national RIGHT TO LIFE NEWS

October 2019

Curtis Hill

Indiana AG Curtis Hill said that 165 aborted babies' remains were recovered from inside the trunk of abortionist Ulrich Klopfer's Mercedes Benz. The number of aborted babies found so far in this investigation is 2,411.

See Story Page One

national RIGHT TO LIFE NEWS

Supreme Court Will Hear Louisiana's Admitting Privileges Law Case

By Dave Andrusko

On October 4, when the Supreme Court agreed to hear oral arguments in the case of Louisiana Act 620, the "Unsafe Abortion Protection Act," the stage was set to decide whether abortionists must have admitting privileges at a local hospital in case of emergency.

As *NRL News Today* reported, the 5th U.S. Circuit Court of Appeals upheld the law last fall, then refused the abortion industry's attempt to have the full court rehear the case. On February 7, the U.S. Supreme Court granted a Shreveport, Louisiana abortion facility's request for an emergency stay.

The justices will likely hear oral arguments in *Gee v. June Medical Services* this winter with a decision coming in June 2020.

"We look forward to the Supreme Court reviewing Louisiana's 2014 Unsafe Abortion Protection Act," said Benjamin Clapper, Executive Director for Louisiana Right to Life. "Abortion facilities should

See "Louisiana's," page 33

Inside the very strange case of Ulrich Klopfer who stashed away the remains of thousands of aborted babies

By Dave Andrusko

On September 12, when the widow of the late abortionist Ulrich Klopfer found what would turn out to be the "perfectly preserved" remains of 2,246 abortion victims in her garage, Sherry Ulrich's attorney called authorities.

Kevin Bolger said his client knew nothing about the remains, having not set foot in the garage located in Crete Township, Will County, Illinois for 25 years.

Likewise, no one said they knew anything about another 165 babies' bodies found inside the trunk of one of the eight cars that were part of the "numerous vehicles and properties either owned or rented by Klopfer in the Chicago suburb of Dolton," *WFXT* reported.

"The remains recovered were preserved, packaged, and marked similarly to the previous fetal remains discovered at the Klopfer residence," according to the Will County Sheriff's

See "Klopfer," page 29

Editorials

Can the Abortion Industry continue to pretend Ulrich Klopfer is just another "outlier"?

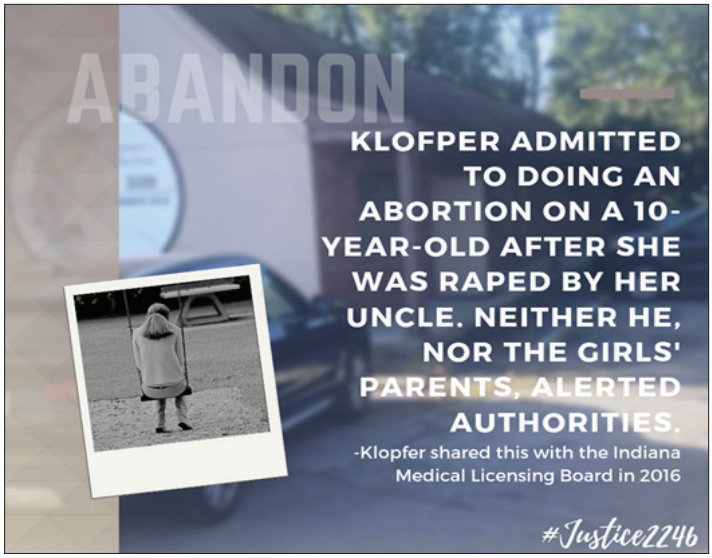
Well before it became impossible to avoid the truth that West Philadelphia abortionist Kermit Gosnell was a monster, the Abortion Industrial Media Complex (AIMC) was busy cranking out excuses why he was not one of theirs. We wrote about Gosnell over a hundred times and about the various and sundry dishonest AIMC ploys on a number of occasions.

I say that to say this: what does the AIMC say about the late abortionist Ulrich Klopfer whose widow, sister, and brother in law found stack and after stack of boxes filled with 2,246 "perfectly preserved" fetal remains going all the way back to the period 2000-2002? Or the subsequent discover of 165 more fetal remains in the trunk of an old Mercedes Benz kept at a business property in Dolton, Illinois? (There were eight cars altogether.)

This is crazy stuff—and, by the way, leaves open the question of whether a man who aborted at least "tens of thousands of babies," if not 40,000 to 50,000 as Indiana right to lifers believe, didn't stash many more fetal remains elsewhere. He did abort babies in Ft. Wayne, Gary, and South Bend, Indiana, as well as in Illinois.

What do we know about Klopfer, who died September 3 at age 75? Much more than the AIMC would want. For starters, there is this from *Fox News'* Vandana Rambaran.

> **Indiana Attorney Hill described Klopfer as "one of the most notorious abortionists in the history of Indiana' who "had a record of deplorable conditions and violations of regulatory controls" at his clinics in Fort Wayne, South Bend and Gary. …**
>
> **Indiana's Medical Licensing Board suspended Klopfer's medical license in 2016 after finding numerous violations, including a failure to ensure that qualified staff was present when patients received or recovered from medications given before and during abortions.**
>
> **Hill said that that 10-year-old patient of Klopfer's was raped by her uncle and the doctor failed to adequately document her abortion. Authorities are now investigating, among other issues, whether the fetal remains found at Klopfer's home along with the**



See "Klopfer," page 37

Did you see this coming? Planned Parenthood announces massive war chest devoted to defeating Pro-Life President Trump in 2020

Of course you did. One or another or all of the pro-abortion political arms **always** announces they'll be spending a "record high" amount to defeat pro-life Republicans.

Enter Planned Parenthood Votes, which, according to *CBS News'* Kate Smith, announced last Wednesday

> **it plans to spend at least $45 million ahead of the 2020 elections, the most it has ever spent during an election cycle. The push comes as abortion rights are under assault across the Midwest and South, with state lawmakers passing abortion bans and restrictions aimed at capturing the attention of the Supreme Court.**

According to reporter/stenographer Smith, the initial spend will target nine states–Arizona, Colorado, Florida, Michigan, Minnesota, New Hampshire, North Carolina, Pennsylvania and Wisconsin—with plans to expand on that.

Jessie Hellmann of *The Hill* explained

> **Those states are must-wins for Trump. But Republican senators are also fighting to keep their seats in Arizona, Colorado and North Carolina in races that will determine which party controls the Senate after 2020.**

You would think that Planned Parenthood, which insists its business is women's health, might be a little less bold about advertising how much money it will lay out in an attempt to defeat pro-life President Trump and pro-life Republican senators. But you would be wrong.

It's not, you understand, that Planned Parenthood **wants** to be up to its eyeballs in politicking. They have no choice, they piously tell Smith, a confidante for Planned Parenthood who happens to work for a national news organization.

See "War Chest," page 39

From the President
Carol Tobias

Transforming the world one step at a time, one life at a time

The pro-life movement is best known for combatting abortion-- protecting defenseless unborn children and supporting alternatives for their mothers who are contemplating abortion. Lesser known is that National Right to Life, from its very beginnings, has been and remains equally concerned with euthanasia, assisted suicide, and proposals that would lead to the rationing of health care.

NRL News Today has covered some stories recently that affected me more than usual. One was the story of June Knight, a 79-year-old woman in England with Alzheimer's disease. Her son, Robert, entered the nursing home where she was living, picked her up, and threw her over the balcony, sending her plummeting to her death. He told police he didn't want to see her suffer and purposely tilted her so her head would hit the ground first.

Robert Knight was found guilty of murder but, unbelievably, given a two-year suspended sentence. Judge Samantha Leigh said, "You are someone who acted out of love and desperation."

In another article, bioethicist Wesley J. Smith explains how a new law passed in Nevada "allows people to order their future care givers to starve and dehydrate them to death." In an understatement, if ever there was one, Wesley wrote, "This is stunning."

We are fast becoming a utilitarian society. The argument goes something like this. Human beings live their lives to the fullest extent possible but, if physical or mental conditions start to place limitations on us, we should accept the proposition that the world is better off without us. (This is especially targeted at the frail elderly. Former Colorado Gov. Richard Lamm once called it a "duty to die and get out of the way.")

If those limitations are evident before birth, abortion is the recommended "solution." If the limitations arrive or develop after birth, pills, lethal injections, or starvation and dehydration are the (current) recommended "solutions."

But just when I start to get dispirited about the future of "life," other stories appear that brighten my day--

Like the court ruling in England, which determined that the parents of five-year-old Tafida Raqeeb can take their daughter to a hospital in Italy for treatment, against the wishes of a British hospital which argues "further treatment is futile and that she should be allowed to die." The Italian hospital has expertise in treating conditions like Tafida's.

Or hearing the Guttmacher Institute (no friend of unborn children) tell us that the number of abortions performed in 2017 was the lowest since 1973, an almost 50% decrease from the all-time high of 1.6 million in 1990. The abortion rate is also at an all-time low, letting us know that our efforts are making a difference. More and more women are choosing life.

Or when President Trump issues a beautiful statement recognizing October as Down Syndrome Awareness Month. His message reads, in part,

"Every human life possesses immeasurable value, and my Administration will continue to embrace and defend the inherent truth that all of God's children should be loved and cherished. This month is an important opportunity for Americans to reaffirm our commitment to creating a society that better appreciates and respects the dignity of life at all of its beautiful and miraculous stages.

"We must devote our efforts to ensure that the United States continues to exhibit reverence for human life—both born and unborn. Our country is incredibly enriched by Americans with Down syndrome. As a Nation, we are inspired by the spirit and exuberant joy with which these treasured Americans live each day." (Read full statement here.)

When it comes to the protection of human life, the pro-life movement is a voice of reason, compassion, and love. We recognize each individual as precious and unique. We accept differences in the qualities and capabilities of each person not as liabilities but as an important part of the fabric of society.

"This month is an important opportunity for Americans to reaffirm our commitment to creating a society that better appreciates and respects the dignity of life at all of its beautiful and miraculous stages."

--President Donald Trump

Continue to speak up. Persevere in your efforts to protect vulnerable persons who are likely candidates for abortion or euthanasia. Continue to promote the principle--the truth--that human beings are morally and ethically more important than trees or animals; that each human life is deserving of dignity and respect.

Our love for life, reflected in our words and actions, can transform the world. That is certainly a huge goal, but we can do it; one step at a time, one life at a time.

An Amazing Video of a Living, First Trimester Unborn Baby

By Nancy Valko

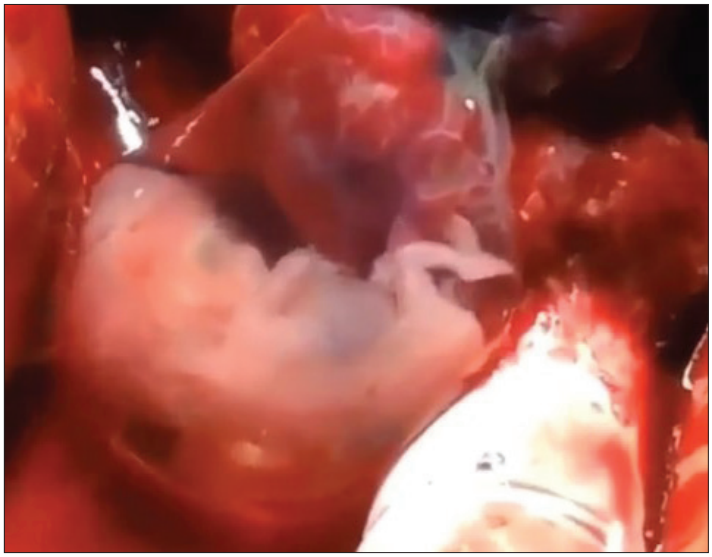
Recently, I saw an amazing in a post on the Nurses&Midwives4Life Ireland Facebook page showing a living, first trimester baby on a surgical field. The baby was moving its' tiny head and limbs remarkably like a newborn baby. The image was both beautiful and heartbreaking since this little one could not survive.

The Speak Life video is covered with a warning that "This video may be sensitive to some people" and posted by Jonathan Van Maren, communications director for the Canadian Centre for Bio-Ethical Reform, with the caption "This 8-second video of a first-trimester baby tells you everything you need to know about how wrong abortion is."

I investigated further and it seems that the unborn baby was about 8 weeks old and that he or she had been removed after an ectopic pregnancy in which the unborn baby develops outside the womb.

Ectopic pregnancies can be life-threatening to both mother and child when the unborn baby develops in one of the Fallopian tubes leading to the womb, although there have been some rare cases where a baby develops in the abdomen and survives.

Several years ago, I had an elderly patient who told me how her unborn baby survived decades ago when the doctors did not know that the baby was in the abdomen during her uneventful pregnancy until labor began. That is unlikely today since ultrasound images are routine during pregnancy.



A picture is worth a thousand words

Although the baby in the video could not survive after he or she was removed, the video itself is powerful evidence that abortion takes the life of a real human person even in the first trimester.

Most abortions are performed in the first trimester when women and the public are often told by organizations like Planned Parenthood that the unborn baby is just a "clump of cells." In the first trimester, most babies are aborted by either vacuum suction which destroys the little person or by medical abortion using pills to first disrupt the attachment of the unborn baby to the mother and then expel the baby. However, abortion reversal is possible after the first set of pills.

Women who have abortions rarely see their baby after a first trimester abortion but it has happened, especially with medical abortion. This can be very traumatic to the woman. Contrast the look of the deceased first trimester unborn baby in the article titled "She took the abortion pill, then saw her 7-week-old baby" with the living first trimester unborn baby in the video.

Conclusion

Years ago, my late daughter Marie became unexpectedly pregnant and found out that the unborn baby was growing in one of her Fallopian tubes rather than her womb. She had to have emergency surgery when the tube ruptured.

Afterwards, the surgeon showed me the picture he had taken (unasked) during the surgery to remove the then deceased baby, my grandchild. The picture was personally so sad to see but I was comforted that the surgeon cared enough to take a picture of this tiny person.

After so many years and so many experiences as a nurse and volunteer in the pro-life movement, I believe that all women should be given the opportunity to know the truth about their unborn baby's humanity as part of informed consent before abortion.

And I believe the rest of us should also have the opportunity to learn the same truth before we support legalized abortion.

This video of a living, first trimester unborn baby speaks louder than mere words.

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

In Loving Memory & Honor

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

In Memory of

Richard Burgmeier
John Collins
Robert & Marsha Goetz
Dale Keenan
Edward Koenig

Berneice Greenwood
John Dolezal
Leon & Janet Frank
Kenneth & Gloria Funk
Bernard Habiger
Thomas & Heddy Mahoney
Paul & Christina Simpson
Mr. & Mrs. Darwin Steinle
Ryan & Sara Vavricka
Kimberly & Brian Weber

Lyle Schacht
Marlene Schacht

Richard Swoboda
Donald Carver

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

In Loving Memory & Honor

Contribution amount $_____

Your name_____

In memory of_____ In honor of_____

Your address_____

Name/Address for acknowledgment card_____

_____

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

What are you going to do with your grief?

By Melissa Ohden

Editor's note. Melissa, the survivor of a saline abortion in 1977, speaks all over the world.

I know I'm far from alone in finding the news that more fetal remains were found in the trunk of abortionist Ulrich Klopfer's car beyond the 2,246 stashed in his garage to be heartbreaking and, frankly, sickening. But, as you can imagine, as a abortion survivor, this pains me in a very distinct way.

While the media continues its near shut out of this story; while pro-life leaders call for a proper burial for these children; while many questions remain about what possible motive Klopfer could have for keeping the babies' remains; while some of the women whose abortions he completed call for an inquiry to determine if their child was among the "perfectly persevered fetal remains," I read every news story about it and think, "Once again, that could have been me."

Although I'm healed from the truth of what was done to me in 1977 and to my birthmother, the greater truth is that I will never be unaffected by it. Compounding it all, not only are children targeted for death through abortion, but they're at risk of being left to die or even killed afterwards, if they do survive. And as the Center for Medical Progress videos revealed, their body parts can be sold for research.

And, if that weren't awful enough, the Klopfer discoveries show us how, even after their deaths, aborted babies are treated as objects, basic respect for their dignity and value denied.

While I'm not surprised by this, I'm still sickened. I think about how if at least one nurse hadn't rushed me off to the NICU that day, I would have died forty-two years ago. But had that come to pass, my body could have been kept, used for research, sold to the highest bidder.

Even though the abortionist couldn't or wouldn't acknowledge it, I was someone **then**, just as I'm someone **now**. Children who are aborted everyday are "someone" but sadly, never get to grow into their future "someone" selves.

I grieve that each year, 862,320 unborn children don't experience the same miracle that I was blessed with. I grieve that we don't even know what's happened to the many hundreds of thousands of bodies of these discarded children. I grieve that we live in a society that by and large turns a blind eye to this moral catastrophe.

Every child deserves better than abortion, to borrow Feminist for Life's motto about women. Even in death, every child deserves better than to be objectified, treated as if they were nothing more than biohazardous waste.

The Abortion Survivors Network , which I founded, joins pro-life leaders in demanding proper burial for these children. We would be honored to be a part of a movement to ensure, at the very least, that these babies are treated with the respect they were not shown when they were in their mother's womb.

Grief has this way of either holding us down or motivating us. I choose to again use my grief to motivate me to do something. Demand action. Demand answers. Fight for this to be prevented in the first place.

What are you going to do with your grief?

Why is the Industry is Building Big Abortion Clinics Just Across State Borders?

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

Laws have been passed. Clinics have closed. Abortions have dropped to levels not seen since the earliest days of *Roe*. This does not mean the abortion industry has gone into hibernation. Far from it.

In response they are building new, gigantic, high volume mega-clinics to attract and serve new customers. And they are not shy about acknowledging that they're doing it in locations where they can pick up business from states with more protective legislation.

On October 11, 2019, reporter Erin Heger wrote a piece for Rewire.News, an online news publisher for the abortion industry, titled "The Strategy Behind Where to Build Abortion Clinics."

The opening line brazenly makes the strategy plain: "The bifurcation of abortion access in the United States means more clinics should be built on the border of states with onerous anti-choice restrictions, advocates say." In other words, some states have been successful in passing pro-life legislation, such as parental involvement, right to know, fetal pain legislation, clinic regulation, etc., while other states have shored up their abortion *bona fides* by defending or even funding late abortion.

The abortion industry thinks that building big clinics in abortion-friendly states just across the state line from a state that actively protects mothers and their unborn children, is a good idea.

Heger uses the example of a giant new mega-clinic just built in Fairview Heights, Illinois, just across the border from St. Louis, Missouri as just the latest illustration of the principle.

A Tale of Two Neighboring States

Missouri is one of the states with the most protective legislation. They have had parental involvement laws since 1990 and right to know (informed consent) legislation in effect since 2006. There is a 72 hour waiting period. Viability testing is required for babies aborted after 20 weeks.

Recent laws include bans on abortion for genetic disability, sex selection, or race. Chemical abortions ["medication abortions"] managed remotely by web-cam are not allowed. Basic clinic safety regulations were passed, along with requirements that abortionists have admitting privileges at a local hospital.

Critically, no public funds or facilities are to be used for abortion except in cases of rape, incest, or when necessary to save the mother's life. Missouri is one of the states which has fought to make abortion promoting and performing entities such as Planned Parenthood ineligible for Medicaid funding.

Illinois, on the other hand, mandated taxpayer funding of abortion for poor women through Medicaid in 2017. Earlier this year the state passed legislation to "protect and expand abortion access," including gutting previous parental involvement legislation.

These differences were explicitly part of the decision to build the new mega-clinic in Fairview Heights. "We specifically chose Illinois because we know the policies in that state have made Illinois an oasis for access to the entire spectrum of reproductive health services," Yamelsie Rodriguez, the president and CEO of Planned Parenthood of the St. Louis Region and Southwest Missouri (PPSLR&SWMO) told Rewire.

Building a Behemoth

The new clinic, an 18,000 square foot facility, is supposed to be ready to serve as many as 11,000 patients a year. It replaces a smaller Planned Parenthood clinic which provided chemical abortion and other services to more than 5,000 in 2018.

Planned Parenthood currently operates one abortion clinic in Missouri, just across the river in St. Louis. That clinic performs surgical abortions up to 21 weeks and six days (Missouri law allows up to 22 weeks), a clinic, *CBS News* reports, which is "fighting to keep its license" (10/2/19).

As it has with mega clinics built before, this clinic was built in secret, under a shell company, to avoid protesters or problems with contractors or vendors.

The Fairview Heights clinic took over a previous medical building, performing some $7 million in renovations over the past year to get it ready for its new clientele.

Full information on the set up and layout is not yet available, but PPSLR&SWMO plans to open this clinic later this month and intends to offer both surgical and chemical abortions.

While some of the hype is certainly a part of Planned Parenthood's usual publicity campaign, a chart appearing in the *Belleville News-Democrat* from the Illinois Department of Public Health show the number of abortion to out of state residents jumping from about 3,000 in 2014 to 5,500 in 2017.

PPSLR&SWMO clearly means to target women in the eastern side of Missouri, where its last functioning abortion clinic is located in the state, but also aims to attract potential patients in other states close to southern Illinois.

"Planned Parenthood of the St. Louis Region and Southwest Missouri has been looking to expand and protect access to comprehensive reproductive health care not just in Missouri, where we know abortion access hangs on by a thread, but in the Midwest region, where we have states like Arkansas and Kentucky increasing restrictions to limit women's access to these services," Rodriguez told Rewire.

A Sadly Familiar Tactic

While this is the latest clinic aiming for a multi-state clientele to be publicized, it is hardly the first. One of Denver's notorious abortion mega-clinics is located just off of I-70, a major Midwest artery. Colorado, which Rewire identifies as "one of seven states that doesn't restrict abortions," is supposed to have provided abortions to women from 34 states in 2018.

See "Industry," page 40

"My Administration is dedicated to fostering opportunities for persons with Down syndrome, so they are better able to participate in our workforce and pursue their dreams"

Editor's note. The following is President Trump's Message on Down Syndrome Awareness Month, 2019.

During Down Syndrome Awareness Month, Melania and I join in celebrating the lives and achievements of Americans with Down syndrome. We thank individuals with Down syndrome for their incredible contributions to their families, their communities, and our great Nation, and we pledge to empower them to achieve their full potential. My Administration also renews its commitment to bring attention to and a deeper understanding of the challenges these remarkable Americans face, including their struggle against discrimination. Those thought to have Down syndrome also risk being subjected to the too-often terminations of their lives before birth.

Each year, approximately 6,000 babies are born in the United States with Down syndrome. Though these newborns will experience many challenges, American innovation and research are helping these beautiful souls lead independent, full, and happy lives. My Administration is dedicated to fostering opportunities for persons with Down syndrome, so they are better able to participate in our workforce and pursue their dreams.

Every human life possesses immeasurable value, and my Administration will continue to embrace and defend the inherent truth that all of God's children should be loved and cherished. This month is an important opportunity for Americans to reaffirm our commitment to creating a society that better appreciates and respects the dignity of life at all of its beautiful and miraculous stages. We must devote our efforts to ensure that the United States continues to exhibit reverence for human life—both born and unborn. Together, we can create an inclusive Nation, one where Americans with Down syndrome are embraced in schools, workplaces, and communities—one where discrimination can no longer cast a shadow of inequality.

Our country is incredibly enriched by Americans with Down syndrome. As a Nation, we are inspired by the spirit and exuberant joy with which these treasured Americans live each day.

Pro-life President Trump with Chloe Kondrich

New 18,000 sq. foot mega-abortion clinic built in secret in Southern Illinois

By Dave Andrusko

When Planned Parenthood skulks about, using shell companies to hide that it is building a new mega-abortion facility, for example, it can count on the likes of *CBS News* to keep a lid on the construction of an 18,000-square-foot mega-clinic in southern Illinois.

Better yet, it can rely on *CBS News* to use Kate Smith, whom you may remember provided a particularly unctuous, servile portrait of Planned Parenthood's new interim President Alexis McGill Johnson to put PPFA's stealth action in the best possible light.

This time the fawning portrait is of Colleen McNicholas, the chief medical officer of Planned Parenthood of the St. Louis Region and Southwest Missouri, a kind of reverse Florence Nightingale.

Here's the headline—"Planned Parenthood has been building a secret abortion 'mega-clinic' in Illinois"–and the lead paragraphs:

> **After over a year of secret construction, Planned Parenthood announced its newest abortion facility on Wednesday: an 18,000-square-foot mega-clinic in southern Illinois. The new location is just 13 miles away from Missouri's last remaining abortion clinic, a facility in St. Louis fighting to keep its license.**
>
> **Since August 2018, Planned Parenthood has used a shell company to construct the facility, leaving no public trace that the former medical office would become one of the largest abortion clinics in the country. CBS News first visited the site in August, while it was still being built.**

Smith says PPFA expects its newest killing machine to be operational—"to begin taking patients"– later this month.

Why the secrecy? "To avoid protestors and delays."

Smith tells us that while Missouri is one of the most pro-life states—or, in her phraseology, "nowhere is access to abortion less secure than Missouri"—Illinois is ramping up to be the New York of the Midwest— "In Illinois, lawmakers have gone in the other direction, expanding abortion access and loosening restrictions. Earlier this year, lawmakers in Springfield passed the 'Reproductive Health Act,' legislation that establishes access to abortion as a fundamental right."

What do pro-lifers think? This being *CBS News* and Kate Smith, it's no surprise that there is not a single pro-life voice. Instead, we're told that while this gigantic abortion clinic hopes to take up the slack for the closures of Missouri abortion clinics, it "doesn't mean they're giving up on Missouri."

Video screenshot

"Our supporters, our patients, the board, everyone is so committed to the mission of being present in Missouri and taking the responsibility to provide access to abortion for Missourians in the place they live," McNicholas said. "Although I am confident it will be a fight, we will continue to show up to that fight."

Guess what? Pro-lifers aren't giving up, either.

Mom says her tiny preemie "has beaten the odds and overcome everything that was thrown at him. He never gave up"

Born just three days past abortion limit in England

By Dave Andrusko

It is almost a given with British publications which are fascinating by the dichotomy. Whenever a preemie is born close to the legal 24 week limit for abortion, the reader is reminded that a baby who in one room doctors are desperately trying to save is the same age baby as the one down the hall whose life can be snuffed out.

So Milly Vincent can tell us in *The Daily Mail* that on July 9, 2018, "Little Haris Mockbill was born at 24 weeks and three days" –"just three days after the abortion limit"– who weighed "just 1lb 10oz (750g) and given almost no chance of survival by doctors."

All extreme preemies live rollercoaster existences, especially ones like Haris who came nearly four months early. Predictably, his lungs "were under developed," Zoe Drewett tells us, and he "had chronic lung disease meaning he was unable to breathe on his own.

Haris was immediately whisked off to the NICU which, of course, was hard on his mother, Ellie Barr, 28, and father, Hassan Mockbill, 31. It got worse. At two weeks Haris' lungs filled with fluids.

"We were told we were going to lose him. He was really struggling to breathe and his body was shutting down," Elie told Drewett of Metro News.

'We all said our goodbyes. It was the worst thing I've ever had to go through.

'I really struggled because I could see he was fighting and I wanted to fight for him too.

'I tried to cling on to any bit of hope but the doctors said it would probably be our last day with him.' …

'We had a priest go into the hospital to baptise him because we thought it would have been our last day with him.

'I tried to cling on to hope but the doctor said most babies as poorly as Haris was just don't make it.

But, as Drewett described it, Haris was "pulled back from the brink of death after doctors gave him a strong course of steroids."

Baby Haris graduating from the NICU in September 2018. This is the adorable money little Haris Mockbill, who was born just three days after the abortion limit 'graduated' from the intensive care unit after fighting for his life.
Ellie Barr/SWNS.COM

The eight-day course of medicine saved his life but a scan of his brain during his recovery discovered a bleed on the brain, meaning Haris may grow up to develop a disability.

Ellie said: 'It was hard to take but as long as he's still with us and not in pain, that's all that matters.'

"When he pulled through we just could not believe it," Elie told Drewett. "I wanted to make sure I did something special when he was getting better. We bought him a little gown and a hat. He looked so cute and it's a special memory for us now. When we look back at the photo we realise how far he has come."

Haris spent thirteen weeks in the NICU at Heartlands Hospital in Birmingham and finally went home October 11 with his breathing tube where he joined Elias, Elie's two-year-old son. However, as his lungs grew stronger, the amount of oxygen was reduced every four weeks between October 2018 and March 2019.

"He is a true inspiration and I am so proud of him," Elie told Milly Vincent. With a smile, she describes Haris as a 'little terror' who brings a smile to the face of whoever he meets. "We had a massive party for him on his first birthday."

'He has beaten the odds and overcome everything that was thrown at him. He never gave up.

'We are a perfect little family now and it was so worth all of the fighting.

A PETITION TO MY GOVERNOR & STATE LEGISLATORS

Gov. Cuomo and the NY State Legislature have promoted and applauded legislation in the Empire State that will guarantee unrestricted abortion for any reason up until the moment of the birth. Shame on them. Under the so-called "Reproductive Health Act," they have put the lives of New York women in jeopardy by allowing non-physicians to perform abortions. They have opened the door to unrestricted abortions throughout pregnancy. And they have allowed infanticide by removing protections for babies born alive during an abortion. They have even removed penalties for illegal abortion. There is now no more dangerous place for unborn children than New York state. Please do not let this happen in our state.

We the undersigned demand that you reject New York's deadly path and instead encourage laws to protect children and their mothers from the tragedy of abortion and infanticide. Our children and mothers deserve much, much better. They deserve the warmth of life, not the cold embrace of death.

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Abortion isn't freedom: Why autonomy arguments for abortion dodge the real issue

By Paul Stark, Minnesota Citizens Concerned for Life

NARAL Pro-Choice America recently decided to adjust its rhetorical strategy. Its current favorite term? "Reproductive freedom."

Everyone values freedom. And it polls well with the people NARAL is trying to persuade—those who are "personally opposed to abortion" but could support "other people's right to access it free from government intervention," as an article in *Vice* explains.

Such rhetoric is nothing new, of course. Most positive defenses of abortion make some sort of appeal to freedom, choice, or autonomy. If there's a core moral claim driving the standard "pro-choice" view, this is it.

Here are four common ways freedom is invoked to advocate abortion—and why none of them justify the killing of unborn children.

#1: I may do what I want

Women have a right to choose. Trust women. Let them decide. The government should stay out of it. These are all popular appeals to freedom. And they all dodge the real issue.

We may do many things, but not everything. We have a right to choose what to eat for breakfast, and where to live, and how to spend our time. We don't have the right to choose to harm people or violate their human rights. We don't have the right to kill innocent human beings.

If that's what abortion does, then we don't have a right to abortion—and the government ought to protect against it as a matter of justice.

#2: Abortion lets me do what I want

Some rhetoric isn't about the freedom of abortion itself, but rather the freedom that abortion can provide. Abortion frees women from the challenges of parenthood. It allows them to better pursue their education, their relationships, their careers. It lets them determine the course of their own lives.

But none of these are reasons that justify the killing of a valuable human being. We don't think that infanticide should be legal in order to free parents to live the way they want to live. Human infants have human rights. That's why infanticide is unjust. If human embryos and fetuses have rights too, then so is abortion.

Nor does abortion provide the liberation some might imagine. A meta-analysis in the *British Journal of Psychiatry* concludes that abortion increases the risk of mental health problems—including anxiety, depression, alcohol abuse, drug abuse, and suicidal behavior—by 81 percent.

"There is a tremendous sadness and loneliness in the cry 'A woman's right to choose,'" author Frederica Mathewes-Green once wrote. "No one wants an abortion as she wants an ice-cream cone or a Porsche. She wants an abortion as an animal, caught in a trap, wants to gnaw off its own leg."

That's not freedom. Freedom is found when—through practical support and positive alternatives—a woman never feels like abortion is her only choice.

#3: I may do whatever I want with what is inside my body

Defenders of abortion often appeal to a more specific kind of freedom—bodily freedom. Pregnant women, they say, have a right to decide what happens inside their own bodies.

Bodily autonomy is important, but that autonomy must also respect the bodies of others. That's why we don't think pregnant women should take substances that cause birth defects. Someone else's body is at stake.

If unborn children are valuable human beings, then harming them by causing birth defects is wrong. And killing them through abortion is even worse.

#4: I may refuse to let someone else use my body

Another autonomy argument contends that pregnant women should have the freedom to decline to provide bodily support to their unborn children. After all, we typically aren't required to provide assistance to anyone else.

But parents do seem to bear responsibility for supporting their own children. And, in any case, abortion isn't like declining to provide help. Abortion is intentional killing, and it's usually an active attack on the bodily integrity of that human being, often through a brutal process of dismemberment.

If unborn children have human rights, then killing and dismembering them through abortion is a serious human rights violation.

The real issue

NARAL is wrong. Freedom can't justify abortion.

On the contrary, freedom, in its richest sense, is consistent with (and essential to) the flourishing of everyone. It doesn't dehumanize other human beings. It doesn't violate their fundamental rights. It recognizes that all of us matter.

Whether every human being matters is what the abortion debate is really about.

"Americans will also never tire of defending innocent life," President Trump tells UN; "no international right to abortion" says HHS Secretary Azar

By Dave Andrusko

Pro-life President Donald Trump, addressing the United Nations General Assembly on September 24, told world leaders

> **"Americans will also never tire of defending innocent life. We are aware that many United Nations projects have attempted to assert a global right to taxpayer funded abortion on demand, right up until the moment of delivery.**
>
> **"Global bureaucrats have absolutely no business attacking the sovereignty of nations that wish to protect innocent life. Like many nations here today, we in America believe that every child, born and unborn, is a sacred gift from God."**

The President's no-nonsense, straightforward defense of unborn life and national sovereignty came just one day after Alex Azar, the Secretary of the Department of Health and Human Services, told a UN High Level Meeting on Universal Health Coverage of the UN General Assembly, there is "no international right to abortion."

Speaking on behalf of the Trump administration and more than a dozen other countries, Secretary Azar said

> **"We do not support references to ambiguous terms and expressions, such as sexual and reproductive health and rights in U.N. documents, because they can undermine the critical role of the family and promote practices, like abortion, in circumstances that do not enjoy international consensus and which can be misinterpreted by U.N. agencies."**

Azar added,

> **"Such terms do not adequately take into account the key role of the family in health and education, nor the sovereign right of nations to implement health policies according to their national context. There is no international right to an abortion and these terms should not be used to promote pro-abortion policies and measures."**

The usual suspects criticized the United States' position on life. Caitlin Horrigan, director of advocacy at Planned Parenthood Global, released a statement saying, in part, "It should come as no surprise the Trump-Pence administration is lobbying other countries to join them in working to undermine sexual and reproductive rights on a global scale at the United Nations. From day one, the Trump-Pence administration has tried to take away access to birth control and safe, legal abortion."

She does have one thing right: the "day one" part.

The Trump administration's pro-life posture was evident from its initial choice of personnel to its nomination of Supreme Court justices who respect the Constitution's text and history, to opposition to funding for Planned Parenthood if it would not stop using that funding to perform or support abortion, and a policy that expanded the "Mexico City Policy."

The Protecting Life in Global Health Assistance Policy ensures not only that U.S. taxpayer money is not funneled to foreign non-governmental organizations (NGOs) that perform or promote abortion as a method of family planning but is also applied to the "$8.8 billion in annual global health assistance funding appropriated to the U.S. Agency for International Development (USAID) and the Departments of State and Defense" (to quote pro-life Rep. Chris Smith).

In addition, as NPR reported, Secretary Azar's comments follow by less than two months a letter from Azar and U.S. Secretary of State Mike Pompeo

> **expressing similar concerns and asking foreign leaders to "join the United States in ensuring that every sovereign state has the ability to determine the best way to protect the unborn and defend the family as the foundational unit of society vital to children thriving and leading healthy lives."**

"Fighting Finn" comes home, preemie weighed just one pound at birth

Mom says, "It was everything we hoped and prayed for."

By Dave Andrusko

It wasn't until June 30, that Jessica Hill was able to hold her son for the first time. She called that moment "unbelievable," and it took place a little over one month after Finn James Hill was born "via emergency cesarean section, nearly four months before his Sept. 6 due date," according to *People Magazine*. Born at 24 weeks, Finn weighed just one pound.

Flash forward to September 10 when doctors at the NICU at Nemours Children's Hospital in Orlando, Florida told Jessica and Christopher Hill they could take their son home. In between (and since), the couple kept a small army of supporters updated on Finn's progress at the "Fighting Finn" Facebook page.

Finn James Hill
Photo: Fighting Finn Facebook page

Jessica and Christopher told *Good Morning America* that doctors initially told them Finn James had a 50 percent chance of survival. *People's* Rachel DeSantis wrote

> **The newborn spent the first few months of his life on a ventilator and under the watchful eye of doctors, who put him under the knife to repair a hole in his heart and to correct an illness in his intestines.**
>
> **He was transferred from Lakeland Regional Medical Center to the NICU at Nemours Children's Hospital in Orlando on June 6, where he remained until doctors finally gave Jessica and Christopher the okay to take him home on Sept. 10, according to GMA.**
>
> **"It didn't hit me until we left and it was the three of us for the first time," Jessica said. "I knew we wouldn't have to take him back. It was everything we hoped and prayed for."**

But that is just a portion of the family's story. Struggling with infertility and failed attempts at IVF over the course of nine years, the Hills "eventually opted to adopt eight embryos from a couple Jessica met on Facebook, and after one unsuccessful pregnancy, she became pregnant with twins."

Christopher told *Bay News 9* of the couple, "They have given us the gift of life," adding, "That's the biggest thing you can give someone, is the gift of life." The couples are now close friends.

Tragically, one of the twins died at 10 weeks. It was just 14 weeks later that Finn was born. A blood clot made Jessica's water break.

"Initially, it was just shock. I started crying and asking my doctor, 'What are his chances of survival if you take him out now?' " she recalled to *GMA*.

"The doctor said he was safer on the outside than he was inside."

Finn's parents now describe him" as a happy baby who always wears a smile," DeSantis writes. Finn is 4 months old and weighs 5 lbs., 5 oz.

"When his entire hand fits around your fingernail, it makes you realize just how precious life is," Jessica told local *ABC* affiliate *WFTS*.

A look back at 2019 state legislation

By Ingrid Duran, Director, Department of State Legislation

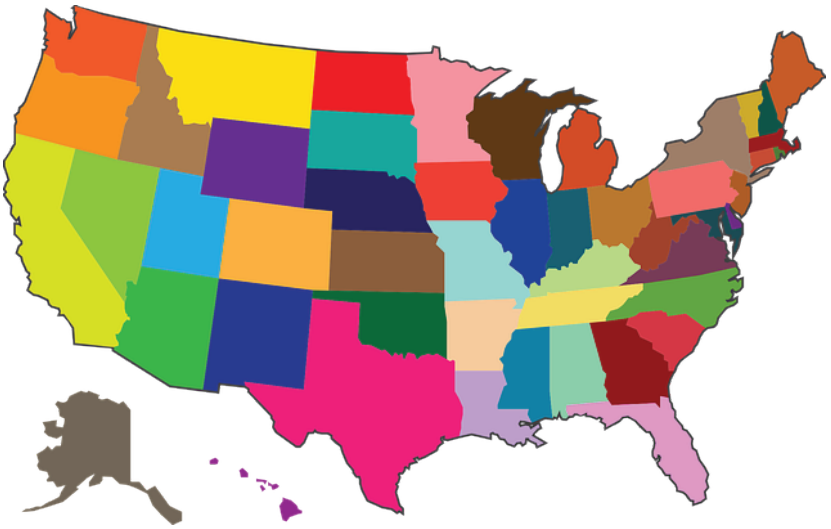
The spotlight shone brightly on unborn children during the 2019 legislative session, beginning, unfortunately, with an all-out assault on them.

Using the symbolism of the 46th anniversary of *Roe v. Wade*, New York's pro-abortion Gov. Andrew Cuomo (D) signed the so-called "Reproductive Health Act" into law. The measure was breath-taking in its all-encompassing assault on preborn babies and on abortion survivors. The new act legalized abortion up until the moment of birth and eliminated protections for abortion survivors.

As the session continued there were a handful of states (Illinois, Rhode Island, and Vermont) that followed in New York's footsteps by enacting their own extreme abortion-on-demand laws, But the number of laws introduced and enacted on behalf of protecting the unborn children were significantly greater, as the pro-abortion Guttmacher Institute continually complained.

Pro-lifers were motivated to react not with anger and indifference but instead with passion and most importantly with compassionate action. Shortly after the unfortunate news came out of New York, the National Right to Life Committee held a webinar responding to that and provided the grassroots with a legislative agenda focused on effective ways to protect unborn children right now. The two main items on the agenda were the Unborn Child Protection from Dismemberment Abortion Act and the Abortion Pill Reversal Information Act.

The Unborn Child Protection from Dismemberment Abortion Act is a law that protects living unborn children from being torn apart, limb by limb, by the gruesome dismemberment abortion technique. In 2019, Indiana and North Dakota passed a dismemberment abortion ban. This law has now been passed in 12 states. For more information, go to nrlc.org/uploads/stateleg/StateLawsDismembermentAbortionBans.pdf.



The Abortion Pill Reversal Information Act is a law that provides information to abortion-minded women. The abortionist must let them know if after having taken the first of the two drugs that compose the chemical abortion technique ("abortion pill") they change their mind, it may be possible to save their baby. It also provides written information in the state's informed consent brochures and the state department of health's website.

To date as many as 900 babies have been saved using this life-saving technique created by Dr. George Delgado and Dr. Matthew Harrison.

In the 2019 legislative session, four states (Kentucky, Oklahoma, Nebraska, and North Dakota) enacted an abortion pill reversal (APR) information law and Arkansas strengthened their existing APR law. Now there are a total of 9 states that empower women by giving them vital information regarding chemical abortions. For more information, go to nrlc.org/uploads/stateleg/AbortionPillReversalFactSheet.pdf

Other pro-life legislation

In 2019 extremists challenged prolife laws in states such as Idaho, Montana, Minnesota, Virginia, and Wisconsin. These included prolife laws that have been on the books for several years, such as the requirement that only a licensed physician can perform an abortion, waiting periods, ultrasound, and parental involvement laws. Fortunately, in early October, a Virginia judge ruled in favor of the state's law requiring ultrasounds, physician only requirement, and a waiting period.

These are common sense laws that really have the power to save lives, just like a ban on a gruesome procedure or giving women factual information prior to an abortion.

It's almost as if the other side is grasping at straws because they know that a shift is happening. The veil of supposedly keeping abortions "safe, legal, and rare" has been lifted to reveal the extremism that the other side is really calling for abortions up until birth with no apology or regret. When the public is exposed to the truth, they agree with us that the abortion agenda must be stopped.

We do not want to witness another "House of Horrors," where abortionists, such as Kermit Gosnell, go decades without inspections. No, we will continue to shape policies that offer protection to the vulnerable. We will continue to be a voice for those who cannot speak up for themselves. The 2020 session will soon be here, and, with your help, we will be ready to act on behalf of the unborn.

In abortion debate, a shift in 'single-issue' voters could reflect outrage at Democrats

By Schu Montgomery

Editor's note. This op-ed appeared in the Louisville Courier-Journal.

On the opening day of the National Right to Life Convention in Charleston this past July, South Carolina Gov. Henry McMaster told an enthusiastic luncheon crowd, "I believe time and history is on our side."

A Gallup poll had just been released showing a whopping 60% of respondents said abortion should be legal in "only a few circumstances" (39%) or "illegal in all circumstances" (21%). That was a jump of 7 percentage points from just a year earlier.

Grossly underreported, though, even ignored by the media, has been the surge of support among Americans who will "only vote for a candidate who shares their pro-life view on abortion." As has been the case in practically every election cycle since Roe v. Wade in 1973, the percentage of "single-issue" pro-life voters has outpaced "single-issue" abortion-rights voters by anywhere from 6 to 9 percentage points. In 2016, the numbers were 23% to 17% — a 6-point advantage. Today, the gap is 9 points — 35% to 26%.

Could this dramatic shift reflect American outrage over aggressive efforts by Democrats to make abortion policy more permissive in states like New York, Vermont and Illinois? Or maybe more and more Americans are learning how House Speaker Nancy Pelosi has blocked more than 80 times now, floor votes on the "Born Alive Abortion Survivors Protection Act," which would give legal rights to newborn infants who survive failed abortions. (The Center for Disease Control reports 143 babies died after being born alive during botched abortions between 2003 and 2014.)

Possibly, the word is getting out (no thanks to the mainstream media), too, that certain politicians are apparently just fine with late-term abortions and even post-birth deaths, in spite of polls consistently showing huge majorities favoring the anti-infanticide reform measure.

Indeed, there is virtue in single-mindedness when choosing who to vote for when casting your ballot. The suffragists are a perfect example. Susan B. Anthony, Elizabeth Cady Stanton, Alice Paul (incidentally, all strong abortion opponents) and others believed in the promises of liberty guaranteed in the Declaration of Independence and made possible through the amendment process of the Constitution.

You better believe women, like the founding feminists, demanded Americans focus on a single issue. The Democrat-led 65th Congress failed to legislate a woman's right to vote. So, in the next Congress, Democrats were swept out of power and Republicans led the victory for women's rights instead.

Abortion, as a single issue, is the most compelling issue facing America today. The right to life for all members of the human family is the most important right guaranteed by our Founding Fathers. As concerned citizens elect candidates on their willingness to protect human life, presidents, legislators and judges will begin to restore protection to the unborn and end abortion on demand.

The anti-abortion movement has been successful in passing life-saving measures including mandatory informed consent and a ban on late-term abortion due, in part, to its uncompromising stance when evaluating candidates. Without the right to life, no other right is possible, or has meaning. A candidate unwilling to rectify the terrible injustice perpetrated by abortionists (killing a defenseless preborn child), should be disqualified from holding public office.

The gravity of restoring the civil right to life to unborn children is especially salient in the Kentucky governor's race. Republican Matt Bevin has fearlessly defended the most vulnerable. For example, the bill he signed into law requiring abortionists to give women opportunity to view an ultrasound of their baby before an abortion, was upheld by the Sixth Circuit Court of Appeals in Cincinnati. A judicial appointment by President Donald Trump made all the difference! Elections do have consequences.

Yet, Democratic gubernatorial candidate Andy Beshear, as attorney general, refused to defend that very law in the courts, an egregious shirking of his constitutional responsibilities.

If the civil rights of the unborn throughout the nine months of pregnancy are to be restored, then our obligation to vote for candidates who hold the right to life inviolate, becomes as important as democracy itself.

As the late Judge John Noonan so aptly said, "Once or twice in a century an Issue arises … so far-reaching in its consequences and so deep in its foundations that it calls every person to take a stand."

Vote pro-life on Nov. 5!

Schu Montgomery is a member of the board of directors for Right to Life of Louisville.

No child deserves to die because she has an extra chromosome

By Laura Echevarria, National Right to Life Director of Communications and Press Secretary

Editors note. October is Down Syndrome Awareness Month.

Approximately 16-years ago, I wrote about my experience with a physician who urged me to have an amniocentesis because my son had a marker for Down syndrome. The specialist kept insisting even as I resisted because, as he phrased it, "Some couples prefer to terminate the pregnancy."

I was angry and refused to have the amniocentesis. Our belief in the right to life is a fundamental belief for both my husband and me. We told the doctor that it didn't matter if our son had Down syndrome, we were keeping him—no matter what. I could tell the doctor was a little aggravated at our response and tried to scare us with statistics, but we wouldn't budge.

After eight weeks of not knowing if our son, Peter, had Down syndrome, a different specialist pronounced him physically healthy and without Down syndrome. Our biggest fear was the possibility that Peter would have a heart condition common in children born with Down syndrome and that he would have to have surgery within weeks or months after birth.

While we waited and planned, God was introducing to us the idea that we might have a child with special needs.

And not just one child but two with the same condition.

Both Peter and his younger brother were later diagnosed with autism which presents its own challenges. Just as each child is unique, how the condition manifests itself is different for each child.

Between our two boys, they covered just about every aspect of autism—loss of speech or no speech development, low muscle tone, hyper-focusing on toys or ideas, lack of transitioning skills, no eye contact—and the list goes on.

The boys are older now and Peter's younger brother Nathan is doing well and will likely go to college. But doctors diagnosed his autism earlier because we knew what we were looking for. Peter, on the other hand, wasn't diagnosed until he was almost three and his communications skills today are on the level of a 4-year old.

Despite his limitations, Peter is a joy.

But his right to life isn't dependent on whether he is a joy or not. His right to life and the right to life of millions of others both here in the U.S. and around the world is based on their humanity. Their very existence demands their right to live.

Sadly, in Ohio, attempts to protect children diagnosed in utero with Down syndrome have been stymied by courts blocking legislation that was passed and signed into law. We protect individuals everyday through the Americans with Disabilities Act but for the child with a disability who is still in her mother's womb, she is afforded no protection by the law.

I wonder how many women have sat in doctor's offices, listening to the statistics and the negative information about Down syndrome. How many families have been presented with worst-case scenarios and found themselves aborting their child based on recommendations by experts?

No child deserves to die because she has an extra chromosome. No child deserves to die because of a missing chromosome or any other disability. When we measure the right to live by what a person can contribute to society as a whole, more and more people will fall short.

Discrimination against the most vulnerable among us begins in the womb but does not end there.

Clinic of man who had performed over 40,000 abortions closes

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

Few outside of Pennsylvania will remember that Dr. Charles Benjamin testified at the 2013 murder trial of Kermit Gosnell. Benjamin told the jury that had performed 40,000 abortions over what was then a 30-year career.

Six years later Dr. Benjamin's Berger & Benjamin abortion facility in Philadelphia has closed, as documented on the Pennsylvania Department of Health website. No reason was given.

Recently, the Pennsylvania Pro-Life Federation discovered the closure during a routine check of Health Department inspection reports. The reports are the result of the Keystone State's trailblazing abortion center regulation law, which grew out of the Gosnell tragedy.

Gosnell was ultimately convicted of murdering three newborn babies and of involuntary manslaughter in the death of a female immigrant patient, Karnamaya Mongar, in his West Philadelphia "House of Horrors" abortion center.

When the clinic regulation legislation was originally proposed, it contained a loophole which would have prevented unannounced state inspections of abortion centers. But, thanks to the diligent work of the Pennsylvania Pro-Life Federation, the loophole closed, the bill passed, and unannounced inspections of abortion facilities have become the norm.

A newspaper report from April 15, 2013, documents what Dr. Charles Benjamin testified to at Gosnell's murder trial.

Benjamin said he "takes far more precautions than the man charged with killing a patient and several babies," according to Mary Beth Marklein and John Bacon.

For instance, Benjamin stated that he did not perform abortions after 21 weeks' gestation (the legal limit in PA is 24 weeks). However, "On cross-examination, Benjamin did testify that his partner once had an abortion patient die of sepsis," a lethal condition caused by the body's response to infection.

Visit the national website CheckMyClinic.org, and you'll find the results of the inspections at Berger & Benjamin. It paints a very different picture. For instance, fetal remains and medication were stored in the same refrigerator. The abortion center did not possess a policy "to address the safe storage of medications." For example, lidocaine was unsecured, kept on a shelf in a cabinet that anyone could have had access to.

Moreover, the facility "failed to meet standards for infection control and sterilization, and had no policy in place to address infection control and sterilization."

Meanwhile, a June state inspection report of Berger & Benjamin states, "This report is the result of a special monitor survey conducted onsite on June 24, 2019, at Berger and Benjamin, LLP. The facility voluntarily ceased services and relinquished their registration certificate."

The reason for the closure of Benjamin's abortion operation is unknown. Nevertheless, it is welcomed news for the women and children of southeastern Pennsylvania, who will be spared the trauma and tragedy of abortion at Benjamin's long-operating facility.

Divided panel blocks Ohio's Down Syndrome Non-Discrimination Act, pro-lifers trust full 6th Circuit Court of Appeals will review the case

By Dave Andrusko

Ignoring a brilliant dissent by Circuit Judge Alice Moore Batchelder, a divided three judge panel of the 6th U.S. Circuit Court of Appeals last week voted to block Ohio's Down Syndrome Non-Discrimination Act (HB 214) from going into effect. Under HB 214 it would be illegal for abortionists to commit or attempt to commit an abortion based on a diagnosis of Down syndrome.

By a vote of 2-1, the panel backed U.S. District Judge Timothy Black who issued an injunction in March 2018, in a lawsuit brought by Planned Parenthood and other abortion providers.

Following overwhelming approval in the state House, on December 22, 2017, then-Gov. John Kasich signed the measure which prohibits abortion for the sole reason of a Down syndrome diagnosis.

The Ohio Senate had approved the measure 20-12. This followed the House's overwhelming 63-30 vote in support which took place November 2017.

"Unborn persons with Down syndrome deserve the same protections afforded to those already born through the Americans with Disabilities Act," said Stephanie Ranade Krider, vice president of Ohio Right to Life. "While we are obviously saddened by the decision of the Court, this serves to show the moral contradictions and outright discrimination imposed by abortion jurisprudence that sorely need to be settled. We urge the attorney general to request an en banc review by the entire 6th Circuit."

Krider added, "We also pray that the time may come sooner than later that the U.S. Supreme Court will overturn *Roe* and allow states to settle in law what we already know to be true: an unborn human is as deserving of human rights as any other already born."

The two judges who voted to overturn HB 214 were appointed by Presidents Clinton and Obama, respectively.

Obama appointee Circuit Judge Bernice Bouie Donald, going to and fro, concluded, "The state's interest in preventing discrimination does not become compelling until viability."

In her lengthy and thoughtful dissent, Circuit Judge Batchelder relied heavily on the insights of Supreme Court Justice Clarence Thomas in *Box v. Planned Parenthood of Indiana and Kentucky*, a recent decision in which the Justices voted to uphold one part of a 2016 Indiana abortion law [requiring that the bodies of aborted babies be disposed of in a humane fashion] while laying over for another day a second part.

The latter was Indiana's law banning eugenic abortions. Thomas wrote this "should not be interpreted as agreement with the decisions below. "

> **Although the Court declines to wade into these issues today, we cannot avoid them forever. Having created the constitutional right to an abortion, this Court is duty bound to address its scope. In that regard, it is easy to understand why the District Court and the Seventh Circuit looked to Casey [the 1992 Supreme Court case] to resolve a question it did not address. Where else could they turn? The Constitution itself is silent on abortion.**

After refreshing her colleague's memories about the eugenic impulse that Justice Thomas so eloquently recaptured, Batchelder writes

> **Ohio enacted the Antidiscrimination Law, H.B. 214, to counteract such eugenicist practices concerning the prenatal Down Syndrome population. The law prevents a physician from performing an abortion when the physician knows the abortion is sought not because the woman did not intend to become pregnant, but because the child in the woman's womb tested positive for Down Syndrome. Ohio concluded that permitting physicians to become witting accomplices to the deliberate targeting of Down Syndrome babies would undermine the principle that the Down Syndrome population is equal in value and dignity to the rest of Ohio's population, and would do deep damage to the integrity of the medical profession.**
>
> **The majority holds Ohio's choice unconstitutional. But controlling precedent requires that we review laws like H.B. 214 under an undue-burden analysis, which is fact-intensive and must consider the State's interests and the benefits of the law, not just the potential burden it places on women seeking an abortion. Neither the district court nor the majority here makes a genuine attempt to meet that demand, which leaves their decisions insupportable and incorrect.**

It is a powerful dissent. If, as Ms. Krider suggests, the entire 6th U.S. Circuit Court of Appeals agrees to review the case, we know Judge Batchelder's reasoning should lead the court to uphold Ohio's Down Syndrome Non-Discrimination Act.

House members write FDA to warn against relaxing restrictions on the use of the abortifacient mifepristone

By Dave Andrusko

Fifty-three members of the House of Representatives have sent a letter to the FDA warning against acceding to Planned Parenthood's request to remove restrictions on the use of the abortifacient, mifepristone, the first of two drugs that make up "medication [chemical] abortions" technique.

There is added urgency not only because of pressure from Planned Parenthood and other pro-abortion officials, but also because the FDA has approved a generic version of mifepristone marked by GenBioPro. Previously, mifepristone has only been marketed by Danco under the brand named Mifeprex.

As *NRL News Today* has written in dozens of posts and the 53 Members of the House highlighted in their letter to Norman Sharpless, M.D., FDA's Acting Commissioner, "The use of mifepristone as a method to kill unborn babies has increased despite its proven health risks to women, and we are concerned that having this drug more readily available will have deeply troubling results."

The object in Planned Parenthood's cross-hairs is the requirement that mifepristone is subject to a Risk Evaluation and Mitigation Strategy. REMS are imposed by the Food and Drug Administration "for medications with seriously health concerns."

Anna North, writing for Vox explained, "Under the REMS, the drug can't be dispensed at a pharmacy like other medications (including its counterpart, misoprostol). It can only be provided by a doctor or other clinician who has gone through a special certification process."

Planned Parenthood, of course, ignores all the evidence of thousands of complications and at least 24 deaths (just in the U.S.) in their haste to expand its use and eliminate the REMS for mifepristone. Here's more from North's story:

> **Abortion-rights advocates agree that the FDA requirements could limit the impact the GenBioPro pill will have. "While the generic form of mifepristone is important and long overdue, the real barrier to accessing medication abortion, especially for those living in rural and medically underserved areas, is the FDA's unnecessary restrictions on how mifepristone is dispensed," said June Gupta, director of medical standards at Planned Parenthood Federation of America, in a statement to Vox.**

But the letter from the 53 Members of the House makes clear

> **"We vigorously opposed calls by Planned Parenthood and other pro-abortion advocates to remove the REMS for mifepristone. Allowing the drug to be available without medical supervision will have dire consequences for women and children."**

Here is the section of the letter that outlines the dangers and is very important to read:

> **According to one study, women who have chemical abortions experience roughly four times the rate of adverse events as women whose babies are surgically aborted. Although complete data is not available, the FDA reports the rate of adverse events that, since mifepristone was first approved on September 28, 2000, twenty-four women have died and thousands of women have experienced adverse events. These include hospitalization, blood loss requiring a transfusion, severe or fatal infection, or ruptured ectopic pregnancies.**
>
> **Even though the REMS requires a provider who dispenses mifepristone to test for ectopic pregnancy, the FDA reports that at least 97 women with ectopic pregnancies have been given mifepristone; at least two women died from ruptured ectopic pregnancy. According to one study, an incomplete abortion can happen at least up to 10 percent of the time during chemical abortions and the risk increases after the 9th week of pregnancy.**

The lawmakers have asked for a meeting with Acting FDA Commissioner Sharpless to discuss the matter further.

In Canada, babies are born alive and die after abortions–150 in 2018 alone

By Jonathon Van Maren

One of Canada's best pro-life bloggers is Pat Maloney, who writes at Run With Life and has consistently made use of Freedom of Access to Information Requests to uncover shocking and sobering information about Canada's ugly abortion regime.

Her work on the issue of babies born alive in Canada after abortions and left to die, and her research into the 491 babies that survived abortions and subsequently died between 2000 and 2009 triggered a National Post investigation and a call by Members of Parliament for RCMP involvement. In a country where there are no legal restrictions on abortion from fertilization until birth, awful things are guaranteed to occur. Maloney has been fantastic at uncovering those horrors.

Her latest discovery is timely considering the fact that abortion, as always, is a hot topic in Canada's federal election (never in the history of the country has there been a "closed debate" that receives so much media attention, stump campaigning, and oppo research.) Canada's progressive politicians (who only campaign on their pro-abortion credentials in English and French, but ensure that their campaign literature in Punjabi, Urdu, and other common languages avoid all social conservative issues to avoid alienating new Canadians, who reliably tell pollsters that regardless of how they vote, they are very traditionalist in regard to their values.)

Research like Maloney's is very inconvenient to the progressive narrative of a compassionately pro-choice country:

Live birth abortions continue to happen in Canada.

Here are the latest numbers of late term abortions in Canada from CIHI. There were 910 late-term (20 weeks and greater) stillbirths and 150 born alive abortions. (See previous years here.)

20 of these born alive abortions were greater than 25 weeks gestation.

107 of these born alive abortions were between 21 – 24 weeks gestation.

23 of these born alive abortions were 20 weeks gestation.

Note: These are for hospital abortions only and do not include clinics or physician's offices. These numbers also do not include late-term abortions done in Quebec.

Think about this carefully for a moment: A "born alive abortion" means that the child was born, and then subsequently died, often in the presence of parents or medical personnel. This is happening in Canada, while [Prime Minister] Justin Trudeau scampers across the country claiming that opposition to these sorts of things is evidence of a medieval mindset.

His government is funding the death of these children around the world and in developing countries—and although he likes to claim that Canadians are in lockstep behind him on this issue, keep in mind that a full 80% of Canadians do not know that we have no restrictions on abortion.

That means that the vast majority of people who are claiming to support Canada's abortion regime have no idea how brutal and extreme that regime actually is.

And that, of course, is why abortion activists will do everything to try and close this debate, including the censorship of billboards that simply read "Canada has no abortion laws."

The supporters of Canada's abortion regime would like the discussion to be filled with rhetoric and devoid of facts—and they want to keep the babies who perish after being born out of sight, tucked away in medical bio-hazardous waste buckets or in dumpsters with lids shut tight.

Maloney has reminded us once again that they were here, briefly, before dying before they could even see or enjoy this country that our politicians will spend the upcoming weeks bragging about. For them, the promise of Canada is a cruel joke.

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

Abortion Pill Rescue Gave This Mom Hope – Now She Wants to Give Back

By Jeanne De Vita

Ashley Padilla had always wanted to be a labor and delivery nurse, but after giving up on pursuing that dream, she could never have expected it would come to fruition with her inspired to serve others because of the support and assistance she received through the Abortion Pill Rescue Network (APRN).

"I don't know how my life would be if I didn't have him," Ashley Padilla says of son Gavin
Photo: Ashley Padilla

Padilla's son Gavin was saved from chemical abortion with the Abortion Pill Reversal protocol nearly two years ago. As his second birthday approached Padilla had returned to nursing school and is set to complete her studies next May. But also notable is that she is considering looking into practicing her upcoming profession serving other women facing unexpected pregnancies with the APRN.

"I want to get the word out there," Padilla told *Pregnancy Help News*.

Whether or not her path leads to her working with the APRN after graduation, Padilla plans to support the program any way she can, and she's already doing so by telling how the network helped her as a frightened young mother in the process of a chemical abortion.

"I wanted to help spread the word from the beginning," she said. "Now I know that my receiving this education means a lot more."

Padilla, of Clermont, Fl., said that she definitely plans to be involved with the APRN in some fashion.

"The nurse I had really helped me, she held my hand, and prayed with me," said Padilla. "I just want to do that for someone."

Two years after feeling overwhelmed by her pregnancy with Gavin, Padilla says now she doesn't know what she would do without her son.

"He is a blessing to my family," she said. "I feel like he's going to be a blessing to the world."

"I'm just so thankful that I found them [APRN]," she added, "and I was able to get help for my little baby."

Padilla spoke to her nursing class about APR once she reached the clinical stage of nursing school. In addition to her medical training, Padilla will have the important perspective of having walked in her patients' shoes.

"I want people to know it's an option," she said, looking forward to helping women navigate the aftermath of having done something they regret.

"I'm doing this because I was scared," she told *Pregnancy Help News*. "It's scary; it's okay to be scared."

She praised the APRN, saying, "If you do get the conviction to save your baby, there are people who will help you."

Two years later, she noted, they continue to be a support system for her.

It was February 2016 when Padilla went to an Orlando, FL, abortion facility seeking an abortion.

Her marriage had ended, and after entering a subsequent relationship she got pregnant, but the relationship did not last.

With two young children at home, then ages four and eight, Padilla thought, "This is the absolute last thing I need right now."

Her story illustrates how even women who disagree with abortion can feel that it's their only option.

"I was never an abortion supporter," she said. "I know that it's wrong, but I felt justified because of my situation."

"I truly thought I was doing the right thing," Padilla added.

Padilla also said she wished she would have known about the possibility of saving her unborn child earlier, specifically on her way into the abortion center. As it is, she happened to find the network on the internet on her own.

Once in the abortion center examination room, Padilla asked to see the baby's heartbeat on the monitor. The staff member attending to her was taken aback, telling her no one asks to see the heartbeat.

Gavin was around six weeks old in utero at this point.

Padilla said immediately after taking the first abortion pill her conviction for life came through, and she was hit with regret.

She ran from the facility for her car as fast as she could, crying, and tried to make herself throw up. She frantically called her mother in the parking lot.

"I was so hysterical," she said. "I told my mom, 'I can't do this!' I don't think I can live with myself."

Padilla then searched the internet with "abortion regret" and similar terms, having no knowledge at the time about abortion pill reversal.

She connected with a consultant at the Abortion Pill Rescue Network, and roughly 12 hours after she'd taken the first pill for a chemical abortion, she'd been evaluated

See "Hope," page 38

Judge upholds Virginia's 24 hour waiting period, ultrasound, and physicians-only requirements

By Dave Andrusko

Proving once again you never know what judges will do, on September 30 U.S. District Court Judge Henry Hudson upheld three important Virginia laws— that women have an ultrasound and counseling 24 hours before an abortion; and the requirement that only a licensed doctor may perform abortions.

In his 67-page decision, Judge Hudson struck two other provisions. One required non-surgical second-trimester abortions up to the point of viability to be performed in a hospital. The second required medical facilities providing more than five or more first trimester abortions per month to undergo strict licensing requirements.

Judge Hudson's turnaround on the physicians-only requirement is just short of remarkable. As *NRL News Today* reported back in May, in an unprecedented decision, Judge Hudson ruled that Virginia's law requiring doctors to perform most abortions was "unduly burdensome" and therefore unconstitutional.

As the *Washington Post's* Laura Vozzella wrote at the time, "It was the first time a federal judge anywhere in the country had come to that conclusion." But then she added, "And then he had second thoughts."

Reversing course, Judge Hudson wrote, "On further review, the Court is of the opinion that summary judgment was improvidently awarded," adding, "Rather, on further consideration, whether the 'Physicians-Only Law' presents an undue burden to Virginia women who seek an abortion is a material fact that is genuinely in dispute."

In other words, Hudson, who heard the case without a jury, would listen to evidence rather than blindly follow the lead of the abortion lobby. For example, in his opinion Hudson wrote

> **several of the physician witnesses described serious complications that can arise in the later stages of second trimester abortions, amply justifying the requirement of Va. Code Ann. § 18.2-72 that only physicians perform second trimester abortions.**

Olivia Gans Turner, president of the Virginia Society for Human Life said "VSHL is pleased that U.S. District Court Judge Henry Hudson has upheld Important Life saving aspects of the laws in Virginia regarding abortion regulations. The ruling recognizes the importance of Virginia's reasonable and protective laws, including the 24 hour waiting period, the ultrasound law and the requirement that only a licensed doctor may perform abortions. Each one of these laws protects women and their babies."

With respect to the physicians-only requirement, Gans Turner noted that Judge Hudson's ruling "recognizes the very real danger to the safety of women obtaining abortions if untrained individuals are allowed to do abortions. Even in the early stages of pregnancy abortions have very serious possible risks, including perforation of the uterus, injury to the cervix, hemorrhaging and life threatening infection. "

Laws such as the requirement for an ultrasound requirement and a 24 hour waiting period "provide women with critical information about their unborn child and time to reconsider the irreversible decision they might be about to make for themselves and their child," Gans Turner told *NRL News Today*.

"The ruling stems from a suit filed last year by the Center for Reproductive Rights, Planned Parenthood Federation of America, the law firm O'Melveny & Myers, and local counsel for the ACLU of Virginia on behalf of the Falls Church Healthcare Center, the Whole Woman's Health Alliance, the Virginia League for Planned Parenthood and 'Dr. Jane Doe,'" explained Frank Green of the *Richmond Times-Dispatch*.

The outcome shows the wisdom of the Virginia legislature in pushing the Attorney General's office to securing outside counsel to defend their laws. The state Attorney General is unabashedly pro-abortion.

"The law firm Hirschler Fleischer PC, retained by the Virginia Attorney General's Office to defend the laws, countered that more is required than simply showing that a law is more burdensome than beneficial. It must be a substantial obstacle to abortion to be unconstitutional, and none of the laws challenged in this case impose an unconstitutional burden," Green wrote. "Among other things, the defense said that ultrasounds are the best way to determine the age of gestation, requiring a waiting period is a sound policy and 27 states have one, and states are permitted to express a preference for birth over abortion."

Reading through the opinion, you find Judge Hudson writing in his first paragraph that "For more than five decades, the Supreme Court has recognized that within the right to privacy exists a woman's right to make decisions regarding the circumstances surrounding when and with whom she will bear a child — or whether she chooses to bear a child at all."

But, in the very next paragraph, Hudson is observing,

> **However, the Supreme Court has also recognized that "[a]bortion is a unique act," and one that is "fraught with consequences … for the woman who must live with the implications of her decision; for the persons who perform and assist in the procedure; [and] for the spouse, family, and society which must confront the knowledge that these procedures exist …. "**

Hudson immediately adds,

> **"As a result, the right to choose to have an abortion is not unfettered. In addition to a woman's personal liberty interest, the state has profound interests in protecting potential life and protecting the health and safety of women. The state, therefore, may take measures to further these interests so long as it does not create a substantial obstacle that unduly burdens a woman's right to choose."**

Exposing Abortion: "The Silent Scream" and "Unplanned"

By Nancy Valko

In 1985, I was asked to show the new film "The Silent Scream" (still online) at a local community college for the students. I was anxious to show this amazing 30 minute film showing an actual abortion on ultrasound and narrated by the late Dr. Bernard Nathanson, a former abortionist who was the co-founder of the National Association for the Repeal of Abortion Laws (NARAL) in 1969.

Dr. Nathanson later deeply regretted his actions, and earned the enmity of the abortion movement by exposing the "deceptions, dirty tricks, and other tactics that helped make abortion legal and socially acceptable in the United States".

His "The Silent Scream" film was his effort to get the truth about abortion to the nation and it caused a lot of controversy.

When I showed the film at the community college, I was seven months pregnant and had a bumper sticker that said "Every child deserves a birthday." My mother supported my pro-life work but was worried about my speaking publicly. "Someone may try to shoot you!" she warned.

I just laughed at the time but when I got to the college I saw an armed guard also attending. He said he was there because there were death threats about showing this film. Although nothing happened and the students were very receptive to the film's message, I was a bit shaken but hopeful that this film would help end the abortion nightmare.

34 years later, the battle to end abortion continues.

I thought of Dr. Nathanson's film when I was finally able to see the 2019 movie "Unplanned" that, like "The Silent Scream," also caused tremendous controversy. Some theaters refused to show it and many film critics panned it but the movie was a surprising success at the box office.

"Unplanned" is a great sequel to "The Silent Scream" because it depicts the true story of Abby Johnson, an ambitious young woman who became the director of an abortion clinic and thought she was helping women.

Abby slowly and painfully finally learns the truth about both medical and surgical abortions and the real effects on women-including herself. The effect is both eye-opening and heartbreaking. Abby Johnson now helps other abortion clinic workers like herself as well as the public to see the truth about the enormous damage abortion causes.

Although "Unplanned" is no longer in theaters, it is available for purchase or online streaming on TV and well worth seeing and sharing with others.

Thank you, Abby Johnson and Dr. Nathanson, for your courage in sharing your stories. We will never know how many born and unborn lives you have saved!

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

Pro-abortion law firm files appeal with Oklahoma Supreme Court challenging state's ban on dismembering living unborn babies

By Dave Andrusko

Nearly three months after Oklahoma County District Judge Cindy Truong first upheld the state's Unborn Child Protection from Dismemberment Abortion Act, and nearly two months after Judge Truong denied a motion for a temporary injunction that would keep the law from taking effect while the case continues, the Center for Reproductive Rights (CRR) filed an appeal with the Oklahoma Supreme Court, asking the state's highest court to block the law and another law that allows women to reflect on her decision for 72 hours after receiving counseling before they can have an abortion.

"Oklahoma has agreed not to

enforce the ban until the state Supreme Court considers an emergency motion from the plaintiffs," according to Kaylee Douglas. "The 72-hours law has been in effect since 2015."

"These two laws will devastate abortion access in Oklahoma," claimed Julie Rikelman, Senior Litigation Director at the New York-based CRR.

Oklahoma was the second state to pass a ban on the dismemberment of living unborn children. Kansas was the first. Ten other states also forbid this hideous dismemberment technique.

In a dismemberment abortion, the abortionist continually reaches into the mother's womb with a variety of sharp-edged metal clamps and tools, yanking off parts of the living unborn child and pulling them out, piece by piece, and placed in a tray.

See "Oklahoma," page 26

Horrific, little-known abortion method: Cut the umbilical cord and wait for cardiac arrest

By Nancy Flanders

Exsanguination is a little-known form of abortion no one seems to talk about – until recently. By definition, exsanguination is the action of draining a person, animal, or organ of blood. Apparently, based on the testimony of an abortionist who has aborted preborn children for 50 years, it's also a way to kill children before they are born by cutting the umbilical cord… and waiting.

Abortionist Dr. Forrest Smith says he has committed over 50,000 abortions, and recently testified in support of pro-life undercover Center for Medical Progress investigators David Daleiden and Sandra Merritt during their criminal preliminary hearing. Smith stated that babies are "no question" being born alive so their organs can be harvested. During his testimony, Smith admitted that abortion is killing, saying, "You can kill a human being, which I admit abortion is, but you have to do it in certain ways."

One of the ways Planned Parenthood abortionists are allegedly aborting children in order to secure intact bodies and organs to sell to researchers is the illegal partial-birth abortion (D&X) method. Smith, however, seems uninterested in committing the illegal abortion procedure and found a way to get around the law: exsanguination.

According to LifeSiteNews, Smith testified that he extracts and cuts the umbilical cord and then "watches with my ultrasound" for the preborn

child's heart to stop beating. He said that this usually takes "six-and-a-half to seven minutes." It's an abortion procedure he has been using for 25 years. And he's not the only one.

Former Planned Parenthood Metro Health Center abortionist Leah Torres made headlines in 2018 with a now-deleted tweet stating that "fetuses can't scream" because she

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Pro-abortion law firm files appeal with Oklahoma Supreme Court challenging state's ban on dismembering living unborn babies

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In 2015, the bill passed the state House of Representatives, 84-2 and the state Senate 37-4 and was signed into law by pro-life Gov. Gov. Mary Fallin.

At the time, Oklahomans For Life State Chairman Tony Lauinger commended Gov. Fallin "for her quick action in signing into law the Unborn Child Protection from Dismemberment Abortion Act, which will prohibit this barbaric inhumanity in our state." Lauinger, who is NRLC's executive vice president, added, "We appreciate, also, the exceptional leadership of Representatives Pam Peterson and Senator Josh Brecheen for spearheading the enactment of this landmark lifesaving legislation."

However a lawsuit, brought by the CRR on behalf of the Tulsa Women's Clinic, meant that the law, scheduled to go into effect in November 2015, has been on hold.

On July 12, when Judge Truong upheld the Unborn Child Protection from Dismemberment Abortion Act, Oklahoma Attorney General Mike Hunter celebrated the victory.

"Dismemberment abortions are barbaric, brutal and subject unborn children to more cruelty that we allow for death row inmates," he said. "It is unconscionable to think that we would allow this practice to continue. Judge Truong is to be commended for declaring this legislation constitutional. Today is a major victory for basic human decency in Oklahoma."

No wonder former Supreme Court Justice Anthony Kennedy found dismemberment abortions so abhorrent.

In his dissent to the U.S. Supreme Court's 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in dismemberment abortions, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off."

Seven years later Justice Kennedy added in the Court's 2007, *Gonzales v. Carhart*, which upheld the federal ban on partial-birth abortion, that D&E (dismemberment) abortions are "laden with the power to devalue human life…"

Horrific, little-known abortion method: Cut the umbilical cord and wait for cardiac arrest

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"transect[s] the cord 1st so there's really no opportunity." Torres had also worked for Rocky Mountain Women's Health Center at the time.

While the infamous tweet wasn't specific about which cord she cut – the spinal, the umbilical, or the vocal – Torres later cleared that up a followup tweet. "Oh! Yeah, no… the 'cord' is the umbilical cord. That's basic anatomy, come on," she wrote.

Torres lost her job because her employer said she violated a provision of her contract requiring her to uphold a "professional reputation." She sued three media outlets for defamation, saying she was forced to relocate out of Utah to find a job.

Surprise: pro-abortion editorial page supports right of voters of Kansas to "weigh in" on abortion

Pro-lifers intend to amend state Constitution to clarify no "right" to abortion exists in it

By Dave Andrusko

We can speculate until we are blue in the face why the editorial board of the *Kansas City Star* answered its own rhetorical question—"Does Kansas need a constitutional amendment on abortion"—with the answer, "Let the voters decide." We don't know why a newspaper that loved the decision by the Kansas Supreme Court—that a heretofore unknown "right to abortion" existed in a state constitution adopted in 1859—would adopt this editorial stance.

Here's what we do know, courtesy of NRLC's state affiliate Kansans for Life. Under the heading, "Return Power to Voters to Protect Women and Preborn Babies," we read

> **On April 26, 2019, the Kansas Supreme Court took power from Kansas voters and found—created—a nearly unlimited "right to abortion" in our 1859 State Constitution. Prior to this ruling, through widely supported limitations, our state's abortion rates had been reduced by 43 percent* since 1999 and partial birth abortions had been completely banned. Essentially, women and their preborn babies have now been abandoned to an unregulated abortion industry.**

That ruling overturned S.B. 95, which would prohibit abortions in which a fully-formed unborn child is torn apart with sharp metal tools, bit by bit, while still alive, inside her mother. But everyone understood that the expansive language used in the 6-1decision meant that many, and likely **all**, pro-life legislation would be subject to the judicial guillotine.

What to do? Again, quoting Kansans for Life,

> **We can reverse this horrific ruling and allow Kansans to place lifesaving limits on abortion by amending the State Constitution. To do this, we will need the support of a two-thirds majority in both the Kansas House and Senate. From there, voters will weigh in at the ballot box in 2020. A simple majority of votes is all that's necessary once the amendment is on the ballot.**

A formidable task? Of course, but Kansans for Life and pro-lifers in the legislature have begun the process.

To return to the editorial for a moment, it included a number of noble sounding sentiments. For example, after acknowledging its own editorial support for the Kansas Supreme Court's decision, the editorial reads

> **At the same time, we should all recognize, as Wichita Republican Rep. Nick Hoheisel points out, "At the end of the day, it's the people's constitution. It's the people's right to decide this issue."**

For those of us not enamored of a runaway judiciary that injects its own policy preferences into its reading of the state (or U.S.) constitution, this has a beautiful ring to it:

> **Regardless of one's view on the issue, a public vote on it would be a healthy exercise of that beautiful thing we call American self-governance.**

Confident that the pro-abortion position will carry the day, the editorial snarkily adds

> **For abortion opponents, it would also be the very plebiscite they've said they've longed for since the Roe v. Wade decision in 1973.**

But pro-lifers are quite willing to verbally duke it out with the Abortion Lobby in a free and fair exchange of ideas. Who has **always** relied on the judicial branch to bail them out—to find imaginary rights lurking in penumbras, emanations, and whatnot?

The Planned Parenthoods and the ACLUs and the NARALs that is who.

The Star editorial quoted Jeanne Gawdun, senior lobbyist for Kansans For Life, who put it well: "We look forward to an open debate on this important issue."

What should anyone's response be if someone says, "We need to eat the babies"?

By Dave Andrusko

The bizarre (no lesser word will do) comments of a supposed constituent of pro-abortion Rep. Alexandria Ocasio-Cortez at a town hall meeting in Corona, New York bounced all over the blogosphere the night of October 3 and all the next day.

Let me be clear from the start. It wasn't too far into the rambling comments of an unidentified woman that

you thought (a) someone with enormous skills had compiled a digital parody of the almost unparodyable Rep. Ocasio-Cortez , or (b) someone with an agenda had taken over the room at the Queens Public Library.

It's not so much what was said—your other thought was the woman was on drugs and shouldn't be held responsible—but Ocasio-Cortez's absolutely unflappable, emotion-free response.

Here is most of what the woman said. After thanking Ocasio-Cortez for her work on "the climate crisis," she said it wasn't enough because we were running out of time.

> **"We're not going to be here for much longer because of the climate crisis! We only have a few months left! I love that you support the Green Deal but getting rid of fossil fuel is not going to solve the problem fast enough. … So, I think your next campaign slogan has to be this, 'We got to start eating babies.'**
>
> **"We don't have enough time! There is too much CO2 . All of you, you know you are pollutant. Too much CO2… Even if we would bomb Russia, we still have too many people…We have to get rid of the babies, that's a big problem. Just stopping having babies is not enough. We need to eat the babies! … Please give a response."**

Bear in mind two things. First, she may have said what she said—and sported a tee-shirt reading, "Save the Planet, Eat the Babies"—in an attempt to embarrass the seemingly unembarrassable Ocasio-Cortez, or just to gain attention. But you will never lose money betting that the rhetoric of the anti-humanist wing of the environmental movement will escalate.

As Wesley J. Smith has written, "[I]n recent years, environmentalism has been trending toward an explicit anti-humanism that sees 'the planet' itself as having the highest value and people— because of our unique ability to impact the environment—as the enemies of the biosphere."

Second, Ocasio-Cortez during all of the spiel–and the audience for much of it—acts as if what she is hearing is…. well, worth hearing. Her first response was not "Are you off your rocker?" but "One of the things that's very important to us is that we need to treat the

Pro-abortion Rep. Alexandria Ocasio-Cortez

climate crisis with the urgency that it does present. Luckily, we have more than a few months."

But as *Fox News'* Tucker Carlson said, "If someone said to you, 'We need to eat the babies' wouldn't your first response be, 'What? No! Of course not!' That's the one thing [AOC] didn't say … pretty revealing."

Inside the very strange case of Ulrich Klopfer who stashed away the remains of thousands of aborted babies

From page 1

Department statement. As was the case with the first discovery, the remains and related medical information found by investigators coincide with the 2000-2002 period when Klopfer was performing abortions in his three abortion clinics in Gary, Ft. Wayne, and South Bend, Indiana.

But the 2,411 fetal remains may only be the beginning. Klopfer aborted anywhere from "tens of thousands" of babies to 50,000, as Indiana pro-lifers believe. Moreover, Ulrich, like the infamous Kermit Gosnell, was a hoarder and, like Gosnell, Ulrich had some sickness that compelled him to store the babies' remains inside small sealed plastic bags which contained formaldehyde to keep them preserved.

In addition, there are only passing references to Klopfer's Illinois abortion clinic. For whatever reason, Klopfer had allowed that license to expire. There is no way of knowing if his bizarre fetish extended to babies aborted there.

In 2016 Klopfer's license was suspended indefinitely "because of his failure to comply with multiple regulations governing the practice of medicine." It came to light that he had "performed abortions on underage girls – including a 10-year-old who told him she had been raped – and failed to report it to authorities," according to *WFXT*. (See editorial, page two for more.)

U.S. Reps. Jackie Walorski (R-Ind.) and Jim Banks (R-Ind.), along with 65 of their House Republican colleagues, have sent a letter to U.S. Attorney General William Barr, asking the Department of Justice to provide any assistance requested by state authorities so that a "careful and thorough investigation of this matter" is made "to ensure justice is done and to prevent such tragic situations from occurring in the future."

In a separate letter sent to Indiana Attorney General Hill, the Indiana Republican Delegation wrote

This gruesome discovery raises many questions, including when and where the abortions took place, how the remains were transported to the property in Illinois, what physical condition the remains are in, and whether any other individuals had knowledge of or bear responsibility for the preservation and transfer of the remains. Additionally, it must be determined whether any state or federal laws were violated.

Among the many things we don't know yet is what Klopfer's purpose was in storing the baby's remains " inside … small sealed plastic bags, which contained … a chemical [formaldehyde] used to preserve biological material," according to the Will County Sheriff Mike Kelley.

And, as noted above, we also don't know if the bodies found thus far are just the beginning. My suspicion is there will other grisly discoveries.

We can thank Indiana Attorney General Curtis Hill for returning the bodies "back to Indiana because they're Indiana babies who've been aborted, and we think it's appropriate for them to be here," and for leading an investigation into the very, very strange story of Ulrich Klopfer.

A Seed Planted: The Beautiful Fruits of a School Pro-Life Club

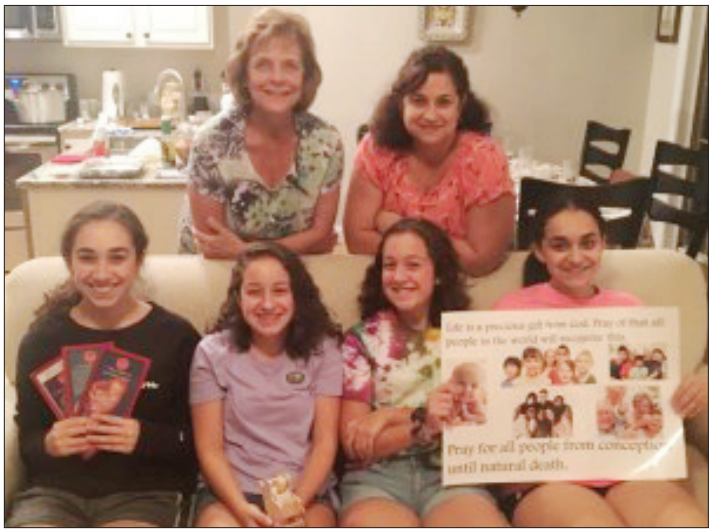
By Bonnie Finnerty, Education Director, Pennsylvania Pro-Life Federation

Pregnant with her first child in 1973 when *Roe v. Wade* was handed down, Connie Fenice hoped that legalized abortion in this country would be short-lived. Like so many others, she was dismayed to instead see a culture of death take hold. In 1994, as a new teacher at St. Margaret Mary Catholic School in the Diocese of Harrisburg, she decided to do something that has had a long-lasting impact. She started a student-led pro-life club, an organization that is now entering its 26th year and has yielded great fruit for the pro-life movement.

Connie's goal was to heighten awareness of the sanctity of all human life through education and prayer. Every month students updated a pro-life bulletin board with information and pictures on fetal development, a visible sign to the whole school on the miracle of pre-born life. This ritual still carries on today.

For a quarter century, the Children of Mary Pro-Life Club has participated in a variety of activities. They've attended the annual Life Chain held in October and the Walk for Life benefiting a local pregnancy center. They've organized school-wide drives to collect items for a maternity home and then visited the home to learn more about that ministry. They've hosted baby showers, sold cupcakes and lifesaver lollipops, and raised money through a Baby Bottle Blessing Collection.

But perhaps most fruitful is the Spiritual Adoption program. Early in the school year, students are invited to spiritually adopt and name their baby. During the next nine months, they follow the baby's growth, praying that the mother will have the love and support needed to choose life for her child. A baby carriage with a 12-week-old fetal model is placed upon the prayer table in each classroom, while every month a student leader shares information about fetal development over the school PA system. A few years ago during daily prayer intentions, a student spontaneously prayed aloud for her spiritually adopted child and soon all the students followed her example, remembering publicly every day the life for which they had promised to pray.



When Connie transferred to the local Catholic high school several years later, she became co-moderator of their large, robust pro-life club. She was gratified that many of the officers and active members were from the elementary club she had started. Some of these students went on to become teachers and pro-life leaders themselves, carrying within them the profound life lessons that were nurtured early on. In this way the pro-life seeds long ago sown continue to bear new fruit.

All of Connie's children were active in pro-life activities through college. Her oldest child's five children have all been leaders in the pro-life club that their grandmother started. This is bittersweet, as Connie explains, "I would not have wished to see the child that I was carrying when *Roe v. Wade* was passed grow up to face the same issue. I would have thought that surely her children, my grandchildren, would not have to be part of the struggle.

"But it gives me great hope to watch this new generation, armed with knowledge, drawing from 46 years of the aftermath of such a terrible Supreme Court decision, go forward and take up the battle. It is these beautiful young faces that we see at the March for Life each year. It is their love, their energy that uplifts me and gives me the courage to continue the fight."

Now retired from teaching, Connie coordinates a very active Respect Life Ministry for her parish which includes adults who were once members of the Children of Mary Pro-Life Club.

Although under new leadership, the school pro-life club has the same mission as when it started: through education and prayer, teach our children that all life is a precious gift to be loved and protected. Imagine how many students over the last 25 years have carried this message in their hearts, back home to their families, into their workplaces, and out to the world!

Plant the seed early, nurture it often, and watch the beautiful fruits of LIFE come forth and witness to a world that so desperately needs it. That is what one woman did and what we are all called to do in some way.

Hillary Clinton' speech to NARAL proves impeaching Trump is all about protecting abortion

By Jonathan Van Maren

On Thursday, September 26, failed presidential candidate Hillary Clinton gave an address to the 50th-anniversary dinner of NARAL Pro-Choice America, one of the most powerful abortion lobby groups in the country. NARAL had put all of its hopes on Hillary during the 2016 election. Her defeat to Donald Trump reduced many top abortion leaders to tears that evening.

One photograph of NARAL's Ilyse Hogue — she had triggered applause at the Democratic National Convention when she declared she'd aborted one of her babies — staring in stunned grief at the election results, which were supposed to be favoring Clinton, went viral.

Clinton, unsurprisingly, announced to a receptive crowd that Trump posed a "clear and present danger" to America's future and to democracy itself, and she praised Nancy Pelosi for her leadership in initiating an impeachment inquiry. But it was the threat the Trump administration posed to legal abortion, she told Moloch's top lobbyists, that people everywhere should fear the most.

America was at a crossroads in the abortion wars, and feticide advocates everywhere needed to fight like their freedoms depended on it. Pro-life activists, after all, would be fighting like the lives of millions of children depend on it — because they do.

"In the last Democratic debate, there was not one single question about abortion rights," Clinton complained. "It has to be a critical issue in 2020." She need not have worried: Democratic candidates fell all over themselves to genuflect at NARAL's bloody altar on the 50thanniversary of their tireless work to reduce human beings developing in the womb to non-persons unworthy of consideration. Cory Booker congratulated them on their fifty-year fight for abortion and said America is "better" for what they had done (without explaining why the loss of over 60 million lives is something to celebrate). Beto O'Rourke took a break from his campaign against firearms to tweet his congratulations as well.

Hillary Clinton

Bernie Sanders, a dyed-in-the-wool socialist who knows you need to break a few eggs to make an omelet (and that some people are more equal than others), also sent the abortion lobbyists his best wishes. Pete Buttigieg, who has been attempting to convince people that Christianity is about an empty womb rather than an empty grave, promised to fight alongside them. Squad member Ilhan Omar also praised NARAL's half-century of abortion advocacy.

But it was Democratic House speaker Nancy Pelosi, who also addressed NARAL's anniversary dinner, who displayed the most chutzpah. The pro-life laws being passed around the country, she said, "ignore basic morality."

She did not explain how basic morality — or any morality, really — permits the grotesque physical destruction of society's youngest members. Unperturbed by this reality, Pelosi forged on. "We will fight to defend *Roe v. Wade* using every tool at our disposal," she announced. From there, she moved to impeachment. "I say to you with great sorrow and prayerfully," she said with that sanctimony peculiar to those defending the indefensible, "that we are at a place that I hoped we would never be."

Perhaps Pelosi and Clinton do not realize it, but their speeches to America's abortion lobbyists appear to confirm the suspicions of many, many pro-lifers: They are simply awaiting the opportunity to eliminate his administration's ability to appoint anti-abortion judges to America's courts. That regardless of his guilt or lack thereof, this is all about *Roe v. Wade* and abortion on demand. Abortion is not an issue that Americans can agree to disagree on, and so democracy has become an exercise of raw power by one side against the other, with lives hanging in the balance.

Abortion activists will do whatever it takes to protect the fictitious right to feticide — a "right," it must be said, that would have stunned the Founders and the framers of the Constitution. And so regardless of whether or not Trump violated the law, this battle, at the end of the day, is really about abortion — even if it shouldn't be.

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

Baby born missing much of his skull defies all odds to survive, thanks to first-of-its-kind surgery

At seven months Lucas is eating and cooing to his mother

By Dave Andrusko

Probably every mom believes her baby is one of a kind. In the case of Maria Santa Maria's son Lucas, however, it's literally true.

Lucas, now seven months old and living at home, is the only baby known to survive his diagnosis of exencephaly

Already the mother of three girls, the "crushing diagnosis" for her came during her first ultrasound at 10 weeks, Scottie Andrew reported.

Part of her baby's skull was missing. Doctors told her there was no hope for his survival.

"They always said there was no possibility of him making it," she said. "I did feel like I was losing him."

Her son had exencephaly, a rare condition in which a child's skull isn't fully formed, so the uncovered brain is exposed to amniotic fluid inside the uterus. The brain typically drives skull growth, but with part of the skull missing, the brain often grows in the path of least resistance, which can damage its function.

Previously reported cases of babies diagnosed with exencephaly have ended in death.

Andrew reports that doctors offered the "option" of abortion. She was told her only other option was to carry her baby to term and, if he was born alive,

spend a few minutes with him before his death.

She chose the latter.

When Lucas was born, the family was prepared for grief. "When we were in the delivery room because I wanted them [his three sisters] to meet their baby brother, so we didn't know what to expect. So they came in, they were told their baby brother was going to die," she told Toni Yates of ABC7.

But hours passed, and Lucas was breathing on his own. He was eating. He'd already been alive longer than any other child born with exencephaly.

According to Yates

[Dr. Tim] Vogel said Lucas was otherwise a healthy baby. With the family's blessing, he gave the infant a chance by closing the skin around his exposed brain tissue.

But that was just a place holding action. To save Lucas, surgery was required, surgery of a kind that had not ever been performed before.

The director of pediatric neurosurgery at the North Jersey Brain and Spine Center, Vogel hypothesized, "If he could stabilize Lucas and what looked like a water balloon on top of his head, the Santa Marias could bring their son home," Andrew explained. "If he goes home and this fluid sac ruptures, that would be unsurvivable," Vogel told CNN.

But the brain's ability to adapt to change and relearn—neuroplasticity—is highly

advanced in children. The blessing was that while half of Lucas' basal ganglia, hadn't formed correctly, the other half had. And was protected, Andrew writes.

If Vogel removed the damaged part of Lucas' brain, he said, the functioning part could reassign the damaged area's duties. The procedure would reduce his likelihood of seizures and further brain damage, too.

The procedure had never been done before. But the Santa Marias decided the potential reward outweighed the risk.

After four days of convincing hospital staff to allow the procedure, Vogel was given the OK to operate on Lucas. The surgery went well, and he was sent home a few weeks later — weeks longer than he was expected to survive.

The rest is (pleasant and encouraging) history. At seven months, all signs are that Lucas is developmentally on schedule. "He eats cereal and baby food, goes to physical therapy and coos to his mother when he's awake," Andrew writes.

"I think he's exceeded our expectations," [Dr. Vogel] said. "The fact that when we see him and he's eating, trying to crawl, getting physical therapy — it's kind of an unwritten fast-forward."

Vogel will continue to work with Lucas as he grows to help foster his neurodevelopment and protect his brain.

"Lucas is going to be with me for a long time," Vogel said. "Every time I see him, it's just so encouraging."

Supreme Court Will Hear Louisiana's Admitting Privileges Law Case

From page 1

not be provided loopholes when it comes to health and safety standards that apply across the board to outpatient surgical facilities."

Clapper added, "Substandard physicians and for-profit providers unable to meet health requirements should not be able to hide behind their supposed patients when making legal claims against a law."

Critics of the law and the High Court's decision to review it, argue the law is indistinguishable from the portion of the Texas law stricken in the Supreme Court's 2016 *Women's Health v. Hellerstedt* decision.

Not so, explained Dorinda Bordlee of the Bioethics Defense Fund and a consulting attorney to Louisiana Right to Life.

"While the Texas law, like the Louisiana law, required physicians at abortion facilities to have admitting privileges at a local hospital, the Texas law also required abortion facilities to meet strict ambulatory surgical center requirements. Louisiana's law does not include the ambulatory surgical center requirement, and the facts of Louisiana's different geography and demographics necessitate a different result."

Rep. Katrina Jackson (D-Monroe), a Louisiana attorney who authored the 2014 law, said, "Together with my colleagues, our Legislature passed the Unsafe Abortion Protection Act by a wide bipartisan margin to protect the health and safety of women. We encourage the Supreme Court to overturn, or at least, alter or clarify, the Hellerstedt decision, allowing a state to enforce its duly enacted laws aimed at protecting the health and safety of its citizens. Abortion has known medical risks, and the women of this state who are often coerced into abortion deserve to have the same standard of care required for other surgical procedures."

Background

The vote in *Hellerstedt* was 5-3. The Court was short a justice because a replacement for Justice Scalia, who had just died, had not been selected. Eventually Justice Neil Gorsuch was confirmed as Scalia's replacement.

Last year Brett Kavanaugh became the second new justice added since *Hellerstedt*, following the retirement of Justice Anthony Kennedy who was in the majority in *Hellerstedt.*

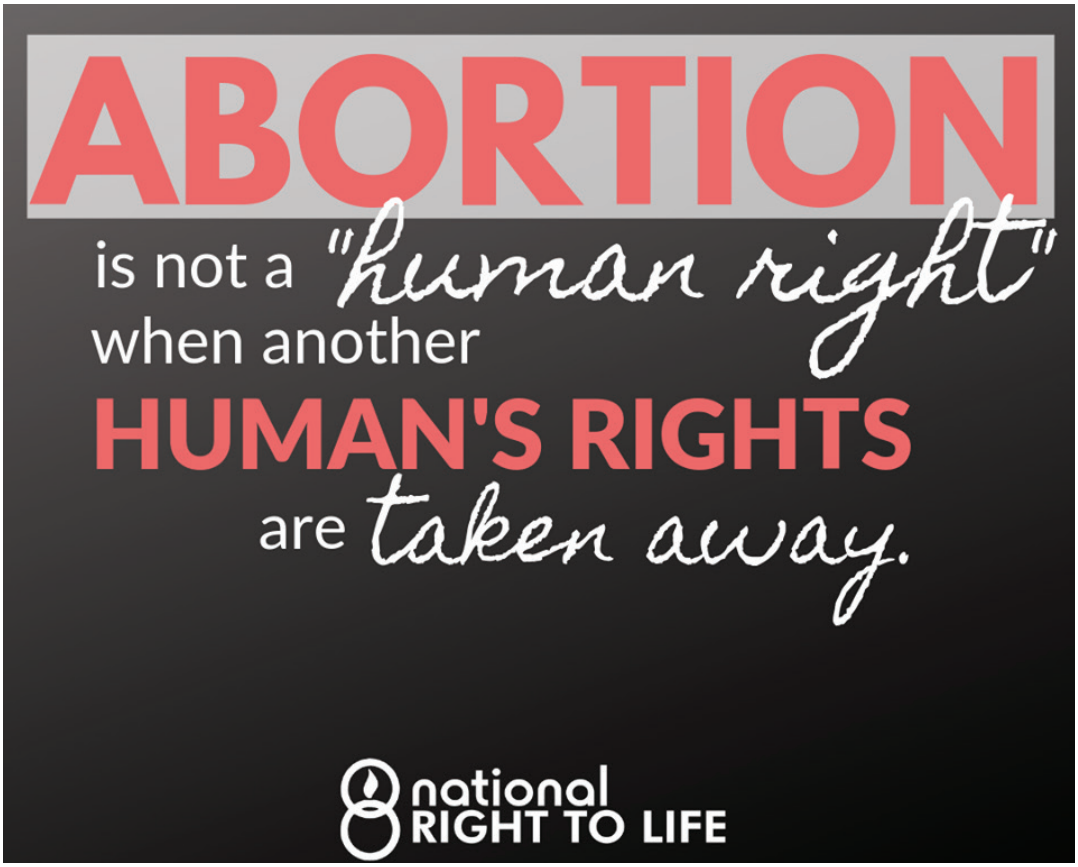
As these cases always do, there is a long history of litigation. In 2017 federal district court Judge John deGravelles blocked the Unsafe Abortion Protection Act.

A three-judge panel of the 5th Circuit of Appeals lifted the stay.

Judge Jerry Smith, writing for the majority, explained, "We are bound to apply *WWH [Whole Women's Health*], which is highly fact-bound, and the records from Texas and Louisiana diverge in all relevant respects." Unlike the case in Texas, the Louisiana rule is unlikely to force any clinics to close. "Here, only one doctor at one clinic is currently unable to obtain privileges; there is no evidence than any of the clinics will close as a result of the Act," Judge Smith wrote.

"Act 620 results in a potential increase of 54 minutes at one of the state's clinics for at most 30% of women," he wrote. "That is not a substantial burden at all, much less a substantial burden on a large fraction of women as is required to sustain a facial challenge."

Commenting at the time on the panel's decision, Louisiana Attorney General Jeff Landry observed that the appeals court panel "again affirmed what we have repeatedly said: our law is both factually and legally different from the Texas law that the Supreme Court ruled against." Landry added, "I once again thank Representative Katrina Jackson for authoring this public safety legislation and Solicitor General Liz Murrill for preserving the Legislature's intent."



What's happened to former PPFA President Dr. Leana Wen?

By Dave Andrusko

When last we discussed Dr. Leana Wen, the unceremoniously ousted President of Planned Parenthood had just sent what a *New York Times* reporter described as "a barbed 1,400-word letter to Planned Parenthood's board of directors" which included this doozy of a statement: "No amount of money can ever buy my integrity and my commitment to the patients I serve." Reporter Shane Goldmacher had obtained a copy which (in his words) "left open the possibility of legal action."

Things have quieted down a lot since the September 14 story. For example, a few days later, the *Baltimore Sun* reported that "Dr. Leana Wen, Baltimore's former health commissioner, has resolved a dispute with Planned Parenthood over her severance and benefits, which she said the organization was withholding to get her to sign a burdensome confidentiality contract after she was fired less than a year into her tenure as president and CEO."

Both Wen and Planned Parenthood issued nicey-nicey statements. However, a day or two later, according to the Sun's Colin Campbell, Wen issued a follow-up statement in which she

> **said she signed a confidentiality agreement when she was hired by Planned Parenthood, but refused to sign the additional one the organization wanted from her as a condition of her departure.**
>
> **"As I've maintained throughout the negotiations, I would not and have not signed a confidentiality clause that prohibits me from speaking about my experiences and reflections of my service to Planned Parenthood," she said. "I will never compromise my integrity and be prevented from speaking freely as a physician and public health expert."**

So when a friend forwarded me an interview Wen gave to the *Baltimore Sun's* Meredith Cohn, I was all ears. And Wen's comments were exceptionally revealing, not for a fuselage aimed at PPFA (she was exceptionally complimentary) but for what her experience as a working mom said about her and being in the employ of the largest abortion provider in the United States.

For example, Cohn asked, "How does being a new(ish) mom shape how you feel about work/life balance?"

> **My son, Eli, is now 2 years old. It's not an exaggeration to say that my entire perspective on work and life — not just work/life balance — has changed since Eli was born. Actually, this was one of the hardest parts about my job at Planned Parenthood:**

Dr. Leana Wen
Photo: Hotchocolita

> **I was often traveling from Sunday afternoon to Friday evening. I missed my husband, Sebastian, and Eli very much. It broke my heart when, a few months into the job, Eli began crying when I came home because he saw me as a stranger.**

Two quick thoughts. First, Wen and her husband "are looking forward to bringing baby No. 2 into the world, to Baltimore! Eli's brother or sister is due at the end of March."

"Baby"? To Planned Parenthood, "it" is a "baby" when "it" is ex utero breathing on "its" own, and not before.

Again, I'm not a PPFA insider, but you know the abortion militants who make up the upper echelons were not happy when, without telling anyone, she wrote a very moving piece for the *Washington Post* about the miscarriage she'd experienced earlier this year.

She wrote how "We got more and more excited as we planned for Baby No. 2," an wholly unacceptable humanizing of the "it" who was still located within her body.

Second, some people have suggested to me that at some point Dr. Wen will inevitably be one of those women who come out of the Abortion Industry, wiser for the time spent on the dark side. Were it only so.

It's hard to believe, however. She recycles chapter and verse the talking points from Planned Parenthood's script. And Wen probably, at some level, believes that aborting 300,000+babies a year is a kind of sideline which at some point in time Planned Parenthood will quit to do real women's health.

In the meanwhile, she has evidently made her peace with Planned Parenthood.

Tragically, PPFA's war on unborn babies shows no signs of slowing down.

Pennsylvania's experience with Gosnell's "House of Horrors" shows that abortion facilities cannot or will not police themselves

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

Never again.

That was the rallying cry for Pennsylvania lawmakers who were incensed by the tragic events that unfolded in West Philadelphia, where abortionist Kermit Gosnell was suspected of killing hundreds of newborn babies and responsible for the deaths of at least two female patients.

Because Gosnell destroyed so many records, a relatively small number of criminal charges could be brought against him. But they were enough to ensure that Gosnell was ultimately convicted of murdering three newborn babies and of involuntary manslaughter in connection with the death of patient Karnamaya Mongar.

The man who operated what then Philadelphia District Attorney Seth Williams described as a "House of Horror" is serving three consecutive life terms at the State Correctional Institution-Huntingdon, Pennsylvania.

PA legislators wanted to ensure that Gosnell's crimes would never be repeated. Consequently, they passed a trailblazing abortion center regulation law in 2011 which ensured regular, unannounced inspections of abortion facilities.

Eight years later, the evidence is clear that the law is working incredibly well. When the legislature passed the measure, five abortion facilities closed their doors because they either could not or would not meet basic health and safety violations.

The public is now able to see the results of the state Health Department inspections online. And it was that transparency that led to the closure of the state capital's long-standing abortion facility, Hillcrest, a couple of years ago.

The Pennsylvania Pro-Life Federation, during a routine check of inspection reports, found that Hillcrest had some 46 pages worth of health and safety violations. Pennsylvania Pro-Life informed the news media and a reporter-led investigations ensued. A trio of state Senators demanded the immediate closure of the abortion operation, and operators of the run-down facility eventually gave up their license.

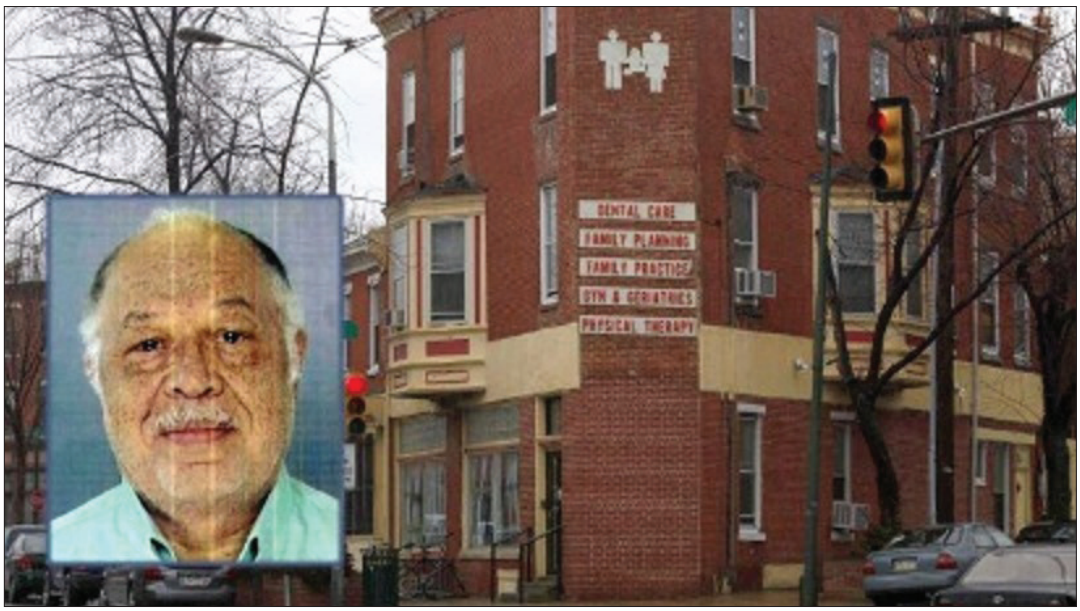
Within the past few weeks, Pennsylvania Pro-Life discovered two additional Philadelphia abortion centers have relinquished their licenses as well. One, known as Berger & Benjamin, was run by an abortionist who casually admitted during testimony at the Gosnell murder trial of having performed some 40,000 abortions during his "career."

Inspection reports showed numerous violations by Berger & Benjamin, including a failure to secure medication properly. But such inspections would have not occurred, had it not been for the diligent efforts of Pennsylvania Pro-Life to close a giant loophole in the original abortion center regulation legislation.

Thanks to Pennsylvania Pro-Life's diligence, abortion centers throughout Pennsylvania are subject to unannounced inspections—an important safeguard for the women of the Commonwealth.

Pennsylvania's experience with Gosnell shows that abortion facilities simply cannot police themselves. That is why laws such as the Keystone State's are so critical to ensuring the health and safety of patients.

Were it not for the perseverance of National Right to Life affiliates such as the Pennsylvania Pro-Life Federation, such groundbreaking, life-saving, and life-changing legislation simply would not happen.



Here's why the Pro-Life Movement has such staying power

By rebuilding a culture of life—one life-saving law, one life-giving heart, at a time.

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

As National Right to Life's Pennsylvania affiliate, the Pennsylvania Pro-Life Federation, prepares for the Celebrate Life Banquet marking its 40th anniversary, I am struck by the pro-life movement's staying power.

I grew up with abortion being legal—and the mass media made me believe that the 1973 U.S. Supreme Court case known as *Roe v. Wade* was "settled law." So, as a young person, I wondered what kept the pro-life movement going.

I now believe I have some idea why, when the restaurant down the street could not survive 2019, pro-life organizations continue to thrive for decades on end.

The short answer: the people. People such as Ernie Ohlhoff, who was a founder of the Pennsylvania Pro-Life Federation and who will be the recipient of this year's Pennsylvania Pro-Life Lifetime Achievement Award. Ernie is Outreach Director for National Right to Life, and well-deserving of recognition for his long-time commitment to the pro-life cause.

I also think of people such as John and Ann Poole of our local chapter located in Cambria and Somerset Counties in Pennsylvania. A challenging pregnancy brought them into the pro-life movement, and they have been stalwart defenders of life ever since. They will be the recipients of the Pennsylvania Pro-Life Leadership Award.

As someone who lives in Pennsylvania, I cannot help but think of the late Governor Robert Casey, who signed into law the Keystone State's landmark Abortion Control Act. That law has been a life-saver, helping to cut the Commonwealth's abortion totals in half because of provisions such as informed consent, parental consent, and a 24-hour waiting period for abortions.

Casey bucked his own Democratic Party to fight for the rights of Pennsylvania's most vulnerable citizens. He remains a hero to the cause.

I think of a woman named Delores Euker, who, when I moved from Ohio to Pennsylvania, educated me about the state of the pro-life movement in PA. Delores, a gifted speaker, spoke out for years about the atrocities at a local abortion facility. The abortion center, known as Hillcrest, ultimately shut its doors because it could not meet basic health and safety requirements. Delores is still going strong.

The pro-life movement is inspired by, led by, and powered by amazing people who see the wisdom of rebuilding a culture of life—one life-saving law, one life-giving heart, at a time. The fact that National Right to Life affiliates such as the Pennsylvania Pro-Life Federation continue to effect positive change, even as abortion center after abortion center closes down, is a testament to the perseverance of our movement's people.

We wish we could end abortion, infanticide, and euthanasia this minute. But we are prepared to continue educating and engaging for as long as it takes our states, and our nation, to cherish each human life—from the dawn of life to its natural end.

Can the Abortion Industry continue to pretend Ulrich Klopfer is just another "outlier"?

From page 2

recently uncovered medical records could help to nab the child's rapist.

If you read contemporary accounts of the hearing that led to the suspension, it's even worse. Here are a few quotes from the story written by Niki Kelly for the *Journal-Gazette*.

* "[I]t was a story that Klopfer told himself that struck a nerve with members of the [The Indiana Medical Licensing] board," Kelly wrote

He spoke of a 10-year-old girl raped by her uncle who he performed an abortion on in an Illinois hospital but didn't notify police about the child abuse. Instead, he let her go home with her parents, who knew of the rape and refused to prosecute.

It wasn't part of the complaint filed by the Indiana Attorney General's Office but appeared to shift the case, with several members of the board bringing it up during final discussion.

Board member Rebecca Moredock-Mueller described Klopfer as having a nonchalant attitude and lacked sound medical judgment.

"The thing that bothered me most was his professional incompetence," she said.

*The board

"specifically was bothered that he didn't give pain medication to all women - only those under 16 and those who could pay extra. And when he did sedate women he didn't have qualified staff to monitor them and didn't follow best practices for administration of the drugs and emergency procedures.

"Despite this Klopfer had very few complications, which board members called amazing and lucky."

Kelly ended her story, noting, **"**Some of the hearing was spent on surveys by the Indiana State Department of Health on Klopfer's clinics."

Surveyor Linda Plummer did four inspections of the Fort Wayne office and described it as rundown, not well-maintained and older. Some examples of deficiencies included equipment not being properly maintained; expired medications in an emergency drug kit; lack of infection control practices; no log of cleaning procedure rooms and incomplete personnel policies.

Plummer also said Klopfer was blunt and abrupt, and described staff as having a "laissez faire" attitude.

You simply cannot read about Klopfer and not think of Gosnell, currently serving three consecutive life sentences for murdering three babies he deliberately aborted alive and then severed their spinal cords. Or the death of the woman whom Gosnell left in the hands of his woefully undertrained staff and for which Gosnell was convicted of involuntary manslaughter.

Or how Klopfer's house was mostly "floor to ceiling junk," according to Bolger,

and the doctor had also filled up the garage and several outbuildings.

"Imagine losing your husband, leaving you with this dump, and then finding out that he's done this," Bolger says. "I mean this is like something out of The Twilight Zone. And she's totally freaked out about it."

There is a reason the Abortion Industry furiously fights against inspections, especially unannounced inspections. Their excuse is that inspectors will nit-pick, making unreasonable requests.

Sure. If you believe that, you will believe anything.

Let me conclude with something from an exclusive obtained by *CBS2 Chicago*. They interviewed Dr. Geoffrey Cly. Now pro-life, Dr. Cly formerly served as Klopfer's backup, according to Micaiah Bilger.

Cly is a pro-life physician who is board certified in obstetrics and gynecology. For several years, he served as Klopfer's physician designee because of his desire to protect women who suffered from abortion complications.

In the role, which is required by law in Indiana, Cly would have cared for any of Klopfer's patients with medical complications arising after an abortion if Klopfer was not available. This was important because Klopfer lived in Illinois, and he typically went home after performing abortions at his Indiana abortion facilities

In his interview with CBS2 Chicago's Chris Tye, Dr. Cly "compared Klopfer to Hannibal Lecter."

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

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

Given the way the remains were preserved, Tye asked Dr. Cly, "Would you classify these as trophies?"

"The way he saved them, it's like it's something he wanted to preserve as a trophy, as a memory, for some reason," Dr. Cly said. "He left them in his garage, not in an unmarked storage shed that he could have paid cash for under a different name.

"I think there is a sign that he wants more to be discovered."

Abortion Pill Rescue Gave This Mom Hope – Now She Wants to Give Back

From page 22

at a Kissimmee, Fl., family practice office and began taking progesterone to counteract the abortion pill.

While in the doctor's office she noticed pictures on the wall of babies he had saved through the abortion pill reversal protocol, telling Pregnancy Help News they made her happy.

"I had hope," she said.

This was a marked contrast from the abortion facility, which had visible filth on the floors, a lengthy row of pregnancy tests in progress lined up on the counter, and a somber mood prevalent among the many girls in the waiting area anticipating their results.

The doctor and his nurse prayed with her the first day she came in, she said, and at every visit afterward. She has maintained contact with the office, and even more so with her APRN consultant.

In the initial aftermath of undertaking the APR progesterone protocol, Padilla said she remained afraid, for her son, whose heart rate was very low after her taking the abortion-inducing drug, and her with lingering doubts about how she would fare with another baby as a single mother.

"I just thought, "I have no idea what I'm going to do," she said. "I'm a big mess. But I think I'm supposed to do this."

Though she didn't know how things would play out once that she decided to try to save Gavin, she held onto the hope and support she encountered at the pregnancy help center, and the support from her family.

"He's supposed to be here," Padilla said of Gavin.

Asked to describe her son, she replied, "He's so funny."

"He is perfect," she continued. "He's the cutest little boy. He loves his brother and sister."

"I don't know how my life would be if I didn't have him," she added.

"I feel like this is our purpose in our life," said Padilla. "That's just the way it was supposed to be."

Regarding the question of what she will tell Gavin when he's old enough to know the circumstances around his birth, Padilla said she has thought a lot of that.

"I'm pretty sure I'm going to tell him," she said.

"I don't think I should hide from him what happened," said Padilla. "I think it's important for him to know to know he's extra special, and that when I realized I did something wrong I went through a lot to save him."

"He really is a miracle baby," she added.

Gavin's second birthday party was scheduled to take place September 28 at a local park, where he and his loved ones were planning to have pizza and cake. His birthday invitation included a photo of Gavin at the beach all wet and exuding joy, having played in the water.

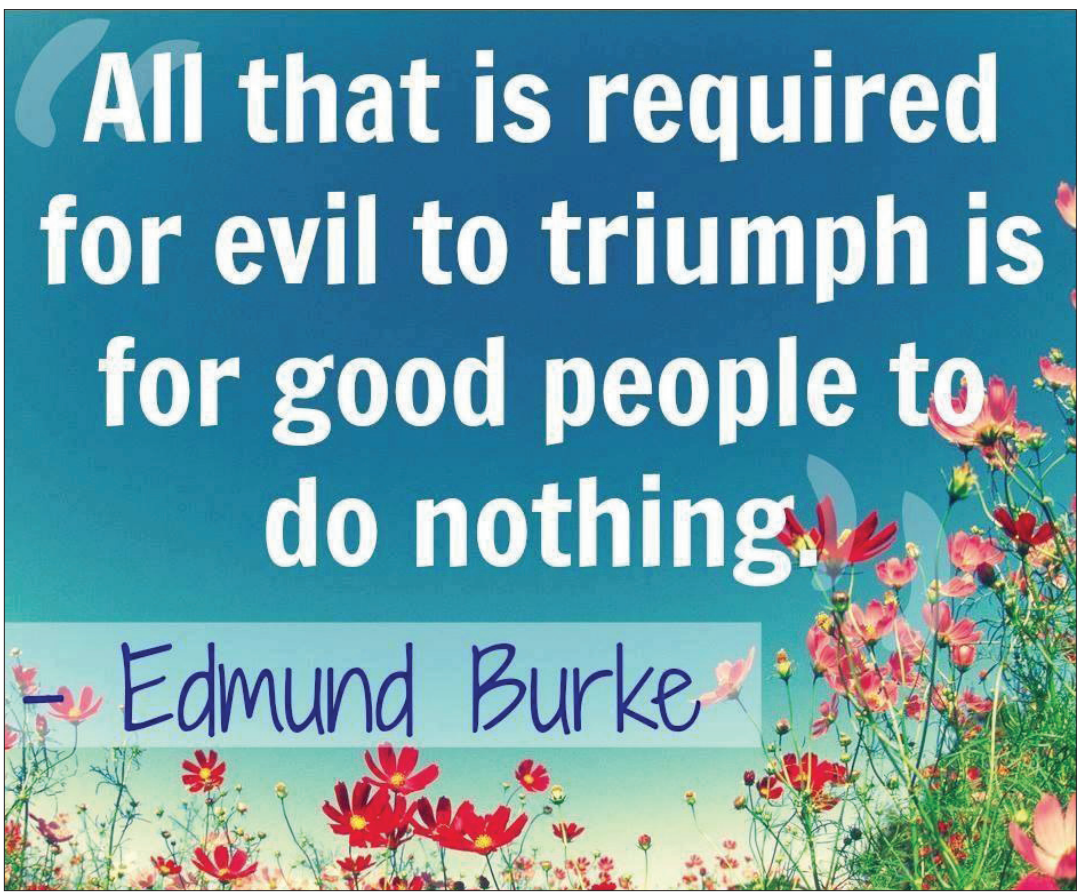
When she spoke to Pregnancy Help News, Padilla said she hadn't yet decided if his party will have a theme, but Gavin likes both music and trucks, so she thought she might do one of those.

Padilla remarried last year, and shares that her husband is wonderful as a father to the three kids.

She looks forward to raising awareness about the APRN.

"I hope some people can see that there are other options out there," Padilla said.

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



Planned Parenthood announces massive war chest devoted to defeating Pro-Life President Trump in 2020

From page 2

You'll recall this is the same Smith who (in "an exclusive interview with CBS News in July") quoted Alexis McGill Johnson, the new Planned Parenthood leader, saying "the organization doesn't have the luxury of deciding whether the organization is a health care clinic or advocacy group. They've been forced to be both."

"We are primarily a health care provider," said Johnson, president and chief executive officer of Planned Parenthood Federation of America and the Planned Parenthood Action Fund. "We provide access to sexual and reproductive health, in some cases primary care. We're not political by nature but we've been politicized, and that fight has actually been our focus — to ensure that our health centers stay open."

That's a lot of baloney to slice. Three quick points.

First Planned Parenthood and Planned Parenthood Votes, "the independent expenditure political committee arm of the reproductive health giant," spend more and more and more on electioneering at the same time "the reproductive health giant" spends less and less and less on genuine health care.

Dr. Randall K. O'Bannon reviewed Planned Parenthood's latest annual report for NRL News Today. NRLC's Director of Education & Research wrote

Although Planned Parenthood says most of its money goes back into health care, service statistics examined over several past annual reports reveal that, despite record revenues, they are doing a fewer and fewer of the services they like to talk about most.

The "cancer screenings" they say are critical to saving so many women's lives? They did less of those in 2017 than they did even a year ago, which was already the lowest in years.

In 2005, Planned Parenthood reported 2,011,637 "cancer screens and prevention." The figure for 2017 was just 614,361, a drop of nearly 70% in just a dozen years!

This meant 842,536 fewer women received Pap tests in 2017 than in 2005. During that same time frame, there were 547,891 fewer "breast exams" (manual breast exams – Planned Parenthood can't seem to afford to buy mammogram machines or hire mammography technicians).

Even contraception, Planned Parenthood's signature product, showed great losses. In 2006, at what looked to be the peak for the last dozen years, 3,989,474 women received birth control at Planned Parenthood. In 2017, there were just 2,620,867 contraceptive customers, a fall off of 34.3%.

Second, Planned Parenthood, over the last year or so, has taken one horrible PR hit after another. We've written about all of it, including its cavalier treatment of the pregnant women who work for them, unjust termination of employees, and the sacking of Dr. Leanna Wen, who had the temerity to say while, of course, PPFA must "protect" abortion, it might do other things as well.

Third, as Hellmann wrote, "Along with other reproductive-rights groups, Planned Parenthood was heavily involved in the unsuccessful effort to block the confirmation of Supreme Court Justice Brett Kavanaugh, whose nomination by Trump last year has tilted the court to the right." Translated into English, Planned Parenthood was part of the mob who threw everything including the kitchen sink at now-Justice Kavanaugh in a guttersnipe offensive that reflected very poorly on all the attackers.

However, unlike Smith, who didn't even bother, Hellmann reminds the reader that pro-life forces, who don't have the bottomless resources of Planned Parenthood and NARAL and EMILY's List, will do the grassroots organizing and voter education outreaches which have won elections year after year after year.

And that most assuredly will include the work of National Right to Life's political entities–NRL Political Action Committee and NRL Victory Fund–by far the most effective single-issue pro-life political action committees in the country.

Why is the Industry is Building Big Abortion Clinics Just Across State Borders?

From page 7

For years, Planned Parenthood's DC clinics have served women coming in from Virginia. Women living in western Missouri have always been able to visit Planned Parenthood's abortion mega-clinic in Overland Park, Kansas.

Teens from the Philadelphia area who wanted to get around Pennsylvania's parental involvement law could always go to the high volume abortion clinic in Cherry Hill, NJ. Women from Arkansas could travel to newly refurbished abortion mega-centers in Memphis, TN.

Women in West Texas, where abortion advocates decried all the clinic closures due to state regulations, always had the Hill Top Women's' Reproductive Clinic just across the border in Sunland Park, New Mexico.

Many Reasons for Mega-Clinics

It has been clear for some time that there are multiple rationales behind the building of abortion mega-clinics. The most obvious – more volume, more money – is a major reason and not to be dismissed. But it is not the only one.

The glitz and glamour of a bright, shiny new facility with designer hues and colors attracts a lot of publicity, making sure potential new customers hear a lot about the new location and its services.

The expense of building the new clinic is often offset, at least in part, by the closing of smaller unprofitable store front facilities and the laying off of that staff. (Sometimes those smaller clinics are maintained with skeleton staff to serve as satellite offices where abortion pills are dispensed and monitored by an abortionist on a webcam back at the big city mega-center.)

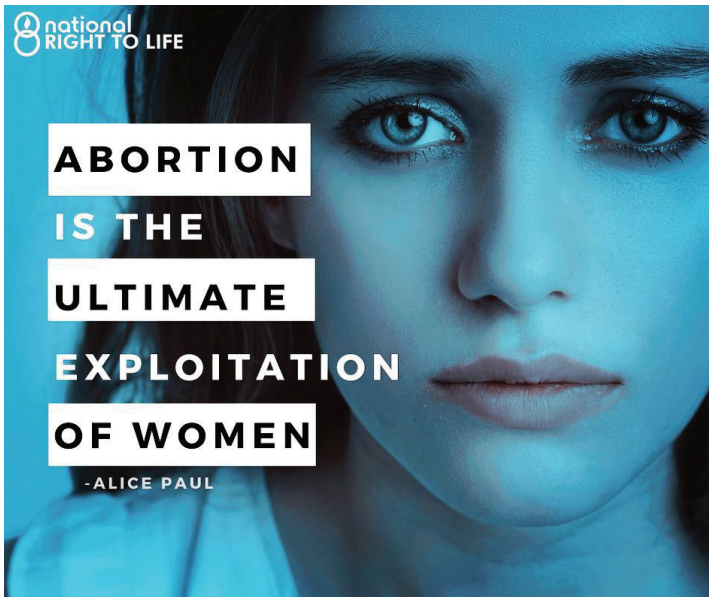
The claim that these are needed to address a broader "unmet need" for general reproductive healthcare does not hold water. No state has clamped down on the provision or reimbursement of birth control, STD treatment, or cancer screenings. Clinics wishing to offer these services in Missouri or any other state, can continue to do so, as long as they aren't performing abortions and expecting the state to continue backing the group.

Planned Parenthood, the nation's largest abortion performer and the builder of many of the country's abortion mega-clinics, is one of those who often complains about the impact of abortion laws on their other non-abortion business. It is important to remember that PPFA has managed to keep its abortion business steady over the last decade or so while closing other non-abortion performing clinics. During that time, though, it has cut back on birth control, cancer screens, and overall clients (by more than a third, more than two-thirds, and about a fifth, respectively).

Clearly, expanding the abortion business matters more to them than keeping those other clinics open for those other services.

In addition, formerly itinerant abortionists can eliminate long travel days, stay home and work in better equipped facilities in larger cities where they can be largely anonymous, if not welcomed. The infrequent traffic of women that showed up a few days a week in a smaller rural or suburban clinic can now provide a hefty supplement to the steady stream clients from the inner city.

What the Rewire article on the latest mega-clinic shows is in addition to all these other factors, the industry sees their location and construction as strategic. Not just to get a big building and major employer so entrenched in a community that it cannot be easily removed, not just to locate in an area of high visibility and traffic; not just to be in heavily populated area with good utilities, hospitals (for complications and ready labor force), and public services, but to be in an area where they can pick up clients from other states where there are fewer clinics and more protections for unborn children.



Will It Work?

Some women will cross state lines, lured by the long list of false promises by the industry that abortion will solve their relationship problems, preserve their career options, make their lives easier or better, involve little or no physical, psychological, or social risks.

Some of the abortions lost in one state will be picked up by a border clinic in another.

But the laws the industry fears and tries to elude do save lives, and (in their more candid moments) they say so. Emily Shugerman, writing in the *Daily Beast* earlier this year, said that a study showed that "After nearly half of Texas's abortion clinics shut down in 2014, several women told researchers they were forced to wait until their second trimester to have an abortion, or never obtained the abortion at all."

That, to the abortion industry, is a tragic failure, a cause for alarm, a reason to build more of these giant mega-clinics in sympathetic border states. But when the alert pro-lifer sees that these laws meant that some women "never obtained the abortion at all," they know that means there are children's lives that laws like these have saved.

Falling demand for abortion overall is another reason why so many clinics have closed and unless these new mega-clinics attract a lot of new customers, they too will fail in their larger objective.

Nevada Legalizes Starving Incapacitated Patients

By Wesley J. Smith

This is stunning. Nevada has passed a law allowing competent persons to sign an advance directive instructing that all food and water be withheld if they become incapacitated by dementia. In other words, the law allows people to order their future care givers to starve and dehydrate them to death.

From the "End of Life Decisions Addendum Statement of Desires" portion of the advance directive form established in law by SB 121.

(Insert name of agent) might have to decide, if you get very sick, whether to continue with your medicine or to stop your medicine, even if it means you might not live, (Insert name of agent) will talk to you to find out what you want to do, and will follow your wishes.

If you are not able to talk to (insert name of agent), you can help him or her make these decisions for you by letting your agent know what you want.

Here are your choices. Please circle yes or no to each of the following statements and sign your name below:

1.) I want to take all the medicine and receive any treatment I can to keep me alive regardless of how the medicine or treatment makes me feel.

YES

NO

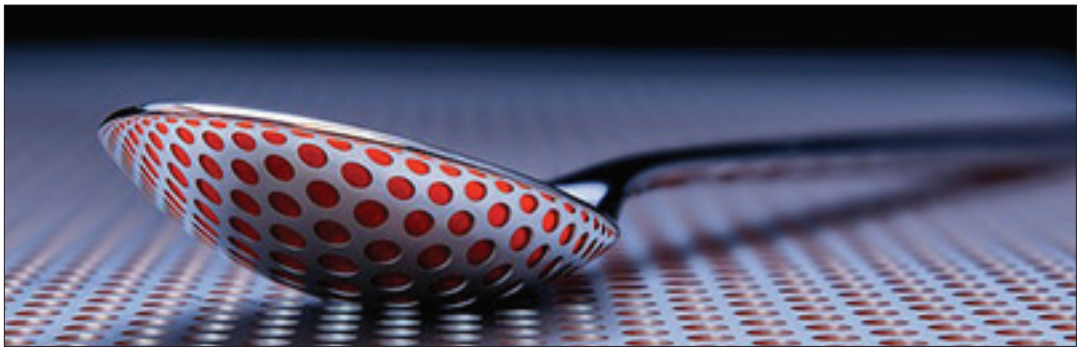
…

4.) <u>I want to get food and water even if I do not want to take medicine or receive treatment.</u>

<u>YES</u>

<u>NO</u>

The highlighted question does not involve feeding tubes, which is a medical treatment. It isn't about not providing nourishment when someone stops eating and drinking naturally as part of the dying process. Nor does it involve force feeding the patient. No, this provision requires withholding oral or spoon feeding.



Realize that this form could force caregivers to starve patients even when they willingly eat and drink — perhaps even if they ask for food or water. (This has happened before in a feeding tube case in Florida.) Don't take my word for it. From an article on the Nevada law by bioethicist Thaddeus Mason Pope:

Even after we stop offering food and fluids, other problems may arise. Most problematically, the patient may make gestures or utterances that seem to contradict her prior instructions [to be starved].

Does such communication revoke the advance directive? A recent court case from the Netherlands suggests the answer is "no." Once the patient reaches late-stage dementia, she is unable to knowingly and voluntarily revoke decisions she made with capacity. But the answer remains uncertain in the United States.

We certainly know the answer that bioethicists like Pope would urge on the courts. Besides, there is nothing in the law requiring that the provision quoted above only apply to "late stage" dementia.

Note also that the law does not require the signer to receive detailed information about the agony that starving and dehydrating entails. Symptoms can include extreme drying, seizures, mottling, and intense pain.

This law doesn't just impact helpless patients, but also the emotional wellbeing of their caregivers. What kind of a person would presume to force anyone to do such a thing? Imagine the emotional impact! No one should have that right.

And what if doctors or nurses object? Could they be forced at the threat of being sued or professionally disciplined to starve a patient to death?

The Nevada law is silent, but medical professionals have been sued frequently for refusing to comply with advance directives. Besides, bioethicists and the medical establishment are hell-bent on destroying medical conscience by forcing healthcare professionals to engage in actions that violate their religious and/or moral beliefs as the price of licensure. Talk about a prescription for a brain drain!

One last point: The ultimate purpose behind laws such as this isn't starvation, but rather, to gull us into allowing the aged, disabled, mentally incapacitated, and dying to be killed by lethal injection. After all, the ghouls will say, if we are going to end people's lives, at least let's do it humanely.

No! Let's not do it.

Our cultural death obsession is really getting out of hand. Those with eyes to see, let them see.

Editor's note. Wesley's great columns appear at National Review and a reposted with permission.