



national
RIGHT TO LIFE
NEWS

January 2023

2023

**IN THIS NEW YEAR, MAY GOD CONTINUE TO BLESS
US AND HELP US PROTECT THE MOST
VULNERABLE FROM EVERY HARM.**

HAPPY NEW YEAR





Republican-Controlled House Passes Two Pro-life Measures in Opening Days

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

With Republicans officially taking the helm of the House of Representatives late last Friday night, it was clear that the new leadership of the 118th House has new priorities when it comes to the life issue. Speaker Kevin McCarthy and Majority Leader Steve Scalise wasted no time in bringing two important pro-life votes to the House floor.

The first of two measures that passed Wednesday were the Born-Alive Abortion Survivors Protection Act (H.R. 29) by a vote of 220-210. All Republicans voted in favor and all but one Democrat opposed the measure. One Democrat voted present.

In addition, a resolution condemning violence against pro-life pregnancy care centers, pro-life groups, and churches (H.Con. Res 3) passed by a vote of 222-209. All Republicans voted in favor, and all but three Democrats opposed the measure.

Rep. Diana DeGette (D-Co.) offered a motion to recommit following debate over the Born-Alive Abortion Survivors Protection Act. The motion to recommit would have amended the Born-Alive Abortion Survivors Protection Act to

See House, Page 31



National Right to Life Announces New Executive Director

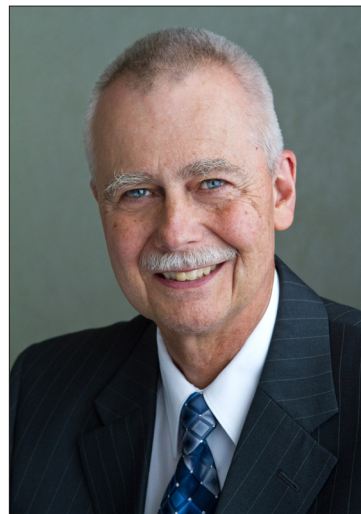
By Dave Andrusko

The National Right to Life Committee (NRLC), the nation's oldest and largest pro-life organization, has announced that David N. O'Steen, Ph.D., who has led the organization as executive director since 1984, has stepped down effective December 31. Scott Fischbach, who currently serves as executive director of National Right to Life's Minnesota affiliate, Minnesota Citizens Concerned for Life, became the new executive director effective January 1, 2023. Dr. O'Steen will continue to serve in an advisory capacity.

"Words cannot adequately



Scott Fischbach



David N. O'Steen, Ph.D.

express our gratitude to Dr. David O'Steen for his unwavering dedication to the cause of life and his extraordinary leadership of National Right to Life and the right-to-life movement," said Carol Tobias, president of National Right to Life. "It is no understatement to say that under Dr. O'Steen's leadership, National Right to Life has been at the center of developing and executing the legislative and legal strategies that have not only saved millions of lives over the past four

See Director, Page 38

Editorials

Speaker Kevin McCarthy will stand up to President Biden and to pro-abortion Democrats

Say this for *The New York Times*, on abortion it clearly knows who its opposition is: the women and men who will fight for the lives of unborn babies with passion and shrewdness in season and out of season. That would be **you!**

Last Saturday's editorial was primarily about a different dimension of the abortion battle but check out what the editorial board had to say about the House of Representatives and its new Speaker:

The new Republican majority will soon wield power in the House of Representatives, and despite the divisions over their choice of a speaker, make no mistake: They are bent on stymieing not only President Biden's agenda, but also efforts to protect the constitutional

rights of Americans that have been whittled away by the Supreme Court and Republican-led states. Among those rights is the freedom of reproductive choice and bodily autonomy for women, which fell with the court's overturning of *Roe v. Wade* last June.

"Reproductive choice and bodily autonomy for women." Geez, they couldn't mean abortion, right? Of course they do. The *Times* actually uses the "A" word later in the editorial but prefers wrapping abortion in euphemisms and the language of "rights."

See *Stylebook*, Page 36



How can anyone oppose the Born-Alive Abortion Survivors Protection Act?

"The truth may hurt, but fooling yourself will enslave you."

— Charles F. Glassman

"You can have the most wonderful motives for what you do, but if what you do harms other people, you're fooling yourself."

— John Carroll Lynch

"How easy it is to make people believe a lie, and [how] hard it is to undo that work again!"

— Mark Twain.

On Wednesday, the newly installed 118th House of Representatives took up two

pieces of legislation which, when you think about them for even a millisecond, should be supported by everyone, **not** just pro-lifers. (See story, page 1). They are the "Born-Alive Abortion Survivors Protection Act" (HR 26) and a resolution--H.Con.Res.3—"Expressing the sense of Congress condemning the recent attacks on pro-life facilities, groups, and churches." In this editorial, we'll focus on HR 26.

But, of course we are told, there **are** no "abortion survivors" (the words inevitably have quotation marks around them), if you believe Democrats (but who

would?). Thus there is no need to monitor for something that doesn't happen, let alone include penalties.

If, pressed by the evidence that demonstrates conclusively that these abortions **do** occur, opponents of the legislation flip the script. "An abortion is performed with the intention of ending a pregnancy, so there are no survivors," as Annalisa Merelli announced. Or they insist proponents don't realize the reason women have late-late abortions.

In both cases, it is as if the reason for the abortion negates the obligation to give these babies

"the necessary, lifesaving medical care that any other baby would receive to give them the best chance at life," as House Majority Leader Steve Scalise (R-LA) said. He reminds us of a blunt reality: "It is appalling that for the last four years, Democrats refused to hold a vote on the Born-Alive Abortion Survivors Protection Act."

And the evidence keeps pouring in. "A report from Florida's Agency for Health Care Administration has revealed that in 2022, eight babies were born alive in the

See *Oppose*, Page 45

From the President Carol Tobias

Celebrate Life!



This is an exciting time for the pro-life movement. Exciting because we are reminded that, with hard work and determination, we can move mountains!

When the U.S. Supreme Court handed

down its *Roe v Wade* decision in 1973, Justice Byron White used his dissenting opinion to write an emphatic denunciation of the majority decision.

In part, White wrote, “I find nothing in the language or history of the Constitution to support the Court’s judgment. The Court simply fashions and announces a new constitutional right for pregnant mothers and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes.”

It took 49 years but, last year on June 24, the Supreme Court agreed with Justice White. **Instead of marking 50 years of *Roe v Wade*, we are celebrating the first year without it!**

Talk about moving mountains!

Unborn babies and their mothers were rewarded for your years of educating our communities and states about the humanity of the unborn child. They benefited from your years of electing pro-life candidates so we could pass pro-life legislation that undermined the flawed reasoning behind *Roe*.

And they were rewarded by your succeeding in electing presidents who nominated Supreme Court justices who respect the Constitution, and electing senators willing to confirm those justices.

On this January 22, we celebrate LIFE instead of observing the *Roe v Wade* legacy of death.

And celebrate LIFE we must by (figuratively) shouting at the top of our voices about how precious is each and every human life.

For many years, I’ve told audiences that demeaning the lives of unborn children will lead to disrespect for all life.

If women have the “right” to kill their unborn children, why wouldn’t boyfriends feel vindicated in pressuring her to end the pregnancy?

If violence against children in the womb is acceptable, why should we be surprised if violence against children after they’re born increases?

If society doesn’t care about the lives of preborn children-- the most vulnerable among us--we shouldn’t be surprised to see violence increase against the vulnerable elderly.



And **if** life has no real value, no intrinsic value, why would we expect a different outcome than encouraging people with disabilities to end their lives through assisted suicide and euthanasia?

This all came roaring back to me when I saw a quote from the late Pope Benedict XVI. As his death became a celebration of life, many of his great pro-life statements were published.

In 2007, while speaking to the General Assembly of the Pontifical Academy for Life, Pope Benedict offered this profound truth:

“[L]ife is the first good received from God and is fundamental to all others; to guarantee the right to life for all and in an equal manner for all is the duty upon which the future of humanity depends.”

Think about that for a minute: **The future of humanity depends on the guarantee of the right to life for all and in an equal manner for all.**

What we need is to respect human life, all human life. We need to show compassion to one another. And yet, when we look at our country today, it seems like everyone is more concerned with making sure others agree with them. And if not, they should just shut up. That is not respect for one another.

People *are* different from each other. We look different. We act differently. We have different ideas and opinions. We have different wants and needs. We have different talents and abilities.

It’s not up to us to decide who should be here. It’s not up to us to decide who lives and who dies.

The pro-life message that all life is precious is desperately needed in today’s society.

Let’s show the beautiful pictures of preborn children. Post your baby’s ultrasound image or keep it handy on your phone and show everyone her little nose.

Talk to your neighbors about how important their lives are to you.

Share “science” with those you talk to. Randall K. O’Bannon, Ph.D., NRLC Director of Education & Research, wrote an amazing article for *National Right to Life News Today* entitled, “The glory of our humanity begins with a single cell.”

Ask friends to read that article and let you know if it made them think about what happens during an abortion: that a unique individual’s life is extinguished forever.

I’m asking you to find ways to promote the value and dignity of every human life, born or unborn.

Let’s celebrate LIFE!

Our Multi-Generational Miracle

By David N. O'Steen, Ph.D

Are we winning...or not? That is a question many pro-lifers must have asked after the battering we have endured from the press since the "leak" of the Supreme Court's *Dobbs* decision; the loss of a number of referenda; and an election that left the pro-life movement in a much better congressional position, but felt like a disappointment because of higher (and perhaps unwarranted) expectations.

Let me give a short answer and explain. Yes, pro-life movement, you are winning.

Ask yourself, would you trade the reversal of *Roe* for a couple of Senate seats and referendum victories? No! Would the abortion industry spot pro-lifers those victories to have *Roe* back? You betcha!

The Multi-Generational Miracle that was the reversal of *Roe* was no accident. It was the result of much prayer and a half century of step-by-step strategy, primarily developed and implemented in the educational, legislative, political, and judicial arenas by National Right to Life and its state affiliates.

In the meantime, the abortion toll was reduced from about 1.6 million lives lost annually to about 900,000 today--a not insignificant feat --and very significant to the millions of children who have been saved.

Today, 22 states have laws protecting most unborn children from either fertilization or a time when a heartbeat can be detectable with 14 of these in effect.

An analysis by NRLC's Dr. Randall O'Bannon, which takes into account both the estimated number of mothers who traveled from a protective state to an abortion destination state to abort and the number who used abortion pills illegally, conservatively concludes that about 30,000 lives were saved in the latter half of

2022 due to *Roe's* reversal!

It has always been three steps forward and two steps back. But the Multi-Generational Miracle was many giant steps forward. Now the pro-abortion backlash that followed must and will be overcome as we continue to advance.

It certainly appears that the *Dobbs* leak was carefully coordinated with the abortion establishment and the press. From day one the press over and over again parroted the pro-abortion

abortion, because of *Dobbs* and pro-life legislation.

(One early talking point that women would be jailed was essentially squelched by NRLC's release of a letter signed by a number of groups reiterating pro-life opposition to punishing women, who are also victims of abortion.)

Unfortunately, the media was able to tweak the pro-abortion messaging in referendum states to successfully claim that even the possibility of pro-life legislation

in cases of rape or incest or in case of a medical emergency

11.7% would allow abortion up to 6 weeks when a fetal heartbeat can be detected

12% would allow abortion up to 24 weeks

21.1% would allow abortion at any time

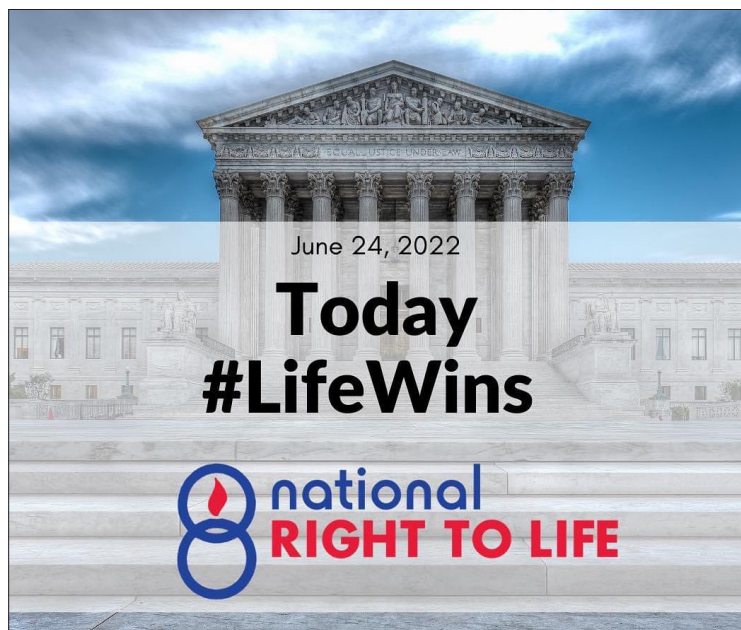
At first these results seem counter-intuitive, given the pro-abortion media barrage and its resulting impact. But remember that the pro-abortion side was able to control the message by removing the baby and concentrating on easy targets where they have overwhelming support such as abortion for rape.

Obviously, the pro-life movement has to reclaim the message by bringing back the baby and removing the easy targets from the political and legislative debates.

West Virginia has passed a strong piece of protective legislation based on the NRLC model developed by James Bopp, Jr., its General Counsel. The West Virginia legislation has the potential to prevent about 95% of abortions in the state, but people have heard practically nothing about it in the media. Why?

I suspect because it doesn't fit the pro-abortion narrative. This legislation, which protects unborn life beginning at fertilization, does not prevent abortion in the case of rape or medical emergency carefully defined, and makes clear that nothing in it prevents treatment for miscarriages, ectopic pregnancies, and still births.

The November McLaughlin poll indicates 47% support for a model like the West Virginia bill and 31% opposition, with the "Heartbeat" contingent in the poll likely somewhere in middle.



talking points with a unified national message that was top news right up until the election. The message was simple, false, and since repeated non-stop, persuasive to many.

The message: reversal of *Roe* meant all abortions would be banned, including for rape victims. Women would not be treated for miscarriages, ectopic pregnancies, and even deceased children in utero.

Pro-abortion doctors complied with the messaging. There was a cascade of stories where doctors claimed they were unable to treat women in need of care that actually had nothing to do with

would result in their phony parade of horrors. This was successful even in well-organized pro-life states such as Kansas, Kentucky, and Michigan.

Post-election polling

Yet despite the above, post-election polling by the McLaughlin Group for NRLC found the following regarding attitudes on abortion:

9.6% would allow abortion only to save the life of the mother

12.6% would allow abortion only to save the life of the mother or in cases of rape or incest.

24.5% would allow abortion only to save the life of the mother,

In the midst of a difficult situation, a life-affirming path can appear—seemingly miraculously—for a pregnant woman and her child

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

It was the photo that my group of friends had been waiting for—a snapshot of a beautiful newborn baby, sleeping soundly.

than ideal home situation.

Yet, he had also been showered with gifts from a community who wanted to see him, his mother, and

sentence, and that abortion does not solve problems—it only creates additional ones.

This precious child—whom I

chance, but plenty of other people did. And it was their concern and compassion that made it possible for him to make his way into the world.

His mother—whom I will call Melinda—treasures him and always did, even when family members were unsupportive. It is a testament to her strength and courage that she was able to get past the obstacles that had been placed before her to give birth to her child.

The situation reminds me that light always overcomes darkness. In the midst of a difficult situation, a life-affirming path can appear—seemingly miraculously—for a pregnant woman and her child. Through the love of others—even complete strangers—young mothers can find the help and the hope they need.

So I offer a toast to this little lad and his mama, who have already captured so many hearts. By resisting the pressure to abort, this brave woman has saved one life—and changed countless others for the better. 2023 could not be off to a better start!



This baby had already overcome many challenges—a relative who was pressuring his mother to abort...unstable housing...a less

his father succeed. This network of caring individuals recognized the fact that an unexpected conception should not be a death

will call Mario—has been loved by so many people in his young life. The nearby abortion center would not have given him a

New Faces on Capitol Hill: A Spotlight on New Members Challenging Stereotypes and Standing for Life

By Karen Cross, NRL Political Director

With the 118th Congress now officially underway, there is a new pro-life majority in the House as well as several new pro-life senators. This new crop of leaders is bringing fresh energy to Capitol Hill for the battles ahead and challenging many preconceived notions about pro-life members of

campaign, Britt emphasized her commitment to protecting life. “I am honored to have National Right to Life’s endorsement. Being a voice for the voiceless and defending those who cannot defend themselves is something in which I take great pride. I will always fight to protect the God-given, sacred right to life as

to task for supporting a policy of unlimited abortion and voting to use taxpayer money to pay for abortions.

Lori Chavez-DeRemer- Oregon’s 5th Congressional District

With her victory in November, Lori Chavez-DeRemer became the

and veteran, now bears the distinction of being the first Black Republican elected to Congress in the state’s history. Congressman James served eight years in the United States Army, participating in multiple tours of duty in Operation Iraqi Freedom as an AH-64 Apache pilot.

Monica De La Cruz- Texas’s 15th Congressional District

The victory of Monica De La Cruz in Texas’s 15th Congressional District underscores the broader, ongoing work of the Republican Party to make inroads with Hispanic Americans, particularly in areas like South Texas. Throughout her campaign, De La Cruz drew a sharp contrast between her pro-life position and the pro-abortion position of her Democrat opponent. She emphasized to fellow Hispanic voters in particular that the modern Democrat Party, whose platform endorses unlimited abortion essentially until birth, is out of touch with their values and therefore does not deserve their votes.

Dr. Rich McCormick- Georgia’s 6th Congressional District

The doctor is in! After narrowly losing a bid for Congress in 2020, Dr. Rich McCormick was victorious in 2022, flipping the seat in Georgia’s 6th Congressional District from pro-abortion to pro-life. Congressman McCormick brings with him years of experience as an ER doctor and a Marine pilot who led teams in Afghanistan. At a time when some members of Congress deny the humanity of babies in



Congress. They bring with them compelling personal stories and experiences and unique backgrounds. Here is a snapshot of just several of the remarkable new members who are already making history and having an impact in Washington:

Katie Britt- Alabama

In November, Katie Britt made history as the first woman in Alabama history to be elected to the U.S. Senate. Prior to her glass ceiling-shattering election, Senator Britt served as the chief of staff to former Senator Richard Shelby, another pro-life champion. She is also a wife and a mother of two. Throughout her

Alabama’s next U.S. Senator,” she stated.

JD Vance- Ohio

Known nationally for his award-winning memoir *Hillbilly Elogy*, which was also adapted into a movie for Netflix, JD Vance has sought to shine a light on the real-life struggles and challenges of working-class people in his home state of Ohio. Now, he will have a chance to represent Ohioans in the Senate. Senator Vance has also not shied away from raising awareness about the tragedy of abortion. Throughout the 2022 campaign, Vance took his pro-abortion opponent Tim Ryan (D)

first Latina Republican elected to Congress from the state of Oregon. She flipped the state’s competitive 5th Congressional District from pro-abortion to pro-life and defeated a radical pro-abortion Democrat. Prior to Congress, she served as the mayor of Happy Valley, Oregon. Chavez-DeRemer also brings to Washington years of business experience and lessons learned as a wife and mother of twin daughters.

John James- Michigan’s 10th Congressional District

After defeating a pro-abortion Democrat in Michigan’s 10th Congressional District, John James, a businessman

Florida's Pro-Life Gov. DeSantis promises more pro-life legislation ahead

By Lynda Bell

Four short years ago, Ron DeSantis, candidate for Florida's Governor, won his race in a super tight election. He eked out a victory by a mere 32,000 votes out of more than 8 million votes cast-- that is a margin of less than one half of one percent. I'm convinced his pro-life stance was the deciding factor in his first gubernatorial victory.

Fast forward to 2022, a short four years later, Gov. DeSantis, arguably the most popular governor in the nation won in a historical landslide. He surged to victory by an unheard of 19 points, the largest victory since 1982. Stunningly, DeSantis won in the very blue Miami Dade County, a county that hasn't

seen a Republican gubernatorial victory in 20 years.

What made the difference in



*Pro-life Florida Governor
Ron DeSantis*

four short years? DeSantis has showed amazing strength and conservative leadership on many issues including his Covid policy, education, environment, second amendment, support of law enforcement, parental rights and abortion. While De Santis is solid on many conservative issues, when it comes to life, it's that issue that seems to garner him huge support and usually receives the largest applause.

Last year, I was proud to represent Florida Right to Life at the 15 week bill signing. They literally had to turn people away as they couldn't squeeze one more person into the building. Standing directly behind our pro-life Governor, I watched as he

received thunderous applause as he spoke in support of the defense of innocent life.

Two years before, Gov. DeSantis signed the parental consent before an abortion bill, and recently he stated his support for a heartbeat bill pledging to "expand pro-life protections beyond 15 weeks."

While DeSantis remains extremely popular and is solid on many issues, he would not have a fraction of his current support were it not for his courageous stand on life.

Editor's note. Lynda Bell is the President and spokesperson for Florida Right to Life and the Chairman of the Board of National Right to Life.

New Faces on Capitol Hill: A Spotlight on New Members Challenging Stereotypes and Standing for Life

From Page 6

the womb – even denying that the unborn have heartbeats or the capacity to feel pain – it is important to have voices from the medical profession like McCormick speaking up for life.

Jen Kiggans- Virginia's 2nd Congressional District

In Virginia's competitive 2nd Congressional District, Jen Kiggans scored a key pro-life victory by defeating pro-abortion incumbent Democrat Elaine Luria. Prior to coming to Washington, Congresswoman Kiggans served as a Virginia state

senator representing a district in the Virginia Beach area. Kiggans is also a nurse practitioner and former Navy pilot.

Wesley Hunt- Texas's 38th Congressional District

Born and raised in Houston, Congressman Wesley Hunt represents the newly created 38th Congressional District in Texas. He is one of four African Americans and one of several dozen veterans in the Republican Conference. Hunt's military service included one combat deployment to Iraq, and two deployments to Saudi

Arabia where he served as a Diplomatic Liaison Officer. He is also a husband and father of two daughters.

Harriet Hageman- Wyoming's At-Large District

Replacing Liz Cheney in Wyoming's single Congressional district, Congresswoman Harriet Hageman becomes the fourth consecutive pro-life woman elected to the seat. Hageman, a graduate of the University of Wyoming, is a trial lawyer and served as a member of the Republican National Committee.

Laurel Lee- Florida's 15th Congressional District

Congresswoman Laurel Lee joins the House with a notable legal career on her resume as an attorney and a judge. She was appointed by Governor Ron DeSantis in 2019 to be Florida Secretary of State. Along with fellow Florida Congresswoman Anna Paulina Luna in the 13th Congressional District, Lee's 2022 election builds upon the electoral success of pro-life women begun in 2020, the cycle deemed by some as "the Year of the Pro-Life Woman."

An Update on State Legislation

By Casey Romanoff Coffin, Legislative Assistant, Department of State Legislation

2022 was an historic year that saw the U.S. Supreme Court finally end the so-called constitutional right to abortion. The decision in *Dobbs v. Jackson Women's Health*, which overturned *Roe v. Wade* and returned the abortion issue to state legislatures, was a joyous moment for mothers and unborn children. It was the culmination of decades of work for all of us in the pro-life movement who had worked diligently alongside hundreds of dedicated pro-life state legislators across the country to legally defend the vulnerable at the state level.

2023 is our opportunity to do even more to expand protections for unborn children and increase support for moms during and after pregnancy.

Pro-life momentum continues to grow at the state level

Some states began 2023 with laws not in effect this time last year. Thirteen states had previously enacted so-called "trigger laws," which would take effect when *Roe* was reversed, as it was on June 24, 2022. Other states had pre-*Roe* pro-life laws re-enacted.

Pro-life legislators have already rolled up their sleeves and gotten

to work. They have already pre-filed (filed before the new session started) or introduced life-affirming, life-sustaining bills in their 2023 legislative sessions. Kansas legislators introduced a bill to prohibit the dispensing of dangerous chemical abortion drugs via telemedicine. Missouri legislators pre-filed a bill before the legislative session that would extend Medicaid coverage to postpartum women up to one year after birth. Several other states plan to introduce similar legislation.

Pro-lifers should expect legislation protecting unborn children from the earliest stages of life to the crucial first months outside their mother's womb. We anticipate early pregnancy protection bills such as "heartbeat" bills, which protect unborn children when their hearts begin to beat (around six weeks). "Gestational age" bills will protect unborn children capable of feeling pain (around 15-weeks gestation).

The "Every Mother Matters Act" (EMMA) would require states to provide listings of available medical, mental, welfare, private assistance programs,

and alternatives to abortion for pregnant women. Informed consent bills will allow women the right to know about abortion's medical risks, accurate medical facts about abortion, and life-affirming abortion alternatives. Bills to prohibit the use of public funds to pay for abortion are also expected.

National Right to Life's post-*Roe* model abortion law provides a roadmap for the right-to-life movement to defend as many mothers and children as possible. This law protect the lives of unborn children from abortion except when necessary to save the mother's life. The NRLC model also offers criminal penalties and broad criminal enforcement authority, civil remedies, and licensing revocations for physicians who perform illegal abortions.

In light of recent efforts by pro-abortion states inviting travel over state lines to access abortion in states where it remains legal, and their effort to make chemical abortions more easily available, the model law includes prosecution for trafficking minors to obtain illegal abortions and trafficking in abortifacients.

But we face many challenges. Abortion advocates such as Planned Parenthood have promised to do "whatever it takes" to promote abortion and continue to work hand-in-hand with their advocates in state legislatures. Pro-abortion bills to expand abortion on demand have already been pre-filed and introduced. The bills include shielding abortion providers who perform abortions on women who travel from states who restrict abortion; requiring health plans and state Medicaid funds to cover abortion; repealing various pro-life laws; and passing laws to "codify" abortion into state law. Unfortunately, abortion advocates had success using their millions of dollars for a misinformation campaign to defeat pro-life state referendums and to pass state constitutional amendments finding a "right to abortion" in some state constitutions.

We pro-lifers have a lot of work ahead and some means uncharted territory. But we know that our work is steeped in love and in truth. As Saint Paul instructed, "So stand your ground, with truth a belt round your waist and uprightness a breastplate."

When does life begin? How the *New York Times* obscures the science

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

“When does life begin?” That’s the title of a recent *New York Times* article by Elizabeth Dias. But the muddled and wide-ranging piece works hard to avoid clarity about the answer—or even about the question.

When people talk about “when life begins,” they can mean different things. They might mean the *scientific* question of when the life of a human organism (a human being) begins. They could also mean the *philosophical* or *ethical* question of how young human beings ought to be treated—the question of when they become “persons” who have value and rights.

On the first question, the evidence of embryology is clear. “Human development begins at fertilization when a sperm fuses with an oocyte to form a single cell, a zygote,” explains the textbook *The Developing Human: Clinically Oriented Embryology*. “This highly specialized, totipotent cell marks the beginning of each of us as a unique individual.”

The scientific consensus isn’t new. It arose after discoveries in the 19th century, and it led the American Medical Association to successfully campaign for new abortion laws protecting human beings from the point they come into existence at fertilization. “Physicians have now arrived at the unanimous opinion that the foetus in utero is alive from the very moment of conception,” wrote Dr. Horatio Storer, who spearheaded the AMA’s effort, in 1866.

Later, in 1933, Dr. Alan Guttmacher (who would become president of Planned Parenthood) noted that a human being “starts life as an embryo,” that “the embryo is formed from the fusion of two single cells, the ovum and the sperm,” and that “this all seems so simple and evident that it is difficult to picture a time when it wasn’t part of the common knowledge.”

The *Times* article doesn’t really *deny* the long-established science—it even (almost offhandedly) refers to the “scientific consensus around conception” and quotes a prominent scientist, who is not

part of the story—the part where scientists discovered that each member of our species began when a sperm fused with an egg.

Dias also quotes a professor named Nick Hopwood, who dismisses the question of when

To be fair, though, after Hopwood’s dismissal of the question of when life begins, he adds this: “There might be slightly more acceptance of the question, ‘When does *a* life begin?’” Yes, *that* is the question: When does a new human come to be? But Hopwood continues: “And then different biologists might point to different stages.”

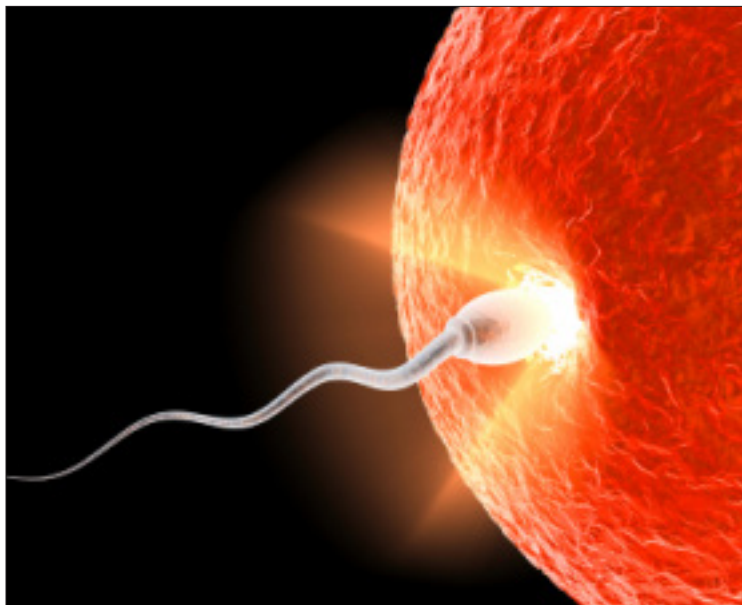
No, no, no. Embryology textbooks, scientific journals, even a recent study that surveyed thousands of biologists—all make the fertilization consensus overwhelmingly clear. (You just might not know it if you only read the *New York Times*.)

But maybe Hopwood isn’t talking about science (though the reader is left to conclude that he is). Maybe he’s actually talking about the philosophical question—the question of the significance and rights of young humans. This is where the debate over early human life really lies. Dias’s article, unfortunately, has little to say about it.

On one side of the debate are those who argue that we have rights simply because we are human beings—not because of what we can do, or what we look like, or what others feel about us, but rather because of *what we are*. On this view, all humans matter, and they matter equally.

On the other side are those who say rights belong only to some humans—those who have acquired particular characteristics or abilities. According to this perspective, not all of us pass muster, and even those who do probably don’t count equally (because we have the relevant characteristics in varying degrees).

Unborn children are human beings. Science shows us that. The crucial question to ask now—one you won’t find Dias shedding any light on—is whether or not all humans, even the youngest and most dependent, really matter.



pro-life, affirming that “from the biologist point of view, I’d need to say [that] the life of a mammalian organism begins at fertilization.”

Yet Dias does obscure this reality.

She claims, at different points, that the beginning of life is “difficult” and “without consensus” (without distinguishing between the scientific and philosophical questions). She quotes a pharmacist saying that “it really is a very personal decision on how we perceive life to begin”—as if we can make scientific fact whatever we want it to be. She misleadingly describes the youngest humans as “groups of cells” rather than organisms. She inaccurately calls unborn children “body parts” of their mothers (though acknowledging that they are their own individuals). And although Dias reviews some of the history of thought about early human life, she largely (not entirely) ignores the most important and consequential

life begins as “not a good question” because “the egg is alive, the sperm is alive, the cells from which they develop are alive, it is a continuum.”

It’s true that the egg and sperm are biologically alive, but no one who says “life begins at conception” means “life” in that generic sense. That’s not what *anyone* is talking about. The scientific question at issue, rather, is when the life of *an individual human organism* begins. Egg and sperm are not organisms. They are gametes that cease to exist when they combine and give rise to a new human. Embryos and fetuses, by contrast, are individual members of our species—just like the infants, toddlers, teenagers, and adults they become.

“Although life is a continuous process,” explains the textbook *Human Embryology & Teratology*, “fertilization ... is a critical landmark because, under ordinary circumstances, a new, genetically distinct human organism is formed.”

What every Pro-Life supporter can do and is a tremendous help to National Right to Life and our state affiliates

By Laura Echevarria, Director of Communications and Press Secretary

It can be frustrating. You're reading the newspaper over your morning coffee and just as you take a sip, you splutter and reach for your napkin—an article in the paper quotes a pro-abortion supporter who says that the pro-life movement doesn't care about women.

There is no counter-quote from a pro-life organization. The paper doesn't note the pregnancy care centers that exist or that there are millions of volunteers who give their time and energy to help women in need. The paper doesn't mention legislation your state legislators introduced at the urging of your state group or that this legislation will ensure that women are given scientifically accurate information about their unborn baby.

What can you do?

You can write a letter to the editor.

A letter to the editor gives anyone the ability to draw attention to the good or the bad in an article. But for the letter to be effective there are several rules that should be observed.

First, check with your local paper but most letters to the editor are limited to around 250 words. Anything longer and an editor may edit the letter for length.

Second, when opening your letter, reference the original article. Something along the lines of "In 'Pro-Choice Groups Push for Abortion' (Sunday, January 8, 2023), the reporter failed to note..."



Third, keep your focus on one major point or argument you are trying to make. Don't try to address three or four things that may be wrong in the article, remember you only have about 250 words. Focus on the issue that you see as the worst thing about the article and address that one topic.

Fourth, if you can, make it local. Using the above example of pregnancy centers helping

women, ask your local pregnancy center how many women it serves each year. Most centers can look up this information easily. In your letter, point to the work of the local center, how many clients it helps each year and how it does

Fifth, if you are related to a local pro-life group, use your title in closing the letter so the paper realizes that you are a voice for the local group. Be sure to put your full name and contact information in closing the letter—including your day and evening phone numbers. The paper will not publish this information but will want it so they can contact you if they have questions.

Sixth, make your letter timely. Try to get it to the paper within 48 hours after the original article was written when it's still fresh and people are still paying attention. It may take the paper another 2 to 4 days—and even up to a week—to publish your letter.

Lastly, the paper is more likely to publish your letter if you follow their guidelines precisely.

This is something any pro-life advocate anywhere in the country can do and it is a tremendous help to National Right to Life and our state affiliates. We can't be everywhere, and we can't read every newspaper. With your help, we can push back against the misinformation campaigns created by the abortion industry and, by doing so, educate fellow Americans about the reality of abortion.

In addition, you can note that early prenatal care leads to better outcomes for both mother and child. Pregnancy centers see clients who are most often very early in their pregnancies and the centers can connect these moms with doctors and resources in the community.

National Right to Life Commends House Action on Condemning Violence Against Pro-life Pregnancy Care Centers, Pro-Life Groups, and Churches

The National Right to Life Committee (NRLC) commended H. Con. Res. 3 which expressed the sense of the House of Representatives condemning the recent attacks on pro-life facilities, groups, and churches. The resolution was sponsored by Rep. Mike Johnson (R-La.).

The resolution passed 222-209.

“This resolution recognizes that pregnancy care centers, pro-life groups, and churches should be able to continue to serve the needs of women in their communities

without fear of violence,” said Carol Tobias, president of the National Right to Life Committee. “We thank House pro-life leaders Speaker McCarthy and Majority Leader Steve Scalise for their leadership on this issue and Rep. Mike Johnson for sponsoring this resolution.”

The Biden Administration has systematically failed to respond to numerous attacks on pregnancy care centers, pro-life groups, and churches that occurred in reaction to the *Dobbs v. Jackson U.S.*

Supreme Court decision. There have been over 100 documented incidents in the time after the leaked *Dobbs* decision until today.

The resolution condemns “recent attacks of vandalism, violence, and destruction against pro-life facilities, groups, and churches,” and calls on the Biden Administration to use its authority to protect the rights of such organizations.

Nearly 3,000 pregnancy centers serve about 2 million clients annually, saving local

communities millions of dollars by providing services at little to no cost. Many pregnancy centers provide limited obstetrical ultrasounds under a local doctor’s oversight as well as parenting classes. In addition, nearly all centers provide material assistance such as diapers, cribs, and car seats as well as practical help such as connecting a mother in need to local resources that can help her with housing or transportation.

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“This resolution recognizes that pregnancy care centers, pro-life groups, and churches should be able to continue to serve the needs of women in their communities without fear of violence,” said Carol Tobias, president of the National Right to Life Committee.



Baby born with organs outside her body celebrated her first Christmas

By Cassy Fiano-Chesser

A little girl doctors said might die just celebrated her first Christmas, after defying all the odds against her.

Hannah and Simon Cox, from the Sunshine Coast in Australia, received some terrifying news at their 12-week ultrasound. Their preborn baby had a “giant” omphalocele, a birth defect in which some organs extend out of the abdomen through the belly button. The Coxes’ daughter, Elsie, had her stomach, liver, and intestines growing outside her body. Doctors initially warned the couple that Elsie might not survive.

But instead, she is now one year old and thriving.

Doctors opted to perform a C-section at 39 weeks to ensure that the sac holding Elsie’s organs would not rupture during labor. Dr. James Aridas led a team of 10 to ensure her safe arrival.

“We needed to be careful with Elsie to not put pressure on her abdomen or the umbilical cord during the delivery,” he told news.com.au. “This was definitely the biggest omphalocele I have seen in my career. It was a very delicate, challenging delivery – but everything went to plan.”

In the meantime, the Coxes clung to their faith to help them through the difficult ordeal.

“Elsie means God is perfection,” Hannah told the *Australian Broadcasting Corporation*. “We just like the meaning because the whole time we just clung to God and knew that he was the author of the story. We needed to go with him and let him guide

and help her and we’ll just do everything we could. We have a church community, and we have a Christian faith. It doesn’t make anything easy, but it definitely is a place of refuge and help.”

In addition to her organs growing outside of her body, little Elsie also had some issues with her lungs and

with the pregnancy and learn about Elsie’s condition.”

After Elsie was born, doctors decided it was too dangerous to remove the omphalocele, so instead, they wrapped it with a special dressing to promote skin growth. “It was tricky,” Hannah said. “Having her organs on the

going back into her body where they belong. Skin is now growing over them and just a small bit of intestine still protrudes. She’ll eventually need surgery for that, but for now, is doing well.

“Her tummy is pretty much flat now; she has a little bump which looks like a hernia, but it’s actually



spine. And the entire time, Hannah said she was going to give Elsie the chance to live.

“It was a rollercoaster,” Hannah said. “It was that constant battle of trying to not get too anxious, but also not too excited, because you have this fear that these things could happen that they keep telling you could go wrong. However, we were still trying to cherish the pregnancy and not let it be completely terrifying and trying to celebrate the good parts and trying to take it day by day instead of taking a bigger picture. I was very determined to continue

outside meant that she had a big bulge from her stomach area. You couldn’t really press her to your chest. You’re holding her in a cradle position. We couldn’t really hold her close, which was hard because it’s not as nice and intimate as you would like but obviously, all we wanted to do was just what we could and hold her how we could.”

The mortality rate for babies with such a large omphalocele is one in five, but Elsie proved to be a fighter, improving greatly within just a matter of days. And as she has grown, her organs have begun

just her intestines still moving down. Her body still needs some time to heal,” Hannah said. “What we have gone through this year has felt like a lifetime. I look at photos and see how far Elsie has come and think ‘she’s our miracle’. It’s been a big journey and she’s worth every minute of it. We never imagined we would be home for Christmas with Elsie and sharing her with our friends and family is a precious joy.”

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

Pro-abortion George Soros ‘Quietly’ Dumped Another \$140 Million into Political Causes in 2021

By Joseph Vazquez

Leftist billionaire George Soros was apparently more heavily involved in the 2022 electoral cycle than previously thought.

CNBC reported that Soros’ Open Society Policy Center “quietly” spewed \$140 million “to advocacy organizations and ballot initiatives in 2021,” which is in addition to the over \$170 million he “personally” spent to bolster Democratic candidates and campaigns in the 2022 midterm elections. It gets worse.

CNBC noted that the new numbers bring Soros’ multimillion-dollar agenda to buy up elections and political influence to roughly \$500 million since January 2020.

“The donations bring Soros’ contributions to political campaigns and causes since January 2020 to roughly **half a billion dollars — at the least,**” *CNBC* analyzed. “[M]ost of [the

funding was] **steered through dark money nonprofit groups** and going largely toward political



George Soros
Photo: Niccolò Caranti
(CC BY-SA 4.0)

causes aligned with Democratic Party.” Soros reportedly doled out another “\$138 million to

advocacy groups and causes in 2020.” [Emphasis added.]

The latest news on Soros’ initiative to spend ungodly amounts of cash on politics follows reporting in December 2022, that he already spent another \$50 million in order to give Democrats a headstart in the 2024 presidential election.

But Soros’ sphere of influence is not limited to just the American political scene in isolation. The billionaire also poured a fortune into media organizations around the world to help infuse the global political landscape with his leftist ideology.

MRC Business released a groundbreaking report Dec. 6, 2022 documenting Soros’ financial ties to 253 journalism and activist media groups across the world. These groups wield massive power over the flow of information in national and

international politics. So not only is Soros spending hundreds of millions of dollars to elect his radical candidates, he’s also ensuring that the global media amplify his radical leftist messaging on issues including abortion, Marxist economics, anti-Americanism, defunding the police, environmental extremism and LGBT fanaticism to help secure the political outcomes he desires.

Soros once stated that his goal was “to become the conscience of the world,” according to late *New York Times* reporter Michael T. Kaufman’s 2002 book *Soros: The Life and Times of a Messianic Billionaire*. He clearly wasn’t kidding.

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

Over 5,700 Babies Saved from Abortion in August 2022, Zero elective abortions performed

By Kimberlyn Schwartz, Texas Right to Life

Abortions in Texas plummeted in August 2022, according to new data released by the Texas Health and Human Services Commission. The report shows 0 legal elective abortions committed and 3 medically necessary abortions legally performed to save the life of the mother. A year ago in the same month, there were 5,706 lives taken by elective abortion.

Texas law allows abortion when the life of a mother is jeopardized by her pregnancy:

“Medical emergency” means a life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed.

This risk of death must be foreseeable but does not have to be imminent in order for this

exception to apply.

Advancements in medical technology have greatly reduced the situations where both mother and child are at risk, but in rare and



heartbreaking circumstances, a woman's pregnancy can endanger her life. The death of the child is an indirect result of a life-saving intervention for the mother. Texas Right to Life mourns the loss of the three children who tragically could not be saved last year but we are grateful the doctors rightly protected the mothers rather than losing both precious lives.

Thankfully, the August report shows a substantial decrease in abortions even from the prior month. July 2022 data revealed 67 elective abortions committed

from overseas and activists who traffic these life-ending drugs across the border.

With thousands of babies who will be born rather than aborted, Texas Right to Life will promote legislation in 2023 that would:

- **Reform the adoption and foster care systems,**
- **Remove barriers for pregnant and parenting mothers in schools and workplaces,**
- **Increase funding for the Alternatives to Abortion program, and**
- **Ensure that mothers have medical coverage up to one year after giving birth.**

in Texas, likely during the few days in which an activist judge attempted to prevent Texas' pre-*Roe* abortion ban from regaining effect.

However, this report does not reflect illegal, unreported abortions driven by radical anti-Life groups. That is why Texas must focus on stopping websites that ship illegal abortion drugs

Thousands of lives are being saved, as many as 50,000 since September of last year, and the best days of our movement are yet to come! We must continue to fight against the abortion industry's new efforts and create a culture that respects and values.

Abortion is the leading cause of death worldwide for the fourth year in a row: 44 million lost lives

By Dave Andrusko

For the fourth year in a row abortion was the leading cause of death world-wide —more than 44 million babies were lost. By comparison, “the number of abortions nearly quadrupled the number of deaths from infectious diseases in 2022,” Ryan Foley reported for the *Christian Post*.

“Worldometer, a database that keeps track of statistics about health, the global population and other metrics in real-time, continuously compiles information about the number of abortions worldwide,” Foley wrote. “The last available snapshot of the Worldometer from 2022, captured on Dec. 31 by the internet archiving tool The Wayback Machine, shows that more than 44 million abortions took place last year.”

Communicable diseases were the second leading cause of death in 2022—13 million. Foley compared the toll taken by abortion which almost staggers the imagination and dwarfs all other causes.

“The deaths attributed to infectious diseases as well as the more than 8 million deaths caused by cancer, the approximately 5 million fatalities triggered by smoking, the roughly 2.5 million alcohol-related deaths and the nearly 2

million deaths caused by AIDS this year combined add up to less than the number of lives lost to abortion in 2022.

Not surprisingly, abortion is the leading cause of death in the United States.

“In the USA, where nearly 30% of pregnancies are unintended and 40% of these are terminated by abortion, there are between 1,500 to 2,500 abortions per day,” Worldometers reports. “Nearly 20% of all pregnancies in the USA (excluding miscarriages) end in abortion. Guttmacher Institute reports 930,160 abortions performed in 2020 in the United States, with a rate of 14.4 per 1,000 women.”

The total number of deaths worldwide in 2022 was just over 67 million, a figure that does **not** include the number of abortions. “But if it did, the number of worldwide deaths in 2022 would exceed 100 million,” Foley wrote. “The total world population at the end of 2022 came in at slightly above 8 billion.”

Specifically, there were 42.4 million abortions in 2019; nearly 44 million abortions in 2020; and approximately 44 million abortions in 2021. The 2022 death toll from abortion was slightly higher.

While Worldometer cites a fact sheet from the World Health Organization as the source for its abortion statistics, the global organization has a considerably

Additional leading causes of death identified by the Worldometer include road traffic accident fatalities, which claimed



higher death toll. Its fact sheet estimates that “Around 73 million induced abortions take place worldwide each year.” The World Health Organization characterizes abortion as an essential health service.

Deaths caused by the coronavirus pandemic “were measured at 1,209,570 in a separate set of statistics compiled by Worldometer.”

Foley added

more than 1 million lives last year, and suicides, numbering slightly more than 1 million. Over 800,000 people lost their lives due to water-related diseases last year, half a million people died because of the seasonal flu, nearly 400,000 people died of malaria and around 300,000 women died during childbirth.

Measuring the Impact of *Dobbs* in the Coming Years: Part One

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

To any observer, the overturning of Roe was obviously an enormously significant event in our nation's history and a political watershed. Abortion was no longer, by the Supreme Court's fiat, legal in all fifty states, throughout pregnancy, for any and every reason or none at all.

But for pro-lifers, it represented so much more. It meant, for the first time in nearly half a century that states would have the actual legal authority to protect unborn children, in many cases, from the moment of conception forward. Lives could be saved.

For those states which took the opportunity, it meant that it no longer had to be the case that 10%, 20%, 30% or even 50% of pregnancies would legally, almost automatically, end in abortion. Their laws could protect unborn children and their mothers, and the merchants of death could be limited or even put out of business.

While pro-lifers want to see where many of the political battles go – which candidates get elected on which platforms, what legislation, which measures pass in the states – what they are most anxious to see is how many lives the new laws save.

It will be difficult to measure and it may be years before we know anything precisely. But it seems likely that the number of abortions performed annually in the U.S. will drop in the wake of *Dobbs*, even with some mothers traveling to other states or ordering pills over the internet.

There are hints that this is already happening.

Official national data only available through 2020

National numbers, covering abortions in all U.S. states and territories, take years to collect, analyze, and report. The most recent figures from the U.S. Centers for Disease Control (CDC) and the Guttmacher Institute, the two basic sources of American abortion data, though published in November of 2022, only updated us through 2020.

Though one (the CDC) shows a slight decrease from 2019 to 2020 while the other (Guttmacher) shows an increase in each of the past three years, both show U.S. abortion numbers up since 2017. Obviously, there is nothing about abortions after 2020 or the Supreme Court's June 24, 2022 decision in *Dobbs*.

The CDC, which relies of reports from state health departments, reported 620,327 abortions for 2020, but did so missing data from California, the nation's most populous state, as well as Maryland and New Hampshire. Guttmacher, which surveys clinics directly and includes the states missed by the CDC, reported 930,160 for the same year. Guttmacher's numbers are always more accurate and larger.

With COVID still dominating the medical system and many states considering or implementing new legislation in 2021, it is difficult to say whether abortions continued to trend upwards past that point. Time will tell. But until new data arrives, the 2020 state and national figures reported by the CDC and Guttmacher will have to serve as the benchmark against which to measure any new data.

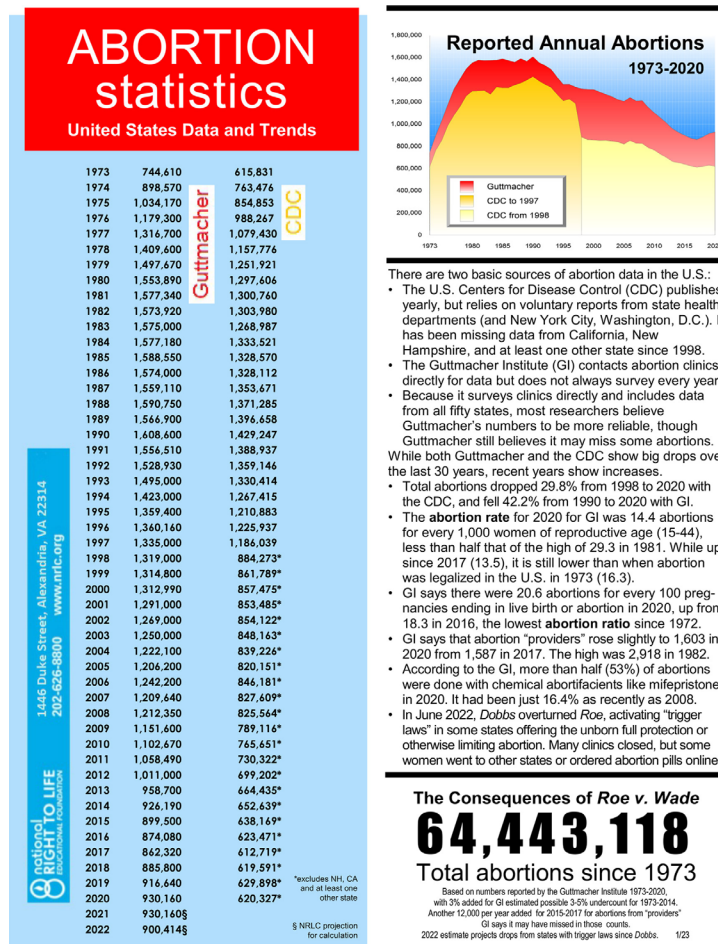
Post *Dobbs* data from other sources

It is limited, uneven, and sometimes from less-than-ideal sources, but there is some data on abortions after *Dobbs*.

SFP report

A pro-abortion group of researchers from the Society of Family

Planning (SFP) issued a "#We Count Report" on October 28, 2022, based on information obtained from identified abortion "providers" on monthly abortions from April to August of 2022. They estimate that 79% of all "identified providers" participated in the survey and that



this yielded 82% of all abortions performed in the U.S.

According to their research, there were between 5,270 and 5,400 fewer abortions done a month in the U.S. in July and August than there had been in the month of April. This was even taking into account increases seen in states where abortion remained broadly legal after *Dobbs*.

Whether that trend will continue or expand as states take more legislative actions on abortion is unknown. But if that trend turned out to be real and then continued for the rest of the year, it would mean between 31,950 and 32,400 fewer abortions in 2022 than would have otherwise been expected.

Projected over a full year, that would translate to a reduction of something between 63,900 to 64,800 fewer abortions a year.

The SFP data showed larger drops in some states, particularly those like Georgia, Kentucky, Louisiana, or Texas where "trigger laws" went into effect protecting most babies or maybe even all.

2022: the year when *Dobbs v. Jackson* gave life a second chance

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

When I review my life, the year 2022 will definitely be a highlight.

For years, I had told students and retirees, teachers and health care workers that the tragic 1973 U.S. Supreme Court decision known as *Roe v. Wade* would be overturned in our lifetime. At the time, it seemed like a bold prediction—after all, *Roe* had been the law of the land for decades.

But I remembered the words of U.S. Supreme Court Justice Sandra Day O'Connor—that *Roe* was on a collision course with itself. And I had heard Justice Ruth Bader Ginsburg lament the flaws of the ruling she supported. I had also seen where even the leaders of pro-abortion groups had expressed the belief that *Roe* someday would be tossed out.

I will always recall with fondness June 24, 2022, when I heard that *Roe* had been discarded into the ashbin of history. It was a surreal moment, and I was quite surprised when tears welled up in my eyes as I congratulated a National Right to Life staffer on this incredible victory.

I happened to be at the National Right to Life Convention in Atlanta, Georgia, when I heard the announcement on television. I had sensed that the ruling in the *Dobbs v. Jackson* case might come down that day, and so I had stayed in my hotel room, my eyes

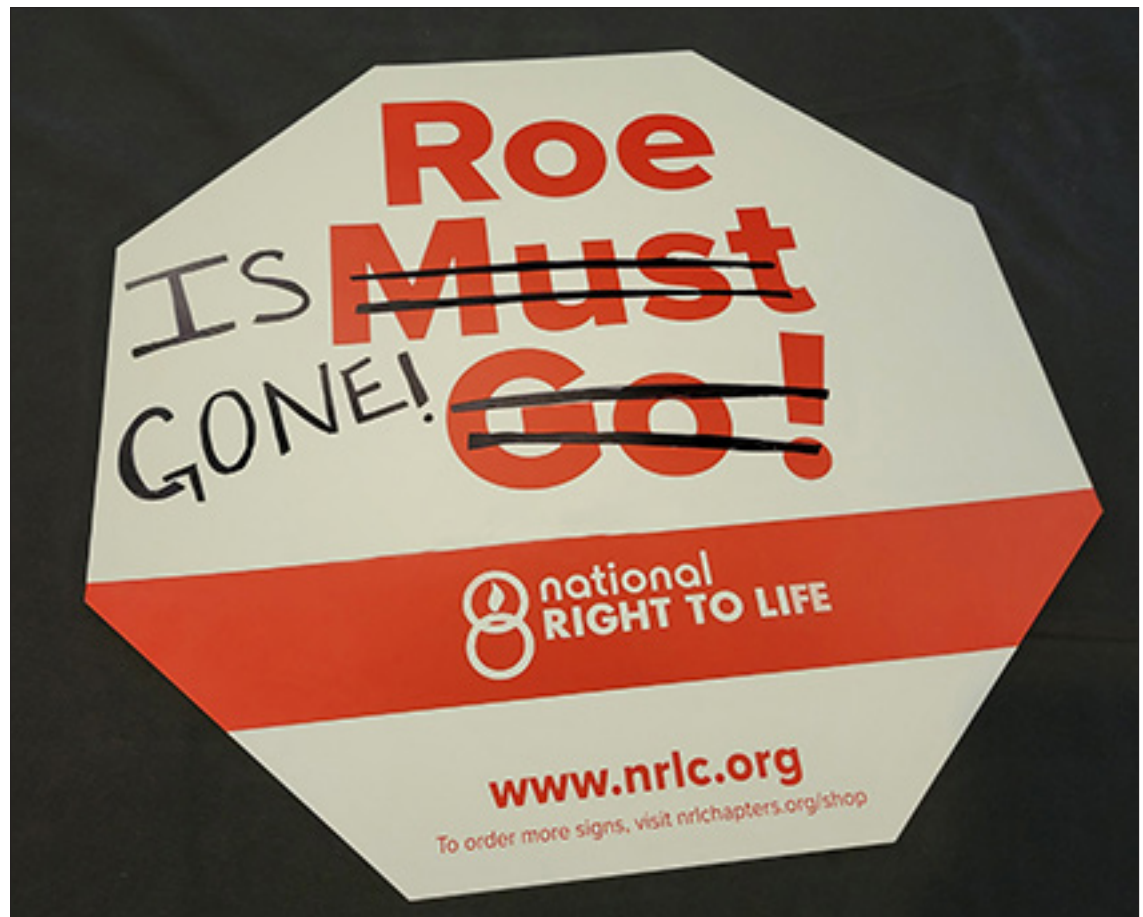
glued to the TV, awaiting word.

Shortly after the announcement, I ended up doing an interview with a Harrisburg, Pennsylvania television affiliate via Zoom. I was beside

the decision gone the other way. So we owe a tremendous debt of gratitude to those who worked tirelessly and heroically to make the overturn of *Roe* happen.

a miracle happen. 2022 was historic, and you helped to make that a reality.

So I encourage you to pause and celebrate the year that was—the



myself with happiness, knowing that future generations would not be legally shackled by *Roe*.

There are children alive today who would not have been, had

To the staff, board of directors, chapter leaders, and volunteers of National Right to Life and its 50 state affiliates throughout the country: Thank you for making

year when life was given a second chance. We are witnesses to an historic revolution of tenderness and hope which simply cannot be stopped.

Abortion Numbers Drop in Florida by a Record 14.5%

By Florida Right to Life

Yes, elections have consequences! In the case of Abortion in Florida our pro-life Governor, the House and Senate has made all the difference in saving the lives of our precious unborn children. Florida has become the model for other states to follow.

The Agency for Health Care Administration (AHCA) reported that in 2022, abortions fell by 14.5% statewide. “This is clearly the result of a strong pro-life majority in Florida’s legislature and a Governor who asked us to send him pro-life legislation to sign and enact into law,” stated Lynda Bell, President, and spokesperson for Florida Right to Life (FRTL)

FRTL actively lobbied for the passage of Florida’s 15-week abortion ban and we credit that to pro-life legislation, our educational work, and our messaging. We clearly stated

the truth about abortion and its negative impact on women and will continue to do so.

“As president of Florida Right to Life, I was proud to stand on the stage behind Governor DeSantis



while he signed this historic legislation into law,” stated Bell.

When he signed the 15-week ban on April 14, Governor Ron DeSantis, who won a historic victory, said

“This is a time where these babies have beating hearts. They

can move, they can taste, they can see, they can feel pain, they can suck their thumb, and they have brain waves.”

This past 2022 election cycle saw unbelievable success with

our endorsed pro-life candidates. Florida Right to Life thanks its members, chapters, and supporters for their work. We could not achieve this level of success without them!

While we celebrate this historic drop, we realize we still have

much work to do. Dade County reports the highest abortion numbers in Florida with 12,703. “This is unacceptable, we still have so much work to do to save more babes lives,” stated Jan Halisky, Legislative VP of FRTL.

Between 2017-2020 abortions increased 9% with the highest increase between 2019-2020. In 2020 AHCA reported 74,868 abortions, then in 2021 they increased to 79,817. Then, in 2022 abortion numbers dropped to 68,217.

Out of state abortions totaled 5,439 and we attribute those to the time before the Governor signed the 15-week legislation into law. “We must make our state the most pro-life in the nation,” stated Bell.

Yes, we celebrate lives saved, but we must roll up our sleeves and work with our legislature to pass more legislation to make abortion in Florida unthinkable.

Idaho Supreme Court rejects Planned Parenthood, upholds near-total abortion ban

By Dave Andrusko

In a 3-2 decision, the Idaho Supreme Court has upheld three abortion-related laws, including the “trigger” law which took effect immediately after the Supreme Court overturned *Roe v. Wade* last June. The January 5th outcome was “foreshadowed” last August when the Court “declined to stay the implementation of these laws in another 3-2 decision,” wrote James Dawson for Boise State *Public Radio News*.

Idaho Republican Party Chairwoman Dorothy Moon applauded the decision. “The Idaho Supreme Court followed the basic canons of constitutional interpretation and found that our constitution does not include an implied right to abort the unborn.” She added, “Our fight is not over, however. We ask all Idahoans to remain vigilant and commitment to defending life.”

She added, “Our fight is not over, however. We ask all Idahoans to remain vigilant and commitment to defending life.”

Planned Parenthood’s attorneys had argued at the October hearing that “under Idaho’s constitution, there is a fundamental right to privacy and to make familial decisions, and said courts throughout history have upheld that belief,” Kelcie Moseley-Morris wrote. “Those rights, they contended, are included in Article I of the Idaho Constitution, which specifies certain inalienable rights such as enjoying and defending life and liberty, pursuing happiness and securing safety.”

However, then, as now, the majority could find no right to abortion in the state Constitution. Justice Robyn Brody, writing for the Court’s majority, said

“... We cannot read a

fundamental right to abortion into the text of the Idaho Constitution,” she wrote. “Since Idaho attained statehood in 1890, this court has repeatedly and steadfastly interpreted the Idaho Constitution based on the plain and ordinary meaning of its text, as intended by those who framed and adopted the provision at issue.”

“That is our duty as the judicial branch: to sustain the rule of law — not to promote our personal policy preferences,” Justice Brody continued. “If we were to jettison that disciplined approach, even in the face of a uniquely emotional and politically divisive policy issue, the Idaho Constitution would no longer be the voice of the people of Idaho — it would be effectively replaced by the voice of a select few sitting on this Court.”

Justice Brody’s concluded that

the court “could not find support for the conclusion that a right to abortion was ‘deeply rooted’ in Idaho’s history, noting that nothing in the state’s territorial laws, the record of the 1889 constitutional convention or state medical regulations showed abortion was viewed as a right entitled to heightened protection

Justices John Stegner and Colleen Zahn dissented. “I ... hold that Idaho women have a fundamental right to obtain an abortion because pregnancy — and whether that pregnancy may be terminated — has a profound effect on pregnant women’s inalienable right to liberty, as well as their rights and safety,” Stegner wrote. “The decision the majority hands down today is, in my view, simply wrong.”

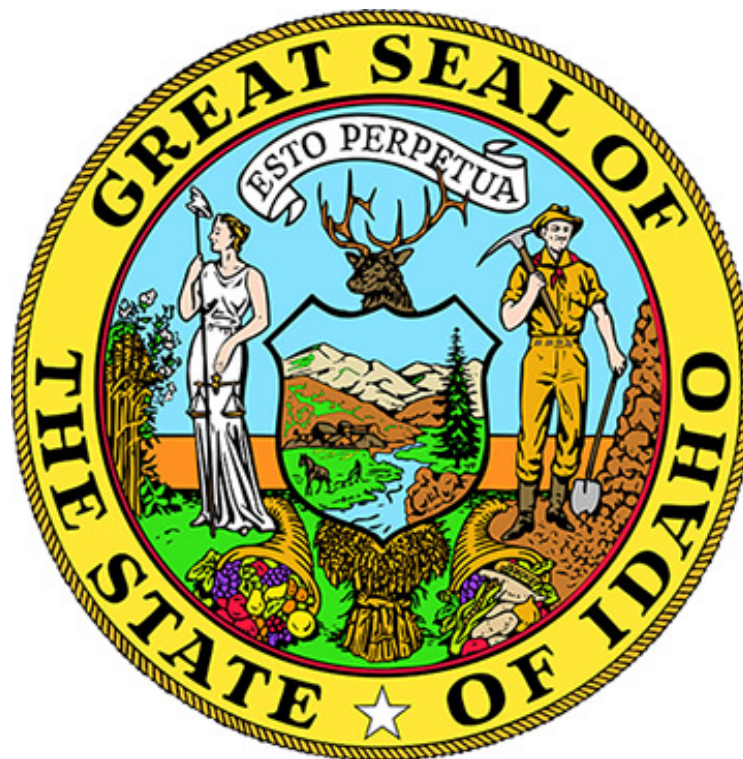
The bills were passed in 2020 and 2022, respectively, and signed by Gov. Brad Little. The laws were not enjoined and are in effect.

Background

Writing for the *Idaho Capital Sun*, Moseley-Morris explained that

Planned Parenthood and one of its abortion providers, Dr. Caitlin Gustafson, filed three separate challenges with the Idaho Supreme Court, beginning with the civil enforcement bill — also known as the heartbeat bill — in April. Two other challenges were filed in June and July, after the U.S. Supreme Court announced its decision to overturn *Roe v. Wade* and return the ability to regulate abortion to the states.

Since August, Idaho has had a near-total abortion ban in effect that only permits defenses in court for abortions performed to save a pregnant person’s life or in documented cases of rape and incest.



from the Legislature,” Moseley-Morris wrote.

“To the contrary, the relevant history and traditions of Idaho show abortion was viewed as an immoral act and treated as a crime,” Judge Brody stated.

She found “that all three abortion laws challenged by Planned Parenthood, including the trigger law, the civil enforcement law and a six-week abortion ban that was in effect before the total ban, passed the constitutional test,” according to Moseley-Morris.

“Baby Farms” are Already Here as Scientists Move Towards Creating Babies in Artificial Wombs

By Wesley J. Smith

Will artificial wombs replace natural gestation? Until very recently, that notion was a far-fetched conjuring out of futuristic novels such as “Brave New World.” But research that could make this dystopian prospect a reality is fast advancing. Scientists have already gestated premature lambs in artificial wombs and brought mouse fetuses halfway through gestation in such devices—meaning that gestational vats for humans could be operational within the next few decades.

What might such a development mean for human society? A science communicator named Hashem Al-Ghaili just produced a fictional video that illustrates the disturbing potential. The video depicts the product advertisement of an artificial womb company called EctoLife that engages in the mass artificial gestation of human babies created by IVF, infants genetically engineered for eugenics purposes such as high intelligence, physical strength, and hair color.

The faux promotional for the industrialized baby farm coos, “Say goodbye to the pain of childbirth and birth-related muscle contractions. EctoLife provides a safe, pain-free alternative that helps you deliver your baby without stress. The delivery process is smooth, convenient, and can be done with just a push of a button.”

How interested are people in this dehumanizing potential? Very, it seems. Al-Ghaili’s video has already been viewed more than 1.6 million times on YouTube.

We don’t yet have artificial wombs available for human use. But the kind of experiments needed to allow industrialized baby farming are advancing at a breakneck pace. A researcher in China already genetically

engineered babies for eugenics purposes. The International Society for Stem Cell Research—which establishes the voluntary ethical guidelines for experimenting on human embryos—in 2021 discarded its “14-Day Rule” that set a two-week time limit on such research, meaning that experiments on more-developed embryos and fetuses that would be required to perfect an artificial womb can proceed apace.

As to the ethics of the matter, many bioethicists swoon at the idea of bringing forth babies without the need for natural gestation.

How should we think about such a development? That’s a profound question. For now, let’s focus on how artificial wombs would denigrate the importance of natural motherhood.

Why? Gestation isn’t simply a matter of having a uterus. The gestational process itself is crucial to a baby’s healthy development and bonding with her mother. For example, a gestating baby can hear her mother’s voice and may begin the process of language development while still in the womb, which is why many experts recommend that pregnant women talk and sing to their baby. Beyond that, maternal bonding pre-birth can make for healthier post-natal development. As one recent research paper reported, “higher maternal bonding contributing to infant developmental outcomes, including higher attachment quality ... lower colic rating, easier temperament, and positive infant mood.”

Little of that would happen in a “growth pod.”

“Mothers and babies don’t bond and develop attachments after birth but during the entire pregnancy,” Jennifer Lahl, president and founder of the

Center for Bioethics and Culture Network, told me. “It cannot be outsourced to an unnatural environment without significant short and long-term consequences to mother and baby.”

Surrogates may even be denied the right to simply hold the baby after birth.

Moreover, surrogacy contracts may require abortion if the baby has a perceived defect or



Baby Farming Is Already Here

Many might object to EctoLife. But why? We are already desensitized to the moral values that would enable the commercial development of a mass birthing industry. Indeed, such a multibillion-dollar trade already exists. Commercial fertility companies charge want-to-be parents who cannot—or refuse to—become pregnant huge fees to grow and harvest a baby. This is often done by performing IVF and then implanting genetically tested embryos—as in the video—into the uterus of a surrogate mother who’s paid to gestate and give birth.

Surrogates receive little respect for their trouble. They aren’t even called “mothers” but are known in dehumanizing industry parlance as “gestational carriers.” These women are commonly denied any right to participate in the life of the child they carried and may have bonded with for nine months, and the baby loses contact with the mother with whom he or she bonded during the pregnancy.

is otherwise no longer wanted, a requirement that has led to bitter litigation. Nor is there necessarily a requirement that the baby-buying parents accept their special order. For example, a few years ago, an Australian couple paid a Thai woman to gestate two children but refused to take one home because he had Down syndrome.

A *Washington Post* story from a few years ago details how these technologies are commoditizing childbirth in the very ways that the fictional EctoLife commercial depicts:

“The multibillion-dollar fertility industry is booming and experimenting with business models that are changing the American family in new and unpredictable ways. Would-be parents seeking donor eggs and sperm

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

By Cassy Fiano-Chesser

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

The Montana referendum

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

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

The text of the bill reads:

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

alive infant; providing a penalty; providing that the proposed act be submitted to the qualified electors of Montana; and providing an effective date.”

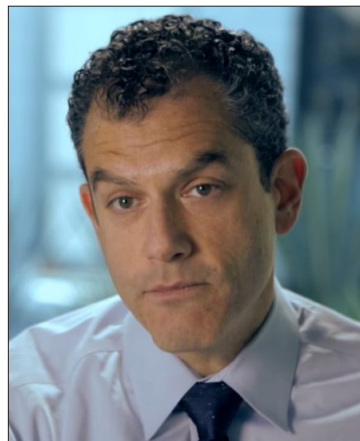
Grossman and Becker are angry because abortionists could have faced jail time should a preborn child survive an abortion attempt, and then be left to die — a very real scenario that they referred to as “an imagined situation.” They also then claimed abortion survivors are an ‘overblown myth.’

Human beings can and do survive abortions

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

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

Another report found that over 100 babies were born alive following abortions in just five states over approximately a



Abortionist Daniel Grossman

decade. Furthermore, though Kermit Gosnell is the most notorious example of an abortionist who either allowed abortion survivors to die or actively murdered them, he is far from alone. As Live Action’s Inhuman investigation showed, other abortionists are all too willing to let abortion survivors die:

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

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

In addition, Planned Parenthood lobbyist Alisa LaPolt Snow testified before the Florida House, arguing that whether or not abortion survivors are left to die or are killed through infanticide should be a decision left up to a woman and the abortionist. “We believe that any decision that’s made should be left up to the woman, her family, and the physician,” she said. “That decision should be between the patient and the health care provider.”

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

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

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

Abortion survivors who are now adults have also spoken out.

Nothing would ever be the same after seeing that sonogram

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

The image flashes in my mind's eye like a scene from a movie. I vividly recall the visage of my baby on the screen—an image that was captured in a photo that I treasured. I could see in that image my mother's smile, re-drawn in the face of my child.

The sonographer remarked that she could see the baby playing with her toes. In that moment, my motherhood became real to me. I fell instantly and madly in love with the image on the screen.

An ultrasound changed my life—and documented the life of my preborn child. After seeing that sonogram, nothing would ever be the same. I would be forever connected with the child I would give birth to, to the sweet little girl I would call my own.

I want every pregnant woman to have an opportunity for the same experience. Women deserve to be informed completely about the development of their unborn child. An ultrasound is part of the critical information needed for a woman to know clearly the impact

that an abortion would have. No woman should be deprived of such valuable knowledge.

It should be apparent that failing to disclose such information to a pregnant woman is highly

suspect. It places a cloak of secrecy around the entire abortion process.

Of course, it should not be surprising that abortion centers

want to operate under cover of darkness. Each abortion is the taking of an innocent, unrepeatable human life. It is quite hard to argue for “choice” when the face of the victim appears on the screen.



Massachusetts Supreme Judicial Court rejects assisted suicide

State's highest court says a question best left to state lawmakers, not the courts.

By Dave Andrusko

One would think that a liberal bastion such as Massachusetts would be easy pickings for groups such as Compassion & Choices, formally known as the Hemlock Society.

But in *Kligler v. Healy*, Massachusetts' highest court handed down a decision that ruled the state constitution does not protect physician-assisted suicide and that laws around manslaughter may prohibit the practice.

Writing for Masslive Chris Van Buskirk explained

[D]efendants in the case have said that the decision to legalize or formalize the procedure here in Massachusetts is a question best left to state lawmakers, not the courts. And in an 89-page ruling, Associate Justice Frank Gaziano wrote that the Supreme Judicial Court agreed with that position.

The court, he wrote, recognized the "paramount importance and profound significance of all end-of-life decisions" but that the Massachusetts Declaration of Rights does not reach so far as to protect physician-assisted suicide.

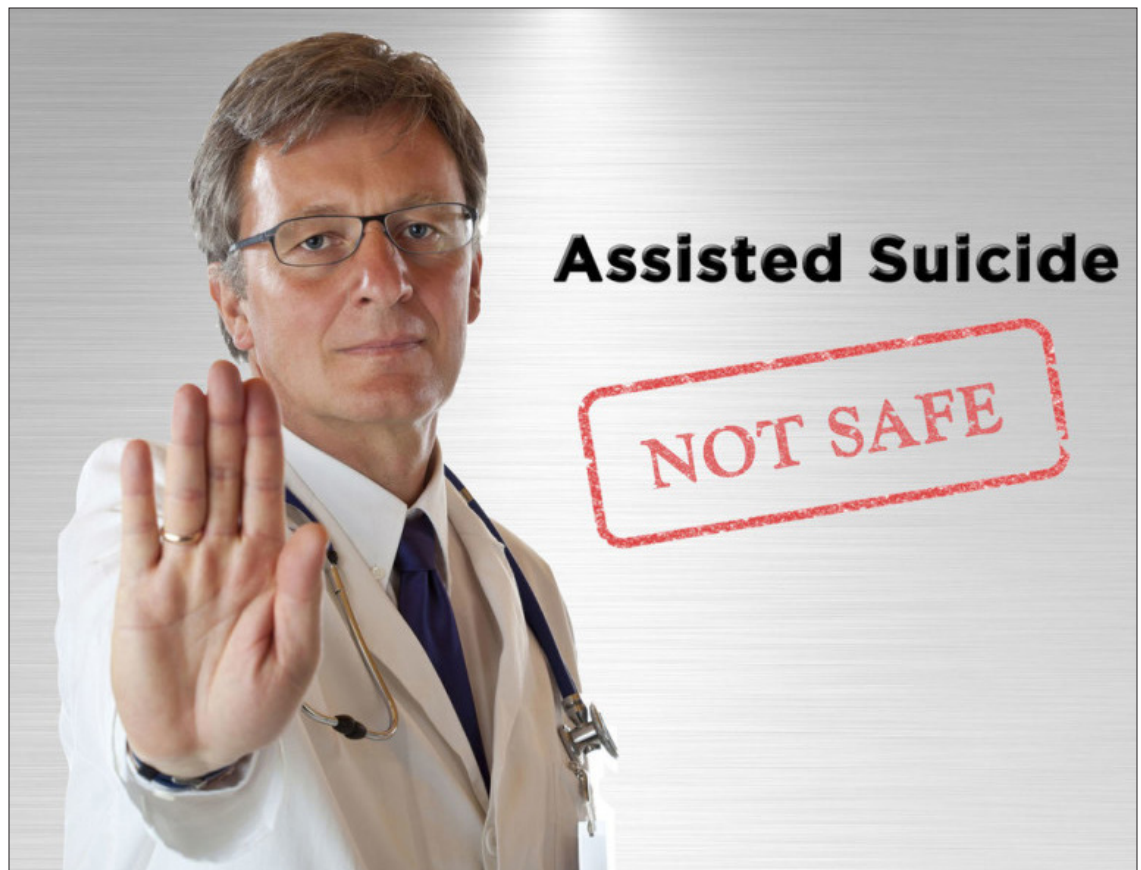
"Our decision today does not diminish the critical nature of these interests, but rather recognizes the limits of our Constitution, and the proper role

of the judiciary in a functioning democracy. The desirability and practicality of physician-assisted suicide raises not only weighty philosophical questions about the nature of

robust public debate and thoughtful research by experts in the field."

Opponents of assisted suicide have a history of defeating pro-assisted suicide initiatives in Massachusetts, including a ballot

supporting an affirmative right to medical intervention that causes death, we cannot conclude that physician-assisted suicide ranks among those fundamental rights protected by the Massachusetts Declaration of Rights." He added, "We conclude as well that the law



life and death, but also difficult technical questions about the regulation of the medical field," Gaziano wrote. "These questions are best left to the democratic process, where their resolution can be informed by

initiative in 2012, as the opinion noted. "Bills on Beacon Hill that would permit the practice have not managed to secure full approval from both the Legislature and the governor," Van Buskirk wrote.

Justice Gaziano observed "Given our long-standing opposition to suicide in all its forms, and the absence of modern precedent

of manslaughter may prohibit physician-assisted suicide, and does so, without offending constitutional protections."

Gaziano wrote that some courts in other jurisdictions have come to different conclusions, but none has concluded that physician-assisted suicide "constitutes a fundamental right."

Viral TikTok Video Tells of Incredible Life-Saving Heart Surgery on Unborn Baby

By Peter Pinedot, Texas Right to Life

A new viral TikTok video by Dr. Karan Rajan tells the incredible story of a life-saving heart surgery performed on an unborn baby in the womb.

Dr. Rajan details the incredible surgical feat in which an unborn baby's growing heart tumor was removed with no damage to either the baby or the mother.

"Doctors performed life-saving surgery on a fetus to remove a rare heart tumor that was compressing the heart and causing heart failure," Dr. Rajan explained. As explained in the video, the surgeons were able to access the baby's heart by safely making an incision into the mother's abdomen and uterus. The incision was "big enough to get the arms of the fetus out and expose the chest."

Doctors were even able to administer medication to the unborn child directly through a very small cannula inserted in the baby's arm.

"Then they opened up the rib cage and cut the sack around the heart... Finally, the compressing tumor was removed from a beating fetal heart. They then closed the chest and tucked the fetus back into the womb," Dr. Rajan relates.

Incredibly, Dr. Rajan explains that "after closing up the walls of the uterus and then the abdomen,

the pregnancy continued as normal and a healthy baby was delivered in ten weeks."

In addition to being a truly wonderful medical feat and a



heartwarming story of a saved life, this surgery further proves the humanity of preborn children and debunks the rampant lies from the left.

According to recent statements from the *New York Times*,

Democratic politician Stacey Abrams, and countless other abortion leftists, preborn babies are not human and don't even have a heart.

manufactured sound, as Abrams and the left claim, then how is this unborn baby receiving life-saving heart surgery? Are we to assume that the removal of this baby's heart tumor is also a tool of the patriarchy to control women's bodies?

The *New York Times*, supposedly one of the most widely respected publications in America, denied the existence of a preborn baby's heart calling it just a "tube of cardiac cells."

Yet once again, all of the left's anti-scientific attempts to distract from humanity of preborn babies and the cruelty of abortion have been proved utterly false and baseless. Preborn babies do not just receive value or dignity when they are "wanted" or loved. Unborn babies are inherently valuable and worthy of dignity because they are human beings.

The abortion industry and anti-Life politicians are desperately floundering for any argument, ridiculous as it may be, to deny unborn babies are human. But with each advancement in medicine and technology the humanity of preborn children becomes more and more impossible to deny.

The inescapable fact that the left continues to blind itself to is that unborn babies are human and that abortion is not healthcare, but the barbaric destruction of an innocent and helpless human life.

Stacey Abrams even went so far as to claim that a fetal heartbeat "is a manufactured sound designed to convince people that men have the right to take control of a woman's body."

Yet, if fetal heartbeats are a

Statistics show more than 4,000 lives have been saved through abortion pill reversal

By Ashley DeWart

Second chances—they are real, and the results are life changing.

In fact, since 2012, statistics inform us that second chances in the form of reversing an abortion decision have saved a record 4,000 lives!

So, we celebrate the Abortion Pill Rescue® Network (APRN) and its more than 1,200 medical

abortion continues to rise and the dangerous pills become more widely available, the need to be there for women who experience regret and wish to try to save their child continues as well.

According to data directly from the abortion industry's research arm, the Guttmacher Institute, more than fifty percent of all

of chemical abortion and its disproportionate contribution to emergency room morbidity is a serious public health threat, and the real-world data suggests the threat is growing.”

sometimes that regret sets in right away. The thousands of women who have changed their minds after taking the first abortion pill and successfully reversed their chemical abortion frequently wish to share their joy in hopes of saving other moms from going what they have in beginning a chemical abortion. Their personal accounts directly counter claims about APRN made by the abortion lobby. We are thankful for their bravery to make a different choice and overcome the challenges that first led them to an abortion decision. And we are thankful for the many lives saved – lives that were once reduced to another abortion statistic but who are alive and thriving thanks to the APR Network. We've assisted women in 77 different countries and all 50 states in the U.S. who wish to continue their pregnancies even after taking the first abortion pill.

Hospital systems adding the APR protocol as an order set is a big win for women who are seeking reversal care. Women should never be forced to continue with an abortion they no longer desire, and immediate care is now available in some hospitals. Women who present in an



4,000+

Statistics show that **more than 4,000 lives have been saved** through abortion pill reversal... and counting!

HBI.Life/APRN

Each baby pictured was saved through the Abortion Pill Rescue Network.



professionals who are committed to providing real health care to those women who have changed their mind after starting a chemical abortion.

We celebrate the impact on our world with the addition of 4,000 unique, never to be repeated lives.

Generations will rejoice in their milestones.

For more than a decade the abortion pill reversal protocol has been available to women who have experienced regret in their decision to abort their child.

If we believe in healthcare, choice, and the value of women, this is how we show it. We provide them with life saving opportunities then walk with them through the valley.

As the number of chemical

abortions performed in the United States are chemical abortions.

The claim is made that “medication abortion is a safe and effective option,” yet the two-drug regimen of mifepristone and misoprostol (aka the “abortion pill”) having been all but deregulated in this nation, is contributing to both a spike in use and complications.

An extensive study conducted by the CLI showed a dramatic increase in ER visits after a chemical abortion.

Dr. James Studnicki, CLI Vice President of Data Analytics stated:

“The safety of chemical abortion is greatly exaggerated. In fact, the increasing dominance

As overseas organizations such as Aid Access seize the profitable opportunity to bypass what few regulations still exist, the number of women needing access to the reversal process will exponentially rise.

Recently the Abortion Pill Rescue Network expanded to include several hospital systems that saw the value in having the protocol available to their emergency departments.

Christa Brown, BSN, RN, and Senior Director of Medical Impact shares:

“The option to continue a pregnancy should be available to all women – even those who first choose abortion. Regret occurs after abortion and

Adoption within her family a blessing for Monique

By Patty Knap

Twenty years ago, Monique was living with her mom in northern California and was involved with a church youth group.

She had never known her father and knew she had been conceived in an unplanned pregnancy.

Now at 17 she found herself pregnant. Adding to the shock was realizing she was not even certain who the father was.

Monique knew instinctively that abortion was wrong, so she ruled that out as an option. With a leadership role in the youth group, she made the mature and responsible decision to step down from her position and share the reality of her situation.

“Everyone knew me as a goody-goody,” said Monique. “You’re the last person we expected to hear this from!” people said.”

Monique’s mom supported the pregnancy, having experienced the same situation.

And so, Monique went along, month to month, eating right and taking her prenatal vitamins, unsure of how she could possibly be a mom to this child as a high school student.

She learned the baby was a boy, and from the due date, figured out who the father was.

Chatting with a friend one day, she learned of another young mom in an unplanned pregnancy.

“She had peace about deciding to raise her child,” said Monique. “I realized I had no peace about raising a child alone, still in school, financially not stable. I

The rest, as they say, is history.

Monique and her sister and brother-in-law found a Christian adoption agency, and the baby’s father agreed to sign the papers



*Monique with Caleb
Photo: Monique*

realized adoption could be the answer.”

Amazingly, Monique did not have to look far to find the perfect family for her child.

Her sister, 15 years older, was married with two girls. She and her husband had been wanting a boy. As soon as her mother-in-law heard about Monique’s baby boy due in a few months, she said, “That’s your child!”

to release the child for adoption. Thus, baby Caleb became Monique’s nephew!

Six months after he was born, the whole family moved to the same community in Arkansas. Monique went on to marry and have two more children. Just recently when her older daughter turned seven, Monique decided to tell her the background story about her cousin.

Today Caleb is 18 and a regular part of Monique’s family’s life.

“He found out when he was seven years old, on a Sanctity of Life Sunday, that I’m not just his aunt but his birth mother,” said Monique. “It’s just worked out great all around.”

Monique’s experiences are now put to good use for others in her role as education coordinator for Informed Choices Women’s Center of the Ozarks in Mountain Home, Ark.

She teaches earn-while-you-learn classes, and performs one-day presentations on character, setting boundaries, STDs, red flags, and abstinence to youth groups and schools. She also presents the pregnancy and parenting course Love Lessons for youth groups.

In another twist, Monique recently found her father through DNA.

Not knowing she even existed, he was thrilled to meet her, and introduced to her to her half-brother and other relatives whom she did not know she had!

Today they are in touch regularly, and Monique is surrounded by love from every side.

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

Exposing abortion extremists: The Protect Pregnancy Care Centers Act of 2022

By Chris Alexis

The pro-life and pregnancy help movements have been consistently under vicious attack since the Supreme Court draft majority opinion leak in the *Dobbs v. Jackson Women's Health Organization* case. And the pro-abortion radicals behind the attacks have continued to turn up the heat.

Sometimes it's verbal, as when Massachusetts Sen. Elizabeth Warren hurls cold and fictitious accusations at pregnancy centers.

Other times, it's outright violence.

Extremists have been physically attacking pregnancy resource centers. Since the *Dobbs* decision, 70% of all abortion-related threats of violence in the nation have been against pro-life groups, according to the head of the FBI.

This includes the firebombing of Buffalo's CompassCare Pregnancy Services.

The FBI recently released photos and video of the attack. But those assets didn't come easily.

CompassCare's CEO Jim Harden had to file a lawsuit to obtain them. Harden's suit involves asking a judge to order the local police department to provide CompassCare leaders with the footage.

CatholicVote and Catholic News Agency are among those tracking that and similar incidents.

And now a group of federal lawmakers is putting pressure on the Biden administration to unveil how they are responding to all the vandalism, violence, and threats.

Rep. Chris Smith (R-NJ) and Rep. Cathy McMorris Rodgers (R-WA) led 27 members of Congress in introducing the Protect Pregnancy Care Centers Act of 2022.

The bill would mandate the Inspector Generals of both the Justice Department and

Homeland Security to investigate and reveal to Congress what the Biden administration has done in response to these attacks.

"We are grateful for the 30 co-sponsors of this bill and support from others who recognize the need to protect pregnancy help from Big Abortion allies," said Jor-El Godsey, president of Heartbeat International,



the world's largest network of pregnancy help.

"Truly, though, helping moms not need abortion should be a bi-partisan issue, and protecting those who do should result in unanimous support," Godsey said.

This is what the bill would mandate in these reports to Congress:

- criteria for opening, managing, and closing investigations related to domestic violent extremism
- information sharing relating to domestic violent extremism within and between the federal government, state, local, tribal, territorial, and foreign governments, specified congressional committees,

nongovernmental organizations, and the private sector

- all incidents of domestic violent extremism against pregnancy centers from May 1, 2022, through the date of this bill's enactment
- a recommendation as to criteria to be utilized in

establishing a potential program to make grants to pregnancy centers for purposes of enabling grantees to prevent, prepare for, protect against, and respond to domestic violent extremism, and a report on current federal programs and federal funding streams available to pregnancy centers for such purposes.

Members of Congress would be owed intelligence on groups that have claimed responsibility for the attacks and the number of prosecutions filed against those responsible.

But that's not all.

The bill shares a lot of information about pregnancy centers. It states:

"Congress makes the following findings:

(1) Pregnancy centers are community-based, non-profit organizations that provide compassionate support and resources to women and couples facing unexpected pregnancy and offer life-affirming alternatives to abortion.

(2) In 2019 alone, 2,700 pregnancy centers across the United States provided almost 2,000,000 people free services and material items that were estimated to be worth approximately \$270,000,000.

(3) The services, which are generally provided at no cost to the patient, included almost 732,000 pregnancy tests, more than 486,000 free ultrasounds, 160,200 STI/STD tests, offering more than 291,000 clients parenting and prenatal education programs, offering more than 21,000 clients after-abortion support, offering more than 881,000 students sexual risk avoidance education presentations, providing nearly 1.3 million packs of diapers, providing more than two million baby outfits, providing over 30,000 new car seats, and providing over 19,000 strollers.

(4) In 2019 alone, pregnancy centers were served by 68,832 workers and 80 percent of these workers (53,855) were volunteers. The pregnancy centers employed nearly 3,800 licensed

Very first life saved by Florida's first and only Safe Haven Baby Box

By Bridget Sielicki

A Florida baby has been saved after being surrendered at the Safe Haven Baby Box in Ocala. The surrender marks the first time that a baby has been surrendered using the box, which was installed in 2020 and is the only one in the state.

"I'm so happy to hear of this miracle baby," said Ocala Mayor Kent Guinn at a press conference Thursday morning. "I knew when we did this in 2020, this day would come. We all did. We just didn't know when. We're glad it was there as a resource for the mother of this child. I'm sure there will be a bright future ahead for this precious child."

The Safe Haven Baby Box organization installs temperature-controlled boxes in hospitals and fire stations throughout the country. When a baby is placed inside the box, a silent alarm is triggered, and the child is rescued and receives medical attention immediately. The boxes allow a parent to safely and anonymously surrender an infant under each state's safe haven law, which exists to reduce instances of infant abandonment.

Monica Kelsey, founder of Safe Haven Baby Boxes, started her organization because she, too,

successful surrender. "We are so proud of this selfless parent who has lovingly surrendered

Boxes are located in Indiana, Ohio, Arkansas, Florida, Kentucky, New Mexico, North



was abandoned as an infant. "My biological father is a rapist and I was abandoned at birth and my life still has value," she said. "I wish that today, my birth mom would have had those resources all those years ago."

Kelsey was in Florida for a press conference following the

their infant via a Baby Box over the holiday!" she said. "We are so happy this community was prepared for this situation. We know this baby will be so loved by an adoptive family and we are so thrilled to be a part of protecting infants from abandonment."

Thus far, Safe Haven Baby

Carolina, and Pennsylvania. The infant surrender marks the 23rd since 2017, utilizing one of the boxes.

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

Parental support is major factor in teens' decision to reject abortion

By Sarah Terzo

The authors of a study on teen pregnancy and the abortion decision found that:

“The knowledge that as a teenage mother they would not be on their own and still considered as a part of their family was crucial to many young women in their decision to continue [with the pregnancy].”

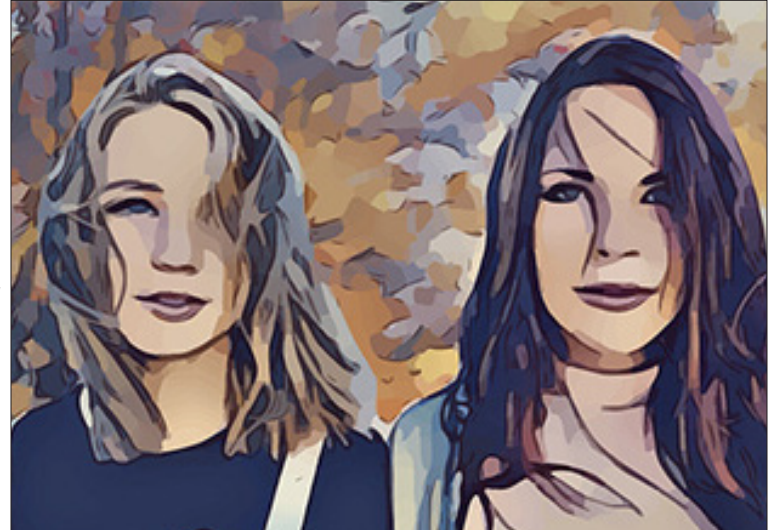
They quoted a teenage girl named Leone who decided against abortion. She said:

“If my mum and dad said

they wouldn't support me I think that would have changed my mind, because I wouldn't have been able to afford to look after her.”

Sharon Tabberer, Christine Hall, Shirley Prendergast, and Andrew Webster *Teenage Pregnancy and Choice: Abortion or Motherhood: Influences on the Decision* (York, UK: Joseph Rowntree Foundation, 2000) p. 24.

Editor's note. This appeared at Clinic Quotes.



“Baby Farms” are Already Here as Scientists Move Towards Creating Babies in Artificial Wombs

From Page 20

can pick and choose from long checklists of physical and intellectual characteristics. Clinics now offer volume discounts.”

One California fertility center “is pioneering what some refer to as the ‘Costco mode of babymaking,’ creating batches of embryos using donor eggs and

sperm that can be shared among several different families.”

Other than the artificial womb part and mass scale of the enterprise, how's the commercial surrogacy industry materially different in morals and outcomes than the still-fictional high-tech baby farms?

Industrialized artificial womb baby manufacturing would undermine the essence and

meaning of motherhood, which heretofore has been considered a special, and indeed, almost sacred calling. But our existing commercialized fertility business model is already transforming birthing babies into a crass gestational service industry complete with quality control and, even, the right to refuse delivery.

No wonder so many people have watched Al-Ghaili's video.

We are already inured to the dehumanized values for childbirth presented in the film. All that remains to go from inefficient surrogates to mass-producing infants is the perfection of the artificial technology.

Editor's note. Wesley's column appeared in The Epoch Times and is reposted with permission.

National Right to Life 2023 Pro-Life Essay Contest Deadline Approaching

By Jacki Ragan

Each year, National Right to Life sponsors a Pro-Life Essay Contest for students in grades 7-12.

For 2023 the essay should address the question, **Why are you pro-life?**

Essays should be submitted between January 1, 2023 and January 21, 2023. Essays must be postmarked by January 21, 2023.

This is an excellent way to educate young people to the true meaning of abortion and how many lives are lost each year. With almost 3,000 abortions a day, many of their peers are not in their classroom today because of abortion. It can help each individual pro-life student learn and understand not only what is at stake in abortion but how they can help.

There are two separate competitions. There is a Senior Essay Contest for grades 10 – 12;

and a Junior Essay Contest for grades 7 – 9.

Essays will be read and judged on originality, content, and accuracy. The announcement of winners will be as soon as possible, but judging time depends on the numbers of entries received.

What follows is a brief “how-to” so that you know how to submit your essay properly.

The essay should be double spaced with pages numbered, between 300 to 500 words in length. The font must be no smaller than 12 pt.

Use a cover sheet that includes: full name, full address, phone number, grade level, student date of birth, parents’ name, and word count. All sources used must be cited and please do not include any artwork, pictures, or plastic covers.

All essays must be mailed to Scott Fischbach, 4249 Nicollet

Avenue, Minneapolis, MN 55409

Again, essays must be postmarked no later than January 21, 2023.

First place winners will receive

The two first-place essays will appear in the National Right to Life Committee Yearbook and in *National Right to Life News Today*.



\$250, Second place winners will receive \$200 and Third place winners will receive \$150. Prizes are awarded for both the Junior and Senior contests.

If you need additional information on the National Right to Life 2022 Pro-Life Essay Contest, visit www.nrlc.org/students/essaycontest.

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

From Page 21

The reality of late-term abortion

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

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

to sow abortion stigma towards all procedures.”

The abortion industry often uses vague, unspecific language to describe abortion procedures in order to make abortion seem simple and neat. Planned Parenthood, for example, describes surgical abortions without much precision, saying they take less than an hour and that during the brutal dilation and evacuation, or D&E, abortion, the abortionist uses “a combination of medical tools to remove the pregnancy tissue out of your uterus.”

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

skull. It is possible to survive such a procedure.

Abortion industry bias

Both Grossman and Becker are affiliated with the Bixby Center for Global Reproductive Health, operating out of the University of California San Francisco (UCSF). The center trains new abortionists and has boasted of developing “new abortion methods.”

Grossman himself is one of many in a line of men promoting the ‘necessity’ of abortion. He is known for arguing that self-managed chemical abortions, at home, without the supervision of a doctor, are safe. Yet the abortion pill has been found to be four times more dangerous than first-trimester surgical abortions, with complications including nausea, cramping, hemorrhaging, vomiting, infection, and failed abortion. Without a doctor’s supervision, it’s impossible to determine

the baby’s true gestational age, rule out contraindications, and ensure there isn’t an ectopic pregnancy — which could be deadly to the woman.

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

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

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

Republican-Controlled House Passes Two-Pro-life Measures in Opening Days

From Page 1

include the radical “Women’s Health Protection Act.” The motion failed by a party line vote 212-219.

The so-called Women’s Health Protection Act would invalidate nearly all state limitations on abortion, including waiting periods and women’s right-to-know laws. It would require all states to allow abortion even during the final three months of pregnancy based on an abortionist’s claim of “health” benefits, including mental health. It would also invalidate nearly all existing federal laws limiting abortion.

Born-Alive Abortion Survivors Protection Act (H.R. 29)

In the wake of the *Dobbs v. Jackson* decision, several states are moving not only to fully legalize abortion up to the moment of birth, but are going to great lengths to insulate abortion providers from even the most basic scrutiny. Against this backdrop, there is renewed urgency to pass the Born-Alive Abortion Survivors Protection Act.

In 2002, Congress approved, without a dissenting vote, the Born-Alive Infants Protection Act (BAIPA). This important law states that “every infant member of the species homo sapiens

who is born alive at any stage of development” is a “person” for all federal law purposes.

However, in the years since the BAIPA was enacted, evidences have multiplied that some current federal law does not sufficiently protect a child born following an abortion. Shockingly, there are some abortion providers who do not regard babies born alive during abortions as persons, and do not provide them with the types of care that would be provided to premature infants who are born spontaneously.

The Born-Alive Abortion Survivors Protection Act requires, when a baby is born alive following an abortion, that health care practitioners must exercise the same degree of professional skill and care that would be offered to any other child born alive at the same gestational age. It also requires that, following appropriate care, health care workers must transport the living child immediately to a hospital.

The resolution was sponsored by Representative Ann Wagner (R-MO) with House Majority Leader Steve Scalise (R-LA), and Representative Kat Cammack (R-FL).

According to National Right to Life President Carol Tobias, “There is no such thing as a ‘post-birth abortion.’ This bill

isn’t about interfering with a so-called right to abortion. It is about stopping infanticide.”

Abortion survivor Melissa Ohden, survivor of a failed 1977 saline infusion abortion, has testified before Congress on numerous occasions. According to her June 16, 2021 testimony before the United States Senate Committee on the Judiciary, Subcommittee on the Constitution, “...I’m alive today because someone else’s ‘reproductive right’ failed to end my life. The 384 abortion survivors we’ve connected with through The Abortion Survivors Network, the overwhelming majority of whom are female, live with this same collective grief.”

Several of these abortion survivors were present on Capitol Hill today to meet with members around the vote.

Resolution Condemning Violence Against Pro-life Pregnancy Care Centers, Pro-Life Groups, and Churches (H.Con.Res 3)

The other pro-life measure voted on was H. Con. Res. 3 which expressed the sense of the House of Representatives condemning the recent attacks on pro-life facilities, groups, and churches. The resolution was sponsored by Rep. Mike Johnson (R-La.).

The Biden Administration has systematically failed to respond to numerous attacks on pregnancy care centers, pro-life groups, and churches that occurred in reaction to the *Dobbs v. Jackson* Supreme Court decision. There have been over 100 documented incidents in the time after the leaked *Dobbs* decision until today.

The resolution condemns “recent attacks of vandalism, violence, and destruction against pro-life facilities, groups, and churches,” and calls on the Biden Administration to use its authority to protect the rights of such organizations.

Nearly 3,000 pregnancy centers serve about 2 million clients annually, saving local communities millions of dollars by providing services at little to no cost. Many pregnancy centers provide limited obstetrical ultrasounds under a local doctor’s oversight as well as parenting classes. In addition, nearly all centers provide material assistance such as diapers, cribs, and car seats as well as practical help such as connecting a mother in need to local resources that can help her with housing or transportation.

With the Senate under Democrat control, these bills face steep odds in the Senate.

Justice Sotomayor “shell-shocked” by Supreme Court’s reversal of *Roe*

By Dave Andrusko

On January 5 Supreme Court Associate Justice Sonia Sotomayor spoke by video to hundreds of law professors at the Association of American Law Schools’ annual meeting in San Diego, according to *Reuters*’ Karen Sloan.

The headline to Sloan’s story read “Sotomayor felt ‘shell-shocked’ after U.S. Supreme Court’s abortion decision.” However, the opening three paragraphs made the headline seem mild by comparison.

Liberal Justice Sonia Sotomayor on Wednesday told legal educators she felt a “sense of despair” at the direction taken by the U.S. Supreme Court during its previous term, during which its conservative majority overturned the constitutional right to abortion.

Sotomayor, who has dissented in major cases including the abortion decision as the court’s 6-3 conservative majority has become increasingly assertive, described herself as “shell-shocked” and “deeply sad” after that term ended in June.

“I did have a sense of despair about the direction my court was going,” Sotomayor said.

The gist of the story was (as quoted above) that the “conservative majority has become increasingly assertive”; that “The conservative justices have shown an increasing willingness to take

to *Ms. Magazine*’s flattering story on her performance at the oral arguments read “Dobbs v. Jackson Recap: Seven Times Justice Sotomayor Stood Up for Abortion Rights.”



Supreme Court Associate Justice Sonia Sotomayor

on divisive issues and steer the court on a rightward path”; and that Justice Sotomayor “said she would continue to ‘tilt at windmills’ and write dissents even though the court has moved steadily to the right.”

Sotomayor went on to say, ‘It’s not an option to fall into despair,’ adding “I have to get up and keep fighting.”

Her role is not to look sympathetically on what pro-lifers endured for almost 50 years; she is a hard-core pro-abortionist and could care less. The headline

During those oral arguments, Justice Sotomayor said dismissively, “How is your interest anything but a religious view?” As Mississippi Solicitor General Scott G. Stewart (who defended the law) tried to respond, she interrupted again and again. But, as Minnesota Citizens Concerned for Life’s Paul Stark observed

Yet the pro-life position is about justice, not faith or dogma. Opposition to killing unborn humans is no more

inherently “religious” than opposition to killing teenagers. Such opposition is supported by empirical science, which shows that embryos and fetuses are living members of our species, and by the principle that all human beings have human rights.

The story ends with Berkeley School of Law Dean Erwin Chemerinsky remarking that “he had never before seen his law students so discouraged about the Supreme Court.”

Sotomayor responded that there is value in lawyers fighting for those who have been wronged even if they do not ultimately prevail.

Sotomayor, appointed to the court by Democratic former President Barack Obama in 2009, expressed optimism that the direction of the court will change in the future.

“It may take time but I believe we will get back on the right added.

Not so. To go back to the jurisprudence of *Roe v. Wade* would be going off the rails. It took the high court from 1973 until 2022 to get the abortion issue right: it belongs in the states.

South Carolina Citizens for Life and the National Right to Life Committee condemn decision by South Carolina Supreme Court to strike down the Fetal Heartbeat Bill.

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

COLUMBIA, S.C. – On Thursday, January 5, 2023, the South Carolina Supreme Court, in a 3-2 decision, overturned the Fetal Heartbeat and Protection from Abortion Act.

“We are beyond disappointed in the South Carolina Supreme Court’s decision” said Lisa Van Riper, President of South Carolina Citizens for Life. “The effect of the court ruling will be to favor the economic interest of the abortion industry over the lives of unborn children.

“We disagree with the majority opinion that the right to privacy was intended to relate to abortion,” Mrs. Van Riper continued. The State Constitution Right to Privacy Amendment was passed in 1970, three years before the 1973 *Roe v. Wade* decision of the U.S. Supreme Court. In 1970 the law in South Carolina prohibited abortion except in the rarest of circumstances.

National Right to Life President Carol Tobias called the local court’s decision “an insult” to the people of South Carolina. South Carolina Citizens for Life is an affiliate of the National Right to Life Committee, the nation’s oldest and largest single-

issue right-to-life organization with more than 3,000 chapters nationwide.

“The U.S. Supreme Court’s *Dobbs* decision gives states the

ability to listen to the people and pass laws that protect unborn children,” Mrs. Tobias said. “The South Carolina Supreme Court decision is an insult to the citizens of South Carolina who voted for pro-life legislators to pass pro-life laws.”

Governor Henry McMaster also disagreed with the majority opinion. “Our State Supreme Court has found a right in our Constitution which was never intended by the people of South Carolina,” he said. “With this opinion, the court has clearly exceeded its authority. The people have spoken through their elected representatives multiple times on this issue. I look forward to working with the General Assembly to correct the error.”

Mrs. Van Riper noted the particular danger to black unborn babies. “We are especially concerned for the disproportional number of black children who

die in South Carolina’s abortion business. According to the State Department of Health and Environmental Control, black people make up 28 percent of South Carolina’s population, yet nearly 45 percent of all abortions occurring in our state are black babies. This is genocide. This is the worst form of racism.”

She noted, however, the 3-2 decision recognizes some right of the state legislature to regulate abortion. Since 1990 South Carolina Citizens for Life has lobbied successfully for 16 life-saving laws. Abortion have declined by more than 50 percent in our state. “We will continue to advocate for a woman’s right to hear her baby’s heartbeat before an abortion and to have access to

information about reversing the so-called abortion pill.” According to DHEC, chemical abortion or the abortion pill is the primary method of abortion and is used in more than 70 percent of all abortions occurring in South Carolina.

Representative John McCravy, R-Greenwood, and chairman of the S.C. House Family Caucus said, “The U.S. Supreme Court, through their *Dobbs* decision this summer, handed the issue of abortion to state legislatures. Unfortunately, the South Carolina Supreme Court followed the path of the U.S. Supreme Court in *Roe v. Wade* by creating a constitutional right to an abortion where none exists. Today’s decision fails to respect the concept of separation of powers and strips the people of this state from having a say in a decision that was meant to reflect their voices. Instead, South Carolina is left with a decision that is not reflective of our state’s political process or will.”

South Carolina Attorney General Alan Wilson said his office will be working with Governor McMaster and the General Assembly to “review all available options moving forward.”



South Carolina Citizens for Life

THE FIRST CIVIL RIGHT IS THE RIGHT TO LIFE

“Medication abortion” falsely and dangerously portrayed as “safer than Tylenol”

By Dave Andrusko

After I read “What is a medication abortion? 5 people share their experiences,” I wasn’t surprised that “abortion providers” (aka “reproductive health clinics”) congratulated Danielle Campoamor for her in-kind contribution to the cause.

Reporting for “TODAY Parents,” she prefaces her five accounts with the assurance that studies have shown that chemical abortions—which now account for over half of the abortions performed in the US—are “are safer than Tylenol and Viagra, and 14 times safer than childbirth.”

Dr. Rebecca Miller, a fellow with Physicians for Reproductive Health, also told Campoamor, “Serious complications that would require hospitalization happen in less than 1% of people who have a medication abortion.” This is the bogus Talking Point that is intended to end all discussion about safety.

Christina Francis is chair of the board of the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG). She has written extensively about the real danger—that posed by mifepristone/misoprostol. One example:

One of the largest studies to date, which analyzed high-quality registry data obtained from nearly 50,000 women in Finland, found that the overall incidence of immediate adverse events is four-fold higher for medical abortions than for surgical abortions. The same study showed that nearly

7% of women will need surgical intervention — a significant number when you consider there are nearly 900,000 abortions per year in the U.S., 40% of which are medication abortions.

Dr. Randall K. O’Bannon, NRL Director of Education & Research, also noted

Other studies, even some by abortion advocates, have found something similar — that chemical abortions have a much higher failure rate, that more of these women have complications, that more women show up in the emergency room needing surgical treatment for bleeding, to deal with “retained products of conception” — than what Dr. Miller reports here.

Campoamor celebrates the decision in December 2021 by President Biden’s FDA to end the requirement that women meet in person to obtain the two-drugs used in medication abortion. But what about if “you’re in one of the 19 states where this medication option is restricted through the mail?” “In those states, you’re forced to go in, in person,” says Melissa Grant, chief operations officer for Carafem, a chain of abortion clinics.

But Grant says “there are other ways to obtain a medication abortion — what is commonly referred to as a ‘self-managed abortion.’ These “alternative means, includ[e] ordering

medications online or in stores from Mexico.”

Grant adds, “This avenue, however, comes with great legal risk” [true enough] but

on a medication abortion mainly for privacy.”

Another woman said the “narrative” of abortion “led her to



is incredibly cavalierly about the medical risks to women of ordering from Mexico or any other place online.

As for the accounts, they are what you expect. One woman has had three “medication abortions.” She explains

“The overwhelming reason for me choosing this method the first time was I wanted the privacy and comfort of the abortion happening at home and I was uncomfortable with the idea of a D&E procedure — it felt invasive and more uncomfortable since I would have to be in stirrups and undergoing a gynecological procedure, which I have never really enjoyed much. I chose the option for a second time because I was familiar with it and knew what to expect, and the third abortion I decided

believe care was always ‘intrusive and traumatizing.’ So once she discovered medication abortion, she ‘immediately selected the option.’”

She concludes

“As was my experience, not everyone has access to a private space but it is important to create a sacred space to safely have an abortion. Just like I support creating a sacred space for other birth or reproductive health services, it is important that we honor individuals as they are terminating a pregnancy.”

What can you say to the “need” for a “sacred space” and to “honor” the elimination of an unborn child?

I’m speechless.

Zombie Abortion Arguments

Pro-Death ideas that never die

By John Stonestreet with G. Shane Morris

Some arguments for abortion we hear over and over again. They're easy to refute, and I'll tell you how.

In the 1940 movie, "The Ghost Breakers," Bob Hope's character asks an expert on the supernatural, played by Richard Carlson, about zombies.

Carlson's character explains that "a zombie has no will of his own. You see them sometimes, walking around blindly with dead eyes—following orders—not knowing what they do, not caring."

To which Hope replies: "You mean like Democrats?"

Hope's political zinger was written long before Democrats became the party of legal abortion, but "zombie" is still a good word to describe the many arguments used by pro-choice activists to defend the destruction of life in the womb. These arguments have already been dispatched and buried, but somehow they keep getting back up and shambling around.

I once received a critical letter from a BreakPoint listener who resurrected some of these zombie arguments for abortion. The letter claimed that abortion must remain "safe, legal, and rare," because there is simply no alternative.

Let me respond: abortion is never "safe." If it's successful, someone dies: namely, the child in the womb. And, it frequently leaves the mother with medical and psychological consequences. One study in the *British Journal of Obstetrics and Gynecology* found that between 40 and 60 percent of women reported having negative reactions to their abortions, including guilt, nervous disorders, sleep disturbances, and regrets.

And the idea that abortion can be legal and remain rare is

also a myth. In many parts of the country, the so-called "right to choose" is used like birth control. In fact, according to the Centers for Disease Control and Prevention, just in New York City, one in three babies is aborted. In total, nearly 900,000 babies are aborted annually in the United States alone. If we're talking about the taking of innocent life, how rare is rare?

can dispose of their two-year-old because they can't afford her!

That's why the central question when it comes to abortion would be the same one you should ask if your ten-year old son yells from outside "Hey, can I kill this?" Wouldn't your answer be, "wait, what is 'this'?"

If the answer is indeed a human, then no circumstance, no matter how tough, justifies that killing.

as their secular neighbors. According to research published in the *Almanac of American Philanthropy*, religious Americans are significantly more likely to give to both religious and nonreligious charities than their secular counterparts. And their favorite charities are those that provide basic social services and healthcare.

Look, is there more that we



Another zombie abortion argument brought up in the letter we received is that financial hardship or the immaturity of the parents justifies the termination of a pregnancy. In other words, a baby born into tough circumstances would be better off dead.

But as my friend Scott Klusendorf points out, if financial hardship or immaturity of the parents are sufficient reasons to kill a child in the womb, wouldn't they also be sufficient reasons to kill a child outside of the womb? Nobody thinks parents

The most persistent zombie argument for abortion is that pro-lifers only care about babies when they're still in the womb—that we preach from our ivory towers but we won't get our hands dirty taking care of those little lives.

Folks, that's nonsense.

Pro-life pregnancy care centers provide mothers (and fathers) with counseling, training, financial support, baby supplies, and other help. These centers now outnumber abortion clinics at least two-to-one, maybe more.

And Christians are more than twice as likely to adopt

can do? Of course there is. But this idea that pro-lifers don't care about or seek to help children who are born into tough circumstances—that we won't put our money or our time where our mouths are—it's just not true.

I'm always grateful to hear from our listeners, but it's time to put these zombie arguments for abortion to rest—hopefully this time permanently.

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

Speaker Kevin McCarthy will stand up to President Biden and to pro-abortion Democrats

From Page 2

CBS News's Melissa Quinn put it even more bluntly:

The new year brings with it a new Congress that is set to convene Tuesday, kicking off two years of divided government and resistance for President Biden from a GOP-controlled House intent on thwarting his agenda

You betcha!

When NRL President Carol Tobias congratulated McCarthy on his election as Speaker of the House of Representatives, she said

Speaker McCarthy's leadership in the House

as Minority Leader showed his commitment to the right to life and he has made it clear that advancing the right to life and protecting women and their unborn children will be a priority in the 118th Congress.

Speaker McCarthy will stand up to President Biden and the pro-abortion Democrats who have reversed protective pro-life policies and have worked to make unlimited abortion the law of the land.

We look forward to working with the House

leadership team led by Speaker McCarthy.

One other thought about McCarthy who replaced Nancy Pelosi, besides that they are as far apart on protecting unborn babies as the east is from the west.

John Waage reported for *CBN News* that "As McCarthy raised his right hand to take the oath of office, the Dean of the House of Representatives, Rep. Hal Rogers (R-KY), asked him, 'Do you solemnly swear that you will support and defend the Constitution of the United States against all enemies, foreign and domestic, that you will bear true faith and allegiance to the same,

that you take this obligation freely without any mental reservation or purpose of evasion, and that you will well and faithfully discharge the duties of the office on which you're about to enter. So help you God?'"

McCarthy answered, "Yes, I do." "Congratulations and Godspeed," Rogers responded.

"The new speaker then administered the same oath to the members of Congress present in the chamber," Waage reported. "Afterwards, lawmakers hugged and shook hands as a prelude to the start of the 2023-24 session."

It was a glorious day.

Rep. Chris Smith condemns the recent attacks on pro-life organizations and churches

The following are excerpts of remarks by Rep. Chris Smith (R-NJ), Co-Chair of the Congressional Pro-Life Caucus, during Wednesday debate on the House Floor on H.Con.Res. 3—legislation condemning the recent attacks on pro-life organizations and churches:

“Two women spoke at a pregnancy care center dinner I attended in New Jersey.

Both women were effusive in their thanks that the director had approached them in absolute kindness and empathy as they were literally walking from the parking lot to an abortion clinic.

They changed their minds and were helped through their

pregnancy and after the birth of their children.

Later in the program, two young teenaged girls spoke of the sanctity of life and the good work of the pregnancy center.

From the podium, they turned to the director and thanked her and said had she not reached out to their moms that day and followed up with such love and compassion, both of them said they would have been killed.

Pregnancy care centers across the country have suffered a surge of violent attacks, firebombing and vandalism by pro-abortion activists in a coordinated effort to intimidate front-line volunteers and



*Pro-life Congressman
Chris Smith (R-NJ)*

licensed medical professionals providing critical support to mothers in need and their unborn baby boys and girls.

Now more than ever, we—and that includes the Biden Administration—need to ensure the safety and security of the estimated 3,000 pregnancy care centers that provide life-affirming alternatives to abortion—offering critical, quality care for pregnant women facing challenging circumstances and helping to save so many unborn, innocent lives.

The lives of more than 828,130 unborn babies have been saved in five years alone (2016-2020) through the work of pregnancy care centers.”

National Right to Life Announces New Executive Director

From Page 1

decades, but have also directly led to *Roe v. Wade's* reversal by the U.S. Supreme Court last summer.”

Over the course of Dr. O’Steen’s tenure, National Right to Life greatly expanded its programming and outreach to support and strengthen the organization’s grassroots network. Working in tandem with affiliates in each of the 50 states and the District of Columbia and thousands of local chapters, Dr. O’Steen has

kept National Right to Life at the forefront of pursuing state and federal legislative initiatives like the Partial-Birth Abortion Ban Act, the Pain-Capable Unborn Child Protection Act, and the Dismemberment Abortion Ban Act, among others, that have saved countless lives, and caused the Court to revisit the issue of abortion time and again.

Under his leadership, National Right to Life also led the fight against the abortion-expanding

provisions of the Clinton Health Care Plan in 1994 and Obamacare in 2009, as well as combatting many attempts to repeal the Hyde Amendment and expand taxpayer funding of abortion.

Additionally, Dr. O’Steen’s tenure saw the expansion of National Right to Life’s outreach efforts to minorities, young people, and women healing from abortion with the creation of outreach organizations like Black Americans for Life,

National Teens for Life, and American Victims of Abortion. He established the organization’s Robert Powell Center for Medical Ethics, which works to protect the medically vulnerable and disabled from efforts to expand physician-assisted suicide and euthanasia in the United States.

“The work of National Right to Life goes to the very core of our society – a human being’s basic right to exist,” said David N. O’Steen.

Statistics show more than 4,000 lives have been saved through abortion pill reversal

From Page 25

emergency department of these hospitals can now rely on the APR protocol to be immediately available to them. We also have a number of other healthcare systems working to also add their hospitals to our growing list of providers who agree that APR is an appropriate and effective treatment for those having regret after taking the first abortion pill.”

The expansion of the network and the pursuit of truth found its beginning with two doctors working independently but headed in the same direction.

Drs. George Delgado and Matt Harrison, named as pioneers of the abortion pill reversal protocol, sought to serve women as they pleaded to save their children.

These brave doctors followed the known science and discovered that what appeared to be the end was just the beginning.

In reflecting on the last 10 years of working to save unborn children and their mothers from an unwanted abortion they are humbled by the latest milestone.

Dr. Delgado shared:

“What has really inspired and impressed me the most is the courage of the women who pursue reversal. In the face of denial by society, pressure from the abortion industry and those around them they move forward to do anything they can to claim that second chance. For these women to trust this process and me and do whatever they can to save their child’s life, that is the inspiration.”

And what about these women who made the choice to save their child? What do they have to say? Their voices matter and they have a powerful testimony as they live out their second chance.

In reflecting on her reversal experience Ashley exclaims, “I reversed my abortion...that’s mission impossible! What are the chances you find somebody that wants to help you?! Every night I lay down and let God know I am thankful for Him...”

Every day there are brave women across the world who refuse to take no for an answer. They made a mistake and are seeking a second chance. Who has the right to deny them truth?

The Abortion Pill Rescue Network, its managing organization Heartbeat International, pregnancy help centers, and medical professionals are all dedicated to forming a safety net for all those facing big

decisions. Truth, science, and love should guide our decisions as we provide real health care to these women, children, and families.

Four thousand lives.

There are the faces, names, and souls behind the growing number. Their lives are valuable, and their stories are profound.

Their milestones are real and tangible and reflect the lives of their neighbors. Baptisms and graduations, first days of school and new friends, birthdays, and summer memories. Stories never to be repeated and work only they can do.

They are just waiting to leave their mark on the world.

Let’s celebrate what is to come!

Editor’s note: Heartbeat International manages the Abortion Pill Rescue® Network (APRN) and Pregnancy Help News where this appeared. Reposted with permission.

New FDA Rule Lets Pharmacies Dispense Abortion Pills – Under Certain Conditions

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

The media has read all the abortion industry's press releases and is anxious for you to know that the U.S. Food and Drug Administration (FDA) has now made abortion pills available at your local neighborhood pharmacy.

Well, sort of. And maybe sort of not.

What the FDA has done is to set up a regulatory system whereby certain pharmacies—if they agree to comply with certain rules and conditions, if they commit to filling out and maintaining certain records for every pill they dispense—can fill prescriptions from doctors (or other health care professionals) if those prescribers have undergone their own certification process and agreed to follow guidelines the FDA set for the pill's distribution and prescription.

This is clearly not something every retail pharmacy will do. They may lack the staff, they may despise the extra paperwork, or they may not want to be linked in documentation to women who are injured or killed by the deadly drugs. They may not wish to work with abortionists, or they just may not want to be involved in any way with the killing of unborn children.

A lot of your mom and pop local pharmacies will simply say “no way.” However CVS and Walgreen's have said they will participate.

According to *Reuters*, Walgreens and CVS Health Corp “said on Wednesday they plan to offer abortion pills following the U.S. Food and Drug Administration's (FDA) decision to allow retail pharmacies to offer the drug in the country for the first time”[1/4]. If these drugstore chains follow through, and the new rule encourages and enables new prescribers to sign up, it

could be devastating.

The ones most immediately affected will probably be the online pharmacies that were explicitly set up with the idea of being able to sell abortion pills over the internet and ship them to women's homes. The new FDA rules make that possible, so long as everyone complies with the new regulations

Part of the abortion industry's long-term plans

Even before the mifepristone-misoprostol combination was first approved for sale in the U.S. in September of 2000, abortion advocates have been pushing to have abortion pills available to women with as few limits as possible. In the beginning, the pills were approved with a multi-step procedure that involved three separate visits to the clinic.

In her first visit, a woman was screened for certain medical conditions that might make the drug dangerous or ineffective for her. Her gestational age was determined (the pill's effectiveness begins to drop off after the seventh week LMP [pregnancy measured from a woman's Last Menstrual Period], and her doctor checked to see whether she might have an ectopic pregnancy. The abortion pills do not work in the 1-2% of pregnancies where the baby implants outside of the womb.

If she passes those hurdles, she was to be told what to expect with the drugs, how to recognize signs of problems (e.g., excessive bleeding), and then given the mifepristone to take there in the office. Over the next few hours, mifepristone acts to block the signal of progesterone, essentially shutting down the life support system for the tiny embryo.

Two days later, she was to return to be administered the

misoprostol, a prostaglandin which stimulates powerful uterine contractions to expel the dead child.

to one, extend the deadline until 10 weeks, broaden the pool of prescribers to include any certified health care provider,



A third visit at two weeks confirmed whether or not the abortion was complete or further actions were required.

Right away, the abortion industry did not like all the visits and began recommending its own protocol where women simply took the prostaglandin home with them at the first visit and self administered it later, skipping visit two.

In 2008, some Planned Parenthoods in the Midwest began experimenting with abortions by telemedicine, eliminating the need to visit the clinic for the first visit.

The required patient screening and counseling were then done by a Planned Parenthood clinician, who, miles away on his own webcam, after getting satisfactory responses from the patient, clicked his computer mouse, triggering the opening of a locked drawer at the patient's location where the abortion pills were waiting. She took those while the prescriber watched.

The FDA eventually agreed to reduce the visits for standard chemical abortions from three

as well as other demands of the abortion industry. But advocates were still not satisfied.

They sought full telemedicine, where appointments could be handled entirely online and pills could be shipped to women by overnight mail. They wanted these available through online pharmacies. There were no required visits, and women might never have to even leave their homes. This was authorized in the FDA's latest revision of regulations.

New FDA regulations still likely to be a hurdle for many pharmacies

This is still not the industry's endgame. They would like to get rid of the FDA's special regulations entirely. They want any doctor, any nurse, and any healthcare worker to be able to prescribe these drugs without any sort of special certification or tracking. They also want pharmacies everywhere to keep

Measuring the Impact of *Dobbs* in the Coming Years: Part One

From Page 16

Data from Texas

Official data from Texas is consistent with SFP estimates. At this point, there is only data from July following *Dobbs*, but it does show a steep drop off once the state's full protections kicked in. After about 3,000 a month from March through May, numbers for June (which included about a week post *Dobbs*) came in at 2,596.

But in July, the state only recorded 68 abortions for the whole state.

Only one of these abortions was performed in a hospital for some sort of medical emergency, while the others were generally chemical abortions for non-emergency reasons performed

either at an abortion clinic or "ambulatory surgical center."

Whether the remaining ones were from rogue abortionists trying to challenge the law or for some other reason, the state report does not make clear. And whether later reports will be amended to show additional abortions the state missed in July remains to be seen. But from what we see here, the drop off appears to have been enormous, with abortions falling 97% in just one month, with *Dobbs* being the obvious explanation.

Whether Texas proves to be representative is hard to say. Abortion in Texas took a big dive in 2021 too. It dropped from about 5,000 abortions a month

from January to August to less than half that in September of 2021 when that state's "Heartbeat Law" kicked in. The trigger law protecting unborn children from the point of conception simply took protections the rest of the way once *Dobbs* came down.

Other states

Other states like Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, West Virginia and Wisconsin also had fully protective legislation go into effect after *Dobbs*, though some elements were still being challenged in state courts. Most of these saw big drops in the SFP count.

States like Georgia and Idaho, which had Heartbeat-style legislation triggered by *Dobbs* also saw significant drops in the SFP tallies.

Some of the women simply went to other neighboring states to have abortions, with their travel and abortions sometimes arranged and funded by the abortion industry. But the drop in overall tallies is an indication that many women did not travel and get abortions elsewhere, that they changed plans, stayed home, and decided to have their babies. Multiple stories appearing in the press make clear that, in light of the new laws, many of these moms altered course and determined to give birth.

Measuring the Impact of *Dobbs* in the Coming Years: Part Two

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

Editor's note. In Part One, Dr. O'Bannon related the most recent abortion numbers and began his explanation of how and why compiling accurate abortion information is going to be a complex task in the post-Dobbs era.

In conclusion, he looks at one of the major factors that will make it difficult to get exact numbers for the next few years.

Online chemical abortions complicate counts

There is another factor that is going to complicate state abortion counting and may make it difficult to ever measure the impact of *Dobbs* and new state protections with any precision: abortion pills ordered online and delivered directly to women's homes by mail.

And that could get worse with the latest actions by the U.S. Food and Drug Administration authorizing pharmacies, under

certain conditions, to stock and dispense these deadly drugs.

The evolution of the chemical abortion process

Chemical abortions have been, from the beginning, a dangerous,

and bleeding that can easily get out of hand. Women have to be counseled in their use and risks and particularly need to have their baby's gestational age ascertained and ensure that the child is appropriately located in the uterus



complicated, multi-drug, multi-step process.

The drugs work only in the earliest stages of pregnancy and are directly associated with pain

; mifepristone, the drug used most frequently in these abortions, does not work in situations of ectopic pregnancy, where the baby implants outside the womb.

The most responsible course of action is to monitor the woman for several days or weeks after she takes the drugs to make sure the drugs work and do not trigger excessive bleeding, pain, or the development of a potentially deadly infection.

In the earliest years of its use, the U.S. Food and Drug Administration (FDA) required multiple visits and careful monitoring of mifepristone patients with thousands of injuries and more than two dozen deaths showing the wisdom of this course of action.

But under pressure from abortion advocates, sympathetic administrations watered down abortion pill regulations, dropping required visits, and allowing the pills to be virtually prescribed and delivered by mail.

See *Impact, Part 2, Page 41*

Measuring the Impact of *Dobbs* in the Coming Years: Part Two

From Page 40

Defying state laws and federal regulations

When this is done through traditional clinics and local abortionists, records of these abortions should exist. But when foreign entities and out-of-state operations who have no regard for state laws or FDA policies get involved, tracking chemical abortions and what happens to the women who get them becomes problematic.

Several new online telaboration “providers” sprang up as soon as the FDA first began adjusting its protocols, ostensibly to help women access abortion pills remotely during the pandemic so they wouldn’t have to visit the clinic. But the official promotion and sale of abortion pills over the internet can be traced back at least as far as 2005, when former Greenpeace activist Rebecca Gomperts started “Women on Web,” where women could order abortion pills after a short online consultation.

Though originally supposed to be for women in countries where such pills were not legally authorized and available, Gomperts brought her pills to the U.S. in 2018 with a group named “Aid Access” when she said she saw “access” threatened here.

While other online abortion groups appear to have tried to comply with state and federal regulations, Aid Access publicly defied them. They shipped pills to women in states which explicitly forbade the prescription of pills without an in person exam or the shipping of abortion pills through the mail.

Difficulties in keeping track

When Texas’ Heartbeat legislation went into effect in September of 2021, abortions officially dropped by nearly half, from about 5,000 a month to 2,251 that September. But Aid Access says that orders for abortion pills jumped to about a 1,100 a month after the law’s implementation, erasing much of its impact.

Of course, this does not necessarily mean that there were 1,100 new chemical abortions

every month in Texas from mailed pills from that point forward. Women could have ordered the pills but changed their minds, as many do. Women may have heeded abortion industry warnings and bought pills preemptively to stock their medicine cabinets. The pills may have been bought by resellers or by men intending to slip these drugs into their partners’ drinks. The pills could have been used but failed. The number of orders does not directly translate into the number of abortions.

But some likely do. In the SFP report, they say “This report does not reflect any self-managed abortions, defined as attempting to end one’s own pregnancy without clinical supervision, including use of the Aid Access service.” They caution that “we are unable to estimate the number of abortions that occurred outside the formal healthcare system, such as via Aid Access.”

These are going to be a challenge for both the state and the industry to track. Already, the Guttmacher Institute noted in its latest count (for 2020) that “Our study underestimates the true amount of the increase in abortion since we only measure abortions that occurred in clinical settings. Research documented that more than 55,000 US residents requested abortion drugs from one online provider [Aid Access] during the study period [2018-2020] and many of these requests undoubtedly resulted in self-managed abortions. US residents may also have obtained abortion drugs for self-managed abortion through other websites.”

No word on whether Guttmacher has in mind some way to track these abortions in the future.

Particular state challenges with abortion pills ordered online

States obtain reports from clinics and other abortion “providers” in their states, but generally lack some way of getting such information from out-of-state sources. If these abortions are not legal in the state asking for the information, it seems unlikely that clinics or online providers outside

the state will volunteer evidence of their lawbreaking. Even though no state will prosecute the women ordering and using the pills, those women are unlikely to share that information with the state unless they are injured or swindled by the purported pill provider and are seeking compensation.

Tracking, monitoring, or prosecuting these rogue online abortion pill retailers will largely depend on how well the state is able to enforce its prohibitions. Though headquartered in the Netherlands and using pills shipped from India, Aid Access is now relying on a network of American healthcare providers to manage its U.S. cases. And many of those providers are admitting that, in the light of *Dobbs* and new state legislation protecting unborn children and limiting or proscribing the prescription or sale of abortion drugs, they are fearful of expensive lawsuits, losing their licenses, or even facing jail time (*New York Times Magazine*, 10/4/22).

Expectations for the future

Heavy promotion of these online chemical abortions by the media and the abortion industry, coupled with the inherent difficulties involved in the prosecution of illegal suppliers, are likely to make the precise counting of these abortions challenging a challenge for years to come.

If considerable numbers of women who use these drugs, many of them foreign knockoffs of untested purity or quality, are injured or worse, and the public becomes aware of the dangers and connects it to these irresponsible suppliers, it could reduce demand for these drugs and threaten the business model of these abortion pill promoters.

In the end, knowledge of the pill’s problems, and awareness of practical, life-affirming alternatives to abortion, may prove the best ways to reduce the count of these abortions, however large or small their actual numbers might be.

Remaining Issues

Abortions are always hard to accurately count but there are

a few things that may make it harder after *Dobbs*.

The basic delay that has always existed, as states and abortion groups try to collect numbers, we have already talked about, as well as the new challenges posed by abortion pills shipped by rogue suppliers from out of state.

Women traveling to other states, sometimes to a clinic just across the border, has long been an issue. But it will become a bigger issue with differences between state policies becoming starker than ever, with some states providing full protection to the unborn and others actively recruiting out-of-state abortion patients.

For the most part, it appears that abortion clinics in states now fully protecting unborn children have either relocated to other states or closed entirely. A few remain, supposedly offering other non-abortion services or performing only those that qualify as medical emergencies. However, it seems unlikely that they would publicly perform other abortions unless it were part of an industry effort to attempt to overturn the law in state courts.

What they do behind the scenes would not show up in public records, but the risk that these would be discovered and the abortionists prosecuted probably keep most from even from considering performing these, secret or not. Much easier to move to a nearby abortion-friendly state, open a clinic there, and ship pills from there or invite women to cross the border.

One place clandestine abortions might show up in health statistics is in increased visits to the emergency room as women deal with complications from botched surgical abortions or failed chemical abortions show up seeking treatment. Abortion industry advice that women try to pass these off as miscarriages may keep them from being counted as such, but sudden jumps in these numbers will call for some explanation.

Our Multi-Generational Miracle

From Page 4

When such a bill can be passed, it would make little sense to make the debate about a life of mother only bill which has just 10% support and 90% opposition, thereby handing the abortion lobby the issue they want while saving no lives.

When drafting legislation, one is not writing a gospel or a statement of principal. Legislation is simply one tool to save lives. If a legislative tool cannot reach to some lives, then other tools such as pregnancy resource centers, adoption, and other alternatives must be found.

Our goal is to save every child and different means may have to be used in some cases.

Most of the pro-life movement has supported the concept of the heartbeat bill. The Texas experience and current statistics indicate it saves approximately 50% of children intended for abortion. It defies any logical explanation why anyone or any group that has supported the heartbeat bill would oppose the legislation like West Virginia's which has the potential to save 95% of the children.

The 2022 elections

Heading into the election, the Democratic party kept the same playbook of pro-abortion lies and deceit that had been used since the leak of the Supreme Court decision overturning *Roe*. An article entitled "How Democrats Used the Abortion Debate to Hold Off the Red Wave" in the *New York Times* on November, 10, 2022 stated:

"Soon after the decision in June, Democratic Party committees invested in detailed polling, hoping to drill down on what exact messaging worked best. There was a clear conclusion: The most potent messaging for Democrats was to keep

the conversation broad by casting Republicans as supporting a national ban on abortion, and avoid a discussion over the details about gestational week limits."

Unfortunately, the introduction in the U.S. Senate of a 15-week abortion ban in the height of the fall campaign played right into the hands of the Democrats and the pro-abortion press. It made the issue a "national ban on abortion," despite the fact that about 95% of abortions are performed before 15 weeks and the bill could not possibly pass the House or overcome a Senate filibuster. The pro-abortion press and Democratic candidates just kept the issue a "national ban on abortion."

To quote again from the same *New York Times* article:

"Debating weeks is not where we want to be, said Celinda Lake, the long time Democratic pollster who conducted some of the surveys. 'People are terrible at math and terrible at biology.'"

The damage was exacerbated by a pressure campaign by some groups urging Republican senators to co-sponsor the bill and Republican candidates to support it. NRLC wisely declined to be part of this campaign but had to contend with the political damage it caused.

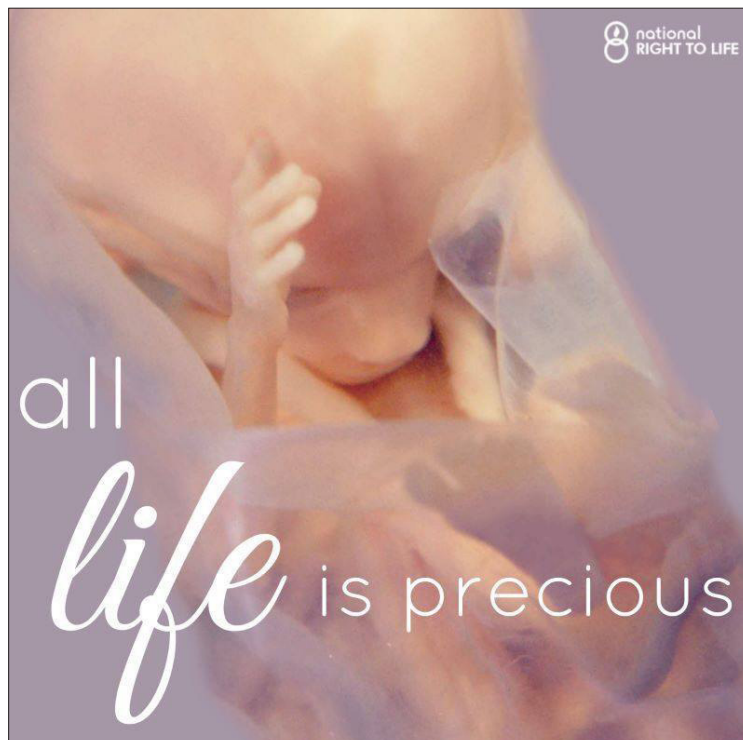
Although Democrats and the pro-abortion press were able to control the message throughout the campaign by focusing on the ban and easy targets like rape, in the end the pro-life movement emerged in a much stronger position. Throughout 2021 and 2022 only the filibuster, which depended on two Democrat senators resisting tremendous party pressure,

stood in the way of Democrats enacting a pro-abortion "parade of horrors."

The pro-abortion wish list, which was narrowly averted, included enactment of

a state right to life group.

Activities of other groups were also recalled. 12.1% recalled information from Students for Life; 11.1% from Susan B. Anthony Pro-Life America; and



the Women's Health Protection Act, Washington D.C. statehood, and packing the Supreme Court. After the election with the retaking of the U.S. House by pro-life Republicans, those pro-abortion goals are now out of their reach.

National Right to Life and its political committees, as well as its state affiliates, were very active in the campaign. We were involved in essentially all of the close House races that led to the pro-life House majority, as well as defending Senate seats in competitive states such as North Carolina and Wisconsin.

McLaughlin's post-election poll found that 29.2% of respondents recalled hearing, reading or seeing something from National Right to Life, whether by mail, radio, social media or telephone during the campaign. 20.5% recalled receiving such information from

10.9% from Women Speak Out PAC.

Looking ahead

So where is the pro-life movement today? In the best position it has been in since 1973. Sure, there are many challenges ahead. We must recapture the public narrative and bring back the baby, find winning strategies for referenda, and deal with the proliferation of the abortion pill.

But we are free of the Yoke of *Roe v. Wade*! We are free to save lives! The pro-life road will still be long and in some states very rough, but along the way more and more lives will be saved.

By God's Grace we have achieved one miracle. State by state the pro-life movement will have many more victories and National Right to Life will lead the way...as it always has.

Physicians for Reproductive Health calls on media to censor pro-life voices

By Dave Andrusko

There is cancel culture and there is CANCEL CULTURE. Generally, but not exclusively, the former is censoring individuals. The latter's target is an entire category of people whose very existence they find offensive and whose voice must be stifled.

teams, and producers”(AKA the media):

We are writing today with a big request: stop giving air-time to anti-abortion activists. As the undersigned over 600 providers of abortion care, people who have

any debate. Allow us to be clear: Medicine and science are not up for debate. Health care is not a matter of opinion, it is a matter of fact. And the fact is, abortion is not in the realm of theory or belief. Abortion belongs

of the Abortion Media Complex is not only out of bounds, it's dangerous.

To wit, “You are giving the opportunity for dangerous lies to spread. You are, by way of asking them questions, legitimizing their answers.”

Think about that last sentence for a moment. Even asking questions is ill-advised because that “legitimizes” our answers.

The letter ends with “The way we talk about abortion matters.”(It does!) “We are offering up our time and expertise to editorial boards, producers, researchers, and reporters for closed-room discussions on how to better your editorial and coverage strategies in service of communities.”

Mighty charitable of them, wouldn't you say? Strategizing in private to present the abortion industry's point of view exclusively which is, of course, grounded in “science.”

The irony is hard to miss.

For umpteen years, every time a pro-life administration said that federal family planning dollars should not used for abortion (or counseling or referring for abortion), the abortion industry would scream they were being “gagged.”

We're not talking here about federal money. We're talking about something far more dangerous.

PRH wants our voice throttled and expects “reporters, journalists, editorial teams, and producers” to dutifully take their marching orders from pro-abortion “experts.”

The abortion industry already has the overwhelming majority of media outlets in their pockets. They can't have all of them so the next best thing is for the media to censor pro-life voices.



Which brings us to a call (from a pro-abortion group, of course) to end “both sides” coverage. The headline for the piece “Abortion Providers Would Like You to Please Stop Interviewing Anti-Abortion Propagandists” and Caitlin Cruz, writing for Jezebel, picks up on the letter from Physicians for Reproductive Health (PRH).

Nothing like a good battle of ideas, right? Well, no, actually. PRH wants pro-lifers excluded en masse and they are not the least bit shy about their reasons. From the letter addressed to “reporters, journalists, editorial

had abortions and will have abortions, abortion advocates, and individuals who work with the media regularly, we could not be more concerned for the safety and well-being of our communities, in part because of the misinformation, disinformation, and inflammatory threats shared and encouraged by anti-abortion activists in the media.

We know your reporting standards are to cover “both sides” of

in health care, social services, and public health reporting.

With this in mind, we are asking for a commitment from the community of media outlets reporting on abortion to keep in mind the true danger that you present when interviewing anti-abortion extremists.

So, to be clear, abortion is, for PRH, “health care” and should be seen as belonging “in health care, social services, and public health reporting.” And criticism

Mother gives birth to quadruplets in time for Christmas

By Right to Life UK

A mother who was expecting triplets found out she was going to have quadruplets halfway through her pregnancy while the father of her children passed out in the delivery room from shock.

Gemma Robson, 35, of Whitburn, South Tyneside, was already stunned to be told she was having triplets at her 12-week scan earlier this year, but if that wasn't enough, at her 17-week scan, she found that her doctor had miscounted – there was a fourth!

A month earlier than scheduled, Gemma gave birth to her four daughters, Dani, Skye, Mia and Taylor, in November. Quadruplets occur in about one in 700,000 pregnancies.

Gemma and her partner, Andy Raine, had planned for one so they were amazed when they found they were having three, and then, not even two months later, a fourth.

Mr. Raine said “I couldn't believe it when we were told we were having quadruplets, and I nearly fainted. But it's an amazing feeling to now see them here”.

Each baby only weighs 3lbs and although they are healthy, they need extra care

The babies were supposed to be delivered on December 7 but came almost a month before the planned delivery on November 18.

Gemma said “On Friday night I felt a bit of discomfort, but with four babies in there I thought they were just moving around. However, on Saturday morning I woke up and couldn't stand up”.

“My waters hadn't broken but I could feel my contractions had started and so we drove to Newcastle Royal Victoria Infirmary (RVI)”.

Mr. Raine said, “I was in a bit of shock in the delivery room and I

don't really remember the arrival of the babies as I passed out and woke up on a pillow on the floor”.

“By the time I came round, all four had been born and it was an amazing feeling to see them. They are healthy, but small and premature and so it was only on Tuesday that I had the chance to hold Skye, which was brilliant”.

While all the babies are okay, because there were so many and they were born prematurely, each weighed only 3lbs and were in need of neo-natal care.

“You can't get a pram which holds four babies”

Because of a shortage of premature care beds, two of the babies were taken to the James Cook Hospital in Middlesbrough while two remained at the Royal Victoria Infirmary.

“I still don't think I've processed it all yet. I've a mixture

of emotions in that I'm glad they all came out okay and it's a big relief as they were becoming very heavy to carry, but you obviously do still worry that they will be okay”, Gemma added.

“You can't get a pram [stroller] which holds four babies and so we are looking at two doubles”, Mr. Raine said.

Ms. Robson added “I'm really looking forward to having all the girls home, but it is quite daunting going from one child to five”.

All four babies were transferred to Sunderland Royal Hospital on 22 November where they will receive care for a minimum of 12 weeks.

Right To Life UK spokesperson Catherine Robinson said “The couple must be so happy to have had all their daughters born in time for Christmas. Not many people can say that they had quadruplets for Christmas.”



How can anyone oppose the Born-Alive Abortion Survivors Protection Act?

From Page 2

state during abortions — double those reported to have been born alive in the state in 2021,” Nancy Flanders reported. “In 2020, seven babies were reportedly born alive during abortions in the state. The reports do not indicate if the babies received medical care or how long they lived.”

During debate Wednesday, Rep. Chris Smith, Co-Chair of the Congressional Pro-Life Caucus, said, “The Born-Alive Abortion Survivors Protection Act seeks to end or at least mitigate this egregious child abuse by requiring that a health care provider must

‘exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age’ or be fined and/or face up to five years in prison.”

Rep. Smith asked (and then explained) “Why are these live births from abortion ‘little known?’”

**Dr. Willard Cates,
MD, former head of
the Centers for Disease**

Control and Prevention’s (CDC) Abortion Surveillance Unit, said several years ago: ‘(Live births) are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up than a problem to be solved. It’s like turning yourself in to the IRS for an audit... what is there to gain? The tendency is not to report because there are

only negative incentives.’

We now have a Democrat party wholly—as in 100%—in the hip pocket of the most radical fringes of the anti-life movement. Democrats come perilously close to saying in so many words (as opposed to being supportive in practice) of abortion throughout all 9 months of pregnancy.

Who would have thought that “abortion safe, legal and rare” would be scoffed at as temporizing. Democrats have planted their flag in territory even I didn’t expect them to occupy.

New FDA Rule Lets Pharmacies Dispense Abortion Pills – Under Certain Conditions

From Page 39

these in stock and sell these to anyone who asks, maybe even without a prescription.

In that regard, the FDA’s latest regulations are still a bit of a disappointment to the abortion industry.

The FDA still requires that prescribers be certified. They must sign paperwork assuring the distributor that they have read and understood materials on the drug’s operation; that they will date a mother’s pregnancy; that they will ascertain whether or not she has an ectopic pregnancy; that

they will give her due warning about the risks and the danger signs; and that they will keep records of the pills and monitor their patient’s outcome.

While it used to be the case that the prescriber had to order the abortion pills directly from the distributor, the new FDA relations now allow the doctor, nurse or clinician to simply write a prescription and have a separate pharmacy stock the pills and fulfill those orders. That pharmacy, however, must have on file the completed

“prescriber agreement forms” from any would-be prescriber. The pharmacy must also be able to fully track all abortion pill shipments, and have someone on staff who will be responsible for the pharmacy’s compliance with the FDA’s certification process.

The regulations require this pharmacy employee being familiar with the same prescribing information as the prescriber. He or she must complete and maintain files of the pharmacy and prescriber forms, ensure and monitor timely delivery of

the pills, track shipments, and report any patient deaths to the distributor.

While doctors and clinics will welcome the chance not to have to order or store abortion pills at their offices, it remains to be seen how many pharmacies will be willing to take on the burdens of the FDA certification process, much less risk the ire of other customers who don’t want to buy their drugs from a pharmacy involved in the killing of unborn children in their community.

Abortionist says killing over 400 people via euthanasia ‘the most rewarding work we’ve ever done’

Dr. Ellen Wiebe is also an abortionist, and has dispatched patients on both ends of life’s spectrum. Like Henry Morgentaler, she’ll probably be given the Order of Canada.

By Jonathon Van Maren

More than 10,000 people were killed by euthanasia in Canada in 2021. Dr. Ellen Wiebe, who has personally dispatched more than 400 people, is proudly contributing a significant percentage of that kill count. In fact, in a recent speech to other doctors who work in the Canadian killing fields, she bragged that she was willing to kill patients that others refused to clear for MAiD (“medical aid in dying,” the current euphemism for euthanasia and assisted suicide). Wiebe’s work has attracted horrified coverage overseas, with the Daily Mail publishing a profile of her role in Canada’s carnage.

According to a long report published in *The New Atlantis* by Alexander Raikin titled “No Other Options,” a suicidal man who was told he was ineligible because he had no serious illness and lacked “the capacity to make informed decisions about his own personal health” was cleared by Wiebe, who flew him to Vancouver and killed him there. “It’s the most rewarding work we’ve ever done,” Wiebe told fellow physicians in 2020. Another euthanasia doctor, obstetrician Stefanie Green, stated that she’s ended the lives of 300 people through MAiD thus far.

Both *The New Atlantis* and the *Daily Mail* cited a litany of stories to which we’ve begun to grow accustomed. There is 41-year-old Rosina Kamis, who did not have a terminal condition but was facing eviction and was short of money for food. Lonely, she decided that suicide was “the best solution for all” and died by lethal injection

in her basement apartment on September 26, 2021, her ex-husband’s birthday. A 55-year-old patient named Mary was featured in a MAiD presentation; the presenter noted that “[s]he does not want to die, but she’s suffering terribly and she’s been maxing

clickbait. These stories have not been reported fully.”

Wiebe, however, is supportive of suicide for those who are lonely or poor. “As all Canadians have rights to assisted death, people who are lonely or poor also have those rights,” she told



*Dr. Ellen Wiebe
YouTube*

out her credit cards. She has no other options.”

The list seems endless. There is 68-year-old Nancy, a former doctor who ran out of money; 57-year-old Greg, a homeless writer; 38-year-old Lucy, a gender-confused immigrant suffering from chronic pain. Stefanie Green has insisted that such stories are false. “You cannot access MAiD in this country because you can’t get housing,” she said. “That is

The New Atlantis. Wiebe is also a big proponent of assisted suicide being available for those suffering from mental illness.

What these profiles do not mention about Dr. Ellen Wiebe is that she is also an abortionist, and has dispatched patients on both ends of life’s spectrum at her Vancouver clinic. Also unmentioned is the fact that on June 29, 2017, Wiebe and a nurse sneaked into the Louis Brier Home

and Hospital, an Orthodox Jewish nursing home in Vancouver that forbids assisted suicide. Wiebe smuggled her lethal drugs and other equipment in large bags, avoided the front desk, and gave an 83-year-old man with cancer a lethal injection in his room on his request. An uproar broke out when this was discovered—the residence is home to many Holocaust survivors who understandably found this event traumatizing.

A complaint was brought against Wiebe at the College of Physicians and Surgeons of British Columbia. That complaint was dismissed, with the College claiming that Wiebe didn’t break any regulator’s rules even if she did break the rules of the nursing home.

The story is an indication of the sort of person Ellen Wiebe is, and just how far she is willing to go. The deeply-held convictions of the Louis Brier Home and Hospital didn’t mean anything; neither did the peace of mind of the Holocaust survivors and other elderly who lived there. For Wiebe, giving patients lethal injections is “the most rewarding work we’ve ever done.” Presumably, she’s contrasting that to her history of ending life in the womb.

In Canada, however, she’s hailed by the mainstream media as a “pioneer.” Like Henry Morgentaler, she’ll probably be given the Order of Canada.

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

President Biden's Food and Drug Administration Allows Retail Pharmacies to Dispense Abortion Drugs

National Right to Life Asks Pro-Life Americans to Contact Major Pharmacies

On Tuesday, January 3rd, the Food and Drug Administration (FDA) updated labeling for mifepristone (generic for Mifeprex) that would allow pharmacies to dispense the drug.

Unfortunately, both CVS and Walgreens have stated that they will sell the drug in select pharmacies which would place women at greater risk than ever before.

"Mifepristone takes the life of an unborn baby and places her mother at risk of death," said Carol Tobias, president of National Right to Life. "In no way can that be considered health care."

Tobias continued, "We ask pro-life Americans from across the United States to contact Walgreens and CVS. Let them know that dispensing death is bad business."

Mifepristone is used in combination with misoprostol, a prostaglandin, to cause an

abortion. Mifepristone blocks progesterone, causing the death of the unborn baby, while the second drug, misoprostol, causes powerful, painful uterine contractions to expel the dead or dying baby.

"More than two dozen deaths and thousands of complications are associated with the use of these drugs," said Randall K. O'Bannon, Ph.D., director of education and research for National Right to Life. "These 'adverse events,' on record with the FDA, include serious infections, severe hemorrhaging, and the rupture of previously undiscovered ectopic pregnancies."

The FDA's revised Risk Evaluation and Mitigation Strategy (REMS) for Mifeprex would require that the drug only be dispensed by pharmacies that have completed certification and only those pharmacies, once certified, could dispense

the drug prescribed by certified prescribers who have pledged to follow FDA guidelines regarding

Life's executive director. "Their customers will not be happy to find out that their local drugstore

**NATIONAL RIGHT TO LIFE
PRESS RELEASE**



the screening and counseling of patients to ensure they know the risks and dangers.

"Retail pharmacies like Walgreens and CVS should consider whether it is a sound business risk to be selling dangerous abortion pills that can put women in the hospital," said Scott Fischbach, National Right to

where they get their life-saving medicines is now stocking and distributing pills for the purpose of killing unborn children in their community."

Contact information for CVS and Walgreens can be found at www.nrlc.org/communications/contact-information-for-cvs-and-walgreens/

Exposing abortion extremists: The Protect Pregnancy Care Centers Act of 2022

From Page 27

medical staff, and over 6,400 licensed medical professionals volunteered their time and skills. In total, 10,215 licensed medical staff provided care through pregnancy centers across the Nation.

(5) From 2016 to 2020, an estimated 828,131 unborn babies' lives have been saved through the work of pregnancy care centers.

As of press time, there have been no updates on the bill since

its introduction earlier this past fall.

And how has the White House responded? Well, it's been quiet.

A little too quiet. Instead, they've been more vocal about catering to the pro-abortion side.

Biden's Justice Department has charged more than a dozen people with violations of the FACE (Freedom of Access to Clinic Entrances) Act since the beginning of October.

One example of those charged people is Mark Houck, pro-life activist and father of 11, who was

accused of pushing a pro-abortion volunteer during a prayer vigil outside an abortion clinic.

Houck has said the volunteer instigated the trouble by harassing his son.

The FACE Act applies to both abortion facilities and pregnancy help organizations.

The Department of Justice recently informed a United States Conference of Catholic Bishops committee that attacks on pro-life pregnancy resource centers can be prosecuted under that same law.

It's one win in a bigger war. "The pregnancy help movement

is powered primarily by local, grassroots support allowing their services to be free of charge to the women, men, families, and babies who need it," Godsey said.

"While Big Abortion has big money to spend on well-heeled lobbyists to ply the halls of Congress," he said, "the greatest strength of the pregnancy help movement is the stories of those who are served."

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