



national  
**RIGHT TO LIFE**  
NEWS

November 2023



**“THIS  
AMENDMENT TO  
THE STATE  
CONSTITUTION  
GOES TOO FAR  
AND SHOULD BE  
DEFEATED.”**

**-THE TOLEDO BLADE**

## Pro-abortion Dems beating the drum of fearmongering and lies about pro-life candidates in Virginia

By Olivia Gans Turner, President, Virginia Society for Human Life

Well, here we go! Election Day is next week. Across Virginia abortion promoters and businesses, along with candidates in the 2023 elections, are beating the drum of fearmongering and lies about pro-life candidates.

This month Planned Parenthood, the nation's largest abortion business, and other abortion promoters hit the airwaves and online with ads designed to create anxiety among female voters. Ads that deliberately mislead the public about what pro-life Republicans are hoping to accomplish on this



critical issue if they gain control of both chambers of the General Assembly.

These ads are an example of how radical Democrat candidates are and solidly pro-abortion. They demonstrate just how easy it is for them to lie to the voters of Virginia. It also proves how out of step they are with what Virginians are worried about right now. Go to some Democrat candidates' websites and you'd think that the only thing they have to offer

See *Virginia*, Page 36

## Reiterating bogus claims, 16 Pro-abortion Attorneys General issue Open Letter accusing Crisis Pregnancy Centers of spreading "misinformation and harm"

By Dave Andrusko

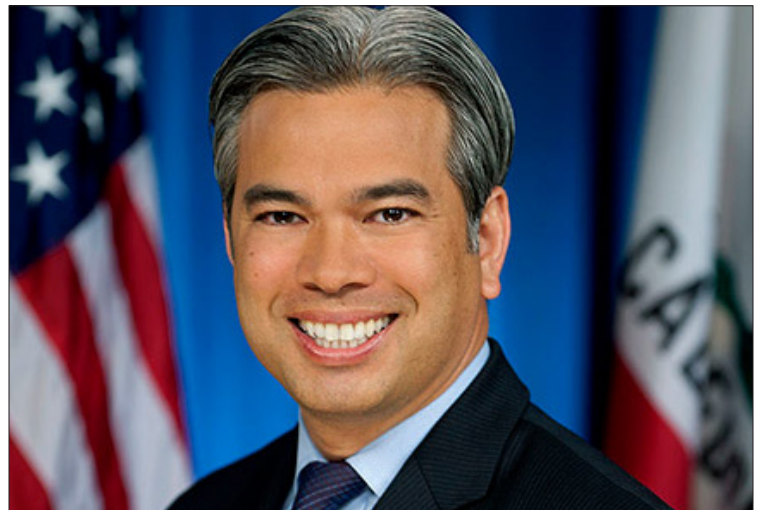
On October 23 California's pro-abortion attorney general Rob Bonta and attorneys general from 15 other states published an open letter accusing crisis pregnancy centers of spreading "misinformation and harm."

In a video that ran last month, Bonta called it "horrifying" that "there are more crisis pregnancy centers in California than abortion care clinics," because pregnancy centers "do not provide abortion or abortion referral."

Californians have, for all intents and purposes, an absolutely unimpeded "right" to abortion.

What drives people like Bonta crazy is that there are more women-helping centers than there are abortion clinics. "While less than 62% of counties have an abortion clinic, nearly 80% have a crisis pregnancy center, according to a database compiled by CalMatters," Kristen Hwang reports. "In rural areas where there are acute primary care shortages, the centers outnumber abortion clinics 11 to two."

See *Bogus*, Page 39



California's pro-abortion attorney general Rob Bonta

# Editorials

## With a year left in his term, Biden's refusal to directly address the age issue has Democrats in a huge bind

In six days, there will be four off-year state legislative elections: Louisiana, Mississippi, New Jersey, and Virginia. The results, rightly or wrongly, will be taken as harbingers of what might take place in 2024 when there are elections in the remainder of the states, congressional elections where all 435 legislators are running and 1/3rd of the Senate will face the voters, and the contest for the presidency.

It's much too early to speculate other than to use that time-worn cliché that the results for both Houses of Congress and the presidency are too close to call. Although...

To paraphrase a song from *The Sound of Music*, "How do you solve a problem like Joe Biden?" To put it mildly, pro-abortion President Biden is in a heap of trouble, including with fellow Democrats. Just last week Gallup

published its latest result for Biden and the numbers are awful.

Gallup's Megan Breman was the bearer of bad news:

**"President Joe Biden's job approval rating among Democrats has tumbled 11 percentage points in the past month to 75%, the worst reading of his presidency from his own party. This drop has pushed his overall approval rating down four points to 37%, matching his personal low. ...**

**"After ranging from 49% to 57% during the first eight months of his presidency, Biden's approval rating has**

*See Biden, Page 31*



*Pro-abortion President Joe Biden  
Photo: Gage Skidmore  
CC BY-SA 2.0 DEED*

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## "It's not who we are. It's not where we are" Ohio governor DeWine says of pro-abortion Issue 1

Underlining the gravity of the November 7 vote On Issue 1 which would embed abortion in the state constitution, Ohio's pro-life Gov. Mike DeWine has run his first-ever ad addressing a state ballot measure. He explained why in a *Fox News Digital* interview with Andrew Mark Miller.

Following an ad he ran with Ohio's First Lady urging his constituents to vote "No" on Issue 1, DeWine spoke with Miller at the governor's mansion in Columbus, Ohio.

**"Fran and I have never done an ad before for a statewide issue or even a local issue but we both feel very strongly about this and I think whether you're pro-choice or pro-life the constitutional amendment that we will be voting on in a couple of weeks just goes way, way too far."**

"It would allow abortion at any point in the pregnancy," DeWine added. "It would negate

Ohio's law that we've had on the books for many, many years that prohibits partial birth abortion."

What about the involvement of parents in the abortion decision of a minor girl?

"It also really strikes at parents' rights and the relationship between a parent and in this case, a daughter," he said.

"We have a law that says that you have to have parental consent in regard to a minor getting an abortion that would be knocked out by this constitutional amendment as well. So it would

put Ohio in a small category of the most permissive states in the union in regard to abortion. I just don't think it fits Ohio. It's not who we are. It's not where we are."

DeWine went on to say that groups supporting a "Yes" vote on Issue 1 have run deceptive ads about what the amendment would do.

*See DeWine, Page 33*

# From the President Carol Tobias

## Be a Candle that shines a light in the darkness



For most of us, our lifetime has seen little conflict; we grew up in an era of peace and prosperity. Yes, we have been affected by war and terrorist attacks. Loved ones have died or been killed

in unforeseen accidents or events.

But through it all, the loss of life was considered to be a tragedy. LIFE was our most treasured gift and the unexpected loss of any person, whether we knew them or not, was sad.

As a community and as a country, there was high regard for the value of each and every human life, a conviction that each life was to be respected. Even if we didn't particularly like an individual, we still recognized and accepted every human being as a member of the human family.

For the past 50 years, the right-to-life movement has been working to open eyes and hearts to the fact that preborn children are also members of the human family, deserving of the same dignity and respect shown to others.

I think it's become very clear that, by and large, our society has managed to lose that long-held respect for life, not just when it comes to preborn children but for all life.

It now appears that human life is only important if the person is healthy. Human life is only important if the person agrees with us on issues important to us. Human life is only important if the person is contributing to society in a manner acceptable to others.

That loss of respect for human life and desiring to look out only for ourselves has led to the push to not only make abortion accessible but to encourage women to kill their babies even if many of them are hurt or injured in the process as well.

The abortion industry refuses to inform women that there are possible complications with every abortion. Media report positively

on studies from the abortion industry which claim that abortion is safe while ignoring studies and analyses from pro-life researchers that show the potential dangers to aborted women.

Pro-abortion legislators are trying to limit, and even eliminate, alternatives to abortion, such as pregnancy resource centers and abortion pill reversal.

The loss of respect for human life leads states and countries to encourage those with disabilities, those who are ill, or those who are poor, to seek assisted suicide or medical-aid-in-dying.

to care for the women who need help with their new blessing, our expression of love as we reach out to those susceptible to the lure of assisted suicide—all signal the importance of each and every single human life.

There are songs and poems about lighting a candle in the darkness, bringing light and warmth to those in a cold, dark world.

The pro-life movement is that candle to the world. And that's why you are an important, necessary, part of the movement. Just as all parts of the body are necessary, all pro-lifers are necessary. Your head, your heart, your hands and feet... all are needed to shine a light



For most of our country's history, we were a church-going society with the belief that our worth came from a higher power. As church-life diminishes, so does the value we place on human life. We live, we die, it's over. If this life is all we have, eat, drink and be merry. Make the most of it and die as you please.

That is a dangerous and destructive viewpoint from which to live our lives. But that's why the pro-life movement is so important at this stage of the debate. Our message of love for unborn babies, our efforts

in the darkness. Someone needs the warmth of our message of LIFE.

In my opinion, the best time of the year is approaching. The Thanksgiving and Christmas holiday season give us new and different opportunities to make a difference in the world.

Let's be the candle to bring light and love to the world, to share the message that every person is unique, every person is special, every person deserves respect—simply because they are a member of our human family.

# New Speaker Mike Johnson is a Longtime Pro-life Champion

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

On October 25, 2023, after a chaotic few weeks of voting, Rep. Mike Johnson was unanimously elected as the Speaker of the House. Speaker Johnson is unknown to many Americans, and since his election, there has been no shortage of articles painting him as extreme. That said, pro-lifers should be happy to know that the new Speaker has been a fearless champion for the unborn in both his tenure in Congress, and in his time prior.

Speaker Johnson, representing Louisiana's 4th district, is a constitutional law attorney widely recognized as a strong defender of the right to life. He has served as vice chair of the House Republican Conference and has been an active promoter of pro-life issues, particularly in his role on the Judiciary Committee.

Congressman Johnson has co-sponsored dozens of pieces of pro-life legislation and is the lead sponsor of the Child Interstate Abortion Notification Act to give states the ability to enforce their parental notification and consent laws. Earlier this Congress, Speaker Johnson spearheaded a resolution to condemn violence against pro-life pregnancy centers, ushering the bill to passage in the House. Prior to coming to Congress, according to his Congressional biography page, "Mike spent nearly 20 years successfully litigating high profile constitutional law cases in district and appellate courts nationwide and is widely recognized as a leading defender of the right to life, religious liberty, free speech, the Second Amendment and free market principles."

According to National Right to Life President, Carol Tobias, "Speaker Johnson is committed to the right to life, and he will make the right to life and protecting women and their unborn children a priority in Congress." The Executive Director of Louisiana Right to Life, Ben Clapper, echoed,



*Speaker Johnson at the US Supreme Court in 2020.*

"Speaker Johnson has been a strong ally of the pro-life movement and Louisiana Right to Life. Speaker Johnson will be a proudly pro-life Speaker of the House who will protect babies and help moms."

With the 118th Congress being one of the most closely divided in recent memory, Speaker Johnson and the House return to Washington D.C. on Wednesday to work to keep the government funded. Numerous policies

protecting unborn children have been front and center of this debate, and several critical policies have been adopted in the House of Representatives.

Currently, the government is operating on a continuing resolution or "CR" until November 17. This CR

clock runs on the temporary CR. The House, controlled narrowly by Republicans, has prioritized conservative items, while the Senate bills largely maintain the status quo. With the temporary CR keeping the government open, a deal will have to be struck to fund the government with the Democrat-controlled Senate.

With Chairwoman Kay Granger (R-Texas) at the helm of the House Appropriations Committee, multiple bills were written to retain long-standing pro-life protections and include a series of new pro-life provisions. Every appropriations bill that contains abortion policy has included language protecting life, whether it be retaining longstanding riders (Hyde and Hyde-like amendments) or by adding new language to stop the Biden Administration's expansion of taxpayer-funded elective abortion at Veterans Affairs, and abortion travel at the Department of Defense.

While it is expected that long-standing pro-life provisions will be maintained this Congress, few if any of the new provisions have sufficient support in the Democrat-controlled Senate.

While Congress, particularly the House, remains in a state of flux, pro-life groups and members will continue to fight to retain long-standing pro-life protections and include several pro-life provisions aimed at stopping the Biden Administration's push for taxpayer-funded elective abortion.

With Speaker Mike Johnson as the new Speaker, those in the pro-life movement should know they have a champion at the helm.

maintained the status quo on taxpayer-funded abortion, including the Hyde Amendment and numerous other similar provisions.

Speaker Johnson has promised to continue work on the 12 individual spending bills to fund the government, rather than producing a large omnibus. Five out of the 12 bills have been approved, and work continues on the remaining bills while the

# “What they see cannot be unseen”: the power of fetal models

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

As South Carolina Citizens for Life approaches its 50th anniversary in 2024, we also will be marking the nearly 50 years of saving lives at the State Fair with medically accurate fetal models showing the intrinsic beauty and development of human life before birth. The Pro-Life Booth was first established in 1974 and has been a popular exhibit every year since (except the year the Fair was closed for covid).

This year on October 12, the second day of the Fair, we had something happen that amazed our volunteers who are seasoned pro-life advocates. Wayne Cockfield of Florence, S.C., and his cousin Mary Cockfield, of Columbia, S.C., team up every year to take shifts staffing the pro-life booth. Mary is a retired U.S. Army nurse and Wayne is retired from the U.S. Marines and serves as the vice president of medical ethics for National Right to Life.

A middle-aged woman came to the table and picked up one

of the 11-week fetal models that we freely distribute along with palm cards explaining human development from fertilization through 12 weeks.



She looked stunned by the tiny, beautiful child in the palm of her hand. “This is what the baby looks like?” she asked, as she burst into

sobs. Mary and Wayne spoke softly and kindly to her and encouraged her to keep the baby model. She walked away gazing through tears at the form of child in her hand.

We do not know what caused the woman to have such an emotional reaction to our fetal models. God knows. What we do know is that

our pro-life booth has educated hundreds of thousands of people year after year after year about the humanity of our brothers and sisters waiting to be born. What they see cannot be unseen.

Pro-Life booths at fairs and festivals all over the country have been the educational hallmark of the right-to-life movement throughout the reign of *Roe v. Wade* terror. Once the scientifically accurate display of human life growing in the womb is seen, the truth cannot be denied. Abortion takes the life of a human child.

Now that *Roe* was overturned in 2022, and we are navigating new territory, one thing is exquisitely clear. Our educational Pro-Life displays in the public square are needed as much now as they ever were.

The astonished middle-aged woman who visited our booth and burst into tears at the sight of a 10-week fetal model proves that beyond a doubt.

# Where we stand with Pharmacy Distribution of Abortion Pills: An Update

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

Within days of the official January 3, 2023 announcement of Biden administration's Food and Drug Administration (FDA) that pharmacies would be allowed to stock and sell abortion pills, the nation's top three pharmacy chains – Walgreens, CVS, and Rite Aid – all announced their intentions to seek the necessary certification to make these available from their stores.

Now, however, some seven months later after the administration's announcement, the latest we hear is that certification for CVS and Walgreens pharmacies are still in the works — that there are still some details to be worked out before some of their stores begin to make these drugs available (*Politico* 10/6/23).

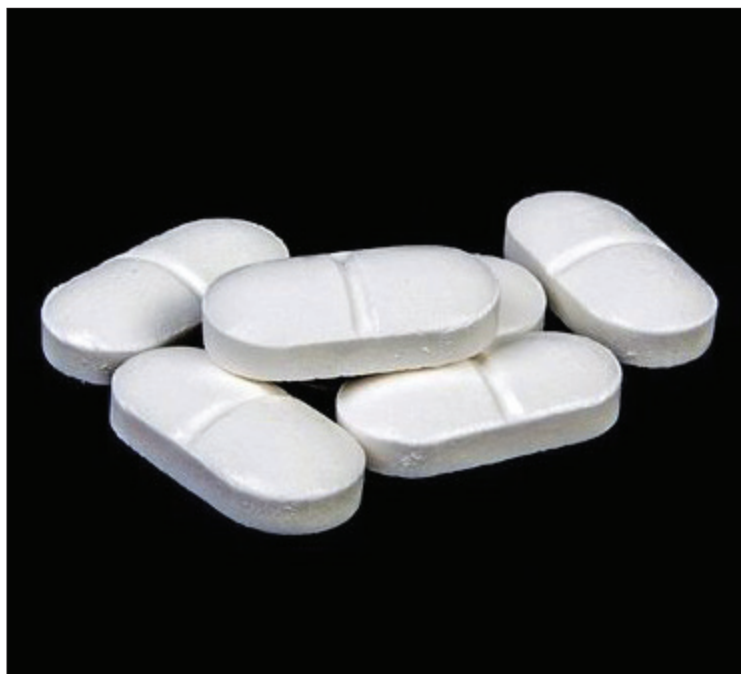
Despite pressure from Democrats, other pharmacies at some of the nation's largest retail chains like Walmart, Costco, Kroger, Safeway, and HealthMart appear to have chosen, at least for a time, to stay out of the fray (*CNBC*, 6/15/23).

Rite Aid, once thought to be a big player in efforts to bring abortion to local pharmacies, is apparently out of the game or at least sidelined for now; they have just declared bankruptcy and closed many stores (*New York Times*, 10/19/23).

Meanwhile, GenBioPro, manufacturer of the generic version of mifepristone, says that its drugs are being distributed by several independent pharmacies in the United States that have apparently gotten their certification in order.

Most of these are in states where those state governments have policies and governors who are committed to the promotion and performance of abortion with their borders (Pennsylvania,

New York, California, Maryland, Washington); a few are in states where there are some legal protections for unborn children (Texas, South Carolina, Arizona, and Wisconsin). One is an online pharmacy (Honeybee Health) which has been selling mifepristone for a couple of



years now. (Full list at <https://genbiopro.com/roster>)

Some abortion sympathetic state governments have tried to strong arm pharmacy chains into providing these drugs (“Hochul promises ‘consequences’ if drugstores don’t sell abortion pills: ‘Pharmacies are the new battleground,’” *Fox News*, 3/1/23). Others have simply taken state funds and stockpiled abortion drugs in case the supply is somehow interrupted (California, New York, Massachusetts, Maryland, and Washington state).

There has been some pushback. Pro-life Attorneys General from twenty states fired off a letter 2/1/23 to Walgreens and CVS. The letter informed them that the sale of abortion drugs was

not legal in many of their states and warned them that there was a federal law still on the books that forbade the shipping and mailing of abortifacients – precisely the sort of scheme that the FDA was now attempting to authorize with its latest regulations. (Letter found at <https://www.scribd.com/document/629239865/Letter-from-attorneys-general-in-20-states-warning-CVS-and-Walgreens>)

## Taking the pills to court

The Supreme Court's *Dobbs* decision in June of 2022 came at a critical time in the abortion industry's push for pharmacy distribution and mail delivery of mifepristone. Though the full regulations regarding pharmacy certification were not published until January of this year, the Biden administration announced its intention to make this change in December of 2021.

The *Dobbs* decision, overturning *Roe* and giving power to regulate or prohibit abortion back to the states, came

in the middle of this process while the FDA was formulating its new rules, giving states new means to fight these deadly pills and setting up new disputes over the rules and conditions in the courts.

We have done more complete reporting and analyses of these cases elsewhere, <https://www.nationalrighttolifenews.org/2023/10/abortion-pill-cases-moving-through-the-federal-courts/> and here.

These court cases basically fell into two categories—those challenging decisions made by the FDA and those complaining that states lacked the authority to impose different limits on abortion pills than those imposed by the federal government through the FDA, the national drug agency.

The first filed in November of 2022. *The Alliance for Hippocratic Medicine v. FDA* challenged the original approval of mifepristone and subsequent decisions made by the FDA to loosen restrictions on the abortion pill.

The FDA has imposed certain limits on the distribution and prescription of mifepristone from the beginning. These were codified in 2011 under new REMS rules (“Risk Evaluation and Mitigation Strategy”), regulations for drugs the agency feels come with “serious safety concerns.”

A lower court sustained all these complaints, but the Fifth Circuit said the complaint on approval came too late. The Fifth Circuit allowed only the challenges to reduced regulations made by the FDA in 2016 and 2021 to proceed. That decision is being challenged by the Justice Department and Danco, the abortion pill's sponsor, to the Supreme Court.

# Where we stand with Pharmacy Distribution of Abortion Pills: An Update

From Page 6

If the Supreme Court goes along with the Fifth Circuit, rules the FDA had in place prior to 2016 would stand. This would not only mean that women no more than seven weeks pregnant (measured from their last menstrual period or LMP) could only get their pills in person from a doctor, but also that distribution or mailing from pharmacies would be out.

A case was filed in February 2023 shortly after the FDA's most recent decision by several pro-abortion state attorneys general in conjunction with Washington state's AG. *Washington v. FDA* sought to get the FDA to drop its special safety regulations entirely.

They argued that mifepristone had already been proven "safe" and "effective" by years of testing and experience. Those attorneys general were unsuccessful in getting the REMS dropped, but the district judge did rule that the FDA could not impose any further regulations on mifepristone and had to make sure the abortion pill remained on the market and available, at least in the filing states.

The generic manufacturer filed suit in January 2023 against the state of West Virginia in federal district court. In *GenBioPro v. Sorsaia*, it alleged that the state had no authority to restrict a drug which the FDA had already ruled "safe" and "effective" and approved for marketing. The judge in that case ruled that the state could, under *Dobbs*, limit abortion if it wished, but that it could not outlaw a particular method (like telemedicine) in circumstances (like reported rape) where it allowed abortion.

A similar suit also filed by an abortionist in January 2023 in federal district court in North Carolina. *Bryant v. Stein* argued that the state could not impose more stringent limits on prescription of abortion pills

than those imposed by the federal government agency empowered to regulate drugs. The court has not ruled in that case yet.

If any of these cases advances to the Supreme Court, the justices could decide whether a state could ban a particular form of abortion or regulate the use of a federally approved drug. The High Court could also decide whether to overturn the FDA's original approval of the drug or whether federal law prevents the mailing or shipping of abortifacients like mifepristone.

Depending on what the court says about any of those elements it could affect either where pharmacies could stock and sell abortion pills or whether these pills could be available on-line, from pharmacies, or by mail at all.

## Pharmacies in the near future?

Barring any quick rulings from the courts or some administrative surprise from the FDA, movement still appears to be in the direction of eventual certification for the country's major pharmacy chains. But there are some developments that could derail that juggernaut.

## Certification challenges

It is clear from the delays that these corporate pharmacies are finding the certification process more difficult than they might have originally assumed. It is much more than simply filing some short document to qualify the whole corporation at one time.

The rules published by the FDA require that each pharmacy (meaning each separate participating location or store) have a designated person at that pharmacy who will complete the pharmacy agreement form, review the prescribing information (so that they understand how the pills work and the various risks and dangers that accompany them);

verify that any prescription come from certified prescribers (who have their own set of qualifications and commitments) whose official FDA prescriber agreements are there on file with the pharmacy; and finally confirm with the prescriber that the drug is appropriate for the patient.

What "appropriate for the patient" means is not fully spelled out. It likely involves, first, confirming that the woman is pregnant and seeking abortion; second, that she has no conditions or "contraindications" that would make the pill particularly dangerous for her; third that she is not more than ten weeks past her last menstrual period (the drug's effectiveness drops and the likelihood of complications increases with gestational age); fourth that it has been confirmed that she does not have ectopic pregnancy (the pills don't work in such circumstances); and fifth that she knows what to do in the case of excessive bleeding, failure, or some other medical emergency.

This is a tall order for any prescriber, much less your typical, already harried local pharmacist.

The FDA also requires that these designated employees commit to track and record all shipments and guarantee delivery of the pills to patients within four calendar days, turning any pharmacist who wishes to participate into some sort kind of glorified mail clerk.

Finally, this employee is responsible for reporting any deaths back to the original prescriber. They are to report these to the distributor who is to report these back to the FDA. This is a sobering responsibility for a pharmacist used to passing out life-saving antibiotics and blood pressure medications.

Clearly, this requires a great deal of training and preparation which these corporations have found a challenging task. They

must identify a person at each store where they wish to sell the pills, train them, fill out all the paperwork, and also have a filing system set up to track shipments and keep certified prescriber agreements on file.

## Store participation

The FDA's certification requirements and the challenge involved in CVS and Walgreens' efforts to meet them make it clear that this effort to expand the availability to pharmacies will not be a corporate wide affair but that stores will be added on a case-by-case basis. Not every store would be expected to participate. CVS or Walgreens might select one large regional store, for example, or one in a larger city, to be their distribution center for the area. Small town or rural stores are unlikely to be included.

If CVS and Walgreens confine their efforts to states where abortion pills are welcome and heed the warnings of pro-life state attorneys general that the mailing of abortion pills violate federal law, this could mean that only a handful of stores will participate, maybe only in larger cities, in abortion friendly states, and may only handle prescriptions picked up in person, rather than any mail deliveries.

While still tragic for mothers and their unborn babies, this is a far cry from the wide availability that abortion advocates envisioned when the FDA announced these new regulations.

## Other factors in play

Both CVS and Walgreens have been in the news lately because of widespread dissatisfaction among their employees. Rite Aid, facing many of the same challenges, just



# Pro-abortionist columnist trashes pro-life Speaker of the House Mike Johnson as the “polar opposite” of pro-abortion former Speaker Nancy Pelosi

By Dave Andrusko

As we discussed in three separate articles, the right to life movement hit a home run when Rep. Mike Johnson (R-La.) was chosen to be the next Speaker of the House. We asked Ben Clapper, executive director of Louisiana Right to Life, for his take. He wrote

**We are THRILLED that our friend, Congressman Mike Johnson, has been elected the U.S. Speaker of the House!**

**Without a doubt, Speaker Johnson is a strong ally and friend of Louisiana Right to Life and has served the pro-life mission for decades.**

**Together with his wife Kelly, Mike has led many pro-life efforts with us, including our Life March in Shreveport that garners thousands of participants each year. Prior to becoming a State Representative, he served as our Legal Counsel.**

Pro-life champion Rep. Chris Smith hailed the selection.

**He is a man of deep faith and principle who knows how to get things done. As an attorney for nearly 20 years, Mike helped with landmark legislation at**

**the state and local level. In the Louisiana Legislature, he served as Vice Chairman of the House Judiciary Committee and**



*Pro-life Speaker of the House  
Mike Johnson*

**on the Select Committee on Leadership.**

But, of course, pro-abortionists hated the selection. To be expected.

I should have anticipated, but didn't, that a columnist for the *San Francisco Examiner* would write “New House Speaker Mike Johnson is the polar opposite of Nancy Pelosi,” who was Speaker of the House for years and years. To put it mildly, Marc Sandalow is a big fan of Pelosi.

Sandalow pointed out the

obvious—that the two differed not only in ideology (to Rep. Johnson's great credit) but also in that “Pelosi was a creature of the House. She pursued and planned for the



*Pro-abortion former Speaker  
Nancy Pelosi*

speaker's post for nearly a decade before she took the gavel. She was a fundraising juggernaut, distributing campaign cash to hundreds of appreciative Democrats.”

Sandalow continued rolling out the compliments:

**Pelosi's excelled in leadership due to her pragmatism, enabled by her credibility with the left wing of her party. She could tell the most liberal members of her caucus that she had done all she could, but they had to**

**accept a compromise — and they trusted her.**

Pelosi the pragmatist? Pelosi the seeker after “compromise”? Who knew that this ruthless woman could be so accommodating.

True, she might not be formally a member of her party's “left wing,” but in policy terms, she was every bit as far to the left as Sandalow claimed Johnson is to the right.

On October 25th, when he was elected Speaker of the House, NRLC said

**He is a constitutional law attorney widely recognized as a leading defender of the right to life. He has served as vice chair of the House Republican Conference and, as an active champion of pro-life issues, Congressman Johnson has co-sponsored multiple pieces of pro-life legislation and is the lead sponsor of the Child Interstate Abortion Notification Act.**

National Right to Life President Carol Tobias congratulated Johnson who “is committed to the right to life, and he will make the right to life and protecting women and their unborn children a priority in Congress.”

# Multiple “fact checks” by media outlets have late-term abortions all wrong

By Laura Echevarria, Director of Communications and Press Secretary

Multiple “fact checks” by media outlets have concluded that late-term abortions and abortions until birth either do not exist or only occur in circumstances where there is a fatal or “devastating” fetal diagnosis.

These claims are false.

## Myth #1: Late-term Abortions Don't Happen

Abortions late in pregnancy are not reported in many states and the number of such abortions is not fully known. What is known comes from public statements made by abortionists—including how many they have done and for what reasons.

Only a handful of abortionists in the United States perform late abortions. One of them, Warren Hern of Colorado, was recently profiled in *The Atlantic* (May 2023):

**He specializes in abortions late in pregnancy—the rarest, and most controversial, form of abortion. This means that Hern ends the pregnancies of women who are 22, 25, even 30 weeks along.**

In *The Atlantic* interview, it is noted that, “Hern is reluctant to acknowledge any limit, any red line. He takes the woman’s-choice argument to its logical conclusion...”

In an August interview with Florida Governor Ron DeSantis, *NBC’s* Dasha Burns challenged the governor’s assertion that Democrats want to legalize abortion up to birth. The following is a transcript of their exchange:

**DeSantis: I would not allow what a lot of the left wants to do, which is to override pro-life**

**protections throughout the country all the way up really until the moment of birth in some instances, which I think is infanticide.**

**Burns: Well, actually, I gotta push back on that because that’s a misrepresentation of**

on preborn babies who are 21 weeks old or older.

John McCormack of *National Review* explains:

**Burns pointed to the fact that 1.3 percent of abortions happen at 21 weeks or later, but 1.3 percent of 930,000 total abortions still equals**



**what’s happening. I mean 1.3 percent of abortions happen at 21 weeks or higher, and there’s no evidence of Democrats pushing for abortions up until—**

**DeSantis: Their view is . . . that all the way up into that, that there should not be any legal protections.**

One of the things Burns acknowledged was that, at a minimum, we know 1.3 percent of the abortions that take place in the United States are performed

**12,000 unique human beings killed each year at 21 weeks or later, when babies are capable of feeling pain and sometimes capable of surviving outside of the womb. There are fewer than 12,000 total gun homicides in the United States each year. Burns, in an attempt to minimize the horror of late-term abortion, actually ended up agreeing that late-term abortions do in fact happen in the United States.**

## Myth #2. Late-Term Abortions Are Only Performed in Cases Where There is a Fatal Fetal Diagnosis

Warren Hern also admitted to doing sex-selection abortions. He admits that at least half or more of the women who have abortions in his facility are not there because of a devastating prenatal diagnosis -- as is often claimed by pro-abortion advocates.

According to *The Atlantic*, “Hern, though, believes that the viability of a fetus is determined not by gestational age but by a woman’s willingness to carry it.”

Years ago, in 1993, the *AMNews*, the house organ of the American Medical Association, reported about two additional late-term abortionists:

**Dr. Haskell said he performs abortions “up until about 25 weeks” gestation most of them elective. Dr. McMahon does abortions through all 40 weeks of pregnancy, but said he won’t do an elective procedure after 26 weeks. About 80% of those he does after 21 weeks are nonelective, he said.**

However, after doing an interview with the late Dr. James McMahon, Karen Tumulty wrote in the *Los Angeles Times Magazine* (January 7, 1990):

**If there is any other single factor that inflates the number of late abortions, it is youth. Often, teenagers do not recognize the first signs of pregnancy. Just as**

# Interning to Defend the Voiceless: An Unexpected Internship at NRLC Changed My Life

By Eleni Mastronardi, Assistant to State OD and Conventions Inc.

It is a truth universally acknowledged that a college student in search of employment after graduating must be seeking an internship—preferably paid. In the spring of 2019, I was finishing up my junior year at Virginia Tech studying Russian Languages & Literatures and International Relations. I knew the route I wanted to go in foreign relations, government-related work, and I had to find an internship to get me there. However, internship after internship didn't work out, and I was ready to settle for just about any internship that would get me to Washington, D.C.

That's when a friend of a friend mentioned that he had interned at National Right to Life and that I—**being very pro-life**—might really enjoy it. I was discouraged after all of the rejections from internships in my desired field but figured, well, it will get the job done and get me to D.C.

Needless to say, I thought I would work the summer as an intern at National Right to Life, go back to school in the fall, and continue applying for more “suitable” positions in the foreign relations sphere.

How wrong I was!

I was scheduled to work in the Federal and State Legislative Departments that summer. The internship director at the time was very flexible. He let me start interning early beginning in May, so I got to start off the summer helping in the Conventions Department, planning the annual summer Convention that was in early July.

Working for the Conventions Director and her assistant, gearing up for the Convention that was held in Charleston, South Carolina, and then flying down to Charleston to help behind the scenes and attend the convention

was so thrilling. I loved running around the event center tackling task after task. Getting speakers to where they needed to go, exhibitors set up, and making sure attendees had all they needed

impact a variety of life issues, researched court cases on different life issues (including some with which I was not yet familiar), edited congressional questionnaires, and attended pro-

put everything you've got into defending the little ones.

That is why I applied to work for National Right to Life. I knew that I would never regret working toward a goal I truly believed in—

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ensured that I got thousands of extra steps in over that weekend!

After flying back to D.C. and finishing up some post-Convention tasks, I was able to start assisting in the Federal Legislative and State Legislative Departments. I tracked legislation through all 50 states that could

life coalition meetings both inside and outside Congress.

I learned so much that summer about legal and legislative processes and planning huge events. But what I was most grateful to learn was what it looked like to have a true cause to defend—innocent life—and to

the protection of life in America. I feel honored to work alongside others who had been doing the same for much of their lifetime.

*Learn more about our internship program at <https://www.nrlc.org/students/internships/> and apply for our rotating opportunities.*

# Britney Spears had an ‘excruciating’ experience with abortion pills. She’s not alone.

By Nancy Flanders

Abortion businesses want women to believe that abortion is *normal*, that abortion is easy. And with pro-life states now able to pass laws protecting preborn children, the abortion industry wants more than ever for women to believe there’s no easier way to kill your preborn child than with the abortion pill.

It’s touted as nothing more than bringing down a ‘missed period’ and abortion advocates claim it’s ‘safer than Tylenol.’ But Britney Spears’ soon-to-be-released memoir puts a tarnish on that marketing tactic, as she has shared how horrific her experience with abortion drugs was.

News broke last week that Spears’ tell-all memoir includes the claim that Justin Timberlake urged her to undergo an abortion 20 years ago during their relationship, which lasted from 1999-2002. She explained that the pregnancy “was a surprise, but for me, it wasn’t a tragedy.” Justin, however, reportedly “said we weren’t ready to have a baby in our lives.”

Now new details have come to light regarding the abortion, including that Britney took abortion pills, which were first approved for use in the United States by the Clinton administration in 2000.

“It was important that no one find out about the pregnancy or the abortion, which meant doing everything at home,” wrote Spears, who said her family didn’t even know. She called the pain from the abortion pills “excruciating.”

“I kept crying and sobbing until it was all over,” she continued. “It took hours, and I don’t remember how it ended, but I do, twenty years later, remember the pain of it, and the fear.”

As she cried, Justin reportedly “thought maybe music would help” so he played guitar.

## Britney isn’t alone.

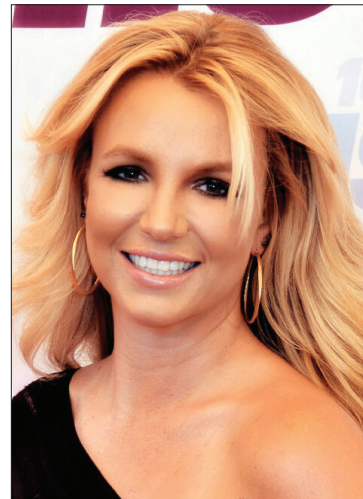
The pressure Spears felt to have an abortion that she didn’t truly want is something many women face. Sixty-four percent (64%) of women who have undergone an abortion say they felt at least some form of pressure to abort — whether that was from the boyfriend or family members, or was due to educational or financial pressures. This disputes the idea that abortion is about female empowerment and freedom of choice.

Now, in sharing how painful the experience was for her, Spears is acknowledging that the stories shared by countless other women were just as horrible as the women have said. Live Action’s “I Saw My Baby” campaign shared some of these stories.

Elizabeth G.’s abortion pill experience is documented in the Attorney General of Indiana’s response to a lawsuit filed by Whole Woman’s Health Alliance, an abortion chain. After taking the second drug in the abortion pill regimen, Elizabeth began to bleed heavily.

“There was so much pain and blood I thought I might die,” she said. Finally, she passed the gestational sac: It was transparent

yellow, about the size and shape of a tennis ball. When I picked it up, I could see the baby inside. He looked like a little gummy bear. I sat and held him and cried.”



Britney Spears  
Photo: Glenn Francis  
CC BY-SA 4.0 DEED

Elizabeth later suffered from anorexia, abusive relationships, and post-traumatic stress disorder, which a counselor traced directly to the abortion.

Likewise, Leslie W. took the abortion pill, suffered severe pain, and screamed for hours, alone. “My experience was incredibly scary and nothing like a normal period,” she said. “The pain I felt was much more similar to labor contractions than normal cramps. I remember sitting on the toilet discharging blood while also vomiting and shaking all over.”

Tami M. said “the pain and the urge to push were so intense.” After she passed “what looked like a fully-formed, intact 14-week old fetus covered in blood,”

she said, “I scooped my baby out of the toilet. I sat on the floor and held him and cried.”

Other women have said the pain from the abortion pill was “the worst pain I have ever felt in my life,” and “It wasn’t cramps. It wasn’t contractions. I was in so much pain.”

Women have also spoken of the trauma they endured from the abortion pill, saying, “Nothing could have ever prepared me for seeing my dead baby,” “I passed a whole baby in a sac. I will never forget that image,” and “No one prepared me for this ... this was not some random clot, it was my baby and he was in the toilet.”

Reddit user brazen177 shared photos of her 10-week baby aborted by pill:

**Another woman explained, “This [is] probably the most traumatic thing I have ever seen or been through in my life ... and this is the single greatest regret of my entire 37 years on this earth. I will never forget what I saw and I still cry about it to this day.”**

And another said:

**I could see where the head and eyes had already started to form, that image is burned into my brain for**

# Is Ohio denying miscarriage care?

By Monica Snyder, Executive Director, Secular Pro-Life

In late 2022, *NPR* published “Her miscarriage left her bleeding profusely”. An Ohio ER sent her home to wait. This is the story of Christina Zielke and her struggle to get appropriate miscarriage treatment while in Ohio. Abortion rights advocates are pointing to this story as evidence of the harm of abortion bans in general and specifically in Ohio.

The story, and ones like it, are important for the nation and for particularly Ohio as the state considers whether to support Issue 1, an amendment which would enshrine very broad (potentially unlimited) abortion access into the Ohio constitution. The *NPR* story raises the question: what’s going on in Ohio?

## Ohio abortion laws explicitly allow for miscarriage care.

Before we dig into the *NPR* story itself, let’s take a moment and examine whether Ohio’s abortion laws restrict miscarriage care. Ohio Revised Code section 2919.11 defines abortion (emphasis added):

**“Abortion” means the purposeful termination of a human pregnancy by any person, including the pregnant woman herself, with an intention other than to produce a live birth or to remove a dead fetus or embryo.**

This language is important because there are different kinds of miscarriages. One of them is a “missed miscarriage,” where the embryo or fetus dies but the woman’s body does not pass the remains naturally. This may require some kind of intervention to remove the remains. Under Ohio law any kind of intervention to remove the remains, even if it’s identical to interventions for abortion, is not legally an abortion, and is absolutely allowed.

Missed miscarriages are not

the only kind of miscarriage. Another important kind is called “inevitable miscarriage,” sometimes called “inevitable abortion.” Inevitable miscarriage is when a woman has vaginal bleeding and dilation and there is a strong likelihood of miscarriage (the miscarriage is, or is very likely to be, inevitable). An

**abortion, and premature rupture of the membranes...**

So if Ohio abortion laws explicitly allow for treatment of missed or inevitable miscarriages, why does *NPR* have a story of Zielke not receiving appropriate miscarriage care in Ohio?

**pregnancy tissue from her uterus, or wait for it to come out on its own. The doctor suggested she wait.**

This is not an unusual medical recommendation for women miscarrying. There are multiple reasons that a doctor might not want to intervene. For example, sometimes it appears that a woman is miscarrying and then it turns out that she does not, and she is able to proceed with the pregnancy and a successful live birth. If a medical team intervenes too early in (an apparent) miscarriage of a wanted pregnancy, they risk ending the life of an embryo or fetus who otherwise would have lived.

Even if the medical team is highly confident the woman has miscarried or is having an inevitable miscarriage, they might want to let her pass the remains on her own because they think that that is safer and better for her body. Interventions have their own risks, and ought to be medically indicated.

That is likely why Zielke’s OB in Washington DC, a place with no limits at all on abortion, still declined to intervene and instead recommended that she wait and see if she passes the remains naturally. Doctors recommend this all the time.

And because miscarriage is so misunderstood by society, many people don’t understand that this process can take weeks, and that’s not abnormal. Remember that fact when you hear stories of women saying they had a miscarriage, were refused treatment, and had to carry their dead child for weeks. It’s not that they have to be septic before they can get treatment. It’s that treatment may not be medically necessary or



inevitable miscarriage does not necessarily mean the embryo’s or fetus’s heart has stopped, but the conditions present make it unlikely that the pregnancy will continue.

According to Ohio Revised Code section 2919.16(K), even if there is a detectable fetal heartbeat, Ohio law very specifically allows for medical intervention in the event of an inevitable miscarriage (emphasis added):

**A medically diagnosed condition that constitutes a “serious risk of the substantial and irreversible impairment of a major bodily function” includes pre-eclampsia, inevitable**

## Doctors have multiple reasons to refrain from intervening too soon in miscarriages.

As *NPR* reports, Zielke lives in Washington DC and was first seen for miscarriage there. Her DC practitioner recommended that Zielke wait and see if she passed the remains on her own.

**A doctor from her Ob-Gyn’s office called her to confirm that the pregnancy had ended in a miscarriage. They laid out her options: Take medication to make the pregnancy tissue come out faster, have a dilation and curettage or D&C procedure to remove the**

# Georgia Supreme Court Upholds Heartbeat Law, reversing lower court decision

By Dave Andrusko

On a near unanimous 6-1 vote, the Georgia Supreme Court reversed a lower court ruling that would have blocked the state's Living Infants Fairness and Equality (LIFE) Act from taking effect. The law, commonly referred to as the 'Heartbeat Bill,' allows abortion only until a fetal heartbeat can be detected, around six weeks.

On November 15, Fulton County Superior Court Judge Robert McBurney ruled that the law was "unequivocally unconstitutional" because it was enacted in 2019 when *Roe v. Wade* was still in effect. The state Supreme Court allowed enforcement of the ban to resume, however, while it considered an appeal of Judge McBurney's decision.

"Today's victory represents one more step towards ending this litigation and ensuring the lives of Georgians at all ages are protected," pro-life Gov. Brian Kemp said in a statement. Chris Carr, the attorney general of Georgia, added, "We are pleased with the court's decision and will continue to defend the constitutionality of Georgia's LIFE Act."

Writing for the majority in *State*

*of Georgia v. SisterSong Women of Color Reproductive Justice Collective et al*, Justice Verda Colvin said, "When the United States Supreme Court overrules its own precedent interpreting the United States Constitution, we are then obligated to apply the Court's new interpretation of the Constitution's meaning on matters of federal constitutional law."

According to the *Associated Press's* Sudhin Thanawala

**McBurney had said the law was void from the start, and therefore, the measure did not become law when it was enacted and could not become law even after the U.S. Supreme Court overturned *Roe v. Wade* last year.**

**State officials challenging that decision noted the Supreme Court's finding that *Roe v. Wade* was an incorrect interpretation of the U.S. Constitution. Because the Constitution remained the same, Georgia's ban was valid when it was enacted, they argued.**

**In Tuesday's ruling, Colvin said McBurney's decision was based on the "faulty premise"—that the U.S. Supreme Court changed the meaning**

**today what it meant when" Georgia's ban was enacted in 2019.**

The Georgia Supreme Court returned the case to Judge



**of the U.S. Constitution when it overruled *Roe*.**

**The court does not have that power, she said, so the Constitution "means**

McBurney to rule on the claim that the Georgia Constitution provides for a "right to privacy" that would render the abortion law unconstitutional.

# An interview with Genesis Linares, the 2023 winner of the National Right to Life Video Contest

**NRLC:** Congratulations on winning the National Right to Life video contest! Can you share with us the inspiration behind your winning video and the message you aimed to convey?

**Genesis Linares:** Thank you! The inspiration behind this video comes directly from nature and what God creates, what we can see day after day and from the physical and emotional process that humans and nature itself have to go through. The message is to appreciate the lives that are still developing, because everyone loves the good results in the processes, but nobody values the process itself and what you have to live to see a great result.

**NRLC:** From where do you take inspiration?

**GL:** God. God gives me talent, He gives me creativity and I put it into action, so who inspires me is Him.

**NRLC:** Creating a compelling video requires a combination of technical skills and creativity. Could you walk us through your creative process? How did you approach scripting, filming, and editing to effectively communicate your ideas and engage the audience?

**GL:** It all started with a poem,

the poem was turned into a monologue and from there I went basically to what I was going to see in front of the screen. After



*Genesis Linares*

recording and looking for footage on the internet, the editing part came and it hurts to say that I lost the video the first time I finished editing due to a technical problem with my drive, but I managed to do it again and although I wasn't completely happy with the result (I think that's the way all artists are). I launched it into the competition with faith and

declaring that if God wanted this video to reach many people or just one, but to change a life, I would win. And yes, I might win the competition, but more than that, I was able to reach hearts and that's what counts.

**NRLC:** Please describe how you got interested in the right-to-life movement?

**GL:** When I understood that God brings each one of us with a purpose and by taking the life of a creature that doesn't even belong to you, that belongs to God and that he has given it to you with a purpose, you are killing the purpose of a living being. You are preventing God from acting through another person and simply thinking only of you and what will happen to your life if you have that baby, is being selfish. You are not thinking of anyone but yourself, so I decided to change my mentality and focus on what God says and wants.

**NRLC:** What do you hope people your age and younger understand about the right-to-life argument?

**GL:** I think that more than understanding the Right to life argument, it is that they know about God, because without God they will not be able to understand

the argument. With God it is not necessary to argue if it is right or wrong, it is simply to understand and believe that He is right and that every life is important.

**NRLC:** How do you plan to continue using your talents to motivate and inspire future audiences? Do you have any plans?

**GL:** I love writing and directing. Right now, I'm working on a short film that talks about how each person deals with their pain in different ways when they lose someone. It also talks about suicide and that there is no way to find answers to questions that were not answered before that person decided to take their own life and without leaving any reason why they did it. Only God knows what led them to suicide and also knows the reason why He allowed it to happen. There is no bad and punishing God, there is a loving God who seeks you. But if you do not seek Him, the enemy can do whatever he wants with you.

**NRLC:** Congratulations on winning the National Right to Life video contest! Can you share with us the inspiration behind your winning video and the message you aimed to convey?

# Pro-aborts are now saying it's 'calculated cruelty' to prevent late-term abortions

*To get people to support late-term abortion until the moment of birth, abortion activists are framing the murder of these innocent babies as 'compassionate.'*

By Jonathan Van Maren

With the *Dobbs* decision moving abortion fights to the state level, we are seeing the battle lines redrawn. After victories in Montana, Kentucky, and Michigan, abortion activists are working hard to cast their gruesome agenda as common sense and compassionate. For decades, the pro-life movement and abortion activists have battled for the hearts and minds of Americans, with little change.

Most Americans are ambivalent about early-term abortion; roughly half identify as pro-life; almost none see abortion as a moral good, despite failed attempts at #shoutyourabortion campaigns seeking to normalize the procedure. But it is indisputable that an overwhelming majority of Americans – over 70 percent – believe abortion in the third trimester should be illegal.

To counter this, abortion activists have increasingly begun to tell heartrending stories of wanted children aborted for eugenic reasons. Some of these children had disabilities; other had life-limiting circumstances. In each case, abortion is presented as an awful but fundamentally compassionate choice. It is also presented as the *only* compassionate choice, for the children as much as the parents. I refer to this trend as “empathetic eugenics.” In these stories, killing these children in the womb is presented as necessary; preventing these abortions as cruel.

Writer and abortion activist Jessica Valenti recently described this strategy in detail. Valenti was the co-founder of the blog *Feministing* and the author of books such as *Full Frontal Feminism*, *The Purity Myth*, and – tellingly – *Why Have Kids?* She now runs a Substack titled “Abortion, Every Day.” In a thread on X (formerly Twitter), Valenti laid out what is rapidly becoming the narrative pushed by abortion activists as they attempt to persuade voters to endorse abortion until birth (which is currently on the ballot in Ohio):

**Imagine you're 20 wks pregnant when your fetus is diagnosed with a lethal condition. But no one tells you that – at least, not explicitly. Your doctor is mandated by law to tell you the condition is 'potentially life-limiting,' and that your non-viable pregnancy is 'pre-viable.' Before the diagnosis, you were even discouraged from getting prenatal testing at all, and your doctor was required to read from a script exaggerating the chances for false positives.**

**Still, you're able to read between the lines; you understand you will never be bringing a baby home. So you tell your doctor that you'd like an abortion, which is legal in cases of fatal abnormalities. Your state has a mandatory waiting period – even in cases of doomed pregnancies – because medical 'experts' convinced legislators that women who get devastating news don't have executive decision-making abilities for at least 72 hours. If you still want an abortion you'll have to meet with a 'prenatal diagnosis counselor' (not a mental health expert) trained to say that having an abortion is far more traumatic than carrying to term.**

**Even if that means having a c-section or an hours-long**

**vaginal delivery. As you grieve for the pregnancy that you planned for, this volunteer will tell you – without proof or expertise – that your baby could end up being fine. And that even if they're not, watching your child die in your arms will bring you 'closure.' Finally, the hospital informs**



**you that if you go through with the birth, they'll provide you with therapy, financial help and remembrances like ultrasound pictures and a teddy bear with your baby's name embroidered on it. You'll get no such mementos if you end the pregnancy.**

**If you want to get an abortion, you're on your own. In fact, you'll have to sign a form saying that you understand there's a chance your baby could survive but you're having an abortion anyway. This nightmare scenario – this cruelty and manipulation directed at people during the most vulnerable moment of their lives – is the anti-abortion movement's next big project.**

Valenti does not actually describe what she is defending here – late-term abortion, perpetrated against a child because he or she has a disability or life-limiting condition. Late-term abortion is incredibly gruesome – in fact, *The Cut* published an article a few years ago titled “The Mom Who Had An Abortion At Seven Months Pregnant,” about a mother who chose abortion upon finding out that her son had microcephaly.

She describes her baby's last kick within her as he died, the abortionist sweating as he tried to crush the little boy's skull; and wrapping his dismembered remains in a prayer shawl for burial. She admits the abortion was horrifying. She also believed it was necessary. Her little boy did not get to die in her arms. He was victim of empathetic eugenics. This is the sort of abortion Valenti is defending.



# Congratulations Speaker of the House Mike Johnson!

## *Our Friend and Louisiana Pro-Life Congressman Mike Johnson Secures U.S. House Speakership*

By Benjamin Clapper, Executive Director, Louisiana Right to Life

We are THRILLED that our friend, Congressman Mike Johnson, has been elected the U.S. Speaker of the House!

Without a doubt, Speaker Johnson is a strong ally and friend of Louisiana Right to Life and has served the pro-life mission for decades.

Together with his wife Kelly, Mike has led many pro-life efforts with us, including our Life March in Shreveport that garners thousands of participants each year. Prior to becoming a State Representative, he served as our Legal Counsel.

When I first met Mike many years ago, I could immediately sense his heartfelt dedication for protecting babies and helping moms. He cared deeply about the Shreveport area, especially the high number of

abortions occurring in the area. He regularly helped many efforts in Shreveport that serve moms and babies, including pregnancy resource centers.

From working with him for many years, I know that Mike is a man of integrity with a deep faith. We believe God has placed Mike in this position to accomplish great things for our nation.

I expressed recently to Mike how the entire pro-life movement is supporting him and praying for him. Thank you for your prayers!

Please continue to pray with us for Speaker Johnson every day!  
For a Pro-Life Louisiana.



## Pro-aborts are now saying it's 'calculated cruelty' to prevent late-term abortions

From Page 15

Of course, this is what abortion activists do: they insist that the child targeted by the abortionist is not the victim; they erase the main character in this moral drama as if he or she did not exist.

Valenti's summation of her defense of empathetic eugenics is telling and, I believe, the narrative abortion activists will increasingly

push over the next few years. She refers to protections for these children in the womb – at a very late stage of development, it must be noted – as “calculated cruelty.” That is, she insists that pro-life activists do not actually value these lives – they merely wish to cause women pain.

This is a vicious smear, but

a possibly effective one. It is also gaslighting. According to Valenti, if you oppose the sort of skull-crushing described by one mother in *The Atlantic*, you are cruel – if you support it, you are compassionate. Her subtitle is even more Orwellian: “Tricking women into carrying doomed pregnancies to term.”

Ironically, “doomed pregnancy” is a dark albeit accurate way to describe a child scheduled to be aborted. But that's not what she's talking about. In her view, these children are worthless.

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

# State Denominational Leaders Denounce Abortion Industry Ad, Urge Christians to Oppose Issue 1

*Protect Women Ohio coalition member, Center for Christian Virtue (CCV), issued the following press release*

COLUMBUS, OH — On October 26, Ohio Christian and denominational leaders released an open letter opposing Issue 1 and denouncing the abortion industry’s ad suggesting Christians should support the extreme constitutional amendment.

The letter is signed by a group of prominent Ohio denominational leaders who come from a variety of backgrounds but together call on Christians to courageously vote no on Issue 1. The leaders emphasize the lies and misinformation surrounding the amendment and call out the abortion industry for using faith to mislead Christians into voting for the amendment.

“We should not mistake the lies surrounding this amendment for the truth,” the group writes.

Issue 1 backers have falsely stated that pregnant women cannot receive care for miscarriages and ectopic pregnancies, a claim that was directly refuted by the Ohio Department of Health.

“If Issue 1 is adopted, the most innocent among us will suffer. Issue 1 will allow late-term abortions in Ohio and result in

unspeakable pain for unborn babies,” the leaders state. “It will make Ohio one of the most extreme states in the country for abortion and eliminate health and safety standards that exist to protect women.”



## Center FOR Christian Virtue

Celebrating 40 Years of Faithfulness

1983

2023

In a recent statewide ad, Governor Mike DeWine expressed his concerns with the amendment, saying that it will go “way too far.” The Toledo Blade editorial board, which noted support for abortion in a recent editorial, also echoed concerns with the amendment’s extreme provisions writing, “This amendment to the state constitution goes too far and should be defeated.”

The denominational leaders noted that while they have important theological differences, they agree that Issue 1 is too extreme for Ohio. The group urges fellow Christians to be discerning as they see the abortion industry’s

lies about the amendment and to vote no on Issue 1.

The letter is available at <https://www.ccv.org/>

In a recently released video, Alliance Defending Freedom CEO, President & General

parental involvement on its website, saying it would restrict “teenagers’ access to abortion.” Heritage Action recently released a report and video about the ACLU’s attacks on parental rights in Ohio. In

Counsel Kristen Waggoner encouraged Ohio church leaders to boldly engage in the fight for life and openly oppose Issue 1. Watch her message at <https://www.youtube.com/watch?v=vwuhXxSQ-3I>

### Background on Issue 1

This extreme anti-parent amendment is just the latest example of the ACLU’s war on parental rights. Background on the ACLU’s war on parents is available [HERE](#). The ACLU has a long and well-documented history of fighting against parental rights, including in Alaska and Indiana. The ACLU specifically calls out

recent weeks, the ACLU has denounced parental notification requirements in schools, and the ACLU of Ohio’s chief lobbyist confirmed that stance on Twitter.

A legal analysis of the extreme anti-parent amendment is available [HERE](#) from constitutional scholars Carrie Campbell Severino, President of Judicial Crisis Network, and Frank J. Scaturro, a former special counsel to the House Select Investigative Panel on Infant Lives.

To download a copy of the document explaining what churches can do in elections, or to order free nonpartisan materials on Issue 1, visit [CCV.org/Vote](https://CCV.org/Vote).

# Amidst a wilderness of mourning, a fortress of courage

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

*Editor's note. This tender story was first posted three years ago.*

As I write these words, I know of two women who are accompanying loved ones on their final journeys. One is a wife, tending to her dying husband. The other is a daughter, spending the remaining precious moments with her ailing father.

At such times, the crush of emotions can be overwhelming. The torrent of sadness pouring over one's soul. The deep longing for opportunities missed. The chilling realization that goodbye will come all too soon.

These women are fortresses of courage in the face of death.

They deal with its stinging reality every day, yet they manage to share smiles with friends and co-



workers who desperately wish they could relieve them of their current pain.

Yet, at such times, there is also

a special grace that shines through the wilderness of mourning. It is the realization of the inherent,

unmistakable value of life—that life, in all its complexity, is worth living. There can be gratitude for the celebrations in days past...

thankfulness for the memories shared.

These two women are witnesses to their loved ones' lives. They are the cheering section, even in those final, difficult moments when eternity beckons. They are the caregivers who give their beloved the wings to fly back home to God.

While it is painfully hard to serve as a bystander in such circumstances, it is also ennobling. For in living life to the fullest, these unrepeatable human beings are teaching us all how to live. And they are sharing the lesson with us that each life is to be treasured and protected until the point of natural death.

## Britney Spears had an 'excruciating' experience with abortion pills. She's not alone.

From Page 11

**the rest of my life. ... Saying that experience ruined me would be an understatement. Everything in my life changed and I didn't even know myself anymore. I had to deal with anxiety and depression and suicidal thoughts after I made this decision. ... It was and will always be the biggest regret of my life.**

Spears, likewise said, the

abortion she had was "one of the most agonizing things I have ever experienced in my life."

### The abortion pill is risky

On September 10, 2001, news broke that a woman in Canada had died from a serious infection caused by the abortion pill: *Clostridium sordellii*. Her death should have put the abortion pill and those selling and dispensing it under scrutiny. But the next day was September 11, 2001, and the attack on the United States meant the woman's abortion pill

related death was no longer a top headline.

Beverly Winikoff, founder of Gynuity Health Projects — the sponsor of controversial abortion pill clinical trials on girls as young as 10 — credited 9/11 with saving the abortion pill.

The abortion pill has been found to be four times more dangerous for women than a first trimester surgical procedure and research has shown that about six percent (6%) of women who took the abortion pill required a visit to

urgent care or the ER.

The abortion pill has now killed nearly six million preborn humans in the U.S., and in 2020, the abortion pill accounted from 53% of the nation's abortions. With the proliferation of unregulated online virtual abortion businesses, abortion pill numbers are likely to increase further.

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

# Clarifying Issue 1: Ohio's Semantic Battle Against Abortion Extremism

By Allie Frazier, Fellow, Society of St. Sebastian

*Editor's note. This originally appeared at the Society of St. Sebastian and is reposted with permission.*

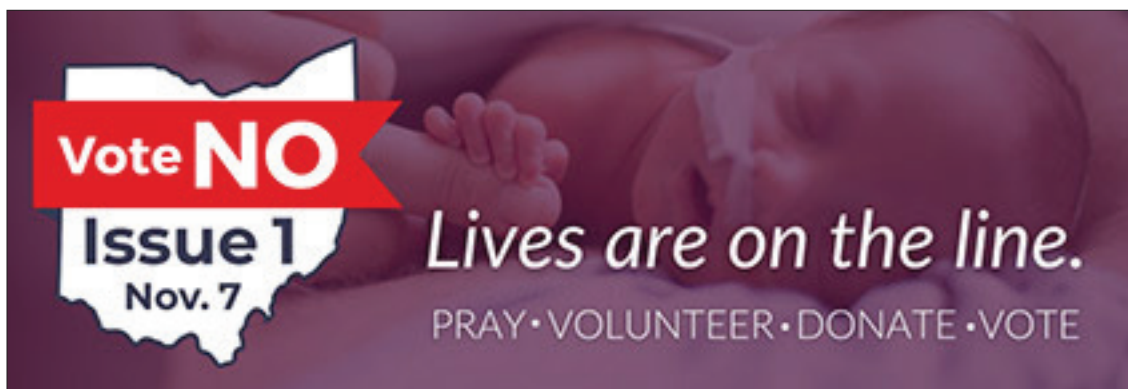
As the push to codify abortion in Ohio intensifies, the semantics surrounding proposed a constitutional amendment entitled Issue 1 are proving pivotal in the change's success or failure. With barely a month left before Ohioans head to the ballot box, both those for and against the constitutional amendment continue to vie for control of the language used to describe the proposal, which would enshrine a right to abortion in the Ohio Constitution. If passed, Issue 1 would legalize abortion through all nine-months of pregnancy and end parental consent requirements for abortion.<sup>1</sup> To better understand the critical role language plays in the fight to save Ohio's culture of life, it is helpful to examine both key points of the amendment's language and the attempts brought forth to clarify its impact.

Many of the debates surrounding Issue 1 concern its vague language, the "legalese" of which the average Ohioan may not readily discern. One such point of contention is whether Issue 1 would impact parent's rights. Upon examination, it is clear that Issue 1's wording will put parental rights directly at risk. The amendment states "every individual has a right to make and carry out one's own reproductive decisions including but not limited to...abortion."<sup>2</sup> By using the term "individual" instead of "woman" or even "adult," Issue 1 extends the "right to make and carry out one's own reproductive decisions" to include minors. Any doubts that the amendment is not worded intentionally to do so are easily quelled by those advocating for its passage. The executive

director of Pro-Choice Ohio (formerly NARAL Pro-Choice Ohio), when recently questioned by the *Cincinnati Enquirer* as to whether a conversation ever

legislature or courts to go into effect. If passed by 50% plus 1 vote or more, Issue 1 will go into effect 30 days after passage and Ohio's pro-life protections

abortion, their actions elsewhere suggest a crack in their seemingly iron-clad defenses. In Florida, pro-abortion activist's newest target, a newly proposed right-



occurred suggesting Issue 1 be worded in such a manner that parental rights would be protected, responded, "Not really."<sup>3</sup>

Despite this, proponents of Issue 1 have argued that parents' rights are not directly mentioned in the amendment, therefore they will not be affected. This incoherent explanation rings hollow when compared to the words and actions of pro-abortion groups who have pushed abortion amendments in other states. For instance, in Michigan, where Proposition 3, an abortion rights amendment very similar to Issue 1, passed last year, pro-abortion leaders have already voiced their disdain of Michigan's parental consent laws surrounding abortion, calling them "harmful" and signaling their desire to repeal.<sup>4</sup>

Currently, Michigan's pro-life protections are not being enforced and legislation has already been introduced which would decimate many of the pro-life protections that remain on the books.<sup>5,6</sup> Shockingly, Issue 1's impact would prove even more immediately devastating for Ohio. Unlike Prop 3, Issue 1 is self-executing and does not require additional actions by the

will become nearly impossible to defend.<sup>7</sup> If pro-life protection is deemed to not be in service of upholding an individual's right to abortion, it will be ruled unconstitutional.

This will leave only the bare minimum of health and safety standards in effect. In Ohio, admitting privileges to local hospitals or a variance are required for ambulatory surgical facilities such as abortion facilities to ensure a standard of care in the event of a medical emergency.<sup>8</sup> Laws such as these will not survive. These conversations played out in court cases previously such as *June v. Russo* where an admitting privilege law was ruled to be a barrier to abortion access.<sup>9</sup> If Issue 1 passes, the state of Ohio will be forced to defend a right to abortion against any laws its own legislature may pass.

As dismal a thought this is, focusing on parental rights has proved a key line of defense against pro-abortion attempts to obscure the impact of Issue 1's jurisdiction. Although pro-abortion groups have attempted to alternately minimize or ignore concerns that the amendment's language would end parental notification laws concerning

to-abortion amendment explicitly states it will not affect parental rights, a significant addition.<sup>10</sup> Although such language may make future statewide abortion ballot initiatives more difficult to fight, this is a clear indication that pro-life messaging on parent's rights has struck a nerve.

However, impacts on parental consent and health and safety standards are not the only radical changes concealed in Issue 1's vague language. The amendment also opens the door for abortion through all nine months of pregnancy. Though many pro-lifers use verbal shorthand to describe this as "abortion through all nine months for any reason" it is helpful to unpack the amendment's language to detail why exactly that would be the case.

Despite liberal usage of viability terminology, Issue 1 would legalize abortion through all nine months using similar loopholes to those that existed during the time of *Roe v. Wade*. Issue 1 details the requirements for abortions after fetal viability as those that "are necessary to protect the pregnant

# Parents of Premature Twins Told to “Let Nature Run Its Course.” Now the Kids Are Eight!

By Pattie Barrett, Texas Right to Life

New parents often gaze at their newborn and think, “This baby is a miracle!” But for Oregon parents Jourdan and Matt Moore, when their twins arrived in September of 2015, it truly was a “miracle” on many levels.

When a medical complication resulted in premature delivery, the twins were born nearly four months before their due date. At only 23 weeks, they weighed just over 1 pound, their eyes still fused shut and their skin so delicate that it was nearly transparent.

“Doctors basically told us we should let nature run its course, that there was nothing they could do for a baby born at only 23 weeks,” Jourdan told *People*.

Seeing their babies, so impossibly tiny, so fragile, and yet so perfectly made, the Moores made a conscious decision **not** to trust “nature.” They loved these

children for six months while they were still in the womb. “For you formed my inward parts; you knitted me together in my mother’s womb.” (Ps. 139:13-



16). These precious tiny children were a gift from God, and they would not give up on them while they were still being “knitted together.”

That was 2015, and they were on the cutting edge of what medicine could do for babies born so early.

The Moores believed they were guided to make the right choice when they chose life.

Watching the NICU team (neonatal intensive care unit)

journey that began all the way to when their twins were first conceived. Their path has been filled with challenges but still overflowing with joy. For every time they look at their twins they see more than two little children, they see miracles.

In 2021, their mother reported the twins, then six, are “big kids with big personalities and big dreams.”

Now, in 2023, babies once thought to be too small, too premature – even babies born at 23 weeks – are celebrating their birthdays year after year. Like the Moores, these are the babies whose parents choose to push the envelope and seek life.

*Editor’s note. This appeared at Texas Right to Life and is reposted with permission.*

## NJ Governor Murphy adds to his pro-abortion resume by signing a bill requiring a state website on “reproductive rights”

By Dave Andrusko

In his relentless race to the bottom, pro-abortion New Jersey Gov. Phil Murphy signed a bill October 24 requiring a state website on reproductive rights. It did not escape attention that the law comes exactly two weeks before Election Day when all of the state’s 120 legislative seats are on the ballot.

A thoroughly pro-abortion legislature, Democrats hold a 25-15 majority in the Senate and a 46-34 majority in the Assembly. Nonetheless, Democrats have warned “that if Republicans flip enough seats, the party could threaten reproductive rights in New Jersey,” according to reporter Sophie Nieto-Munoz of the *New Jersey Monitor*.

Her description of the law is modest: “People can find information about abortion laws and how to access reproductive health services on a new website

after Gov. Phil Murphy signed a bill into law Tuesday requiring the online resource.”

Also

**The website includes information on state and federal reproductive abortion rights and reproductive health care insurance requirements. It lists resources for health care providers, locations of health care services, and information on how to file a complaint for harassment or intimidation while attempting to obtain an abortion.**

Murphy used the occasion of signing still another pro-abortion bill to talk about other anti-life initiatives he has promoted. Nieto-Munoz explained

**During Tuesday’s bill**

**signing event, Murphy also noted the \$5 million for security upgrades**



*Pro-abortion New Jersey Gov. Phil Murphy*

**for reproductive health care facilities and \$5 million for the state to**

**recruit and train more reproductive health care professionals included in the state budget he signed in June.**

The Murphy administration and fellow Democrats passed the Freedom of Reproductive Choice, one of numerous pro-abortion actions taken since 2022. In an editorial, the pro-abortion *Star-Ledger* warned if Republicans made sufficient gains, they would scuttle “abortion rights.”

In response to the attacks by Gov. Murphy and the newspaper, Senate Minority leader Tony Bucco responded “that abortion access is settled law in New Jersey and said Democrats are resorting to scare tactics to distract people from Murphy’s ‘failed progressive record,’” according to Nieto-Munoz.

# Is Ohio denying miscarriage care?

From Page 12

justified if the doctor thinks there are reasonable odds of the woman completing the miscarriage without intervention.

Carrying a miscarried or miscarrying child for weeks sounds incredibly traumatic. I wouldn't wish that situation on anyone. But the situation is not specific to anti-abortion states or to states after Dobbs; it's a common recommendation from medical providers to women going through miscarriage.

## The NPR article provides no evidence that hospital staff were concerned about abortion laws.

NPR continues by explaining Zielke and her husband visited Ohio, and while there Zielke starts bleeding—a lot—weeks after the doctor in DC told her to wait. She goes to an Ohio emergency room where staff examine her and say that there's nothing to be too concerned about at this stage.

To check how much blood

she had lost, they measured her hemoglobin level – Zielke says they told her she hadn't lost enough for it to be of concern yet.

Again, such a situation is not uncommon. The staff discharge Zielke and she and her husband interpret this decision as possibly having to do with Ohio's abortion laws. But there's no indication that's the case.

In fact the article mentions staff at the Ohio hospital told Zielke that the hospital sometimes performs D&Cs to stop heavy bleeding.

One nurse mentioned in passing that a D&C is sometimes needed to get heavy bleeding to stop.

The ER staff clearly weren't afraid of the possibility of a D&C; they were the ones who brought it up.

Still, the ER staff send Zielke on her way. Shortly after, she nearly passes out because she starts to lose too much blood too quickly. Paramedics take her back to the same ER, and they perform a

D&C.

When the whole ordeal is over, Zielke files complaints with the Ohio hospital and with the OBGYN practice in Washington DC. This is an interesting juxtaposition because nowhere in the article (or anywhere else in these conversations) does anyone wonder why there were mistakes made at the Washington DC practice, where they didn't fully inform Zielke of what was going on, what to expect, or what future risks might be. Nobody speculates that the DC OB's errors were due to fear of anti-abortion laws, because there are no anti-abortion laws there. Washington DC doesn't even have gestational limits on abortion.

But if we can understand that medical practitioners in pro-choice states make mistakes, then we should be able to recognize that there will also be mistakes made in places with anti-abortion laws. That doesn't mean the anti-abortion laws forced those mistakes.

Important to note, too, that in most of these stories (maybe all of these stories) we don't get to hear the perspective of the medical professionals that were directly involved in the patient's care because of patient confidentiality. The *NPR* story is no different.

## University Hospitals, which runs TriPoint Medical Center, declined a request for an interview about Zielke's care, citing patient privacy.

They can't correct the record and explain any missing information or misunderstandings that would give them medical reason to make the decisions they made.

It is extremely common for patients to not fully understand medical recommendations and treatment, either because

they don't have the education or because their providers are not great at explaining their decisions and rationales. But poor communication doesn't mean the providers lack good medical reasons for their decisions; it could just mean that their communication sucks. The *NPR* article itself demonstrates this phenomenon when describing the Washington DC OB who Zielke ended up filing a complaint against.

We usually don't get to learn the full picture of what happens in these stories because the medical professionals best positioned to clarify aren't allowed to.

## If Ohio laws had a chilling effect on miscarriage care, there would be far more examples.

Another way to think about this is to do some basic math. Ohio in 2021 had something like 130,000 live births and if we consider unintended pregnancy rates, abortion rates, and the percent of confirmed pregnancies which miscarry, a back-of-the-envelope calculation suggests there should be somewhere between perhaps 10,000 and 20,000 miscarriages in Ohio each year.

If it were really the case that medical providers are too afraid to treat miscarriage, we would be hearing *endless* stories of women almost dying because they couldn't get appropriate treatment. Instead, we find very few such cases, and often the details are ambiguous and not at all clear that the problems are because of abortion laws.

It's unlikely that there's a problem with access to clearly legal miscarriage care; it is a huge stretch to use that concern as an argument against any and all restrictions on elective abortion.



# Federal district court judge grants a preliminary injunction against Colorado's ban on abortion pill reversal

By Dave Andrusko

Late on October 21, Judge Daniel D. Domenico granted a preliminary injunction sought by Bella Health against the state of Colorado that prevents officials from enforcing a first-of-its-kind law that targets religious healthcare clinics that offer women care in accordance with their faith.

The Colorado law “states that providing the abortion reversal treatment is considered engaging in unprofessional conduct, subject to discipline” Hannah Metzger wrote for *Colorado Politics*.

Abortion reversal is for those women who after taking the first of two drugs that make up “medication abortion” regime, have a change of heart. Instead of taking the second drug, they take progesterone, which is an updated application of a treatment used since the 1950s to combat miscarriage. As many as 68% of these babies can be saved—and over 4,000 to date have been.

In a press release celebrating the decision, the Becket Fund for Religious Liberty wrote

**Bella Health and Wellness v. Weiser is a challenge to a new Colorado law that forbids doctors and nurses to give progesterone to help women who took the first abortion pill, even if they were tricked or forced into taking it. The decision by a federal judge protected Bella and the many women who come to them for medical help to continue their pregnancies. ...**

**Like healthcare clinics across the nation, Bella offers progesterone—a naturally occurring hormone that is essential to the maintenance of a healthy pregnancy—to women at risk of**

**miscarriage. Studies also show that progesterone can help women who have taken the first abortion pill but decide they want to continue their pregnancies. Consistent with its religious mission to uphold the dignity of every life, Bella offers**



**progesterone to these women who seek help to keep their unborn children after taking the first abortion pill.**

Bella Health, a Catholic health clinic in Englewood, argued the measure violates its religious freedom and infringes upon its First Amendment rights. Judge Domenico agreed.

“There is no question whether (the law) burdens Bella Health’s free exercise of religion,” Domenico wrote in his ruling. “It does. Bella Health considers it a religious obligation to provide treatment for pregnant mothers and to protect unborn life if the mother seeks to stop or reverse an abortion.”

“The law at issue here runs afoul of... First Amendment principles,” Domenico wrote in his 45-page decision. “Because it does, the State must come forward with a compelling interest of the

highest order to maintain the law. It has not even attempted to do so.”

According to John Ingold of the *Colorado Sun*

**In his decision, Domenico concluded the law violates the Free Exercise Clause for three reasons.**

**the ban would largely affect religious-based institutions providing the medication.**

Bella Health sued in April, “on the same day the ban was signed into law,” Ingold wrote. “The injunction means that the state cannot enforce the law while the lawsuit against it proceeds. The lawsuit may not be resolved for months or even years.”

Becket wrote that

**Bella Health and Wellness v. Weiser is a challenge to a new Colorado law that forbids doctors and nurses to give progesterone to help women who took the first abortion pill, even if they were tricked or forced into taking it. The decision by a federal judge protected Bella and the many women who come to them for medical help to continue their pregnancies.**

First, he said the law “treats comparable secular activity more favorably than Bella Health’s religious activity,” citing a lack of bans on other off-label uses of progesterone, the primary drug used in the so-called reversals.

Second, he noted that Colorado’s medical, pharmacy and nursing boards decided to review complaints about reversal cases on a case-by-case basis. This precedent means the law shouldn’t be applied broadly, because it allows for “individual exemptions.”

Finally, Domenico referred to transcripts and notes from legislative hearings showing the lawmakers sponsoring the bill allegedly knew

“Some of these women have had abortion pills forced on them, and others change their minds,” said Dede Chism and Abby Sinnett, cofounders of Bella Health and Wellness. “We are relieved and overjoyed to continue helping the many women who come to our clinic seeking help.”

“Colorado is trying to make outlaws of doctors and nurses providing life-saving and compassionate care to women they serve,” said Rebekah Ricketts, counsel at Becket. “This ruling ensures that pregnant women across the state will receive the care they deserve and won’t be forced to have abortions against their will.”

Colorado has 30 days to appeal the decision to the Tenth Circuit Court of Appeals.

# Canada's euthanasia program is flirting with eugenics

*“The plan to expand medically assisted dying to drug addicts is utterly barbaric”*

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

Kevin Yuill, a professor of American Studies at the University of Sunderland in the UK, published an article in *Spiked* on October 25 outlining his concern that Canada's euthanasia program is eugenic.

Yuill, who recently visited Canada, writes:

A few weeks ago, I accidentally toured one of the awful tent cities in Vancouver, Canada. At the corner of Main Street and Hastings Avenue, homeless drug addicts spread their few possessions out on blankets and cover the pavement for blocks on end. It is only a short distance from the restaurants and attractions of this fairly affluent city and is easy to stray into.

So long as they are not violent, homeless addicts are generally ignored across the city. Vancouverites, in that polite Canadian way, accept their presence and do what they can to be kind. Nonetheless, everyone I met spoke about the ‘crisis’ of addicts in Vancouver, where drugs have effectively been decriminalised.

Now, the Canadian authorities seem to have come up with a novel, frightening solution to the crisis: euthanasia.

Yuill explains:

“Canadians are eligible for the medical assistance in dying (MAID) programme if they have a ‘grievous and irremediable medical

condition’, such as a serious physical illness or disability. If their condition has put them in an advanced state of irreversible decline



Kevin Yuill

and caused enduring physical or psychological suffering, they may request to be allowed euthanasia.”

This is horrific enough but in March 2024 “those suffering from mental illnesses – with no physical ailments necessary – will also be eligible for MAID,” Yuill writes. “That includes people with substance-use disorders.”

Yuill explains:

Last week, a framework for assessing people with substance-use disorders for MAID was discussed at the annual conference for the Canadian Society of Addiction Medicine in British Columbia. Dr David Martell (ironically a winner of the Family Physician of the Year award) was one of the most vocal supporters of expanding MAID to drug addicts. Dr Martell declared that ‘it’s not fair to exclude people from eligibility purely because their mental disorder

might either partly or in full be a substance-use disorder. It has to do with treating people equally.’

Dr Martell went on to explain that doctors will need to distinguish between somebody who has a ‘reasoned wish to die’ and someone who is merely suicidal. A person who is ‘thinking in a calm and measured way about wanting [their] suffering to end’, Martell said, might be considered for MAID. But he conceded that a person can exhibit signs of both suicidality and a calm and measured wish to die, and that it would be ‘fairly impossible’ to make the distinction if the person being assessed were intoxicated.

Yuill quotes from Christopher Lyons, whose suicidal father died by euthanasia, who said

The lines of informed consent are extremely blurred, especially when drugs and alcohol are involved.

Yuill explains that Canada's parliament recently defeated Bill C-314, a bill which “would have amended the Criminal Code to provide that a mental disorder is not a grievous and irremediable medical condition for which a person could receive MAID... This is despite the fact that only three in 10 Canadians themselves support MAID for the mentally ill.”

Yuill then provides a history lesson on eugenics. “Euthanasia as a solution for those living troubled lives is hardly a new concept. Those most keen on it were those associated with the

movement for eugenics.”

For instance, in the first few years of the 20th century, Dr Ella K Dearborn cheerfully called for ‘euthanasia for the incurably ill, insane, criminals and degenerates’. Similarly, in 1906, sociologist L Graham Crozier agreed with her medical compatriot: ‘I would personally rather administer chloroform to the poor, starving children of New York, Philadelphia, Chicago and other American cities, than to see them living as they must in squalor and misery.’

In an echo of today's advocates for legalised assisted dying, Dr Dearborn once thundered: ‘Do not let sentiment or superstition retard the wheels of worldwide progress.’ In Canada, this so-called progress shows no sign of stopping. In the eight years since MAID was legalised for the terminally ill, it has been expanded to disabled people, homeless people and prisoners. And soon drug addicts will be next.

Yuill completes his article by stating

A better, more humane solution might be to offer treatment to addicts, instead of having them killed. Is that really such an unreasonable thing to ask for?

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



# Much to the chagrin of the Abortion Industry, Scientists continue to find unborn babies feel pain far earlier than thought

By David Prentice

*Editor's note. This first appeared in the Western Journal and is reposted with the author's permission.*

*"If you prick us, do we not bleed?"* — William Shakespeare, Act III, Scene I, "The Merchant of Venice."

The answer to the question, the plaintive plea of Shylock for the recognition of his shared humanity, is, of course, "yes." It's a universal human characteristic. Even still in the womb, a few weeks old, our hearts are beating rhythmically and blood courses throughout our tiny, still-developing bodies. Prick us then, and we will bleed.

But what if the question is phrased, "If you prick us, do we not feel pain?"

Again, for those of us already born, barring some pathological neural syndrome, the answer is certainly "yes." But what about those still-developing humans in the womb?

For years the consensus was "no," not until well after birth. As science and medical observations advanced, the answer turned to "yes" but not until late in gestation (after 24 weeks) and only with development of the cortex (the outermost, thinking layer of the brain).

Science continued to advance, especially in our knowledge of how and when our nerves and other tissues form as we grow and develop in our mother's wombs. But sadly, many turned a blind eye to the science, preferring a blinkered interpretation that fit their desired narrative on the status of the fetus in the womb.

The title of an academic paper says it all: "Reconsidering fetal pain," by two well-credentialed medical professionals, Stuart Derbyshire and John C. Bockmann.

The article is an honest, objective review of the scientific literature as it relates to the question of whether and when a child still in the womb can experience pain. Looking at the scientific evidence again with unbiased eyes, the authors' answer was "yes," perhaps as early as



12 weeks, and certainly after 18 weeks.

Derbyshire and Bockmann also reviewed the evidence for experiencing pain as it relates to any need for the cortex, or any psychological processes to "interpret" the pain signal. Their objective, balanced reading of the evidence pointed to pain experience without the need for the cortex (similar to the undisputed pain experienced by animals), mediated by other neural structures.

The literature on the science of fetal pain has indeed become extensive. But it is not just science, but also reason that brings this new

recognition of the reality of fetal pain.

In an accompanying blog post on the *Journal of Medical Ethics* website, the authors explain further what led them to reconsider this topic. They had discussed the issue since 2016 and recent

**however, that different views regarding abortion should not influence open and frank discussion about the possibility of fetal pain. Scientific findings pertinent to the question of fetal pain, and philosophical discussion of the nature of pain, should be assessed independently of any views about the rights and wrongs of abortion."**

*"The quality of mercy is not strained. / It droppeth as the gentle rain from heaven / Upon the place beneath. It is twice blest: / It blesseth him that gives and him that takes."* — William Shakespeare, Act IV, Scene I, "The Merchant of Venice."

In their paper, the authors also write that they "consider the possibility that the mere experience of pain, without the capacity for self reflection, is morally significant." Neonatologist Dr. Robin Pierucci points out that not only the preponderance of scientific evidence but also the vast experience of medical workers in the neonatal clinic make the existence of fetal pain undeniable.

Denying the science doesn't make the pain go away. And the common human experience of pain, which is, indeed, "morally significant," means we are morally bound to recognize and prevent that pain. Likewise, we are bound to refrain from acts that inflict pain upon a fellow human being.

That mercy, as Shakespeare says, provides a blessing to us as well as to the unborn child.

*Editor's note. Dr. David A. Prentice is vice president and research director for CLI.*

scientific findings opened the door to the jointly authored paper.

This openness to reconsider the evidence objectively and publish their reasoned conclusions is perhaps more surprising because the authors come from different viewpoints on abortion. They write:

**"We have divergent views on abortion with one of us seeing abortion as an ethical necessity for women to be autonomous and one of us seeing abortion as ethically incompatible with good medical practice.**

**"We both agree,**

# Doctor who saved premature baby is rescued by him 30 years later

By Kim Schwartz, Texas Right to Life

Over thirty years ago, a premature baby boy named Chris Trokey was given a fifty percent chance of survival. Doctor Michael Shannon, based in San Clemente, California, worked tirelessly to keep the 3.2-pound infant alive.

Fast-forward to March 29, 2011, and the preemie returned the favor. Now a firefighter-paramedic, Trokey helped rescue Shannon from his burning SUV after he was hit by a semi-truck on Pacific Coast Highway in Dana Point, California.

Their latest reunion, four years after their dramatic encounter, was at a fundraiser for the St. Baldrick's childhood cancer research charity in Rancho Santa Margarita. KTLA's video of the sweet event has over 20,000 "likes" and counting, warming the hearts of thousands who are in awe of their serendipitous story.

Shannon believes that things

happen when they are meant to and that he sees examples of this almost daily in his life and



practice. Trokey had no idea who he was helping when he responded to Shannon's crash. He only found out when he went to the hospital and started talking about it.

During Shannon's 45-day recovery at Mission Hospital in

Mission Viejo, the men bonded anew. Trokey praised Shannon's knowledge and care, calling him

one of the most knowledgeable and caring pediatricians he had ever met. Shannon has been a pediatrician for 42 years and continues to love his work and helping his patients.

Their story is one only God could orchestrate.

Trokey had no idea who he was rescuing, and Shannon did not know who was rescuing him. Yet, in a strange turn of events, the two reunited and strengthened their bond. Their friendship has touched the hearts of many and serves as a reminder that God blesses us with gifts in the most unexpected ways.

Their story has come full circle, with Shannon now taking on Trokey's child as a patient. Trokey expressed his gratitude, stating that he could not imagine taking his son to anyone else. The two men's serendipitous story continues to inspire and captivate many.

Their friendship and bond are a testament to the idea that even in the most unexpected of circumstances, we can find support and care from those we least expect.

# Abortion survivors are not a ‘pro-life myth’. Here’s how we know.

By Cassy Fiano-Chesser

In a recent op-ed for *The Nation*, abortionist Daniel Grossman attacked pro-life laws and made the erroneous statement that abortion survivors are a pro-life “myth.” Despite his claims, data gathered by the CDC and by various states reveals otherwise.

## The Montana referendum

Grossman — along with Andréa Becker, a researcher at the UCSF Bixby Center for Global Reproductive Health, where Grossman also works — began by pointing to a pro-life referendum in Montana that had failed to pass in November. The referendum sought to ensure that all infants who are born alive, whether prematurely or during failed abortions, would receive medical care in an effort to save their lives. The abortionists criticized it and the lawmakers behind it.

“Anti-abortion lawmakers intentionally used biased, medically inaccurate, inflammatory language to confuse and outrage voters,” they wrote. “The ballot measure claimed to create protections for ‘infants born alive during abortion,’ legislating an imagined situation to demonize and further criminalize abortion providers by threatening a felony charge punishable with a 20-year jail sentence and \$50,000 fine. The danger for abortion providers lies not only in the threat of jail time but also within the violent language that went unchallenged in the public conversation.”

The text of the bill reads:

**An act adopting the Born-Alive Infant Protection Act; providing that infants born alive, including infants born alive after an abortion, are legal persons; requiring health care providers to take necessary actions to preserve the life of a born-alive infant; providing a penalty; providing that the proposed act be submitted to the qualified**

**electors of Montana; and providing an effective date.”**

Grossman and Becker are angry because abortionists could have faced jail time should a preborn child survive an abortion attempt, and then be left to die — a very real scenario that they referred to as “an imagined situation.” They also then claimed abortion survivors are an ‘overblown myth.’

## Human beings can and do survive abortions

Grossman alleged that the idea of abortion survivors is nothing more than a “misinformation campaign.” He said, “It persists today, as recently as 2016, when a Republican-led Congress demanded an inquiry and report by the Centers for Disease Control and Prevention (CDC) on the topic. In at least six states, anti-abortion legislators called for medically unnecessary mandatory reporting by abortion providers of cases where a living fetus was delivered — conjuring the assumption that this is a common occurrence.”

First, it is not a myth that children survive abortions. Data from the Centers for Disease Control and Prevention (CDC) has revealed that over the course of 12 years, more than a hundred infants were reported to have survived for at least a short time after abortions. Minnesota’s most recent abortion report, for example, revealed that five children were born alive during abortions in that state in 2021 alone. The report further added that none of them received medical care — in other words, they were left to die.

Another report found that over 100 babies were born alive following abortions in just five states over approximately a decade. Furthermore, though Kenmit Gosnell is the most notorious example of an abortionist who either allowed

abortion survivors to die or actively murdered them, he is far from alone. As Live Action’s Inhuman investigation showed, other abortionists are all too willing to let abortion survivors die:

During the Live Action



*Abortionist Daniel Grossman*

investigation, abortionists or their staffers repeatedly admitted to undercover investigators how they ensure that abortion survivors do not remain alive. They spoke of denying babies any medical care and even spoke of infanticide. As a staffer at Emily’s Women’s Center abortion facility in the Bronx said:

**The solution will make it stop. It’s not going to be moving around in the jar ... that’s the whole purpose of the solution. It’ll automatically stop. It won’t be able to... not with the solution.... It won’t be able to breathe anymore.....**

In addition, Planned Parenthood lobbyist Alisa LaPolt Snow testified before the Florida House, arguing that whether or not abortion survivors are left to die or are killed through infanticide should be a decision left up to a woman and the abortionist. “We believe that any decision

that’s made should be left up to the woman, her family, and the physician,” she said. “That decision should be between the patient and the health care provider.”

Prior to her work as a pro-life activist, nurse Jill Stanek discovered that on her hospital’s labor and delivery floor, a baby boy with Down syndrome had survived the abortion attempt on his life. He was being taken to the soiled utility room by another nurse because the parents did not want to hold him, and doctors would not provide him with medical care. Stanek held the tiny baby and rocked him for hours until he passed away. After Stanek went public with this information, the hospital installed a special “comfort” room.

Stanek’s experience changed the course of her life and became the catalyst for her pro-life work.

Abortionists themselves have admitted that babies are born alive during abortions often enough that there’s an industry term for it: the “dreaded complication.” One instance of a baby born alive following an abortion was caught on tape in a 911 call, nurses have shared horror stories of not being allowed to care for survivors, and the CDC has records of infants surviving abortions.

Abortion survivors who are now adults have also spoken out.

## The reality of late-term abortion

Preborn children are most likely to survive failed later abortion attempts, such as induction abortions. In those procedures, the abortionist often begins by giving the child what is meant to be a fatal shot of digoxin to cause cardiac arrest. Several days later, the mother is meant to deliver the body of her dead child. But for Grossman, this is not an issue — the problem is that the pro-life

# A Majority of Canadians say that religiously affiliated hospitals should not be forced to provide euthanasia

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

A euthanasia lobby group has been lobbying the British Columbia (BC) government to force Catholic hospitals to provide euthanasia.

Samantha O'Neill (34), died by euthanasia (MAiD) on April 4, 2023 after being transferred from St Paul's hospital in Vancouver to St. John's Hospice.

O'Neill's family argue that Samantha should have been able to die by euthanasia at St Paul's hospital rather than be transferred to St. John's Hospice to die.

Katie DeRosa reported for The Vancouver Sun on June 23 that "Dying With Dignity" and O'Neill's family initiated a campaign to pressure the BC government to force Catholic hospitals to kill their patients by euthanasia.

On October 17, 2023; an Angus Reid Institute poll indicated that 58% of Canadians believe that religiously affiliated healthcare **should not** be forced to provide euthanasia but should transfer the person to a facility that will provide euthanasia. Another 18% of Canadians were unsure and only 24% of Canadians demanded that religiously affiliated healthcare facilities must provide euthanasia.

The poll results varied by

province with Manitoba (65%) and Saskatchewan (64%) offering the strongest support for religiously affiliated healthcare while Québec (47%) responded with the lowest support. Only 35% of the Québec poll participants stated that religiously affiliated institutions must provide euthanasia.

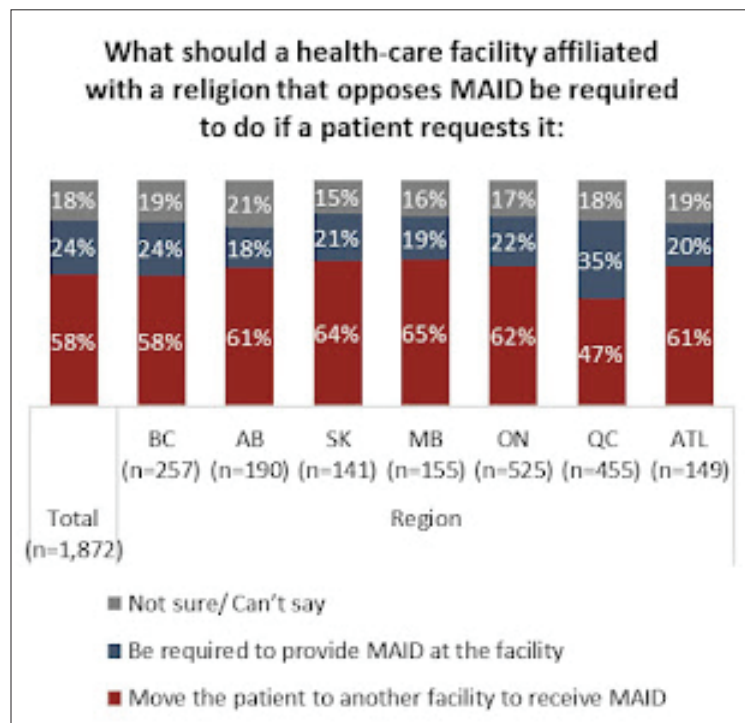
The other key question in the Angus Reid Institute poll concerned conscience rights for medical professionals who oppose euthanasia. The poll found that 70% of Canadians thought that a medical professional who opposes euthanasia should refer someone who requests euthanasia to a medical professional who will provide it while 30% believed that medical professionals should not be forced to refer for euthanasia.

The Angus Reid Institute did not differentiate between a doctor being required to refer a patient for euthanasia and a doctor, who opposes euthanasia, being required to make an "effective referral" for euthanasia. Most medical professionals are willing to refer a patient but not make an effective referral since an effective referral means sending the patient to a medical professional who will do the act.

Medical professionals who

oppose euthanasia usually oppose killing their patients. If they believe that it's morally wrong to kill a patient, then they will also

that was published on September 28 found that only 28% of Canadians support euthanasia for mental illness alone. This



believe that it's morally wrong to send their patient to someone who will kill their patient.

Nonetheless, Canadians clearly support the right of religiously affiliated healthcare institutions to not provide euthanasia.

An Angus Reid Institute poll

is important because Canada is adding mental illness as a reason for euthanasia starting in March 2024.

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

# 26 week old unborn baby saved by the Supreme Court of India

By Dave Andrusko

On October 16 the Supreme Court of India turned down a request for an abortion performed on a baby who is between 26 and 27 weeks old.

The three justice panel — Chief Justice DY Chandrachud, Justice JB Pardiwala, and Justice Manoj Misra — “noted that allowing termination at this stage would contravene Sections 3 and 5 of the Medical Termination of Pregnancy Act [MTPA]. This law permits abortion up to 24 weeks, except for immediate threat to the mother’s life or foetal abnormalities,” according to the Minute.com.

The justices explained “that there was no imminent threat to the mother’s life, nor did the case involve foetal abnormalities. These are the sole exceptions for terminating a pregnancy beyond 24 weeks under the Medical Termination of Pregnancy (MTP) Act, the newspaper explained.

## Background

A two judge panel initially approved the abortion for the married woman with two children whose lawyer said she was “emotionally, financially, and physically unprepared to raise a third child due to postpartum psychosis.”

According to Utkarsh Anand and Abraham Thomas.

**“The bench granted AIIMS the liberty to independently assess the petitioner’s mental**

**and physical condition and directed the AIIMS medical board to evaluate the potential effects of the petitioner’s medication on the foetus.**

**“On October 16, the court received AIIMS’s report confirming the petitioner’s postpartum**

**and the necessity of specifically stopping its heartbeat.”**

Upon receiving the report, the court questioned as to why the medical report came after the court order in the case was delivered,” Srishti Ojha and Sanjay Sharma reported.

Justice Kohli, half of the original two-justice panel, said

Senior Advocate Colin Gonsalves, presenting the woman, countered “that international law did not confer overriding rights to an unborn child” and that “All abortions lead to the death of the foetus as it stills the heart of the child.”

**When asked if he contended that a woman should be allowed to abort even at 33 weeks or in cases without foetal abnormalities, Gonsalves affirmed that there were no gestational restrictions. He referred to a statement by the World Health Organisation, suggesting that the 24-week guideline for termination was ‘obsolete’.**

Gonsalves asserted

**that India is regressive about abortion laws, the CJI [Chief Justice] disagreed, stating that each democracy operated within its distinct legal framework. He noted that advocating to override India’s statutes based on WHO statements was impractical. The bench clarified the state would cover all medical expenses, and the petitioner would have the final say on whether to keep the child after birth or put it up for adoption.**

**psychosis. The report stated that her medication had no adverse effects on the child. AIIMS also suggested an alternative treatment regimen to ensure no harm to the foetus. The doctors also found no abnormalities in the foetus.**

The following day, “the government applied for the order’s reconsideration providing an email from an AIIMS doctor affirming the foetus’s viability

“she was not willing to proceed with the earlier decision and wondered which Court would ask to stop the ‘heartbeat of a foetus that has life.’”

Based on this new evidence, the two justices split and the case was sent a larger bloc of justices

During the hearing, Additional Solicitor General Aishwarya Bhati, representing the government, “argued that ‘After 24 weeks, once it is a viable life choice, termination is not allowed once the medical report says that the child is fine.’”

# We Asked, You Answered: Conversations Across the Aisle

By Kelsey Hazzard, Board President, Secular Pro-Life

We posed this question to our followers on social media:

*You're hanging out with a pro-choice friend who doesn't know you're pro-life. She says "I can't believe these attacks on reproductive rights. My daughters are going to have fewer rights than I had." How do you respond?*

Here are a few of the top responses, lightly edited for clarity.

**Caitriona B.:** "Fewer rights to do what?"

**Katie S.:** "I say, 'Oh, maybe you didn't know, but I'm actually pro-life. If you'd like, I can explain why.'"

**Reming M.:** "Your grandkids will have the right to exist though."

**Sophie G.:** "I have a daughter whom I was pregnant with when *Roe v. Wade* was overturned. When that was all going down and lots of people said things like that, I'd usually respond with 'I'd like my daughter to grow up in a world where it was never legal for me to walk into a clinic and pay a doctor to kill her.' That usually got people's attention and helped

steer things in the direction of having a conversation about abortion rather than them just making an angry statement. We all want the best possible future for our children, but we disagree on how to get there."

**Albany R.:** "I've had this said to me a few times when I first moved to our little town. I just



asked, 'How does someone have fewer rights by not being killed?' Normally, it just takes them back, and they start on a new argument or question or don't want to keep talking about it."

**Olivia M.:** "I usually say something like 'Ah that's crazy, I haven't lost any rights.' Because it's true, abortion is not something I consider a right of mine or a valid consideration, so my life,

autonomy, and rights remain completely unchanged."

**Sean C.:** "Rights aren't predicated on the destruction of other human persons. The basic right to exist predicates all other rights. Without that, you don't have 'rights' — just privileges extended by someone in a position of power."

afraid, especially those in tough situations. I don't think we've ever talked about this issue before. I'm pro-life, but I'd love to hear your thoughts and where you're coming from."

**WriterOfMinds:** "I see embryonic and fetal people gaining rights and being freed from oppressive systems that treat them as disposable. To me, that's progress."

**Rochell:** "Usually I point out the fact that one of the reasons I'm pro-life is because my husband and our daughter are both adopted."

**Elizabeth B.:** "I think I would say that I see the issue very differently, and outline what I think the benefits are to my daughters: that workplaces may have to accept women as both mothers and workers now, that their future spouses won't be allowed to ignore their role in reproduction by relying on abortion, and that they will hopefully come to live in a society that accepts the weak and handicapped by allowing them to be born. I would stick to the positives that I see for my children and the culture."

**Anastasia R.:** "Why don't they know I'm pro-life though? That's the real question."

**Samantha:** "She's not going to lose her human rights to life, liberty, or the pursuit of happiness. What's happening is our government is protecting the human right to life for humans in the womb as well. Your rights end where another life begins."

**Kristina T.:** "There's a lot of tension and division around abortion right now. I can imagine that many women are

# “The mere presence of abortifacients on the shelves of your neighborhood pharmacy means casual missteps can have horrific and irreparable consequences.”

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

*Editor's note. Dr. O'Bannon's thoroughly researched "Where we stand with Pharmacy Distribution of Abortion Pills: An Update" is must reading. You can find it on pages 6-7.*

*This story explains how "the sale of baby killing drugs threatens to compromise if not completely undercut the integrity of the whole healthcare system."*

## A fatal error

A case out of Las Vegas involving two CVS pharmacists shows how easily and how badly things can go wrong.

Given a prescription for what was probably some progesterone suppository to help her ward off miscarriage, CVS employees instead provided Timika Thomas with misoprostol, the anti-ulcer prostaglandin used in conjunction with (and sometimes used alone) as an abortifacient. Taking the wrong drug, Thomas lost both of the babies she was carrying.

Media sources report two slightly different versions of the incident. In the first, a CVS technician thought misoprostol was the generic name for the brand prescribed by the doctor and entered the wrong name into the computer (*KLAS, 8 News Now, 10/3/23*). In the second, the technician had trouble deciphering the handwriting of Thomas' fertility doctor and guessed at the medication, rather than calling the doctor to confirm (*People magazine, 10/5/23*)

Whether the first or the second

is the accurate presentation of events or some combination of the two, after that point one pharmacist failed to catch the error and then a second failed to counsel and confirm with Thomas when she came to pick up the medicine.

In hearings before the pharmacy board, both pharmacists apologized, one sobbing and calling it “a human error,” and

reinstated in 12 months if they comply with board rulings) and the pharmacy was fined \$10,000.

It wasn't good enough for Thomas, who told *KLAS* that “All I got was a sorry... It will never be good enough.”

## Hard lessons to learn

Human error or no, there are many relevant lessons to be learned from this tragic event.

errors, so that casual missteps have horrific and irreparable consequences.

Third, that work conditions like those that exist at that pharmacy and apparently many others in the CVS and Walgreens chains make fatal slip-ups of this sort more likely.

In one sense, this shows that the FDA's concerns putting these certification requirements in place



saying “I'm so sorry” (*KLAS, 10/3/23*).

One of those pharmacists pointed to cutbacks at CVS which left employees overwhelmed, unable to do all the necessary double checking (*People, 10/5/23*).

The two pharmacists were fined and had their licenses provisionally suspended (to be

First, that there are many ways a prescription can go wrong and that the training of CVS pharmacists, however conscientious it may be, is not going to be good enough to protect patients from tragic mistakes like these.

Second, that the mere presence of abortifacients on the shelves of your neighborhood pharmacy creates the potential for deadly

are warranted and that the caution of these pharmacy chains is more than justified.

In a larger sense, however, it illustrates how the corruption of medicine involved in a government agency authorizing the sale of baby killing drugs threatens to compromise if not completely undercut the integrity of the whole healthcare system.

# With a year left in his term, Biden's refusal to directly address the age issue has Democrats in a huge bind

From Page 2

been mired in the low 40s for much of the past two years. Including the latest 37% job rating and an identical reading in April, Biden's approval has fallen below 40% four times in the 33 readings Gallup has taken since he took office. ..."

"Meanwhile, Biden's approval rating from Republicans has been consistently low and in the single digits for more than two years, while his rating from independents has been more variable but generally weak since July 2021.

And a number which probably angered and deflated the Biden team...

**"Democrats' current rating of Biden is four points lower than Republicans' lowest rating of Donald Trump during his presidency."**

*The Hill's* Jared Gans talked with Dave Wasserman of the *Cook Political Report*. "The root of Democratic despair isn't that the president is failing at the job." It's that "even his apparent successes aren't doing anything to improve his numbers. His chances at a second term increasingly feel like a pure dice-roll on whether Americans hate Trump so much that they'd rather reelect a

geriatric incumbent whom they no longer deem fit for the job."

Biden's age is the only insoluble problem. Inflation could be tamed, foreign policy dilemma could be neutralized, and the public's unhappiness with the direction of the country might change. But the following headline "Biden Won't Directly Address the Age Issue: Some say the best vehicle would be the one he least wants — a primary challenge" suggests that Biden has refused to listen.

However, "poll shows Democratic unease about another Biden campaign, and his age is a big reason why," writes Steven Shepard. "A CNN/SSRS national survey in late August found only 33 percent of Democratic or Democratic-leaning independent voters wanted Biden to be the party's 2024 nominee, compared to 67 percent who wanted someone else."

Why would pro-abortion President Biden feed the steady stream of increasing louder calls for him not to run for a second term? After all, when reporters tepidly inquire about his age (he turns 82 in November 2024), he has a ready made, if tiresome, response: "Watch me."

Writing for *Politico*, Jonathan Martin, while wholly sympathetic to Biden, is blunt about this defense: That "is precisely the problem: people are [watching him] and it's still the overriding issue troubling them the most about his candidacy."

**Biden takes an exacting interest in the mechanics of his nascent campaign, insisting on approving advertisements and interviewing would-be staffers. He is, however, less willing to be handled, which makes it difficult for his advisers to raise such a sensitive matter. Biden has conducted little polling on how to reassure voters about his age, complains bitterly about his intra-party critics who raise the issue in public and is unwilling to consider hearing aids, according to Democrats close to him.**

Does that mean Biden is oblivious or at least unaware of the barrage of polls that shout out in no uncertain terms that the public—including many Democrats—does not want him to carry the party's banner in less than 13 months? He is probably aware, at some level, but stubbornly refuses to admit his age is a major problem

David Brooks, columnist for the *New York Times*, wrote a piece that was first and foremost a nostalgic look back at President Biden. Brooks is so blinded by his admiration for Biden and his gut-level hatred for former President Trump that he could write paragraphs like this: "The Republicans who portray him as

a doddering old man based on highly selective YouTube clips are wrong. In my interviews with him, he's like a pitcher who used to throw 94 miles an hour who now throws 87. He is clearly still an effective pitcher."

Actually, to stay with the baseball simile, Biden resembles nothing so much as one of those creaky non-athletes asked to throw out the ceremonial first pitch which winds up an embarrassing 20 feet short of home plate.

To reiterate, Biden is limping into the last 12 and ½ months of his term. But as pro-lifers our primary concern is that his administration is fanatically pro-abortion. Joe Biden is relentless. He hijacks even programs whose whole purpose is to affirm life.

Congressman Chris Smith once put it this way. He recalled President Biden's inauguration speech when he said that "the dream of justice for all will be deferred no longer" and that this is "a cry for survival from the planet itself. A cry that can't be any more desperate ..."

Smith, co-chair of the House Pro-Life Caucus, concluded, "I believe the dream of 'justice for all' cannot be achieved if an entire segment of society is legally ignored and discriminated against because of where they live—in their mothers' wombs—and how small and defenseless they are.

"We know the President understands this. He gets it—or at least he once did."





# Memorials & Tributes

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*

**Patricia S. Caragher**  
Jesus Esparza

**Patricia S. Caragher**  
Deborah Grant

**Bertha L. Mallory**  
Irmgarde Martin

**Bertha L. Mallory**  
Patricia Abbott

**Bertha L. Mallory**  
Melissa Sobel

**Bertha L. Mallory**  
Elizabeth O'Rourke

**Bertha L. Mallory**  
Janet and Kyle Cuellar

**Bertha L. Mallory**  
Pat and Don Rougeau

## *In Honor of*

**Hannah Cleveland**  
Pamela White

**Mildred Fandel**  
Kristina Riley

**Helga Bradshaw**  
Hans Bradshaw

November 2023

***You can make your contribution in loving memory or in honor of someone online at [donate.nrlc.org](https://donate.nrlc.org) or by sending your contribution along with memorial and tribute information to the address below.***



Memorials & Tributes

Contribution  
amount



Your name \_\_\_\_\_

In memory of \_\_\_\_\_ In honor of \_\_\_\_\_

Your address \_\_\_\_\_

Name/Address for acknowledgment card \_\_\_\_\_

***Send with a check payable to National Right to Life Committee to:  
National Right to Life Development Office | 1446 Duke Street | Alexandria, Virginia 22314***

## “It’s not who we are. It’s not where we are” Ohio governor DeWine says of pro-abortion Issue 1

From Page 2

“I think that the people who are doing these ads that are for Issue 1 are misleading people,” DeWine said.

For example, supporters say the amendment guarantees help with miscarriages, a common misdirection pro-abortion tactic.

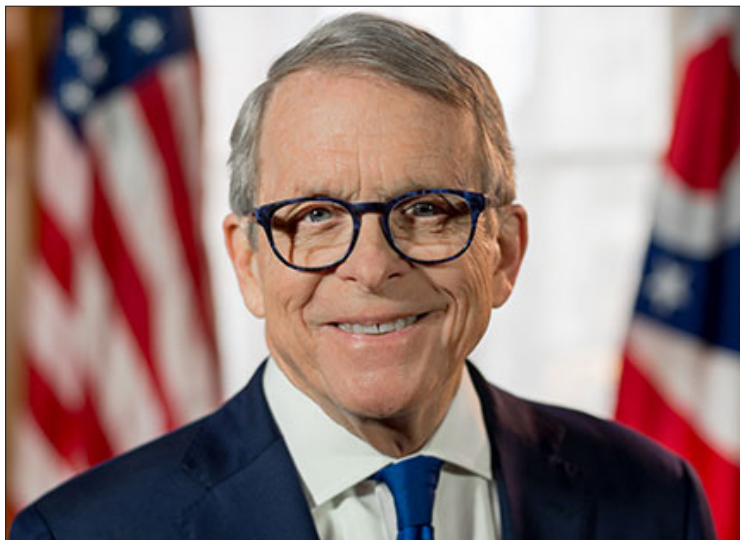
“Medical assistance is out there,” DeWine told Miller. “I mean, we have hospitals. They do what they do, doctors. So they’re wrapping this into things that are certainly already well taken care of by the medical community and our hospitals and our doctors. So just, you know, I think it’s a very misleading campaign that they’re running.”

Miller asked DeWine how he was able to effectively communicate the abortion issue. He said he has “tried to focus on the science.”

**“Even if you have people who pro-choice and think that abortion should be allowed at some point up until a certain point,**

**I don’t know anybody who thinks that abortion should be permitted all the way up until birth,” DeWine said. “I mean that**

**and I were trying to do with this ad, is just to let people know exactly how radical this constitutional amendment is.”**



*Ohio Pro-life Gov. Mike DeWine*

**just strikes most people as going too far... I think part of my job is to try, and Fran and I, my wife**

Most voters he has interacted with don’t want to talk about abortion because it is an

“unpleasant subject,” which is why he filmed the ad from his kitchen. That allowed him to speak directly to Ohio voters and let them know that wherever they stand on the abortion issue, this measure is too “radical” to enshrine in the state constitution

In interviews as well as in the ad, DeWine stressed that he did not believe “Ohio has ever overturned a constitutional amendment that was approved by the people, which means that if this amendment passes it is likely to be permanent,” according to Miller.

Miller asked DeWine what he would tell an Ohioan who is undecided on how to vote on Issue 1?

The governor said that voters **“don’t have to take my word for it” but need only to “look at the language of the constitutional amendment and look at how the courts have defined things in the past.”**

## Abortion survivors are not a ‘pro-life myth’. Here’s how we know.

From Page 26

movement is bent on “portraying abortions later in pregnancy and palliative postnatal care as gruesome and dehumanizing.”

He admitted, “True, later abortion has always been the most controversial aspect of abortion care,” adding, “Like the disproportionate focus on all later abortion procedures, anti-abortion advocates are magnifying an incredibly specific, yet visceral, aspect of abortion care in an effort to sow abortion stigma towards all procedures.”

The abortion industry often uses vague, unspecific language to describe abortion procedures in order to make abortion seem simple and neat. Planned Parenthood, for example, describes surgical abortions without much precision, saying they take less than an hour and that during the brutal

dilation and evacuation, or D&E, abortion, the abortionist uses “a combination of medical tools to remove the pregnancy tissue out of your uterus.”

This is a simplification of the procedure, which is described by Kathi Aultman, an OB/GYN and former abortionist. She explained that after using laminaria to dilate the mother’s cervix, one to two days later, the abortionist will forcibly dilate her cervix further before using a Sopher clamp to quite literally tear the baby’s arms and legs off before crushing her skull. It is possible to survive such a procedure.

### **Abortion industry bias**

Both Grossman and Becker are affiliated with the Bixby Center for Global Reproductive Health, operating out of the University of

California San Francisco (UCSF). The center trains new abortionists and has boasted of developing “new abortion methods.”

Grossman himself is one of many in a line of men promoting the ‘necessity’ of abortion. He is known for arguing that self-managed chemical abortions, at home, without the supervision of a doctor, are safe. Yet the abortion pill has been found to be four times more dangerous than first-trimester surgical abortions, with complications including nausea, cramping, hemorrhaging, vomiting, infection, and failed abortion. Without a doctor’s supervision, it’s impossible to determine the baby’s true gestational age, rule out contraindications, and ensure there isn’t an extrauterine (ectopic) pregnancy — which

could be deadly to the woman.

Yet Grossman has a vested interest in ensuring the abortion pill regimen is widely available: he also works as a senior advisor for Ibis Reproductive Health, which is directly funded by DANCO Laboratories — the abortion pill’s manufacturer.

Grossman and Becker present themselves as unbiased experts, yet they have a vested interest in smearing the pro-life movement and keeping abortion legal. That includes covering up the abortion industry’s secrets — that children do survive abortions — and pretending that killing preborn children is normal, simple, painless, and complication-free.

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

## Multiple “fact checks” by media outlets have late-term abortions all wrong

From Page 9

frequently, they put off telling anyone as long as they can.

### Myth #3: Late-Term Abortions Are Only Performed in Cases Where the Mother’s Life is in Danger

*The Atlantic* describes the prepping process for the procedure Warren Hern uses – which can take 3 or 4 days to implement:

Hern stopped performing first-trimester abortions a few years ago; he saw too much need for later abortions, and his clinic couldn’t do it all. The procedure he uses takes three or four

days and goes like this: After performing an ultrasound, he will use a thin needle to inject a medicine called digoxin through the patient’s abdomen to stop the fetus’s heart. This is called “inducing fetal demise.” Then Hern will insert one or more laminarias—a sterile, brownish rod of seaweed—into the patient’s cervix to start the dilation process.

When the cervix is sufficiently dilated after another day or two of adding and removing laminarias, Hern will drain the amniotic

fluid, give the patient misoprostol, and remove the fetus. Sometimes, the fetus will be whole, intact. Other times, Hern must remove it in parts. If the patient asks, a nurse will wrap the fetus in a blanket to hold, or present a set of handprints or footprints for the patient to take home.

But, in a true life-threatening emergency, a pregnant woman cannot wait 3 or 4 days for life-saving medical treatment. An emergency caesarian section can be performed in less than 30 minutes but this fact doesn’t fit

the pro-abortion narrative that the only time late-term abortions are performed is in the most extreme of circumstances or when the mother’s life is in danger.

Pro-abortion groups know abortions late in pregnancy take place, but they also know the public opposes abortions later in pregnancy. The full number of abortions that take place after 21 weeks are not published by abortion facilities and abortionists like Warren Hern are presented as outliers. But the fact remains that abortions late in pregnancy do occur, they are done for a variety of reasons, and they are often done on healthy babies of healthy mothers.



"YOU MAY CHOOSE TO LOOK THE OTHER WAY, BUT YOU CAN NEVER SAY AGAIN THAT YOU DID NOT KNOW!"

WILLIAM WILBERFORCE

AUGUST 24, 1759 -- JULY 29, 1833

# Clarifying Issue 1: Ohio's Semantic Battle Against Abortion Extremism

From Page 19

patient's life or health."<sup>11</sup> *Roe v. Wade*, though now confined to the ash heap of history, is a key indicator to forecast how the courts will likely interpret the term "health" as used in Issue 1.

*Roe v. Wade*, in conjunction with its companion case *Doe v. Bolton*, legalized abortion through all nine months of pregnancy in all fifty states. Health was defined in *Doe* to include "all factors – physical, emotional, psychological, familial, and the woman's age – relevant to the well-being of the patient."<sup>12</sup> The evidence of these loopholes remains apparent in states like New Mexico and Oregon, where late-term abortions were legal even under *Roe* and *Doe*.<sup>13</sup> It seems unlikely that this same standard will not be used in Ohio if Issue 1 passes, given that the very people committing abortions will also be those deciding whether a patient's situation is dire enough to warrant their continued business.<sup>14</sup> Issue 1's language is designed to empower the abortion industry and hand it the power to regulate itself. To assume that pro-abortion forces will not use the same tactical semantics they used in *Roe* and *Doe* is naive, even with the legal weight of both now gone. Their intentions remain the same: legalize abortion and tear down every protection they deem an obstacle to it. The battle for language remains ongoing.

This contest, however, has not been confined to the amendment itself. After Ohio Secretary of State Frank LaRose put forth the official language for how Issue 1 would appear on the ballot, Ohio Physicians for Reproductive Rights sued. Their objections included LaRose's use of the word "unborn child" instead of "fetus" in the official ballot language.<sup>15</sup> These objections prove exceptionally ironic considering how pro-abortion forces have historically weaponized semantics. One such instance in recent memory is a Hamilton County judge who blocked Ohio's Heartbeat Law by classifying abortion as

"healthcare" and then proceeded to use an anti-Affordable Care Act ruling to justify blocking said law.<sup>16</sup>

Thankfully, the Ohio Supreme Court ultimately upheld the majority of the Ballot Board's language stating, "We disagree with relators because the ballot language is factually accurate. While relators do not like the way in which the language is phrased, the structure of the statements is not improperly argumentative..."<sup>17</sup> Small victories are victories nonetheless. The usage of language on the ballot which correctly acknowledges the humanity of the preborn comprises one more tool utilizable by Ohio's pro-life movement to reveal Issue 1 for what it truly is: a brutal and blatant attack on women, children, and their families.

As Ohio's battle for life continues, the words used by both sides play a pivotal role in determining the future of the Buckeye State. Ohio's pro-life movement must continue to boldly and decisively hold those pushing Issue 1 accountable for not just their intentionally deceptive use of language but their outright lies as well. Issue 1 is an extreme, anti-parent, anti-woman, and anti-life change to Ohio's founding document which would subject Ohioans to a pro-abortion hellscape worse than that under *Roe*. Attempts to obscure this fact come from an abortion industry eager to profit off the well-intentioned people of Ohio. Any and every Ohioan who cares about life, family, and their state's future would do well to vote no on Issue 1 on November 7th.

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## Pro-abort Dems beating the drum of fearmongering and lies about pro-life candidates in Virginia

From Page 1

the voters is their unrelenting commitment to make abortion legal for any reason throughout pregnancy up to birth, and you'd be right! That's extremism and that is the goal of these Democrats and their allies in the abortion industry!

The problem for them is that nobody running as a pro-lifer this year is calling for a ban on abortion in Virginia. Instead, they are backing the Governor's bill to prevent abortions after unborn babies can feel pain in the womb at 15 weeks. The same bill that is already law is 18 other states.

They are seeking to pass other rational bills that will provide great assistance and information to women before they get an abortion, information that can help them make better life affirming decisions for themselves and their babies. Pro-life candidates also want to pass a law that provides medical care to babies who do survive a late term abortion.

Nobody wants to criminalize women who seek an abortion and there is no desire to obstruct

legitimate women's health care that may save her life! The pro-abortion organizations backing pro-abortion candidates will clearly say anything to create hysteria, where none is warranted, but telling the truth doesn't push their radical agenda forward!

The voters of Virginia need to reject this nonsense. Yes, abortion is a sensitive issue. It does change lives and must not be treated as a political game. The women of Virginia deserve more respect than abortion promoters clearly have for them. What they are really worried about is losing money and no longer getting legal cover for their shady businesses from their friends in the General Assembly.

Virginians have a chance to send a message to all of America. Abortion may be the only thing that these Democrats think matter to the women voters of the Commonwealth, but we can prove them wrong. Don't be fooled by manipulation and lies.

Early voting is going on until November 4th and Election Day is next Tuesday, November 7th. Don't let any of your friends stay home. Their vote does matter. The babies and their moms are depending on us!



# Judge dismisses Satanic Temple's lawsuit against Indiana's pro-life SEA 1

By Dave Andrusko

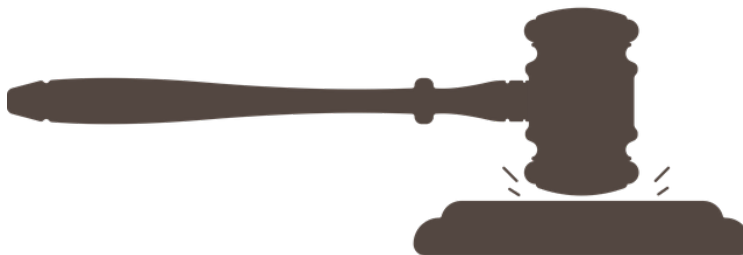
Last week, federal Judge Jane Magnus Stinson dismissed a lawsuit filed by the Satanic Temple against Indiana's strongly pro-life law. Signed by Gov. Eric Holcomb in August 2022, SEA 1 allows abortions only in cases of rape or incest, when there's a serious risk to the life of the mother or when fatal fetal anomalies are present. Indiana was the first state in the nation to enact a sweeping pro-life law following the *Dobbs* decision which overturned *Roe v. Wade*.

"The Satanic Temple sued to force the state to allow it to provide mail-order drugs for its members in Indiana to have an abortion," Brady Gibson reported for *WISH*.

However, Indiana Attorney General Todd Rokita argued that the Satanic Temple didn't have standing to sue. He pressed that it hadn't presented evidence that there were specific members who would be harmed by the law. According to Johnny Magdaleno

of the *Indianapolis Star*:

**The Satanic Temple launched a telehealth clinic in late 2022 out of New Mexico — called**



**"Samuel Alito's Mom's Satanic Abortion Clinic" — but it was never demonstrated that the clinic served its members in Indiana, according to U.S. District Judge for the Southern District of Indiana Jane Magnus-Stinson's decision Wednesday.**

**The Satanic Temple**

**"failed to demonstrate that its alleged cost of compliance or threat of prosecution amounts to injury."**

**"The Satanic Temple had an opportunity to submit evidence," but it "failed on all fronts," the judge continued.**

Magdaleno explained the background to the lawsuit:

**The Massachusetts-based religious association filed a lawsuit in September 2022**

**challenging Indiana's newest abortion restrictions by claiming they clashed with the U.S. Constitution and the state's Religious Freedom Restoration Act, which protects religious exercise. The Satanic Temple's religious principles allow members to get abortions.**

**The lawsuit also argues Indiana's restrictions violate the rights of Hoosier Satanists who may become pregnant if their birth control fails.**

"This lawsuit was ridiculous on its face, but this court decision is important because it sustains a pro-life law that is constitutionally and legally sound," Attorney General Rokita said. "We Hoosiers continue to build a solid culture of life whether satanic cultists like it or not."

# Accidents do happen in legal assisted suicide

By Michael Cook

What happens if you attend your buddy's assisted suicide end-of-life celebration and have an exploratory sip of his lethal prescription? Well, you might die. A case study at the recent North American Clinical Congress on Toxicology in Montreal outlined what happened to a Colorado man.

"The patient's friend was prescribed a Medical Aid in Dying (MAID) preparation as part of a physician-assisted suicide program," read a slide from the case study, as reported by the Montreal Gazette.

"After the patient's friend consumed part of the preparation and described it as bitter, this patient ingested an unknown-sized 'sip' of the preparation." The liquid was a lethal cocktail designed to cause a person to lose consciousness and stop their heart. It sent the 37-year-old to hospital. His life was saved.

This has happened before. An article last year in the Journal of Emergency Medical Services narrated a stunning example of accidental poisoning at the deathbed of an assisted suicide:

**Ambulance 64 is dispatched to a 35-year-old male with possible alcohol overdose. Upon arrival, the crew is directed to a back bedroom where they find two fully clothed males with their legs hanging**

**off a bed. One is elderly, the other is middle aged. Both are unconscious and unresponsive with shallow respirations. A bystander hands a medicine bottle to the attending paramedic frantically saying,**

**a "death with dignity" patient who invited loved ones to be present while he consumed the MAID medication. After his first swallow, he remarked, "Man that burns!" The younger man said, "Let me see," and then also**

**form stating he wanted no lifesaving measures performed on him.**

The patient spent two days in ICU, but recovered, apparently unscathed.

BioEdge recently reported the case of a Queensland man who



**"They drank this! They drank this!" The bottle contains digoxin 100 mg, diazepam 1,000 mg, morphine 15,000 mg, amitriptyline 8,000 mg and phenobarbital 5,000 mg. She remarks that the older man "should be dead" and the younger one "should be alive."**

**The bystander states that the older man is**

**took a swallow. The attending paramedic directs rescuers to begin ventilating the younger man while requesting evidence of advance directives for the older man. Care was not rendered to the death with dignity patient because he had a valid Medical Orders for Scope of Treatment (MOST)**

swallowed a lethal prescription meant for his wife after she died in hospital of natural causes. He died.

All legislation allowing assisted suicide contain safeguards which are supposed to prevent misuse of lethal prescriptions. The safeguards don't always work.

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

## Reiterating bogus claims, 16 Pro-abortion Attorneys General issue Open Letter

From Page 1

In the eight page letter issued October 23, Bonta et al. argued that CPCs harm patients by “[delaying] pregnant people from accessing critical reproductive healthcare—by dissuading pregnant people from seeking abortion care and by frequently holding themselves out as full spectrum healthcare providers when most of them are anything but.”

In addition to charging CPCs with themselves not providing the “full-scope of reproductive healthcare” [abortion],” the 16 AGs accused CPC of “actively aim[ing] to prevent people from accessing abortion care.”

Throwing in every pro-abortion cliché, the AGs hammered CPCs for promoting abortion pill reversal services—APR: “CPCs also commonly

promote and administer an unproven and potentially risky medical protocol, ‘abortion pill reversal.’”

In addition, the letter also claimed that CPCs provide “misleading information” by saying that abortion can often result in what they called a “fictitious condition,” known either as “post-abortion syndrome” or “post-abortion

stress,” as well as “grief and regret.”

As the Catholic Vote noted, “This is not the first time that Bonta has targeted abortion-pill reversal resources. In September, Bonta filed a lawsuit on behalf of California against Heartbeat International, an international organization that supports crisis pregnancy centers and offers abortion pill reversal services.”

## Where we stand with Pharmacy Distribution of Abortion Pills: An Update

From Page 7

announced that it was filing for bankruptcy, giving them more pressing matters than abortion pill certification to worry about.

Early in October, thousands of pharmacy staff walked off the job at Walgreens. They complained about working conditions, being understaffed and overworked, having to deal with backlogs of prescriptions which they say put employees and patients at risk (*Washington Post*, 10/9/23).

CVS faced similar issues in a walkout in Missouri just a month earlier, citing many of the same complaints, shortly after the pharmacy chain announced plans to lay off 5,000 employees (*USA Today*, 9/22/23; *ABC News*, 8/1/23).

A quick resolution seems unlikely. Just a couple of weeks ago, *CNBC* reported that Walgreens and CVS workers were planning a nationwide strike for the end of October (*Becker's Hospital Review*, 10/16/23). Readers of this article may be quite aware if the strike has hit their area by the time this article publishes.

No one at this point has publicly cited concerns about corporate efforts to push abortion pills. But it surely cannot be a policy that many CVS and Walgreens employees, certainly any pro-

lifers who are dedicated to true health care, are anxious to implement or in which they wish to get involved.

### *Potential for disaster*

It isn't just that these labor issues will make certification more difficult, but that they point to circumstances that make tragedies like the one that happened in Las Vegas (see p. 30) more likely to recur.

Stressed workers are more likely to make mistakes, cut corners, overlook critical details. That could result in fatal errors like someone getting the pills who is far past the recommended gestational age. Or them being given to a woman with an ectopic pregnancy, which the pills do not treat. Or worse, abortion pills going to a pregnant woman who only wants to keep her baby, like happened in Las Vegas.

Once the abortion pills are out there on the pharmacy shelves, and women's health and safety depend are forced to depend on staff which are already stretched to the breaking point, "human errors" can mean the loss of human lives.

### **Remaining Questions**

All these factors taken together raise questions not only about when the abortion pill will be sold

at CVS and Walgreens pharmacies, but also where and how. Will they only be sold at certain regional stores? Will they only be available for personal pickup?

Will internal pressures from unhappy employees scuttle

entirely or side with those who want them sold and shipped in states where their sale and use is controlled or prohibited?

All that remains to be seen.

What's clear here, as it is with so many of the popular myths



the project? Or will external pressure from pro-life customers and political leaders cause CVS and Walgreens to rethink the moral and legal and economic implications of the decisions they've made?

How long before the next prescription mix-up and the next lawsuit against one of these pharmacists and their parent corporation?

Will the Supreme Court step in and agree with those who want these pulled from the market

surrounding these abortion pills supporters promote as nearly “magic,” is that the reality is neither as plain nor as pleasant as mifepristone's advocates would have us believe. These pills still come with significant risks and concerns which no amount of regulation or certification can readily resolve.

Hopefully sooner, rather than later, pharmacies will figure out that these pills are bad for babies, bad for mothers, and bad for business.



# Thomas More Society files motion to dismiss charges against pro-lifer David Daleiden

*‘The Ninth Circuit has recognized the First Amendment value in undercover recording, especially in public settings and on topics of public interest,’ said Thomas More Society’s Peter Breen. ‘David Daleiden did exactly that.’*

By Tom Ciesielka

On October 26, 2023, Thomas More Society attorneys appeared in San Francisco Superior Court to present their Motion to Dismiss criminal charges against undercover journalist David Daleiden, in the wake of a Ninth Circuit Court of Appeals decision striking down Oregon’s undercover recording law as unconstitutional. The filing argues that California’s similar law also violates the First Amendment.

Daleiden has been aggressively prosecuted by California Attorneys General Kamala Harris, Xavier Becerra, and Rob Bonta, for his investigation into the buying and selling of the tissue and organs of aborted children. Daleiden faces nine felony counts for alleged violations of California undercover recording and other related laws.

The Motion to Dismiss details how Daleiden is being prosecuted for recording “candid responses as part of indisputably newsworthy conversations in places open to the public,” something he did for the purpose of obtaining evidence of violent felonies. Thomas More Society attorneys argue that California law prohibiting undercover recordings in these circumstances is closely analogous to Oregon’s statute, and therefore also violates the First Amendment.

A July 2023 decision in the Ninth Circuit (*Project Veritas v. Schmidt*) knocked out an Oregon statute that permitted some undercover recordings – such as recording during a felony that endangers human life – but prohibited others, including recordings of newsworthy conversations in public places.

The Ninth Circuit held that

Oregon’s recording law blatantly violated the First Amendment, stating that: “The act of recording is itself an inherently expressive activity that merits First Amendment protection. Therefore,



David Daleiden

prohibiting a speaker’s creation of unannounced recordings in public places to protect the privacy of people engaged in conversation in those places is the equivalent of prohibiting protesters’ or buskers’ speech in public places for the same purpose.”

Peter Breen, Thomas More Society executive vice president and head of litigation, explained how the Ninth Circuit ruling fatally undercuts the prosecution of Daleiden – which the defense also believes to be prejudicially content based.

“The Ninth Circuit has recognized the First Amendment value in undercover recording, especially in public settings and on topics of public interest,” shared Breen. “David Daleiden did exactly that, recording high level Planned Parenthood personnel in open settings, discussing and admitting conduct that violates

numerous state and federal laws. It’s long past time for this political prosecution to be dismissed.”

“There is absolutely no compelling government interest in prohibiting recordings of speech

“For an undercover journalist in California, the difference between winning a Pulitzer Prize, or suffering a felony conviction, may hinge on whether a court later determines that a particular recorded conversation was ‘confidential’ or not,” observed Breen. “However, the United States Supreme Court has held that such ‘objective’ tests in criminal speech cases violate the First Amendment.”

Breen pointed out that the “blatantly biased” prosecution of Daleiden is the first ever brought by the California attorney general against an investigative journalist. The Motion to Dismiss states that, “Numerous other surreptitious recordings, in more confidential settings than are at issue here, have been made and then broadcast on the evening news in California.”

Thomas More Society’s defense team has repeatedly pointed out the selective, viewpoint discriminatory nature of the prosecution of David Daleiden – the only journalist ever charged with a violation of California’s undercover recording law by the state attorney general.

Read Defendant Daleiden’s Notice of Motion and Nonstatutory Motion to Dismiss filed on October 26, 2023, in Superior Court of the State of California for the County of San Francisco by Thomas More Society attorneys on behalf of undercover journalist David Daleiden in *People of the State of California v. David Robert Daleiden and Sandra Susan Merritt* at <http://bit.ly/46O4G2k>

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in public settings, including those at issue in this case,” Breen continued. “David Daleiden’s 30-month investigation generated videos and evidence that spurred Congressional hearings, criminal referrals, policy and law changes, along with nationwide efforts to defund Planned Parenthood.”

Thomas More Society attorneys also argue that California’s undercover recording law violates the First Amendment because it does not include a requirement that an undercover journalist subjectively intend to record a “confidential” conversation. The United States Supreme Court recently reaffirmed the principle of subjective “mens rea” in its June 27, 2023, decision in *Counterman v. Colorado*, which struck a state court conviction for illegal speech that had been obtained without a finding of criminal intent on the part of the defendant.