at least not the reality that 99% of the rest of us occupy.

You may find an occasional syllable in Amy Littlefield’s piece that tangentially bumps into how almost all of us understand our lives but that is purely by accident.

So what was the day like when Littlefield discovered that “aborted fetuses aren’t people”?

We learn that “in my former work,” Littlefield worked as an abortion clinic counselor. “I often avoided seeing what we called the products of conception—the tissue that results from the union of egg and sperm,” she tells us.

To be clear, this is **not** because that might gross her out. Rather it because (a) “For me, the embryo—or fetus, in later stages of pregnancy—was irrelevant,” and (b) “I wanted to focus all of my attention on my patients.”

Later she elaborates:

Still, in the clinics where I worked, I

tended to avoid seeing the medical waste. I avoided it because it was irrelevant to my work. But I think part of me also avoided it because I thought seeing fetal tissue might diminish my allegiance to my patients

Oh, you mean you feared you feel a tinge of compassion for



the child whose body has just been torn apart? Nah, not a chance.

So, you’re probably wondering what I was wondering when I got to the last three paragraphs of her essay: how again did you figure out (“learn”) that “aborted fetuses aren’t people”?

Here it is:

Yet even as I took part in hundreds of abortions as a counselor, I think on some level, I still wondered if seeing second-trimester fetal tissue [“fetal tissue”] could shake my pro-choice views. Then one day, I was offered the

unusual opportunity to see the fetus of a patient who had been close to 22 weeks pregnant. With some trepidation, I accepted. I looked. And in that moment, my pro-choice position crystallized.

While it was shaped like a baby, what I was looking at was not a person. It was

a fetus. A fetus my patient had chosen not to make into a baby. I felt no attachment to it. Relieved, I stepped into the recovery room to check on my patient. Years later, looking back on this moment, it’s still the patient I think about, not the fetus.

Her life was what mattered.

I honestly don’t know exactly how to respond. The “fetus” wasn’t a “baby” because the “patient” (the mother) had “chosen not to make [“it”—the baby] into a baby.”

What if the patient decided

the fetus-not-made-into-a-baby was an orangutan? What if she decided the beating heart was a miniature Interstate battery?

What if she looked at her baby (whoops, fetus), now close to a foot in length, and decided it was a ruler?

Sure the “fetus” may have been “shaped like a baby,” but maybe it was a spaghetti squash. Both weigh about 1 pound.

I guess Littlefield reasons (to use the term in its loosest possible fashion) that because the patient hadn’t given the fetus the go ahead sign to become a baby, she could also feel unattached as well.

Her attention, even now, is on the woman and thus (well, sort of thus) the aborted fetus was not a “person.” It was medical waste which you can do what you will with, including passing along to “tissue procurement companies” who can peddle intact baby parts to the lovely folks who experiment on fetal lungs and hearts and livers and brains for a living.

Indeed, had the patient so wanted, Littlefield’s colleagues could have induced a premature delivery so the patient could bond with the baby who would die either in delivery or from non-attention after her birth.

Why not? After all, for Littlefield, all that mattered was the patient.

I have no conclusion except this. **Nothing** can shake the “pro-choice views” of people like Littlefield.

Which makes them very, **very** scary and very, **very** dangerous people.

A growing recognition of the evil of eugenic abortions is helping to alter the abortion debate

From page 2

develops. But Judge Sachs did allow Missouri's ban on abortions based on race or sex to stay in effect.

Could this represent a wedge—or a lever—to force a discussion of whether it really should be permissible to kill a child **specifically because** the baby is a she and not a he; is not Caucasian; or might have Down syndrome.

Even the relentlessly pro-abortion *Kansas City Star*, while tossing bouquets to Judge Sachs for gutting the ban on abortions at or after eight weeks of pregnancy, also acknowledged (as did Sachs) that “another aspect of the decision was a harder call.”

In his 11-page opinion, Judge Sachs wrote

The most challenging and novel of the issues in this case is the state's attempt to prohibit all abortions for special reasons that are deemed contrary to public policy. ... For present purposes I assume that almost everyone in our culture would be appalled by a pregnant woman's abortion of a fetus identified as female because the woman or the family prefers that she give birth to a boy. The legal issue is whether the public, through legislation, has a right to intervene and prohibit such a discriminatory or 'selective' abortion" before viability.” [My underlining.]

Alluding to Justice Thomas very thoughtful concurrence in a similar case which the justices declined to address, Judge Sachs observed, “Justice Thomas demonstrated great interest in the ultimate question of a State's authority, in his

newspaper and editorial page:

The high court decided not to review an Indiana law that included similar discrimination provisions, but Justice Clarence Thomas

provisions to go into effect for a few months won't have much real-world impact because doctors don't currently ask patients why they're getting an abortion.

This won't hurt a bit?



Try telling her that.

phrasing, to prevent 'abortion from becoming a tool of modern-day eugenics,' citing the recent State laws seeking to prevent abortions motivated by race, sex, genetic abnormality, and Down Syndrome.”

The *Kansas City Star* editorial put it this way: “The Supreme Court has not decided this issue and does need to clarify it.” Read this powerful conclusion and, again, remember this is a very, very pro-abortion

wrote that we should prevent abortion “from becoming a tool of modern-day eugenics” used to select for race, gender or ability.

This does present a genuine moral quandary, and raises questions that need to be decided.

Sachs reasons that allowing the **d i s c r i m i n a t i o n**

“Caution suggests I withhold” a preliminary injunction against the discrimination provisions of the law, he said. But Sachs also said he remains open to “an adequately supported renewed motion on this narrow issue.”

No doubt he'll get one.

Florida parental consent law receives support from Senate president

By Dave Andrusko

More good news for a proposed Florida law that would require parental consent before a minor girl under 18 could obtain an abortion.

As *NRL News Today* reported

that the abortion is in her “best interests.”

“It was the only committee stop for the proposal (HB 265), which means the measure now is available for a full floor

supports legislation that would require minors to get consent from their parents before obtaining abortions, increasing the chances that the proposal will pass during the 2020 session.

“I have said, ‘yes,’ that’s something that I have an interest in and have looked at,” Galvano told reporters and editors gathered in Tallahassee for an annual Associated Press pre-session event.

During the 2019 legislative session, the Florida House passed a parental-consent bill but the proposal died in the Senate.

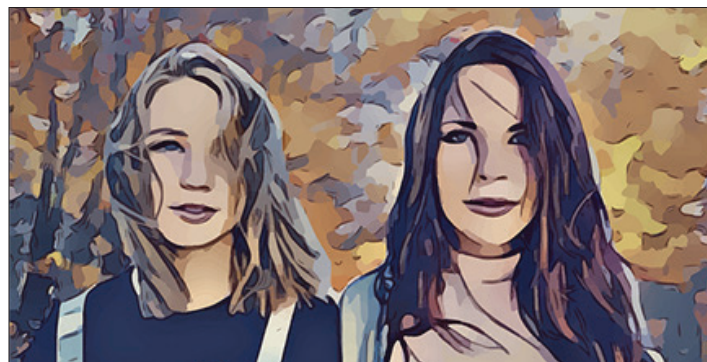
“Galvano on Tuesday attributed the bill’s demise, at least in part, to time running short,” Sexton reported. “Galvano predicted that the proposal for the 2020 session (SB 404) will be considered

earlier by the Senate Health Policy Committee.”

When the measure passed the House Health and Human Services Committee, Lynda Bell, president of Florida Right to Life, told *NRL News Today*

“It is bizarre that young girls can have an abortion without their parents consent. In Florida a child can’t get a tattoo or her ears pierced without the parents consent. We must protect our children”

The proposal received editorial support from *The Ledger* (Lakeland, Florida). Referring to the Senate version, the editorial noted, mirroring Mrs. Bell’s observations, “It’s illogical to require parents to provide consent for a doctor to remove a child’s tonsils or set a broken arm, yet to not do so to end a pregnancy.”



last week, on Tuesday, the Florida House Health and Human Services Committee approved House Bill 265. The vote was 12-5. As required by previous Supreme Court decisions, under HB 265, the minor girl would have the option of petitioning a judge for an exception on the grounds

vote after the session starts in January,” Christine Sexton of *The News Service of Florida* reported. Florida currently requires parental notification when a minor seeks an abortion but not parental consent.

Moreover, according to Sexton, “Senate President Bill Galvano on Tuesday said he

More deeply unsettling details emerge about the abortionist who stashed away the remains of over 2,400 aborted babies

From page 7

**A pro-lifer who had peacefully picketed outside one of Klopfer’s abortion clinics (and whom Klopfer had verbally abused over and over), took the admonition of his pastor’s sermon to heart—“Think of the person you dislike the most and ask for forgiveness”—and “Somehow, a friendship developed.” For five years they drank coffee together every Thursday

morning.

**The babies’ remains were carefully labeled. Indiana authorities agree they came from abortions performed in Indiana between 2000 and 2002. “A spokeswoman for the Indiana attorney general said there was no ‘specific’ law for the disposal of fetal remains during that time,” Esposito writes. “That changed on Sept. 3 — the day Klopfer died —

when an Indiana abortion law that had been contested all the way to the U.S. Supreme Court took effect, requiring the cremation or burial of fetal remains following an abortion.” Finally...

**Esposito begins and ends his story with one woman on whom Klopfer performed two abortions at his Ft. Wayne, Indiana clinic in 1998. Her words may yet prove

(unfortunately) to be prophetic.

[The woman] can’t get rid of the nagging fear that something once belonging to her might yet turn up.

“I’m definitely left wondering: Are they going to find more somewhere else?” she said.

Judge allows pro-life teen Nick Sandmann to sue *Washington Post*, reverses prior ruling

By Calvin Freiburger

Pro-life teen Nick Sandmann's defamation suit against the *Washington Post* got a new lease on life, thanks to US District Judge William Bertelsman partially reversing his prior ruling, which will allow the suit to move forward.

Immediately following the January March for Life in Washington, D.C., the press erupted with claims that a video showed boys from the Kentucky religious school harassing Nathan Phillips, a Native American activist, outside the Lincoln Memorial. But additional extended video and firsthand accounts soon revealed that Phillips was the one who waded into the group waiting for its bus and decided to beat a drum inches from Sandmann's face, while the boys had merely performed school cheers in hopes of drowning out racist taunts from members of the Black Hebrew Israelites fringe group.

The *Washington Post* issued an editor's note in March admitting that "subsequent

reporting, a student's statement and additional video allow for a more complete assessment of what occurred, either contradicting or failing to confirm accounts provided in that [January 18] story," but neither retracting nor apologizing for its initial piece.



Sandmann's attorneys rejected it, and launched a \$250 million defamation suit against the paper.

Bertelsman dismissed the suit in July on the grounds that the *Post*'s initial coverage didn't specifically mention Sandmann

by name, that its language was constitutionally-protected "rhetorical hyperbole," and that while Phillips' version of events may have been "erroneous," the *Post* reporting on his "opinion" fell within the First Amendment's scope.

However, on October 28, the

light many journalists and other public figures quickly deleted their snap condemnations of the students, and an independent investigation commissioned by the Diocese of Covington forced the diocese to retract its initial condemnation of the boys.

As various media figures either tried to keep the original narrative alive or refused to unequivocally retract or apologize for their initial claims, attorneys representing the students have filed defamation suits against numerous other media outlets and public figures, including *CNN*, *NBC Universal*, Democrat presidential candidate Elizabeth Warren, the *New York Times*' Maggie Haberman, comedian Kathy Griffin, *ABC News*'s Matthew Dowd, Princeton University's Kevin Kruse, left-wing activist Shaun King, and *Rewire* editor-in-chief Jodi Jacobson.

judge partially reversed himself and allowed the case to proceed to the discovery phase, attorney Todd McMurtry announced:

Attorney Lin Wood also issued a statement praising the development:

As additional video came to

Planned Parenthood offers pro-abortion Virginia Gov. Northam talking points

From page 38

What's more, according to Judicial Watch, "On January 16, 2019, Berger asked Woods to provide 'talking points' for Northam to use for his upcoming appearance with NARAL Pro-Choice Virginia in order to promote abortion bills in the legislature. Woods replies offering to, 'send over

some talking points in case they're helpful."

It's no surprise that Northam would reach out to and appear before his ideological and financial supporters. "During his 2017 campaign, Northam received \$3 million from Planned Parenthood's Virginia affiliate, as well as

nearly \$20,000 from NARAL Pro-Choice Virginia, which endorsed him in the Democratic primary," as *National Review Online*'s Alexandra DeSanctis noted.

These pro-abortion groups, and others, are hoping to "flip" the Virginia legislature which has the slimmest of one-vote

pro-life majorities in each house. Were they to do so, Del. Tran's abortion up until birth bill would meet Gov. Northam's soft on infanticide position, endangering the lives of unborn babies through all 40 weeks and any babies who survive the abortionist's best efforts to kill them.

“There is no international right to abortion”: U.S. and 10 other nations issue Joint Statement at end the Nairobi Summit

Editor's note. Last Tuesday we reposted a Wall Street Journal op-ed written by pro-life champion Rep. Chris Smith (R-NJ) which ran under the headline "Abortion Extremists Hijack the U.N. Organizers of the Nairobi Summit attempt to undo the careful consensus forged at Cairo a quartercentury again."

We are pleased to speak at the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development (ICPD) held in Cairo in 1994. The United States, on behalf of Brazil, Belarus, Egypt, Haiti, Hungary, Libya, Poland, Senegal, St. Lucia, and Uganda, reminds both those gathered and those watching that the 1994 ICPD had as its stated objectives and actions to collectively address the critical challenges and interrelationships between population and sustained economic growth in the context of sustainable development.

Our world has undergone remarkable demographic, social, economic, environmental, and political change over the past 25 years. Many countries have made substantial progress in reducing death rates and increasing education and income levels, including by improving the educational and economic status of women. It is noteworthy that, as opposed to the population growth predictions included in the ICPD Program of Action, these predictions have not come to pass. Indeed, in most regions of the world today, fertility is below population replacement

rates. As a result, family planning should focus both on the voluntary achievement of pregnancy as well as the prevention of unwanted pregnancy.

While much progress has



been made, “developing countries are still facing serious economic difficulties and an unfavorable international economic environment, and the number of people living in absolute poverty” is still too high (See ICPD Preamble 1.2).

Together, we affirm the key foundational principles of the ICPD Program of Action, including that “[e]veryone has the right to life, liberty and security of person” and that “[t]he family is the basic unit of society and as such should be strengthened” (ICPD Principles 1 and 9, respectively). We strongly support the holistic pursuit of the highest attainable outcomes of health, life, dignity, and well-being for women, men, children, and adolescents throughout their lives. This includes but is not limited to: reproductive concerns; maternal health; primary health care; voluntary and informed family planning; family strengthening; equal

educational and economic opportunities for women and men; the eradication of HIV, TB and other infectious diseases; elimination of violence against women and children; human trafficking; and discrimination

on the basis of sex.

We wish to emphasize that the agreement reached at Cairo remains a solid foundation for addressing new challenges within a consensus-driven process that gives each government equal opportunity to negotiate a broadly accepted document within the UN, reaffirming that health is a precondition for and an outcome and indicator of the realization of ICPD.

The ICPD Program of Action was approved by consensus as contained in the report of the Conference and endorsed by the United Nations (UN) General Assembly in its resolution 49/128 of December 19, 1994. UN Member States were able to join consensus because the ICPD Program of Action preamble paragraph 1.15 made clear that the conference did not create any new international human rights, and that “the implementation of the

the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights” (ICPD Program of Action Principles chapeau).

We are also concerned about the content of some of the key priorities of this Summit. We do not support references in international documents to ambiguous terms and expressions, such as sexual and reproductive health and rights (SRHR), which do not enjoy international consensus, nor contemplates the reservations and caveats incorporated into the Cairo outcome. In addition, the use of the term SRHR may be used to actively promote practices like abortion. There is no international right to abortion; in fact, international law clearly states that “[e]veryone has the right to life” (e.g. Article 3 of the Universal Declaration of Human Rights). The ICPD notes that countries should “take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning” (ICPD 7.24) and to “reduce the recourse to abortion” strongly affirming that “... [a]ny measures or changes related to abortion within the health system can only be determined at the

The Nilsson photo—“The Fetus, 18 weeks”—is “one of the 20th century’s great photographs”

From page 2

If we are to believe Charlotte Jansen’s accounts, and others, being part of the abortion debate was not Nilsson’s objective. As least as far as I can determine, he never took a public position on abortion. According to Jansen, Nilsson did not know of the power of his images—the 1965 cover of *Life Magazine* and the 1965 photography albums, “A child is Born” --for many years. Afterwards, he would not allow his images to be used.

Jansen writes

In April 1965, Life magazine put a photograph called Foetus 18 Weeks on its cover and caused a sensation. The issue was a spectacular success, the fastest-selling copy in Life’s entire history. In full colour and crystal clear detail, the picture showed a foetus in its amniotic sac, with its umbilical cord winding off to the placenta. The unborn child, floating in a seemingly cosmic backdrop, appears vulnerable yet serene. Its eyes are closed and its tiny, perfectly formed fists are clutched to its chest.

Capturing that most universal of subjects, our own creation, Foetus 18 Weeks was one of the 20th century’s great photographs,

as emotive as it was technically impressive, even by today’s standards.

The rest of Jansen’s piece is lamenting how pro-lifers “highjacked” the photos but, more interestingly, how Nilsson

Nilsson was only able to photograph one living foetus, though, using an endoscopic camera that travelled into a womb. This picture was included in Life and is distinct from the others – being

his Hasselblad camera from 1958 to 1965.

Stene is, for lack of a better word, agnostic about the place of Nilsson’s photos in the larger cultural setting. Jensen concludes her story

Stene accepts that the images have divided opinion over the polemical question of when life begins, but says: “Everyone interprets images differently, depending on their social, cultural and religious background. In the digital era, I believe it is more important than ever to go back and take a look inside ourselves. What better way of doing that than with these photos?”

Last year, Stene points out, the first ever photograph of a black hole was published. “For me,” he says, “looking at that picture and looking at one of the foetus photos are the same thing. After all, what do we really know about the origin of mankind and the universe?”

What we know, initially by Nilsson’s phenomenal photos and subsequently by incredibly detailed 4 color, 4 D ultrasounds, is that we now have a “live video effect, like a movie,” according to WebMd.com, “you can watch your baby smile or yawn.”



produced these masterpieces.

Jansen tells us that tracking the unborn child’s development using ultrasound in hospitals was not common until the 1970s.

So instead, Nilsson enlisted the help of two German endoscope experts, Karl Storz and Jungners Optiska, who created optical tubes with macro lenses and wide-angled optics that could be inserted into a woman’s body.

taken inside the uterus means it can’t capture the foetus in its entirety. All the other images were either miscarried or terminated pregnancies.

The photographer worked closely with Professor Axel Ingelman-Sundberg, then head of the Sabbatsberg hospital in Stockholm, taking hundreds of shots with

Doctors chose not to save 21-week twins, potentially old enough to survive outside the womb

By Nancy Flanders

Just 11 days after celebrating their preborn twins at their baby shower, Sonia Homeak Charbonneau and her husband Roy Homeak faced the devastating loss of

“[T]hey put me on progesterone and bed rest explaining to us that if the babies were born before 23 weeks they would not do anything to try to save them.”

my body aches Sooooo much for my babies.”

While the babies were otherwise healthy, because it was 10 days before the “viability mark,” the medical team wouldn’t give them any assistance despite the fact that babies have been known to survive and thrive when given support after being born at 21 weeks.

“My precious beautiful Boys were born 4 months premature at 21.3 weeks,” wrote Homeak Charbonneau. “They were so extremely wanted loved and cherished and they will be forever. It really makes you think though how could hospitals let all these babies die just for [guidelines] and a difference of a few days. In lots of places around the world

they consider viable and help babies born earlier than 23 weeks.

“[Thunder and Cloud] deserve to be known and have their stories shared,” she wrote. “Hopefully they can help others in some way and I really hope hospitals will reconsider their viability mark.”

Thunder and Cloud are not the first babies to be denied medical care after being born at an age when they had a chance of survival. In 2018, Amanda shared the story of her premature twin boys Emery and Elliot. After experiencing bleeding at 22 weeks and two days, doctors told Amanda they wouldn’t do anything to help her boys if they were born before 22 weeks and five days. But when three days later her



Sonia and Cloud

their babies to premature birth at 21 weeks gestation. They want their stories to be heard in the hope that hospitals will consider providing medical assistance to help babies like theirs.

At 15 weeks gestation, Homeak Charbonneau began to experience “a major bleed” and went to the hospital believing she was suffering a miscarriage. She explained on Facebook that an ultrasound revealed her preborn babies were doing well but that she had a large subchorionic hemorrhage. She was sent home on modified bed rest.

For the following six weeks she was careful about taking every precaution she could to protect her babies, but on July 21 at about 21 weeks’ gestation, she experienced another large bleed and began to have contractions. She returned to the hospital.

Homeak Charbonneau wrote on Facebook. “They also did not want to give me the steroids to help their lungs develop until 23 weeks. We just really hoped they would stay in there!”

But after five days of bed rest, labor could not be stopped. Her boys, Thunder and Cloud, were born on July 26 at 21 weeks “tiny but fully formed except for their lungs and so perfect!!”

Thunder lived for one hour and 20 minutes outside of the womb and his twin brother Cloud lived for one hour and 30 minutes after birth.

“I got to spend the night holding my babies,” wrote Homeak Charbonneau. “I just really don’t wanna leave them and send them away now. This is the hardest thing I’ve ever had to do. This feels like some horrible bad dream I wish I would just wake up from. My whole world is shattered and



Sonia and Thunder

there are 21-22 week babies who have survived and are now healthy happy children.”

Homeak Charbonneau wants the story of her sons to be shared with the world in order to honor their lives and raise awareness for miscarriage, premature birth, and infant loss. She also hopes that hospitals will begin changing what age

babies were born at exactly 22 weeks and five days, the doctors still didn’t do anything to help them despite Amanda’s pleas. Doctors stepped in to help Courtney Stensrud’s baby girl who was born at just 21 weeks,

See “Twins,” page 48

Arkansas defends three pro-life laws in briefs submitted to 8th U.S. Circuit Court of Appeals

By Dave Andrusko

On August 6, when last we examined the handiwork of pro-abortion to the hilt U.S. District Judge Kristine Baker, she had waited until the very last minute to extend an enforcement ban against three pro-life Arkansas laws. Baker had issued the initial temporary restraining order July 23 preventing the state from enforcing

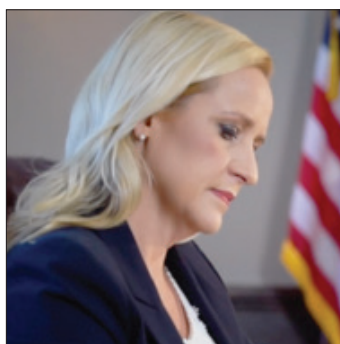
- **Act 619** which protects unborn babies who would be aborted solely because of a prenatal diagnosis of Down syndrome.
- **Act 700** which requires abortion providers to be board-certified.
- **Act 493** which bans abortions starting at 18 weeks.

Immediately following Judge Baker's TRO extension, Amanda Priest, the communications director for Arkansas Attorney General Leslie Rutledge, issued a statement:

"Following the court's adverse ruling, the Attorney General immediately filed an appeal to the Eighth Circuit. She continues to defend Arkansas law protecting women's health by requiring a board certified or eligible OBGYN to perform an abortion, as well as Arkansas laws that (protect) unborn life by prohibiting abortions after 18 weeks and at any time

if based on a Down Syndrome diagnosis."

This brings us to an extremely detailed and (surprise!) unbiased summary of the 72-page brief submitted by attorneys for the state to the 8th



Arkansas AG Leslie Rutledge

U.S. Circuit Court of Appeals, written by Linda Satter of the Arkansas Democrat-Gazette. The opening paragraphs are particularly helpful summaries:

Attorneys for the state are urging judges on the 8th U.S. Circuit Court of Appeals to vacate an injunction that has kept three new abortion-restricting laws in Arkansas from being enforced since July 24, the date they were scheduled to take effect.

In a brief filed Tuesday at the St. Louis-based appellate court, the Arkansas attorney general's office presented detailed arguments to support its appeal of orders blocking Acts 493, 619 and 700, all of which were passed during this year's legislative session.

The laws, which the state calls "common sense abortion regulations," ban abortions after 18 weeks of pregnancy, except in a medical emergency or cases of rape or incest; prohibit abortions based solely on the likelihood of fetal Down syndrome; and require abortion providers in the state to be board-certified or board-eligible in obstetrics and gynecology.

Satter's story can be read in its entirety here [<https://www.arkansasonline.com/news/2019/oct/31/unblock-abortion-laws-state-asks-8th-ci>], so let me highlight just a portion of her summary of the state's case.

*"The state's attorneys also argued that the genetic-discrimination law, also known as the Down syndrome law, is constitutional because 'Arkansas is entitled to prohibit abortion practitioners from discriminating against people with disabilities,'" Satter wrote. "They called Act 619 'a step toward remedying a shameful history of discrimination.'" This is such an obvious and blatant act of discrimination that it would seem only a matter of time before the Supreme Court directly addresses the issue, something it avoided last May in *Box v. Planned Parenthood of Indiana and Kentucky*.

*The state strongly defended the benefits to women of Act 700 which requires abortion providers to be board-

certified—a requirement which Judge Baker dismissed virtually out of hand. "Overall, they argued, she erred in concluding that the OB/GYN requirement's benefits are substantially outweighed by its burdens," Satter wrote. The brief noted

existing law provides only four requirements for abortion practitioners: that they are state-licensed physicians, that they must obtain prior consent from the patient; that they must keep a record of obtaining consent; and that they must report all abortions provided.

"In other words, prior to the OBGYN requirement any Arkansas-licensed doctor — whether family practitioner, ophthalmologist, or radiologist — could perform abortions," the filing states. "The district court then declared without explanation that this was good enough and declined to consider evidence that, unlike those physicians, all OBGYNs are 'trained in 1st and 2nd trimester evacuation of the uterus,' and to handle the 'complications of abortion (spontaneous or induced).' On that basis, it found that the OBGYN requirement

Arkansas defends three pro-life laws in briefs submitted to 8th U.S. Circuit Court of Appeals

From page 42

would provide few, if any, benefits.”

The brief said Baker declared that the clinic couldn't comply with the OB/GYN requirements, and “failed to conduct any serious analysis of [the clinic's] half-hearted attempts to locate additional board-certified or -eligible OBGYNs.”

The brief also noted tellingly that since Baker's August 6 decision, The Little Rock Family Planning Clinic has added two board-certified OB/GYNs, changing the numbers Judge Baker relied on to conclude the abortion clinic couldn't comply with the OB/GYN requirements.

*And finally the state's brief argued

“This court should

reverse, or at least vacate, the preliminary injunction and order random reassignment on remand,” the state attorneys said, referring to the fact the lawsuit challenging the three laws was originally randomly assigned to U.S. District Judge Billy Roy Wilson, who

transferred it to Baker, saying it was related to similar lawsuits she was already presiding over.

The Little Rock Family Planning Clinic has until November 29th to file its brief. The losing party is likely to request a rehearing or a review by the full 8th Circuit.

“There is no international right to abortion”: U.S. and 10 other nations issue Joint Statement at end the Nairobi Summit

From page 39

national or local level according to the national legislative process” (ICPD paragraph 8.25). This legislative process should reflect the democratic expression of the will of the people, through their freely elected representatives.

We cannot support a sex education that fails to adequately engage parents and which promotes abortion as a method of family planning. But we support “proper regard for parental guidance and responsibilities” [E73] and giving young people the skills to avoid sexual risk.

We would have appreciated more transparency and inclusiveness in the preparation

of the Conference, including regarding criteria for civil society participation. While the Cairo ICPD Program of Action was negotiated and implemented with and by the entire UN General Assembly membership, only a small handful of governments were consulted on the planning and modalities of the 2019 Nairobi Summit. Therefore, outcomes from this summit are not intergovernmentally negotiated, nor are they the result of a consensus process. As a result, they should not be considered normative, nor should they appear in future documents as intergovernmentally-agreed language.

This Nairobi Summit is centered on only certain aspects of the ICPD Program of Action and does not fully reflect all views and positions of the Member States. In reality, the 2019 Nairobi Summit should have followed the spirit of the careful and delicate negotiations that led to the consensus-based 1994 ICPD Program of Action. Unless negotiated and adopted by consensus of all Member States, within the process and structure of an international body such as the UN General Assembly, no ICPD follow-on document has consensual weight or standing amongst governments.

We call upon Member

States to maintain the original and legitimate 1994 ICPD principles, goals, objectives, and actions that explicitly retain important government statements and reservations that permitted consensus, to reiterate their reservations to the ICPD Program of Action as reflected in the conference's report, and to focus our efforts, resources, and determination to fulfill the unfinished work of attaining sustainable development for every nation so as to promote the dignity of the human person and human flourishing.

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 NATIONAL RIGHT TO LIFE

New PPFA “App” about Increasing Share of Abortion

From page 9

state and federal funding and laws that impose basic safety standards on their clinics; despite scandals which exposed the seedier side of their abortion business; despite internal conflicts (ousting new president Dr. Leana Wen for not being sufficiently militantly committed to abortion), they keep reporting record revenues, building giant megaclinics, and performing more than 300,000 abortions a year.

This is impressive in light of the huge drop in the number of

women can’t readily find a nearby abortion clinic, they will take matters into their own hands with a do-it-yourself [“DIY”] chemical abortion using abortifacient pills ordered over the internet. That would represent lost business for Planned Parenthood, a \$1.6 billion + a year non-profit.

The real reason for the new app

Planned Parenthood tries to key off the latest round of pro-life legislation to explain the

health care—including safe, legal abortion — we’re doing whatever it takes to help people access that care. The Abortion Care Finder uses technology to help put agency back in the hands of our patients.

The release makes the connection to the laws more explicit:

Just this year, politicians have passed 26 abortion bans in 12 different states. Six states currently have only one health center that provides abortion. Many people already have to cross state lines or wait longer to access reproductive health care, including safe and legal abortion. The Abortion Care Finder helps people navigate state laws restricting access to abortion — including mandatory waiting periods, gestational limits, and parental notification and/or consent laws — and shows how these medically unnecessary rules personally and specifically impact them.

There are many clinics which have closed in recent years, many of them once run by Planned Parenthood. In 2006 Planned Parenthood reported it had at least 860 “health centers”; ten years later, it said only that it had “nearly 650.”

But while closing many of

its smaller unprofitable clinics, Planned Parenthood was adding chemical abortions to many of its previously abortion-free clinics, and building giant new regional megaclinics capable of performing hundred, if not thousands of abortions a year.

This is how it kept abortion numbers steady even with a dramatic fall in the number of abortions and while closing so many clinics.

So Planned Parenthood has had little trouble finding customers and customers have had little trouble in finding Planned Parenthood. Heavy marketing and publicity made sure of that.

But by releasing this app, with a heavy dose of PR, and furthering the myth of an abortion industry under a new and unwarranted assault, Planned Parenthood is able to capitalize on what the media has been conditioned to believe is a hot story and get nationwide exposure for its latest marketing tool.

Planned Parenthood spends a whole lot on advertising, but nothing beats free publicity.

But, like the abortion itself, it doesn’t solve any of a woman’s real problems. It doesn’t solve her relationship or career issues; it doesn’t resolve her economic situation; it doesn’t tell her about local resources for pregnant moms and alternatives that might be better for her and her child.

It simply makes it easier for Planned Parenthood to find her, bring her into their nearest clinic, take her money, and kill her baby.



abortions in the United States from a high of 1.6 million in 1990 to 862,000 in 2017.

Unless there has been some sudden, drastic drop off in Planned Parenthood’s business since their last annual report covering 2017-2018 — and nothing published since appears to tell us this is the case — then this latest “innovation” is about increasing rather than maintaining business.

Or perhaps it is also possible that Planned Parenthood believes their industry’s own scaremongering. That if

“need” for their new app. In a November 12, 2019, press release announcing the debut of the Abortion Care Finder app, acting president Alexis McGill declared,

Across the country, the Trump administration and other politicians are attempting to create a reality in which safe and legal abortion services are out of reach. At Planned Parenthood, we’re not only committed to providing high-quality

Study profiles American Women Seeking Abortion Pills Online

From page 30

Who considers self abortion and why?

Data collected by Prof. Abigail Aiken and the team at Project SANA (Self-managed Abortion Needs Assessment) do give us some valuable insight into exactly who is seeking chemical self abortion and why.

Distribution by age of those inquiring about abortifacients online tended to be about what they were for the general population of abortion patients. About 72% were under thirty, 24%-25% were women in their 30s, and between 3% and 4% were women over forty.

Just over half (about 53%) already had given birth to at least one child ; past national figures from the CDC put the number for aborting women who have already given birth at closer to 60%.

More than 7 in 10 (72.3%) reported the age of their unborn baby at less than seven weeks (the FDA's original cut off for chemical abortions with mifepristone). The remainder said they were between seven and ten weeks pregnant (the FDA's current cut off).

Though we know from reports that clinics across the U.S. have often attempted to chemically abort women with gestations greater than ten weeks, the Women on Waves (WoW) website currently tells women these pregnancies are too far advanced and will end the consult.

Because this data is based on self reporting, factual confirmation of these details

are lacking. Moreover, there are still questions about the representativeness of this sample. Nonetheless, there are interesting claims made by women in the study about the circumstances under which they became pregnant and why they wanted abortions.

Nearly half (48.9%) said that they were not using birth control at the time they became pregnant. Another 45.4% said their contraception "failed." About one in twenty (4.9%) said that they were pregnant as a result of rape.

Reasons given for seeking to chemically self-abort were largely consistent with those we have heard for all abortions.

More than six in ten (60.7%) reported "lack of money."

About four in ten (38.7%) said they "want to finish school."

Three in ten (30.4%) said they were "too young"; one in twenty (4.8%) said they were too old.

More than two-thirds (68.8%) simply said, "I just cannot have a child at this point in my life." (What this meant was not further specified in the form; women were able to pick out multiple reasons, so percentages do not add up to 100.)

Less than one in fifty (1.9%) cited unspecified "illness" as the reason for their abortion, while one in five (20%) simply stated that their "family is complete."

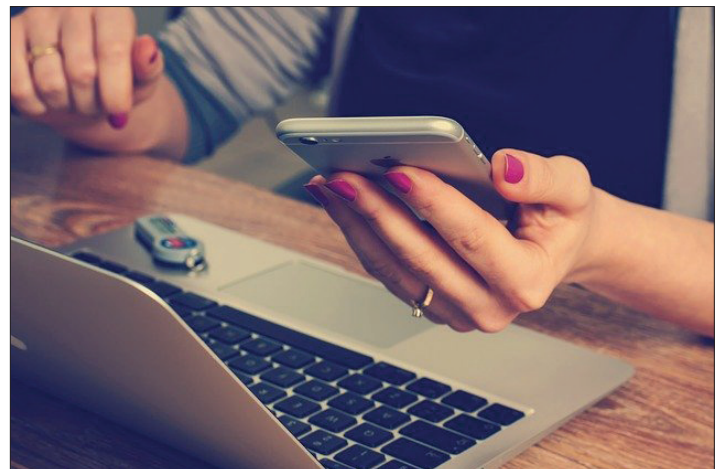
Aiken and her team tried to generate separate statistics for those women contacting WoW from "hostile states" and those

from "supportive states." (The categories depended on how many laws had passed with regard to parental involvement, informed consent, abortion funding, clinic regulation, etc.)

Differences were slight with regards to gestational age, contraceptive use, and reasons for seeking abortion. Women from "hostile states"—those with more pro-life laws—tended

pills online from WoW, less than a fifth cited "state laws." Just 18.1% cited this as a reason for trying to get the pills in the so-called "hostile" states, and almost as many (14.1%) gave this as a reason in states that the research team deemed "supportive."

Beyond the low percentage, the minimal difference between perceptions in "hostile" versus "supportive" states shows that



to be more likely to have previously given birth (55.7%) than those from "supportive states" (44.6%).

Reasons for online abortion pills not as expected

Abortion advocates have tried to argue that limits on abortion in those "hostile" pro-life states are driving women to seek out abortion pills online. Despite their best spin and efforts, the data here in this study generally doesn't seem to support that view.

For example, when asked why they were seeking abortion

the actual presence or absence of such laws in a given state isn't that big a factor in pushing women into the arms of the online abortion merchants.

What about the distance involved in having to travel to an abortion clinic, often cited by abortion advocates? This was slightly more of an issue for women in "hostile" states (29%) than it was for those in "supportive" states (21%). However this may be a function of geography (e.g., being

See "Study," page 47

Study profiles American Women Seeking Abortion Pills Online

From page 30

in a state with a spread out population) or of their generally being a higher concentration of abortion clinics in those abortion sympathetic states.

The other reasons given for seeking abortion pills online are pretty much what might be expected of women looking for an alternative to an abortion at a clinic. About half said being able to abort in the “privacy” (49.3% for “hostile” states, 48.5% for “supportive” states) or “comfort” (47% for hostile” states, 44.5% for “supportive” states) of their own home environment was factor.

This is something that was a huge early selling point for these abortions, attractive to those unaware of the physical dangers and psychological trauma associated with the chemical abortion process.

The quarter of potential WoW customers that said they sought the pills online because of the “ability to have others present” (25.3% for “hostile” states, 25.8% for “supportive” states) may have included some with a better understanding of the risk involved.

A sizeable number of women appear to have bought into the myth (or at least thought that it sounded like an attractive feature) that at home abortions with pills bought over the internet give them “a feeling of autonomy” (41.9% in “hostile” states, 43.7% in “supportive” states) or a “feeling of empowerment” (10.8% for “hostile” states, 12.8% for “supportive” states).

About four in ten (39.6% in “hostile” states, 43.2% in “supportive” states) cited the “need to keep abortion secret” as their reason for turning to online abortifacients. Just over a third (34.4% in “supportive states,” 32.5% in “hostile” states) said that getting the pills online helped them avoid problems involved in getting time off from work or school.

Less than 20% from either “hostile” or “supportive” states mentioned “perceived abortion stigma,” “protester harassment” or “difficulty finding childcare” as reasons they might prefer a method that would enable them to avoid going to the clinic.

By far, the biggest reason women gave for seeking out online abortion pills was the “cost of clinic abortion.” This was cited by 71.1% of women in “hostile” states and 62.9% in “supportive” states, tops in both categories. [1]

This clearly means that interest in online abortifacients is driven, not by those seeking a way around pro-life laws, but by women unhappy with clinic abortion prices looking for a bargain on the internet.

Either way, that’s an industry issue, a marketing issue, not a legal one.

These results presents the industry with a dilemma. Clinics are struggling to get enough clients to stay open, to pay the bills, cover the rent, pay the staff, and give the abortionists their cut. Cut prices and the margin is even lower.

Online abortion pill peddlers don’t have all the overhead of a physical clinic, all the extra employees, thus enabling them to charge lower prices. The more women go online for their abortions, the less business there is for the “brick and mortar” clinics.

This may explain why you see other people and other groups out there promoting these online pills but not abortion giants such as Planned Parenthood.

More a marketing report than a study

Ostensibly a study to show how pro-life laws are driving pregnant women to seek the means to self-abort online, Aiken et al.’s study instead exposes how well the abortion industry’s widely touted and heavily promoted effort to come up with a new and improved abortion method to address problems with clinic abortions like cost, time, travel, etc., is faring.

The answer appears to be “not well.”

There are some women, accustomed in this day and age to shop for bargains on line, who are looking for something cheaper, something better that they can get at home rather than the expensive, inconvenient abortions for which they’d normally have to take the day off work and drive to the abortion clinic.

The pitch of a cheap, easy, safe abortion a woman can do in the privacy of her own home

is clearly attractive to some women, even if the reality is something far different. What should be surprising to the Aiken team is how relatively few women seem to have sought the option.

Advocates of “self-managed abortion” are anxious to portray this as an “access issue,” where state laws and FDA drug policies interfere with a woman’s ability to exercise what they think is her “right to abortion.” Creating “evidence” of this supposed interference and demand is a critical part of making their case to the FDA to loosen controls on prescription and distribution of these abortion drugs to overcome these barriers.

Although that was clearly the intention of this study’s authors, their data tell us it really wasn’t the reason most of the women sought the abortion pills online. They simply weren’t satisfied with the product and the prices currently being offered at America’s abortion clinics.

Eventually, in spite of the latest marketing pitch, women will figure out that it is the same product, just with new packaging being delivered in a new and riskier setting. And no matter the price, they will discover that the cost in lost lives and wounded souls is just too high

[1] That about 8% fewer in the “supportive” states mentioned cost in some cases may be because many of those states cover abortions with state funds.

Writer offers the “strongest argument” for abortion and for life

From page 34

far too removed from one to give them pause. I envy them. When I see that image, I have the opposite reaction. I think: Here is one of us; here is a baby. She has fingers and toes by now, eyelids and ears. She can hiccup—that tiny, chest-quaking motion that all parents know. Most fearfully, she is starting to get a distinct profile, her one and only face emerging. Each of these 12-week fetuses bears its own particular code: this

one bound to be good at music; that one destined for a life of impatience, of tap, tap, tapping his pencil on the desk, waiting for recess.

Flanagan is not only saying that the baby “looks” like a baby. In some ways more devastating, she is, by inference, also telling us that each and every one of these babies is unique, a one-of-a-kind, not interchangeable, disposable “fetal material.”

Flanagan doubles back in the very end to give the last word to the “pro-choice” side.

But before she does, Flanagan summarizes why she is so unsettled by abortion:

What I can't face about abortion is the reality of it: that these are human beings, the most vulnerable among us, and we have no care for them. How terrible to know that in the space of an hour, a baby could be alive—his heart beating, his kidneys creating the urine that becomes the amniotic fluid of his safe home—and then be dead, his heart

stopped, his body soon to be discarded.

Flanagan is making one final acknowledgment of what abortion does and to whom: “the most vulnerable among us” who is literally alive one minute and dead the next, “his heart stopped, his body soon to be discarded.”

I would highly recommend that you read her post for yourself.

Doctors chose not to save 21-week twins, potentially old enough to survive outside the womb

From page 41

and today she is thriving. Originally, the doctor hadn't planned to offer the baby girl assistance, but when Stensrud's asked him to try, he agreed.

On September 26, two months after Thunder and Cloud's birth, Homeak Charbonneau took to Facebook to remember her boys and share her struggles after being diagnosed with postpartum depression and post-traumatic stress disorder.

“Thunder and Cloud, my sweet Twin boys,” she wrote. “[...] There really are not any words that could describe enough how much we truly miss you and how sad we are not to have you both with us. I'm trying to survive but these two months have been beyond difficult. I never thought I'd have to fight so hard. The pain of living with you two is unbearable.”

October is Pregnancy and Infant Loss Awareness Month. Mothers who have suffered such a loss as Homeak Charbonneau has are often overlooked, their

pain swept under the rug. These mothers – and fathers – go through what she calls “a heartbreaking shattering lonely and dark experience.” What helps, she says, is to have support and love through the pain. What helps is to know that her boys are remembered.

“It's hard as time goes by and people stop talking about them as though they're just something that happened in the past,” she explained. “But it's not to us. They're our children and we can't stop thinking about them and crying aching for them. We're completely heartbroken

that this happened and that we don't get to raise the amazing humans they would have been. We will forever talk about and miss our twins.”

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

