



**national**  
**RIGHT TO LIFE**  
**NEWS**

June 2023

Celebrate Life Month



*Dobbs v Jackson*

**THE**  
**WINNERS**

June 24, 2022

June 2023



## Elections Play Key Role in Pro-Life Effort to Make Abortion Unthinkable

By Karen Cross, NRL Political Director

The pro-life movement envisions an America in which abortion is unthinkable.

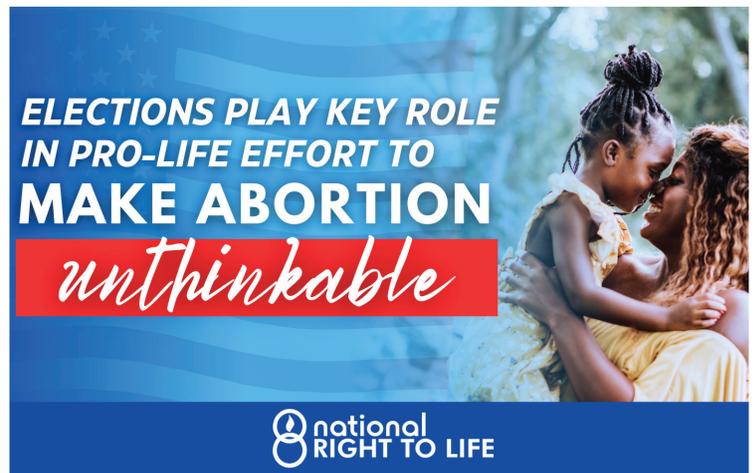
We want to build an America that safeguards the lives of **both** unborn children and their mothers. We aspire to live in a society where women can succeed and realize their dreams without being pitted against their children, where the lives of children are never considered disposable, where tax dollars are never used to fund abortions, and where human rights begin when

life itself begins.

Step by step, state by state, in Congress after Congress, we are making that happen. But the successful passage of protective legislation hinges upon who is elected to public office. *That is why political engagement remains central to our efforts!*

The Supreme Court's ruling in *Dobbs v. Jackson* (2022) granted the American people through

*See Elections, Page 23*



## A 15-week Phantom “Ban” is no “Ban” at all

By David N. O’Steen, Ph.D.

“Top anti-abortion leaders are continuing to lobby Donald Trump on a 15- week ban they believe should be the standard for Republican Party” began a story in the May 18 issue of *Politico*.

A similar story ran in the same day in the *Washington Post*.

These are not publications sympathetic to pro-lifers. How happy are they that a 15-week “ban” on abortion is supposedly the standard position for the Republican Party and its candidates? That is a far cry from what the grassroots pro-life movement in the states has worked for during the last fifty years.



National Right to Life has not been part of this strategy of making a pledge to support a fifteen week “ban” as a litmus test for pro-life political support. There are several very good reasons.

First, a 15-week “ban” is really no “ban” at all. According to CDC figures about 95 % of all abortions are already performed by 15 weeks. An additional significant portion of the 5% that occur later would be for life of mother and medical-emergency reasons or conditions incompatible with life

*See Phantom, Page 26*

# Editorials

## A look back at the joy over the reversal of *Roe v. Wade* and Justice Alito's brilliant rebuttal to *Dobbs*' dissenters

On that day, June 22, 2022, we had just completed the opening Prayer Breakfast where Catherine Davis had wowed the gathering and were half-way through pro-life bioethicist Wesley J. Smith's riveting talk on "How the technocracy threatens the Sanctity of Life" when a booming voice in back rang out "Roe is overturned."

There was stunned silence....for all of a half-second. The audience knew the Supreme Court had decided *Dobbs v. Women's Health Organization* in favor of the babies.

Some people wept, others looked toward heaven, and everyone clapped. My wife, Lisa, and I looked at each other and smiled.

Less than an hour later, I was taking notes on "Preparing for the 2022 elections."

The point made over and over was that "Roe will be on the ballot," as proabortion President Biden prophetically said that day. Pro-lifers everywhere knew instantly that they could not rest on the laurels.. And surely that has proven to be true.

Karen Cross, NRL Political Director, talked about how many political prognosticators were saying there would be a "red wave"—a great day for pro-life Republicans—but that "we had to **make it a red wave.**" The results were mixed. We took back control of the House while the Party of Abortion—the Democrat Party—maintained their ever-so-slight advantage in the Senate. President Biden called 5-1-3 decision a "sad day for the court

*See Joy, Page 30*



## Attempted hatchet job on Pregnancy Help Centers falls flat

The headline to Mackenzie Mays's story in the *Los Angeles Times* tells you all you need to know about where this article is coming from: "Even in blue California, attempts to regulate controversial antiabortion centers continue to fail."

Understand it's not for lack of effort. Some individual cities and the state of California are doing their best to pass laws and issue fines so draconian that Pregnancy Help Center will be put out of the business of helping women with unplanned pregnancies.

But darned if they haven't survived—indeed thrived— even in a state that is as unabashedly pro-abortion as California.

The story follows the usual pro-abortion narrative. Everything Pregnancy Help Centers do is misleading, Mays tells the readers. The information they hand out to women is false, or at best half-truths; the after-effects of abortion on some women is spun out of whole cloth; and (particularly annoying to Mays) one new atypical pregnancy help centers about to open "looks

more like a high-end salon than a medical clinic."

So only deception accounts for how "at least 165 crisis pregnancy centers in California, and they outnumber abortion clinics," right?

And only half-truths account for how "antiabortion pregnancy centers appear to be untouchable despite repeated attempts to rein them in," right?

And only by telling the made-up after-effects of abortion to the abortion-minded women could explain how "some [Pregnancy

Help Centers] are even expanding, boosted by an influx of donations from abortion opponents who object to the enhanced protections enacted in California in the wake of the U.S. Supreme Court's decision to overturn *Roe v. Wade.*"

So what **does** account for the increase in Pregnancy Help Centers? "The industry has gotten harder to regulate as it has

*See Hatchet, Page 33*

# From the President Carol Tobias

## Yes, There is a Role for the Federal Government



On June 24, we will celebrate the first anniversary of the U.S. Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization*, which overturned the abominable *Roe v. Wade*

decision of 1973. Because of the *Dobbs* decision, babies across the country are being saved!

For more than 50 years, pro-lifers have been working to educate our communities about the humanity of the unborn child, to enact laws to protect these little ones, and to promote a culture of life.

Thank you to all pro-lifers who have given of your time, talent, and resources to keep this battle going.

In *Dobbs*, the Court said that laws about abortion should be enacted by "elected representatives," not the courts. Many states have done just that, enacting stronger, more protective, laws than were allowed under *Roe* and *Doe*. In addition to saving the lives of unborn children, many of these same states are providing resources to help both mother and child.

However, there have been many discussions and many news articles about what role, if any, the federal government has in regulating abortion. Should there be a minimum standard? Should the laws be enacted at the state level only? Can federal candidates just wash their hands of the issue and say it doesn't concern them anymore, that everything should be handled at the state level?

The problem with that last sentiment is that the federal government is too large and too involved in state matters to "stay out of it."

The Supreme Court, in saying "elected representatives," didn't specify state or federal. It just made clear that the courts should not be dictating the law.

National Right to Life has put forth the following plan, for lawmakers and candidates, detailing how the federal government can, indeed, promote the value and dignity of every human life.

Yes, the federal government has a role.

### The Role of the Federal Government in the Protection of Preborn Children

On June 24, 2022, the U.S. Supreme Court ruled that *Roe v. Wade* was incorrectly decided, that there is no right to abortion in the U.S. Constitution. They also determined, in *Dobbs v. Jackson Women's Health Organization*,

that abortion-related policies (including protections for preborn children and their mothers) should be enacted by elected representatives, not dictated by the courts.

Most pro-life laws and policies are being enacted at the state level. However, the federal government, from the executive branch to the U.S. Congress, is uniquely positioned, and has both the opportunity and the responsibility, to protect the most vulnerable members of the human family.

Given the current composition of Congress, a national law protecting preborn children and their mothers from the tragedy of abortion is not likely to happen in the foreseeable future.



But there are still many life-affirming policies that can be enacted at the federal level that will reduce the number of abortions, help mothers, and save lives.

Therefore, we urge all lawmakers, as well as candidates for U.S. House, Senate, and President, to embrace the unique and transformative role the federal government has in advancing life-affirming policies in the United States. This includes:

- Ensuring that no taxpayer dollars are used to pay for abortion or subsidize health plans that cover or promote abortion, either in the U.S. or in other countries, and eliminating to the extent possible taxpayer funding of abortion providers.
- Recognizing the role of parents to be involved before their minor daughter could get an abortion.
- Connecting mothers of newborn and preborn children to resources.
- Protecting the lives of babies born alive following an attempted abortion.

- Seeking protective protocols on chemical abortions to reduce the risk of death and injury to the mother.
- Promoting educational initiatives (and existing right-to-know laws) to provide vital information about fetal development and the physical, mental, and emotional dangers of elective abortion.
- Requiring the U.S. Centers for Disease Control and Prevention (CDC) to collect meaningful data and publish reports on abortion in all 50 states and the District of Columbia, (e.g., the number

of abortions performed, the age of the mother and preborn child, complications and deaths arising from such procedures.)

- Protecting the conscience rights of health care personnel and entities who do not wish to perform or participate in any part of the abortion process.
- Nominating/confirming only federal judges and justices who will interpret the Constitution fairly and honestly according to its text and history.

Presidential candidates should also recognize the ability and responsibility of the chief executive to institute a whole-of-government approach (through the use of life-affirming executive orders and statements of administration policy, as well as personnel appointments, among other tools) to ensure that all Executive Branch departments promote the intrinsic value and dignity of innocent human life.

# A privilege to host the National Right to Life Convention

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

An honor and a privilege.

Those are the words that pop into my brain when I think about the fact that Pennsylvania is hosting this year's National Right to Life Convention. This incredible event

has been a keystone of the efforts to rebuild a culture of life. Way back in 1989, the Commonwealth passed the landmark Abortion Control Act, which provides for parental consent, informed

consent, a 24-hour waiting period for abortion, along with protection against late-term abortion and sex selection abortions.

of Real Alternatives, Inc., which administers what is now known as the Pregnancy and Parenting Support Services Program.

Pennsylvania is also known as a political swing state, and it is generally believed that it is tough to win the White House without first achieving victory in the home of Benjamin Franklin, Hershey's candy, and shoe fly pie. We expect that 2024 will be a critical

election year in Pennsylvania, with not only the Presidency but the U.S. Senate and House of Representatives also at stake.

On behalf of our nearly 40 grassroots, county-based chapters and its leaders, I invite you to come to the convention and celebrate life with us. It is our honor and privilege to welcome you to the beautiful land we call home.



takes place June 23rd and 24th in Pittsburgh and, as a National Right to Life affiliate, the Pennsylvania Pro-Life Federation is eagerly awaiting the opening session.

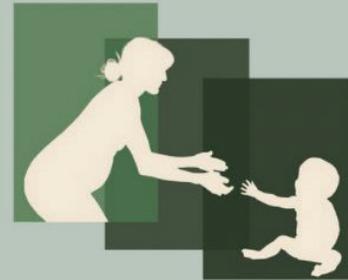
We at the Federation have been touched by the enthusiasm of our chapter leaders for this gathering, which, appropriately enough, marks the one-year anniversary of the *Dobbs* U.S. Supreme Court decision overturning *Roe v. Wade*. In Pennsylvania, we are definitely in the mood to celebrate the fall of the disastrous court decision and the birth of the post-*Roe* era.

Pennsylvania is known as the Keystone State, and it has also

consent, a 24-hour waiting period for abortion, along with protection against late-term abortion and sex selection abortions.

The Keystone State also gave birth to a groundbreaking Alternatives to Abortion program which has served more than 340,000 women in its storied twenty-seven year history. The program quickly became a model for the rest of the nation, providing financial and administrative support to pregnancy resource centers, maternity homes, and adoption agencies. We are pleased that this year's convention will feature workshops presented by the leaders

**Dozens of speakers. Two days. One mission:**



**Making Abortion  
Unthinkable**

**2023 National Right to Life Convention**

June 23-24, 2023 | Pittsburgh, PA

*Dozens of speakers. Two days. One mission:*



# Making Abortion Unthinkable



**LAUREN EDEN**  
Abortion Survivor



**SETH DILLON**  
CEO  
The Babylon Bee



**CAROL TOBIAS**  
President  
National Right to Life



**ERIK ROSALES**  
Capitol Hill Correspondent  
EWTN News Nightly



**AMY FORD**  
President  
Embrace Grace, Inc.



**BENJAMIN WATSON**  
Former NFL tight end



**ALEX SCHADENBERG**  
Executive Director  
Euthanasia Prevention Coalition



**WESLEY J. SMITH**  
Discovery Institute  
Host, Humanize Podcast



**JENNIFER POPIK, J.D.**  
Federal Legislative Director  
NRLC

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June 23-24, 2023 | Pittsburgh, PA

Special room rate: \$135/night

Special parking rate: \$11/day

**UPCOMING DEADLINES!**

**May 31** - discounted room rate ends | **June 6** - early registration ends  
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For more information on registration, speaker announcements, the Teen convention & more, visit [nrlconvention.com](http://nrlconvention.com)

# The pro-abortion Biden administration has thoroughly politicized the Department of Justice and the ultimate victim is freedom

By Dave Andrusko

Pro-lifers everywhere should be aware of and read a very important op-ed written for Newsweek by Ryan Bangert of the Alliance Defending Freedom. You can read “The Justice Department’s Pro-Abortion Bias Threatens Civil Liberties” in its entirety here [<https://www.newsweek.com/justice-departments-pro-abortion-bias-threatens-civil-liberties-opinion-1803410>] so I will highlight just two of the important points he makes.

First, although obvious, it can’t be stated often enough: “The modern pro-abortion Left in the United States, on the other hand, has become increasingly extreme, adopting views that reflect the shocking, infanticidal abortion policies of North Korea and China, which permit abortion up to the moment of live birth.” In a word, Democrats have gone bonkers.

Second, and this is the crux of Bangert’s argument,

**That extremism now prevails not only within the halls of radical pro-abortion organizations, but within the corridors of federal power. And it is progressively threatening the civil liberties of pro-life Americans.**

**Nowhere is this more evident than in the lopsided and deeply troubling way in which the U.S. Department of Justice (DOJ) has**

**chosen to enforce the Freedom of Access to Clinic Entrances (FACE) Act.**



**That law makes it a crime to injure, intimidate, or obstruct any person from seeking or providing “reproductive services.”**

This may seem impossible to believe but, alas, it’s true:

**Since the 2022 leak of the U.S. Supreme Court’s draft opinion in *Dobbs v. Jackson Women’s Health Organization*, there have**

**been at least 87 attacks on pregnancy resource centers and 157 attacks on Catholic churches. Yet**

**in 2022, the DOJ brought 26 charges under the FACE Act—all against pro-life individuals, for allegedly interfering with access to abortion.**

Much of the rest of the op-ed is documenting the complete politicization of the Department of Justice under Attorney General Merrick Garland. You could see that coming by his reaction to *Dobbs*, which overturned *Roe*

*v. Wade*. He issued a statement, according to Bangert, proclaiming that the

**“Justice Department strongly disagrees with the Court’s decision,” and vowing to work “tirelessly to protect and advance” abortion by enforcing the FACE Act. Weeks later, on July 12, 2022, the department formed a “Reproductive Rights Task Force” headed by Associate Attorney General Vanita Gupta, who characterized *Dobbs* as a “devastating blow to reproductive freedom.”**

And the rest is history. He concludes

**The discriminatory application of the FACE Act by the Department of Justice post-*Dobbs*, coupled with the department leadership’s own extreme ideological commitment to abortion, suggests that politically imposed silence, not even-handed law enforcement, is the department’s goal when it comes to the pro-life community. And here, as in all cases where law enforcement is compromised by an extreme political agenda, the ultimate victim is freedom.**

# Mid-Year Pro-Life State Legislative Update

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

We are approaching the one year anniversary of the demise of *Roe v. Wade*. There was a joyous celebration on June 24, 2022, the day the Supreme Court ruled there was no right to abortion in the U.S. Constitution. The decision energized pro-life advocates across the country – grassroots and state legislators alike – to expand ways to support mothers and protect unborn children. Despite some rough seas this past year, with truth on our side, we continue to promote practical ways to help expectant and new mothers who find themselves in difficult circumstances.

During the first half of 2023, pro-lifers in statehouses across the country supported legislation that increasingly focused on finding more ways to protect mothers during their pregnancy and support families so they may choose life. Let's take a look at the latest trends in pro-life legislation across the country.

Recently enacted laws protect both unborn children in the womb and the health and safety of their mothers. North Carolina's legislature overrode the pro-abortion governor's veto of the *Care for Women, Children, and Families Act*. This act protects babies from chemical and surgical abortion after 12 weeks gestation.

The law requires additional safeguards for maternal health by eliminating "tele-medicine" abortions, specifying that a mother must be examined in-person before receiving a chemical abortion pill. A physical examination provides an accurate screening of a woman's condition – something a tele-medicine appointment over a computer screen can never do. An in-office visit allows symptoms to be observed with a doctor's own eyes and could prevent serious complications such as an ectopic pregnancy or allergic reaction to the chemical abortion. The

North Carolina law also contains conscience protections for medical personnel who refuse to participate in the killing of unborn children.

Nebraska's unicameral legislature also passed a bill protecting most unborn children after 12 weeks gestation. Sandy Danek, Executive Director of Nebraska Right to Life, said "The

Citizens for Life President Lisa Van Riper said, "With passage of this bill, South Carolina has a chance to rebuild a culture of life. I'm excited about the future of South Carolina."

Montana's pro-life governor Greg Gianforte signed a series of bills to promote life. Laws enacted include requirements ensuring medical care for a child

Gov. Gianforte's statement sums up the work that pro-life advocates have done for decades. *Dobbs* opened the door a bit more for important life-saving work, and we still have much to do to change hearts and minds. We should pledge to continue doing all we can to protect unborn children by advocating for them in our state legislatures



leadership shown by Governor Pillen led us to the place where we can now witness further safeguards for children in the womb." She also praised the "persistent courage" of legislators who support "the values we all hold most dear" in Nebraska.

South Carolina's *Fetal Heartbeat and Protection from Abortion Act* was the Palmetto state's first pro-life law to be enacted since *Dobbs*. It protects unborn children when their heartbeats can be detected (about 6 weeks gestation). South Carolina

born alive during an abortion; protecting viable children from abortion at approximately 24 weeks; protecting unborn children from brutal dismemberment abortions; allowing conscience protections for medical providers who do not want to participate in abortions; prohibiting tax dollars from paying for abortions; and establishing an adoption tax credit. "It's not enough just to stand for life. We must also do all we can to make Montana families stronger and help them prosper," Gov. Gianforte said.

and educating our fellow citizens about child development in the womb and what exactly happens when a child's life is brutally ended by abortion.

With the number of chemical abortions rising, we must provide women with facts about the possible physical and emotional tolls that these abortions can bring. Great compassion and creativity is required to find new ways to be with a mother each day during and after her pregnancy, but it is a joyful task with huge rewards.

# Oklahoma's Pro-Abortion Supreme Court Continues Merciless Attack on Unborn Child

By Tony Lauinger, State Chairman, Oklahomans For Life

The unborn child in Oklahoma – caught in a vise, a deadly pincer movement – is in the middle of a two-front war.

On one front is the abortion industry, with its hundreds of millions of dollars in blood money, planning an initiative petition for a statewide vote on a constitutional amendment depriving every unborn child in Oklahoma of the right to life.

Arrayed against the unborn child on the other front is our state's flagrantly pro-abortion state Supreme Court majority, seeking to move inexorably – one dishonest, lethal step after another – to manufacture a constitutional “right” to elective abortion.

The Oklahoma Court's first step was to strike down, on March 21<sup>st</sup>, a criminal law enacted last year which protected the unborn child except where an abortion was necessary to save the mother's life. They simultaneously upheld our pre-*Roe* statute dating to 1910, but because it also has a life-of-the-mother exception, they seized the opportunity to use that exception as a groundless excuse to call such a circumstance an

“inherent right” – finding for the first time in our state's 116-year history a “constitutional right” to abortion in the Oklahoma Constitution.

As Chief Justice John Kane wrote in dissent, “...it takes more to be a fundamental right



*Photo: Daniel Mayer  
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than merely to be exempted from criminal prosecution.”

On May 31<sup>st</sup>, the Oklahoma Supreme Court struck down two additional laws protecting the unborn child, both of which were enacted last year. These laws provided civil remedies, the right to file a lawsuit, as the enforcement mechanism. One law protected the unborn child

once a heartbeat was detectable, and the other protected the unborn child from conception, with abortion allowed to save the mother's life or in a case of rape reported to law enforcement.

In striking down these two laws this past week, the pro-

specifically emphasized in the legislation the Court struck down.

Sovereign Immunity protects the state of Oklahoma from being sued, and it makes the state, its political subdivisions, and state employees acting in their official capacities immune from being the targets of lawsuits. Furthermore, the abortion-industry plaintiffs had no standing to sue. The laws struck down were modeled after the Texas Heartbeat law that was allowed last year by the U. S. Supreme Court to go into effect because of Sovereign Immunity. The case challenging Oklahoma's laws should have been thrown out of court when it was filed.

These March 21<sup>st</sup> and May 31<sup>st</sup> decisions have both been so utterly untethered from our state constitution, from the rule of law, and from any recognition that every abortion is the purposeful killing of an innocent human being that they raise a very real question of whether this out-of-control, rogue court is carrying out a preconceived, step-by-step plan to create out of thin air a “constitutional right” to unlimited, elective, abortion on demand.

# Judge Enjoins Fetal Heartbeat Protection Law, Sends Case to the S.C. Supreme Court

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

As Senate Majority Leader Shane Massey, R-Edgefield, accurately predicted, the Fetal Heartbeat and Protection from Abortion Act (S474) was stopped from taking effect pending review by the South Carolina Supreme Court.

Almost 24 hours to the minute after Governor Henry McMaster signed the law protecting unborn babies with beating hearts from death by abortion, Circuit Judge Clifton Newman said he will “maintain the status quo” – meaning he will not overturn the State Supreme Court’s previous 3-2 ruling striking down an older heartbeat law passed in 2021. Abortion businesses can resume killing unborn children up to 20 weeks of pre-natal life pending action by the South Carolina’s highest court.

The South Carolina Supreme Court can lift the injunction or allow it to continue while the five-member court hears for the second time whether the new fetal heartbeat law violates the South Carolina Constitution.

In an interview Wednesday with Dr. Tony Beam on his podcast Truth in Politics and Culture, Senator Massey said, “I think we’re going to have a pretty good idea in the next few weeks,” of what to expect from the South Carolina Supreme Court. He said a lower court probably will enjoin or stop the Heartbeat law from

taking effect. That injunction can be appealed to the State Supreme Court. “I suspect what’s going to happen is that within the next few weeks, you’re going to get a ruling from the [State] Supreme Court on the injunction as to whether to maintain the injunction,” while



the law is challenged or to allow the law to take effect.

Senator Massey noted that while there is no “right to privacy” in the U.S. Constitution, the South Carolina Constitution has an explicit right to privacy, but he said emphatically, it has “absolutely nothing to do with abortion.” The amendment was added to the state constitution in the early 1970s before the lethal 1973 *Roe v. Wade* U.S. Supreme decision that was overturned on June 24, 2022. The South

Carolina privacy clause was intended to protect individuals from government overreach into private bank records, phone records, and other privacy issues unrelated to abortion.

The South Carolina Senate gave its final approval to the

*Jackson* decision. The high court found there is no right to abortion in the U.S. Constitution and said it is up to the individual states to decide abortion laws.

If it withstands the legal challenge, the new South Carolina law could save hundreds of unborn babies’ lives every month and stop most out-of-state abortion traffic currently flooding into South Carolina. Georgia and Florida both have enacted fetal heartbeat protection laws. North Carolina limits abortions at 12 weeks gestational age but has a 72-hour waiting period. South Carolina has a 24-hour waiting period between the time a woman schedules an abortion and the procedure can be performed.

In January, the South Carolina Supreme Court struck down the 2021 law by a 3-2 vote that concluded the 2021 heartbeat law violated the South Carolina Constitution’s right to privacy clause. Three factors have changed since that decision.

The U.S. Supreme Court overturned *Roe* on June 24, 2024. The make-up of the South Carolina Supreme Court has changed with the retirement of a pro-abortion justice. The new Fetal Heartbeat law (S474) was written to address the issue raised by the South Carolina Supreme Court about the 2021 law.

Fetal Heartbeat and Protection Act (S474) on Tuesday. By a vote of 27-19, the Senate agreed with changes the House of Representatives made last Wednesday, May 17, to strengthen the language that protects most unborn children from abortion once the heartbeat can be detected.

The Fetal Heartbeat Act (S474) is the first pro-life law passed in South Carolina since the United State Supreme Court overturned *Roe v. Wade* on June 24, 2022, in what is known as the *Dobbs v.*

# The horror of abortion absolutism

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

Here in Minnesota, Gov. Tim Walz and the legislature just enshrined legal abortion for any reason and at any time during pregnancy. It mirrors exactly the position championed by Warren Hern, the notorious practitioner of late abortion in Colorado. Hern, who wrote an influential abortion textbook, has performed late abortions for some 50 years.

In a recent profile by Elaine Godfrey for *The Atlantic* (aptly titled “The Abortion Absolutist”), Hern speaks openly about his abortion practice. He does abortions through about 32 weeks, usually (but with some exceptions) avoiding abortions after that point only because of the serious dangers they pose to women.

“Hern is reluctant to acknowledge any limit, any red line,” writes Godfrey. “He takes the woman’s-choice argument to its logical conclusion.” He’s even done a couple sex-selective abortions—abortions performed solely because the parents did not like the sex of their child. Indeed, for Hern, “the reason doesn’t really matter.”

This is unlimited abortion. This is current Minnesota law. And if Godfrey’s article shows anything, it’s that the case for such absolutism is extraordinarily weak.

Many abortion defenders, for instance, say there shouldn’t be laws limiting late abortions because most of them happen in grave medical situations. Of course, even if that were true, it’s no reason to allow elective procedures as well. But *is* it true?

Godfrey talked to several of Hern’s clients who had chosen abortion (one at 35 weeks) after their children were diagnosed with health problems or disabilities. Some described this killing as “euthanasia” and “a kind of mercy killing,” Godfrey says. Yet Hern himself, she explains, “estimates

that at least half, and sometimes more, of the women who come to the clinic do not have these diagnoses.”

Hern does destroy many sick and disabled unborn humans. But most who die in his clinic were healthy until they got there.

Other evidence, too, makes clear that a majority of later abortions are purely elective. “Data suggest

autonomy. It’s about “a woman’s willingness,” Godfrey explains. A woman and her wishes are “virtually the only thing that matters.”

Missing from that simplistic equation, of course, is the value of the human being *in utero*—who, in the case of late abortion, can feel excruciating pain and even live outside the womb—and

to him,” Godfrey says. “He ... needed time to process how the dead fetus looked, how removing it felt. Sometimes he’d sit in his office and think, *What am I doing?*” Once, Hern removed a child whose heart was still beating. “For a long while after,” writes Godfrey, “a vision of that fetus would wake Hern from sleep. He could see it in his mind, the inches-long body and its heart: beating, beating, beating.”

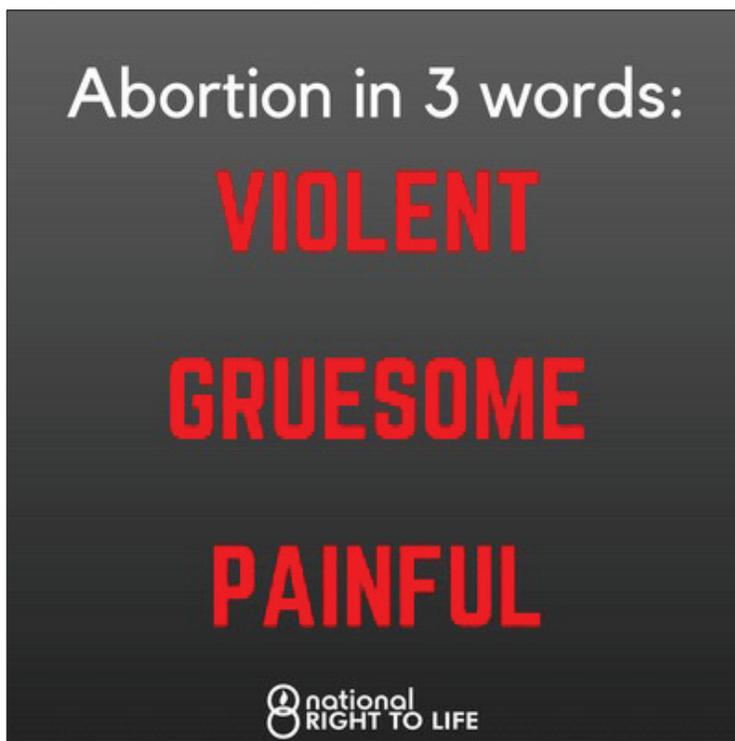
But Hern told himself that this psychological toll—this horror—was necessary for his work. And eventually his conscience numbed and the nightmares went away.

Many others have taken a different course when confronted with the reality of abortion. Dr. Anthony Levatino, like Hern, practiced abortion for a living. Then, one day, his daughter died in a traffic accident. When he went back to work to perform a typical D & E (dismemberment) second-trimester abortion, something was very different about his experience:

**I started that abortion and I took that sopher clamp and I literally ripped out an arm or a leg and I just stared at it in the clamp. And I got sick. ... For the first time in my life, after all those years, all those abortions, I really looked, I mean I really looked at that pile of goo on the side of the table [where the body parts are collected] that used to be somebody’s son or daughter and that’s all I could see.**

Dr. Levatino quit doing abortions because he finally saw unborn children for who they are. They are sons and daughters. *They are what we are.*

Abortion absolutism can only persist as long as we don’t really look.



that most women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerment,” notes a study published in *Perspectives on Sexual and Reproductive Health*.

Some of the best evidence comes from Arizona, where the state has collected data on health reasons for abortion at different stages of pregnancy (most states don’t parse data in that way). The Arizona data show that somewhere around 80 percent of abortions at 21 weeks or later are not related to health at all (whether fetal health or maternal health).

For Hern, as for many others, the real reason for absolutism isn’t health concerns or hard cases. It’s

the relationship of dependency between parent and child. A pregnant woman’s right to bodily autonomy is important. But it is not a right to attack or destroy the body of her vulnerable offspring. Just as bodily autonomy plainly does not encompass a right to harm an unborn child by taking drugs that cause birth defects, so it does not encompass a right to kill that child.

Hern knows what abortion is better than anyone. He performs his late abortions by inserting a lethal injection of the drug digoxin into the unborn human’s heart. He later delivers the dead child either whole or in pieces by dismembering her.

This killing “sometimes got

# 66 percent of respondents described a would-be Biden reelection as either a “setback” or a “disaster”

By Dave Andrusko

Last week’s devastating *CNN* poll gauging how the America people feel about President Biden’s job performance received 90% of the coverage but *Fox News* and *Quinnipiac* also published polls which show our pro-abortion President is deeply unpopular.

Jennifer Agiesta, *CNN*’s polling director, cuts right to the chase:

**President Joe Biden’s bid for a second term begins with a wide advantage over his declared opponents for the Democratic nomination, but he faces headwinds among the overall public from declining favorability and a widespread view that his reelection would be more negative than positive for the country, according to a new *CNN* poll conducted by SSRS.**

**Just a third of Americans say that Biden winning in 2024 would be a step forward or a triumph for the country (33%). At the same time, the survey finds a decline in favorable views of Biden over the past six months, from 42% in December to 35% now. And results from the same poll released earlier this week showed Biden’s approval rating for handling the presidency at 40%, among the lowest for any first-term president since Dwight Eisenhower at this point in their term.**

I’m sure *CNN* has asked that question before—whether someone’s election/reaction “would be a step forward or a triumph for the country” —it’s

the first time I’ve seen it. And, to be honest, as *CNN*’s Jake Tapper was, the numbers were “horrible.”

It gets worse. For example, Agiesta writes

**But the results signal that Biden could face a challenge keeping Democratic-aligned White non-college voters in his camp in next year’s general election: 16% of these voters say they definitely won’t support Biden in November 2024, compared with 1%**



**of White Democratic-aligned voters with college degrees and 5% of Democratic-aligned voters of color.**

As *Quinnipiac*’s survey shows, among register voters, Biden has a negative 38 – 57 percent job approval rating. Among all Americans, Biden receives a negative 36 – 58 percent job approval rating.

Like the other two surveys, the *Quinnipiac* survey asked about President Biden’s age. *Hotair*’s John Sexton writes

**Registered voters 65 – 32 percent think that Joe Biden is too**

**old to effectively serve another 4-year term as president. Republicans (90 – 8 percent) and independents (69 – 28 percent) think that Biden is too old, while Democrats 57 – 41 percent think that Biden is not too old to effectively serve another 4-year term as president.**

**So a majority of Democrats (57%) believe he’s not too old but they say that knowing he’s**

**younger than 45 say they back Biden compared with 68% among those age 45 or older). ...**

**But as bad as that *CNN* poll is, there’s one number from the latest *Fox News* poll that I’d describe as even worse. Specifically, how Biden is doing with independents, a key voting segment heading into the 2024 general election.**

**Among independents, only seven percent believe that Biden’s policies are helping their families. That’s simply stunning. There’s no way to spin that or massage it into something else. It is a direct indictment of Joe Biden as a president and the clearest evidence to date (as far as polling) that he’s a complete failure.**

Agiesta concludes with this historical perspective:

**Views of Biden are sharply more negative than are views of each of the three living Democratic past presidents. Barack Obama is the most positively viewed of all the living presidents tested in the poll, 57% hold a favorable view, 35% an unfavorable one. Impressions of 98-year-old Jimmy Carter, who recently entered hospice care, break positive, 43% favorable to 21% unfavorable, with 36% unsure or unable to rate him. And the public divides over Bill Clinton, with 41% expressing a favorable view and 42% an unfavorable one.**

**already running for president and will be the nominee. What would they be saying if they had another real candidate in the race? What would they say if they were honest?**

One other note, this from *RedState*, digs deeper:

**Biden’s weakspots in the race for the nomination are concentrated among independents who lean Democratic (40% back Biden for the nod, compared with 67% among self-identified Democrats) and younger voters (49% of those**

# MCCL GO again highlights first 1,000 days of life at 76th World Health Assembly

GENEVA, Switzerland — The first 1,000 days in the life of a human being—from conception to the second birthday—are crucial to the health and prosperity of both mother and child, according to an updated document released last week at the World Health Assembly (WHA) in Geneva, Switzerland. It was produced by Minnesota Citizens Concerned for Life Global Outreach (MCCL GO), a U.N.-accredited non-governmental organization.

“A wealth of research has demonstrated how important this 1,000-day window of time is,” stated MCCL GO President Scott Fischbach. “Mothers and babies need quality health care throughout pregnancy, childbirth, and the two years after. This must be prioritized.”

This week’s 76th annual WHA is a gathering of the U.N.’s World Health Organization, including delegations from all member states. The theme for this year’s meeting is “health for all.”

An estimated 2.4 million children died within the first month of life in 2020. Many newborn deaths can be prevented by improving the quality of care during labor, childbirth and the days following birth, including

essential newborn care, explains MCCL GO’s newly updated document, “1 to 1,000: How to ensure the health and flourishing of women, children, and society.”

problem in large parts of the world. We can save the lives of both pregnant women and their babies by providing the care that they need, including skilled

importance of early childhood, when suboptimum breastfeeding leads to an estimated 800,000 deaths each year, and it calls for respect and protection for women during pregnancy and motherhood, when they may be uniquely vulnerable to the threat of violence and abuse.

“The first 1,000 days after conception are so critical in so many ways, not just for women and children, but for society as a whole,” Fischbach explained. “Good care throughout this period leads to healthier, better-educated, and more productive adults, increasing economic prosperity.”

MCCL GO calls on the WHA to prioritize the 1,000-day continuum of care for all mothers and babies.

MCCL GO’s brochure “1 to 1,000” is available in English and Spanish at the MCCL GO website, [www.mccl-go.org](http://www.mccl-go.org).

MCCL GO is the U.N.- and OAS-accredited global outreach program of the Minnesota Citizens Concerned for Life Education Fund. Our goal is to protect as many human beings as possible from the destruction of abortion, infanticide, and euthanasia. Learn more at [www.mccl-go.org](http://www.mccl-go.org).



**MCCL GO!**  
**GLOBAL OUTREACH**

“Maternal and child health are intimately connected,” said Fischbach. “Maternal mortality and morbidity remain a serious

birth attendants, emergency obstetric care, sanitation, and clean water.”

The brochure also describes the

# 2024 Senate Map Presents Opportunities and Challenges for Republicans

By Karen Cross, NRL Political Director

Aside from the White House, the biggest prize in the 2024 elections is control of the U.S. Senate. On the line is the fate of pro-life (and pro-abortion) legislation as well as judicial nominations, including nominees to the Supreme Court if vacancies should arise. To retake the U.S. Senate in 2024, Republicans need a net gain of two seats, or just one seat if they also retake the White House. With the balance of power coming down to just one or two seats, each individual race takes on heightened importance.

*Let's look at what are considered the most competitive races at this point in the cycle.*

## Arizona

Pro-abortion Senator Kyrsten Sinema's decision to leave the Democratic Party and register as an Independent paves the way for an unpredictable three-way race in Arizona. Sinema has not confirmed if she will run for re-election. Regardless of her decision, pro-abortion Congressman Ruben Gallego (D) is mounting an aggressive campaign to replace her as the Democrat nominee. While Sinema has cultivated a reputation as a moderate on some issues, her position on abortion is unambiguous. Both Sinema and Gallego support a policy of unlimited abortion for any reason until birth. Both Sinema and Gallego have voted for versions of the so-called "Women's Health Protection Act (WHPA)." The WHPA would enshrine unlimited abortion in federal law and tear down existing protections on the state level, including parental involvement and informed consent measures. Both also support using tax dollars to pay for abortions. Both have voted against the No Taxpayer Funding for Abortion Act.

In May, *CNN* reported that Sinema holds a significant financial edge over Gallego with about \$10 million in the bank compared to \$2.7 million for Gallego.

At this early stage of the

Republican primary, Pinal County Sherriff Mark Lamb is in the race, but other likely or potential candidates include Congressman Andy Biggs, Arizona Senate President Pro Tempore T.J. Shope, former Congressman Matt Salmon, former Senate candidate Blake Masters, former GOP gubernatorial nominee Kari Lake, former gubernatorial candidate Karrin Taylor Robson, and former prosecutor and attorney general candidate Abe Hamadeh. Former Governor Doug Ducey, Congressman Dave Schweikert, and Congressman Juan Ciscomani have officially declined to run.

*The Cook Political Report* categorizes the race as a Tossup.

## Michigan

Both parties are preparing for a major showdown for the seat left open by pro-abortion Senator Debbie Stabenow's retirement. Many key Democratic leaders have coalesced behind pro-abortion Congresswoman Elissa Slotkin (D) as their preferred candidate. Slotkin received an early endorsement from EMILY's List, a mega-fundraiser for Democrat women who support a policy of unlimited abortion.

Michigan State Board of Education President Pamela Pugh, former State Representative Leslie Love, businessman Nasser Beydoun, and attorney Zack Burns are also vying for the Democratic Party nomination.

Potential Republican candidates include Congresswoman Lisa McClain, State Senator Ruth Johnson, former gubernatorial candidate Kevin Rinke, and former Congressman Peter Meijer. Freshman Congressman John James and former Lieutenant Governor Brian Calley have ruled out bids for the seat.

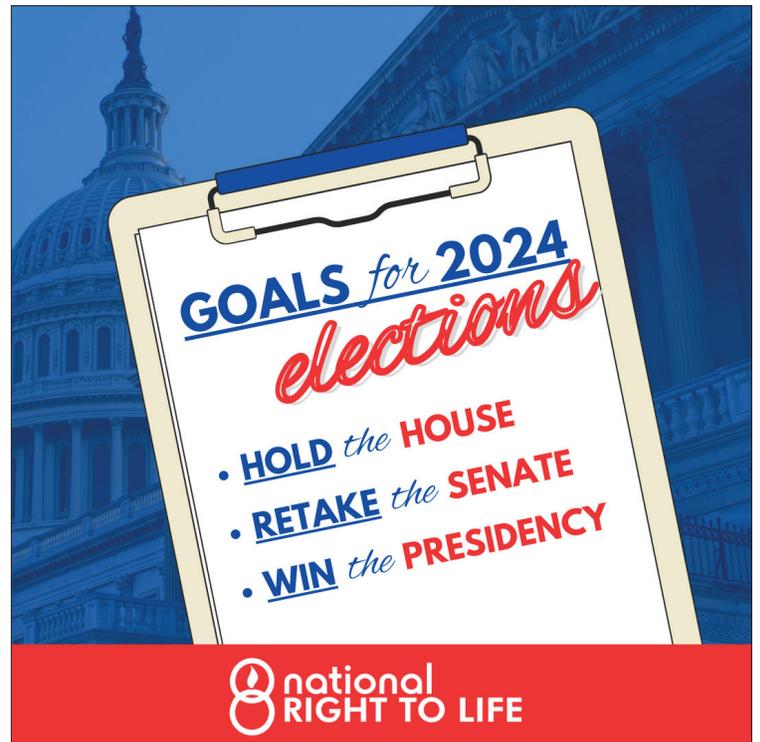
## Montana

Pro-abortion Senator Jon Tester (D) is officially running for re-election. He first won the seat in 2006 and, despite being a Democrat in a generally red state, has proven difficult to defeat. Potential candidates on the Republican side include pro-life

Congressman Matt Rosendale, who may be eager for a rematch after narrowly losing to Tester in 2018, and pro-life Congressman Ryan Zinke.

In Tester's 2012 and 2018 re-election campaigns, Democrats

representative and GOP nominee for secretary of state in 2022. Polling sponsored by Nevada Newsmakers found that in head-to-head matchups, Laxalt would defeat Rosen by 1% while Rosen would defeat Marchant by 5%.



successfully boosted third party candidates, specifically Libertarian Party candidates, in an effort to swing otherwise-Republican votes away from the GOP. In 2018, the Libertarian candidate received more votes than the difference between Tester and the GOP nominee. Per the *Associated Press*, Democrats employed a similar tactic in a Congressional race in 2022. Republicans are attempting bar this type of election manipulation and ensure a fair head-to-head fight between the GOP nominee and Tester.

## Nevada

Pro-abortion Senator Jacky Rosen (D) is one of the most vulnerable Democrat incumbents heading into the 2024 cycle. Nevada was one of the closest states in the 2020 election.

Two potential GOP nominees are Adam Laxalt, the former Attorney General and GOP nominee for Senate in 2022, and Jim Marchant, a former state

Laxalt initially indicated he would not run but has not made a final decision about the race while Marchant has announced his intention to run.

Other potential GOP candidates include former Senate candidate Sam Brown, Senate Minority Leader Heidi SeEVERS Gansert, attorney and retired boxer Joey Gilbert, television personality Rick Harrison, former Lieutenant Governor and Treasurer Brian Krolicki, and former Governor Brian Sandoval, who is currently serving as president of the University of Nevada- Reno (UNR).

## Ohio

Pro-abortion Senator Sherrod Brown (D) is up for re-election in the Buckeye State. In 2022, Ohio Governor Mike DeWine (R) won re-election by nearly twenty points. The same year, Republican Senator JD Vance won an open

# Ohio Supreme Court hands pro-abortion forces a big victory in Ohio

By Dave Andrusko

On Thursday, the Ohio Supreme Court ruled against pro-lifers, holding that “Issue 1” can move forward as a single initiative this fall.

“The Court’s 7-0 ruling upholds the Ohio Ballot Board’s unanimous decision that the proposed amendment can move forward as a single initiative,” Avery Kreemer and Samantha Wildow reported. “The initiative would guarantee Ohioans’ right to abortion and protect their individualized decisions on fertility treatment, contraception, miscarriage care and continuing their own pregnancy.”

“It’s disappointing that the court did not believe it was two issues; however, we knew that we had a tall order to overcome with this case,” said Ohio Right to Life President Mike Gonidakis. “The court ruling does not change our tactics and strategies, and we know we will be successful in November.”

Gonidakis added, “Make no mistakes, we’re going to win in August on Aug. 8 and we’re going to protect the Ohio Constitution from outside special interests. Today’s ruling doesn’t impact that in any way, shape or form. We are very confident in our approach and our tactics to get a majority vote from Ohioans who want to see our constitution safeguarded from out of state groups.”

Maeve Walsh wrote that Margaret DeBlase and John Giroux, both members of the Cincinnati Right to Life, argued

**the initiative’s language— authored by Ohioans for Reproductive Freedom — contains multiple amendments to the state constitution as opposed to a single issue required by law. Thus, the plaintiffs said the ballot board abused its discretion by greenlighting the initiative, whose provisions include protections for contraception, fertility treatment and health care that falls outside the scope of abortion.**

The state Supreme Court has decided in previous decisions “that individual provisions of a proposed amendment do not need to relate to one another, but they do need to relate to a singular purpose,” Kreemer and Wildow explained. In this instance, the decision reads, “the proposed amendment meets that standard because each provision relates to the single general purpose of protecting a person’s reproductive rights.”

A coalition of pro-life organizations has argued from the beginning that Issue I is radically pro-abortion, extending the “right” to end an unborn baby’s life up to birth. Planned Parenthood and the ACLU, it seems, agrees. In a May 31 tweet, Planned Parenthood said

**When it comes to your abortion, any reason**

**is the right reason. Telling your abortion story is important, and the more we talk about this essential form of**

Ohio Right to Life #EndAbortionOhio tweeted **Once again, @acluohio says the quiet part out loud. Not only are they**



**health care, the more normalized it becomes.**

The ACLU of Ohio tweeted on May 24 that

**A ban is a ban, whether it prohibits abortion after 6, 12 or 15 weeks. Any ban that takes away a person’s ability to make their own medical decisions is unacceptable., which is why we must enshrine reproductive freedom in the Ohio Constitution in November.**

**fighting to end parental rights, they’re opposed to any protection for the unborn at any time in a pregnancy. That’s why they’re fighting to enshrine painful, late-term abortion into the Ohio constitution.**

To place the measure on the November ballot, Ohioans for Reproductive Freedom has until July 5 to collect more than 400,000 signatures.

# A year after the fall of Roe, Planned Parenthood's national office braces for significant layoffs

By Jonathon Van Maren

That is very good news for the pro-life movement as it indicates the scale of the economic damage

This month marks one year since the U.S. Supreme Court overturned *Roe v. Wade*. The *Dobbs* decision, as many predicted, brought an escalation in the abortion wars as state-level battles took on enormous significance. The outcomes, for pro-lifers, have been a very mixed bag – but the abortion industry has sustained some real blows over the past year, as well.

For starters, pro-life laws are working. According to a Bloomberg report, Arkansas, Alabama, Idaho, Kentucky, Louisiana, Missouri, Mississippi, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, and Wisconsin, there were only 265 abortions per month from July to December of 2022 – a 96% drop from the abortion rate during April and May. A key reason for this is the fact that the *Dobbs* decision resulted in the closure of many abortion clinics, and the “average American now lives 275 miles further” away from a clinic.

Data have long shown that the further a woman must travel to procure an abortion, the more likely she is to seek other options, instead. One reason that shutting down abortion facilities has been a key tactic of the pro-life movement is because the evidence from both pro-life and pro-abortion sources indicates

that abortion-minded women do not simply find other clinics – many will seek life-affirming options, instead. The closure of more abortion centers post-*Dobbs* has exacerbated that trend.

Reports that have been affirmed by pro-life statisticians indicate that a minimum of 32,250 fewer abortions were committed in the United States in the six months

stated that Planned Parenthood's leaders are “pushing out some of our movement's brightest minds. This comes at a time where reproductive freedom is in jeopardy and when our members are struggling under difficult economic conditions.”

That is very good news for the pro-life movement as it indicates the scale of the economic damage

function. They are also planning to invest \$70 million in its affiliates.

Meanwhile, Planned Parenthood is also snarled in several expensive legal battles. They are currently being sued by an unnamed pro-life activist for allegedly defrauding Medicaid system – if they lose, they could have to pay out more than \$1.8 billion,



after *Roe* fell.

A new report from NPR highlights another significant victory for the pro-life movement. According to top Planned Parenthood officials, the country's largest abortion provider is now preparing to restructure their national office and “lay off dozens of staff members, with a new focus on helping local affiliates.”

Unions have been told to expect layoffs of up to 10% to 20% of the national workforce, or a minimum of 80 people. Union officials

done to Planned Parenthood by *Dobbs*. With pro-life laws passed in more than a dozen states, the abortion giant has diversified by selling transgender cross-sex hormones and facilitating sex “changes,” but abortion has always been its number one money-maker. Planned Parenthood noted that it will redouble its political efforts, pouring campaign cash into the coffers of those who will work to create more friendly regimes in which their corporation can

more than enough to bankrupt the organization at a national level. Planned Parenthood, for their part, is still desperately suing to block pro-life laws from taking effect, most recently trying to stop South Carolina's “Fetal Heartbeat and Protection from Abortion” Law. Much is riding on the outcome of these cases.

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

# ‘That day has come’: Infamous Kentucky abortion facility up for sale

By Cassy Fiano-Chesser, Live Action News

EMW Women’s Surgical Center, one of only two abortion facilities in Kentucky, has been listed for sale.

Kentucky Today reported that the building has been put on the

EMW’s website continues to state that it is open, and there has been no comment released to local media about the sale.

After the fall of *Roe v. Wade*, the state of Kentucky enacted a

Center has been embroiled in controversy over a buffer zone ordinance, which was put into place by the Louisville Metro Council in 2021. The abortion facility quickly painted lines

zone banned people from even praying on the sidewalk. The Sixth Circuit Court ruled that the buffer zone ordinance violated the First Amendment.

In a statement, Kentucky Right to Life celebrated the potential closure of EMW Women’s Surgical Center. The only other abortion facility in the state is Planned Parenthood, also located in Louisville.

“In the last 299 days there’s been no abortions in Commonwealth of Kentucky – except when medically necessary to protect the life of the mother. Let’s face it folks, when you can no longer profit from taking innocent lives, close the doors, it is time to move on,” Addia Kathryn Wuchner, Executive Director Kentucky Right to Life, said. “For years Kentucky Right to Life and our members, faithful ProLife advocates and prayer warriors have stormed Heaven for those who had no voice. They waited, trusted, and advocated that one day they would see the day that God would shut EMW down. Well, that day has come!!”



market for \$3.5 million, and realtor Austin English said he has already been receiving calls from interested buyers. So far, there is no word on what this will mean for the future of the facility;

trigger law, protecting virtually all preborn children from abortion. This led to abortions in the state dropping to nearly zero.

In addition to the trigger law, EMW Women’s Surgical

to indicate where the buffer zone is, but the ordinance was struck down by a federal court judge. Kentucky Right to Life and Sisters for Life both sued, pointing out that the buffer

# Can a baby smile in his mother's womb? Even Snopes answers yes!

By Dave Andrusko

I guess it proves the human equivalent of the idiom that even a blind squirrel finds a nut once in a while.

Snopes' Fact Check asked "Does This Image Show Fetus Smiling in Mother's Womb?"—and, more specifically, it posed the claim to be evaluated as whether "An image shows a sonogram of a fetus smiling in his mother's womb."

Snopes' Jordan Liles judged the claim "True."

He writes, on May 31, 2023, "LifeNews posted an image to Facebook that purportedly showed a fetus smiling in his mother's

womb. The image also displayed a picture of what was believed to be the baby smiling after he was born. The caption read, 'Baby before birth. Baby after.'"

A reader asked whether the photo[s] were Photoshopped.

Liles started out by looking to see if he could find other stories that featured the photos.

A story in 2014 in *Manchester Evening News* gave the best search result. The story was about the June 30 birth of David Hargreaves, the same little boy whose photo the reader had asked Snopes to verify had not been altered. Liles continues:

**At the time, Leo's parents, Leighton Hargreaves and Amy Cregg, were living in Church, a village in Lancashire, England.**

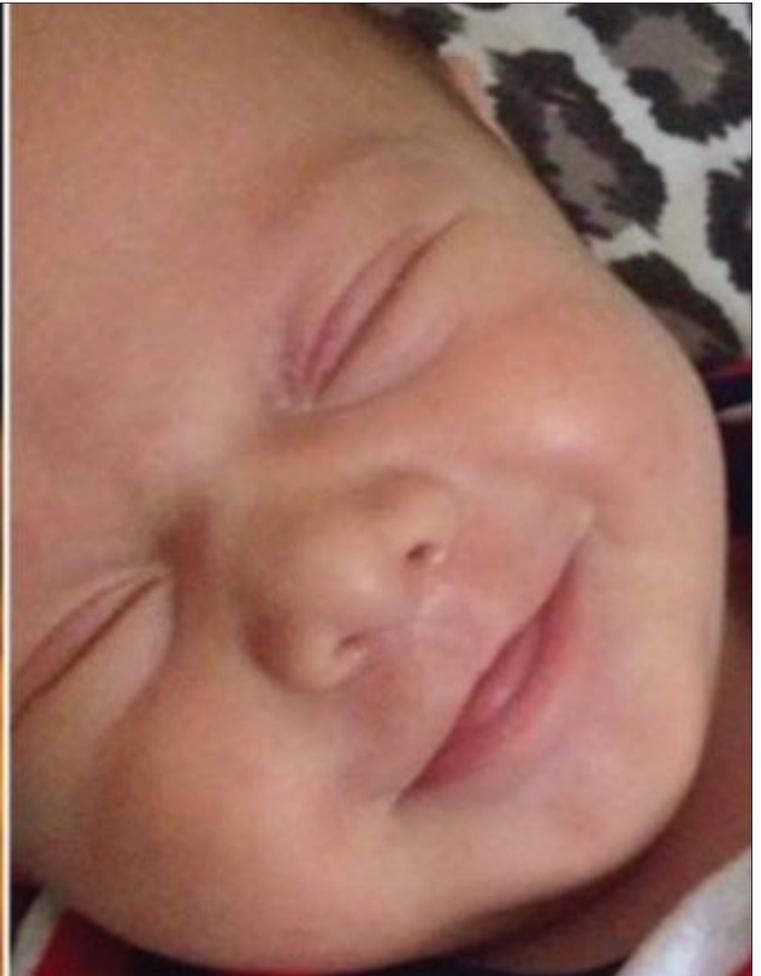
**The article from the Evening News featured an un-cropped version of the sonogram with a date stamp of May 13, 2014, and said that it had been taken at 31 weeks into Cregg's pregnancy.**

Liles discusses some additional technical checks that were conducted to be sure that one

(or both) photos was untouched. They passed the test. Then he quoted again from the *Manchester Evening News*:

**A spokesman for Babybond Ultrasound Direct in Burnley, which performed the scan, said: "Our sonographer who scanned Amy and her gorgeous baby was overwhelmed at her smiley baby throughout the entire scan.**

**"I think we can safely say that Amy's baby has been the smiliest baby we've ever seen."**



# Biden administration seeks to establish a million-dollar hotline to provide abortion referrals

By Patty Knap

The Biden administration is certainly keeping its commitment to do everything possible, bending over backwards to ensure abortion is available anytime, anywhere.

The Department of Health and Human Services has announced a plan to launch a 24-hour hotline for abortion referrals and information.

According to the Office of Population Affairs, the hotline will provide ‘neutral, factual information and nondirective counseling on each of the options,’ including ‘pregnancy termination.’ However, that neutral and factual information will not include any mention of pro-life organizations.

In keeping with the woke agenda, pregnant moms are referred to as “pregnant clients,” and the euphemism ‘termination’ replaces abortion.

A grant award is now available for applicants who wish to run the hotline. Only Title X recipients are permitted to apply, which of course eliminates pregnancy centers or pro-life organizations.

Congress enacted Title X of the Public Health Service (PHS) Act, a program that promotes abortion, contraception, and sterilization, in 1970. It’s intended to provide care to low-income recipients and those without insurance. Planned Parenthood is a regular Title X recipient.

The Office of Population Affairs (OPA), in the Office of the Assistant Secretary for Health (OASH), administers the Title X programs.)

The hotline will “Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination.

With over 2,500 pregnancy

centers across the county offering completely free services and baby things to women in need – for free – how comprehensive can the information be when it’s designed to omit anyone, place, or site that is pro-life!

Pregnancy centers are an established and enormous source of truthful information, maternity and baby clothes, cribs, strollers,



car seats, diapers, and often ultrasounds, all completely free.

Is the purpose of the hotline to help women and babies, or just to push more abortions?

The department estimated the new hotline will cost taxpayers \$1.5 million.

Meanwhile, pregnancy centers don’t receive a single dollar in taxpayer money, relying solely on donations and volunteers.

The grant recipient that is chosen to run the hotline will also maintain a detailed national list of nondirective options referral service sites and build and maintain a national website to complement the hotline.

The grant opportunity is here: View Opportunity | GRANTS.GOV from HHS to Help Launch National Abortion Hotline – Government Executive (govexec.

com)

HHS Secretary Xavier Becerra said the new grant would “establish a safe and secure national hotline to provide referral services for women in need of accurate information about their legal reproductive health care options.”

The grant recipient will be responsible for establishing and

hotline to offer information and referrals for abortion, adoption, and prenatal care. How likely is it that this Title X-funded hotline will provide “nondirective counseling” and supportive referrals to women not interested in abortion? Furthermore, why unnecessarily spend taxpayers’ dollars when a top-quality contact center already exists?”

Shellhouse added, “Option Line has offered accurate information and supportive referrals to pregnant callers for over 20 years. With bilingual consultants available 24/7/365 through calls, texts, emails, and live chats, it serves over 1,000 people daily, offering information on parenting, adoption, and abortion education, as well as referrals to a vast network of organizations that freely provide medical services, education, material supplies, and support services available in the callers’ communities. Tax dollars should be put to better use elsewhere since help is already available through Option Line.”

“For 20 years, Heartbeat International has staffed the 24/7/365 bilingual pregnancy help hotline, Option Line, which has supported millions of women in their moment of decision-and beyond,” cites Nafisa Kennedy, LAS, director of Option Line.

**“Option Line consultants provide compassionate, non-judgmental care to people who are often facing difficult, seemingly insurmountable circumstances. We help them get connected with additional resources for support beyond the**

operating the hotline, as well as building and maintaining an accompanying website. It will also develop and maintain a “detailed national list” of referral service sites. HHS did not respond to a request for additional details on the hotline and website.

As soon as the hotline is set up, the Biden admin will be sure to add it as an ‘accomplishment’ to their list

CatholicVote’s Tom McCluskey said it is “a clear violation of the Hyde amendment, using tax dollars to set up a system to make it easier to kill children.”

Heartbeat International Vice President of Ministry Services Tracie Shellhouse said, “Given the Biden administration’s front-and-center agenda to expand abortion access, I am concerned with its plan to fund a 24-hour

# Remarkable: First-Ever Brain Surgery in the Womb Saves Preborn Baby

By Kim Schwartz, Texas Right to Life

Doctors saved a baby in the womb from a deadly genetic disorder after successfully performing a unique brain surgery in utero, marking a significant milestone in fetal medicine.

The story revolves around Derek and Kenyatta Coleman, a couple from Baton Rouge, Louisiana, who were thrilled to discover that they were expecting a child. Initial tests and screenings indicated a healthy pregnancy, and the couple was eagerly anticipating the arrival of their baby. However, during a routine 30-week ultrasound, they received devastating news – something was amiss with their baby’s brain, and her heart appeared enlarged.

Further investigation revealed that the baby was suffering from a rare condition called vein of Galen malformation (VOGM). This condition is characterized by an abnormality in the blood vessels within the brain, where arteries connect directly to veins instead of capillaries. This disrupts the normal blood flow, causing high-pressure blood to rush into the brain. VOGM can lead to a range of complications, including congestive heart failure, pulmonary hypertension, brain injury, and hydrocephalus.

According to Boston Children’s Hospital, studies have shown that approximately one-third of newborns with VOGM do not survive, while another third experience severe neurocognitive impairments despite treatment. Only one-third of affected individuals reach adulthood without significant compromise.

In the face of this daunting diagnosis, the Colemans decided to participate in a clinical trial that offered a glimmer of hope. Despite the potential risks, including preterm labor and brain hemorrhage for the baby, they believed it was their best chance to save their child.

A team of skilled medical professionals at Boston Children’s Hospital and Massachusetts General Hospital embarked on an unprecedented journey. At 34 weeks and 2 days’ gestational age, they performed a delicate surgery on preborn baby Denver Coleman. The procedure involved making incisions in the mother’s womb, accessing the baby’s skull, and operating on the developing brain. Throughout the surgery, ultrasound technology guided the medical team, enabling them to navigate with precision.

The successful surgery, conducted under such intricate circumstances, was documented in a case study published in an American Heart Association journal. Two days after the operation, Denver was born, weighing a relatively light 4.2 pounds. Although this weight is below the average range, Denver exhibited no birth defects and experienced minimal complications.

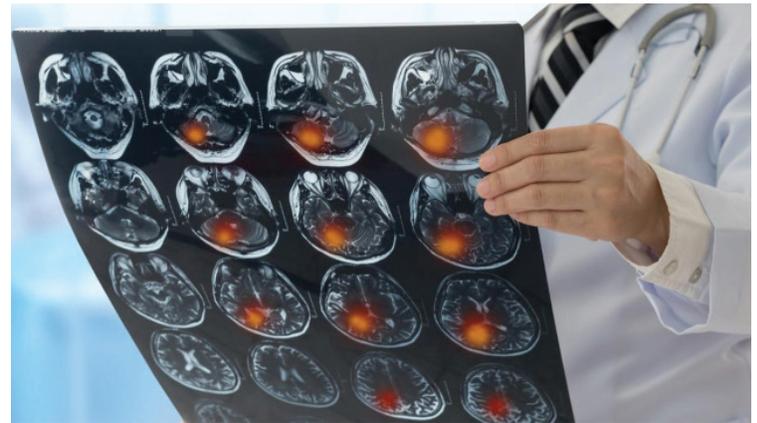
“I heard her cry for the first time and that just, I – I can’t even put into words how I felt at that moment,” Kenyatta told *CNN*. “It was just, you know, the most beautiful moment being able to hold her, gaze up on her and then hear her cry.”

“I gave her a kiss and she was just making little baby noises and

stuff,” Derek said. “That was all I needed right there.”

As Denver continued to grow, subsequent MRI scans revealed no signs of abnormal blood flow, and she required no cardiovascular assistance.

of pediatric echocardiography at UCLA Mattel Children’s Hospital, emphasized the importance of collecting comprehensive data through the ongoing clinical trial to ensure positive outcomes in both



“We are pleased to report that at six weeks, the infant is progressing remarkably well, on no medications, eating normally, gaining weight and is back home,” remarked lead study author Darren B. Orbach, MD, PhD, co-director of the Cerebrovascular Surgery & Interventions Center at Boston Children’s Hospital and an associate professor of radiology at Harvard Medical School. “There are no signs of any negative effects on the brain.”

Currently, researchers and the Food and Drug Administration are collaborating to conduct trials aimed at evaluating the safety and effectiveness of this groundbreaking surgery. The medical community hopes that the results of these trials will pave the way for broader application, benefiting more families facing similar challenges.

Dr. Gary M. Satou, director

neurological and cardiovascular health. By addressing vein of Galen malformation before birth, the medical community aims to prevent heart failure, reducing the risk of long-term brain damage, disability, and mortality in infants.

The successful brain surgery performed on Denver Coleman represents a significant milestone in fetal medicine. It showcases the potential of repairing malformations in the womb and gives a different path to parents who may be pressured to abort in such circumstances.

While this case is just the beginning, the medical community remains committed to furthering their research to ensure the safety and efficacy of this procedure. With continued advancements, they hope to provide more families with renewed hope and the possibility of brighter futures for their unborn children.

# Post *Roe v. Wade*, combating the abortion industry's misinformation, misdirection, and alliances in the media

By Laura Echevarria, Director of Communications and Press Secretary

In the year since the U.S. Supreme Court handed down its decision in *Dobbs v. Women's Health*, the pro-life movement has been effective in changing state laws to protect greater numbers of unborn children. Sadly, however, we've also seen pro-abortion legislatures that have passed laws ensuring unlimited abortion and protection of abortionists.

But *Dobbs* has given us a great opportunity to protect human lives and educate Americans about the reality of abortion and the life of the unborn child in the womb. *Dobbs* is not the end; it is a beginning. No longer is the pro-life movement limited by the restrictions in *Roe v. Wade*; instead, it has the opportunity to achieve more protections—not only for unborn babies but also for their mothers.

But with *Dobbs* comes a whole host of challenges. The abortion industry runs continuous disinformation campaigns, rolling them out with astonishing frequency. For example, for a couple of weeks a deception campaign will focus on pregnancy centers, then for a month, we may see repeated misinformation about mifepristone (the abortion pill), then we may get similar media requests parroting talking points issued by NARAL or Planned Parenthood full of propaganda regarding state laws that protect babies after 6 weeks of pregnancy.

The abortion industry uses misinformation, misdirection, and alliances in the media, Hollywood, and the White House to promulgate their version of "truth."

One of the most common pieces of misinformation we've

Then, for reporters eager to advance the abortion agenda, there is the blatant lie that, post-*Dobbs*, women can't be treated for miscarriages or ectopic pregnancies because hospitals and doctors are fearful of prosecution from state laws that protect

treated by removing the fallopian tube and, with it, the baby.

But the abortion industry never lets facts get in the way of a good propaganda message.

President Biden and his administration help in whatever way they can with the president demanding a "whole-of-government" approach to protecting unlimited abortion.

Even while I wrote this, the press secretary for the White House talked about priorities for the White House and, with a single breath, she went from talking about protecting kids in America from violence to codifying *Roe v. Wade* and making it the "law of the land."

The brutal irony of her statement was lost on her and probably many of the reporters sitting in the briefing room listening to her.

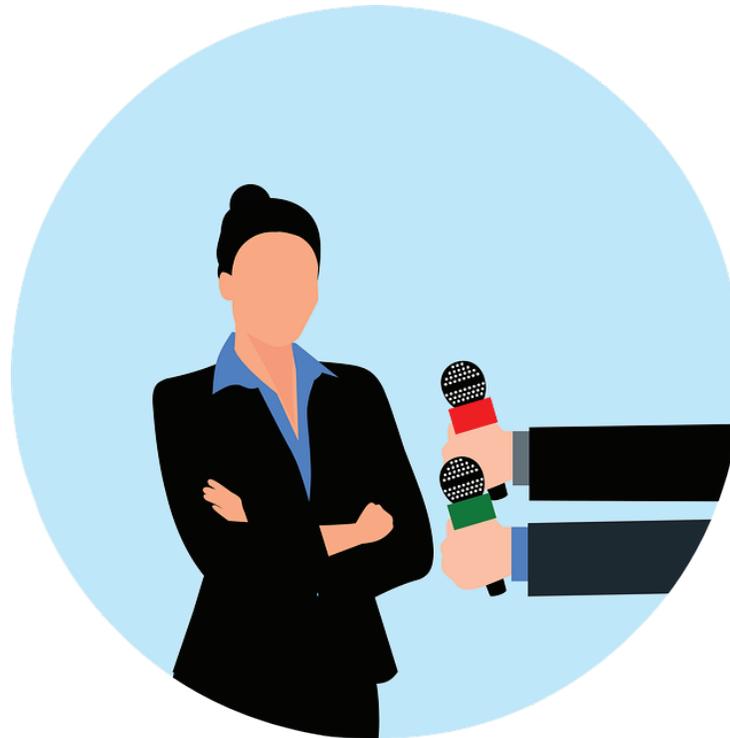
But administrations change.

Just as it has taken us since 1973 to see *Roe v. Wade* overturned, we will one day see protection for unborn children returned. We are seeing lives saved with every pro-life bill that's signed, every pregnancy center that opens, every radio program that reaches someone and changes a heart, and every interview that makes a viewer think and changes a mind about the issue of abortion and the life of the unborn child.

The legacy of *Roe* was death; the legacy of *Dobbs* will be lives saved.

been combating has been about state laws that seek to protect babies. Many reporters have been referring to these as "bans" on abortion, but the truth is most abortions—about 95%-- occur before 15 weeks of pregnancy.

babies from abortion. The truth is, of course, that miscarriages are **not** the same thing as induced abortions and usually involve a baby who has already died or is in the process of dying. Ectopic pregnancies are life-threatening—they can only be



# Most women facing unplanned pregnancy prefer not to abort, study reveals

By Gayle Irwin

A recent peer-reviewed study indicates most women who experience abortion do so in conflict with their preference and values, highlighting pressures they feel making that decision.

The research and published findings, titled “The Effects of Abortion Decision Rightness and Decision Type on Women’s Satisfaction and Mental Health,” shows lack of support and lack of financial security play strong roles in women’s decision to abort (Reardon D C, Rafferty K A, Longbons T (May 11, 2023) The Effects of Abortion Decision Rightness and Decision Type on Women’s Satisfaction and Mental Health. *Cureus* 15(5): e38882. doi:10.7759/cureus.38882).

“This study confirms earlier findings regarding the epidemic of unwanted abortions in America,” said David Reardon, director of the Elliot Institute and lead author of the study.

Reardon and his colleagues discovered nearly 70 percent of women who participated in the research and who had a history of abortion described their decision as inconsistent with their own values and preferences, and one in four classified their abortions as unwanted or coerced.

The new research served as the second in CLI’s Unwanted Abortion Studies.

Researchers with the previous study, published in January, found that more than 60 percent of women reported “high to moderate levels of pressure” to get an abortion and only five percent felt “little to no pressure” (Reardon D C, Longbons T (January 31, 2023) Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health. *Cureus* 15(1): e34456. doi:10.7759/cureus.34456).

For the second study, Reardon and his colleagues interviewed

1,000 American women ages 41-45. Approximately one in four in the sampling reported a history of abortion (similar to the national average), and 91 percent completed the survey, “almost three times the participation rate of the famous “Turnaway Study” conducted by an abortion advocacy



group,” according to a press release issued by CLI. That study, according to Reardon and CLI, “purported to find almost universal satisfaction with the decision to abort, despite also finding high levels of regret, sadness, guilt and anger.”

Key findings in the recent Reardon, et. al research include:

- 67 percent of women described their abortions as “accepted but inconsistent with their values and preferences” (43 percent) or “unwanted or coerced” (24 percent).
- Only 33 percent identified their abortions as wanted.
- 60 percent would have preferred to give birth

if they had received either more emotional support or had more financial security.

“This report is not surprising at all,” said Tracie Shellhouse, vice president of Ministry Services for Heartbeat International and former pregnancy resource center

providing resources that are needed in order for that mother to be able to choose life.”

Mentoring and parenting programs, community and in-house resources, materials assistance, and other offerings provide women facing an unplanned pregnancy with education, compassion, care, and provisions like diapers, formula, and maternity and baby clothes. Some centers even help with Medicaid enrollment.

For example, at True Care Women’s Resource Center in Casper, Wyo., the Director of Patient Resources, Cheryl Flores, is able to pre-qualify women for Medicaid and help them fully register for the program. She also connects patients with housing and physician referrals and other community agencies, providing women with resources they may not know exist.

Such services are critical, Shellhouse said.

**“What I have seen in pregnancy help is once those experiencing an unexpected pregnancy realize all of the resources available to them, somewhere between 80 and 95 percent within the centers that I worked in made the choice to choose life,” she said. “It was very powerful. Again and again, I would hear ‘I didn’t realize how much help I had,’ ‘I didn’t know the support that was available to me.’ So, a big part of that is just getting that support before them and them understanding what is available.”**

director. “For many years I have said that women don’t want to have abortions .... Those that choose to terminate a pregnancy generally do so because they feel that either they don’t have help, or they are under a lot of pressure. This report really indicates that pressure is a huge proponent in the decision to terminate.”

## Pregnancy centers offer help

Pregnancy resource centers provide solutions to those concerns of emotional support and financial security.

Especially noting that 60 percent would have chosen life with greater support, Shellhouse said, “Pregnancy help comes alongside those that are experiencing that unexpected and possibly unwanted pregnancy to meet the emotional and material and sometimes financial needs,

# Third parties may play an outsized role in 2024 presidential election

By Dave Andrusko

Given how incredible tight the last two presidential elections have been, as we approach 2024 we're sure to see more and more stories along the lines of "The stark numbers driving Democratic panic about a 3rd-party bid in 2024," by Mark Murray of *NBC News*. It's an interesting argument.

"Among all the reasons Joe Biden defeated Donald Trump in 2020 but Hillary Clinton didn't four years earlier, one looms especially large for the coming presidential election: the share of the third-party vote," Murray writes. "In 2016, 6% of all voters cast ballots for third-party and write-in candidates, with Libertarian Gary Johnson getting more than 3% of the national vote and Green Party nominee Jill Stein

capturing more than 1%. But in 2020, that proportion fell to 2%."

Can that change that small really affect the election outcome next year in any meaningful way? Consider...

"The difference effectively changed the threshold the major candidates needed to reach to win key battleground states — from 47% and 48% in 2016 to 49% and 50% in 2020," Murray says. "That, Democrats say, made it easier for Trump to win in '16 but not in '20. And the numbers illustrate why Democratic groups — eyeing a possible, if not likely, rematch between Biden and Trump — want to keep the third-party vote share as small as possible..."

Murray compares the results from the 2016 and 2020 elections. Trump won one and lost the other, even though his share of the vote ("nationally, in key battleground states and in key counties) stayed virtually the same." "What changed is that Biden grew the Democratic Party vote share by 2 to 3 points across the board, while the protest vote for other candidates dropped."

Murray offers the outcome in several states to prove his point, starting with Pennsylvania. "Trump defeated Clinton in the state in 2016, 48.2% to 47.5%. But as the third-party vote declined in 2020, Biden won it, 49.9% to 48.7%."

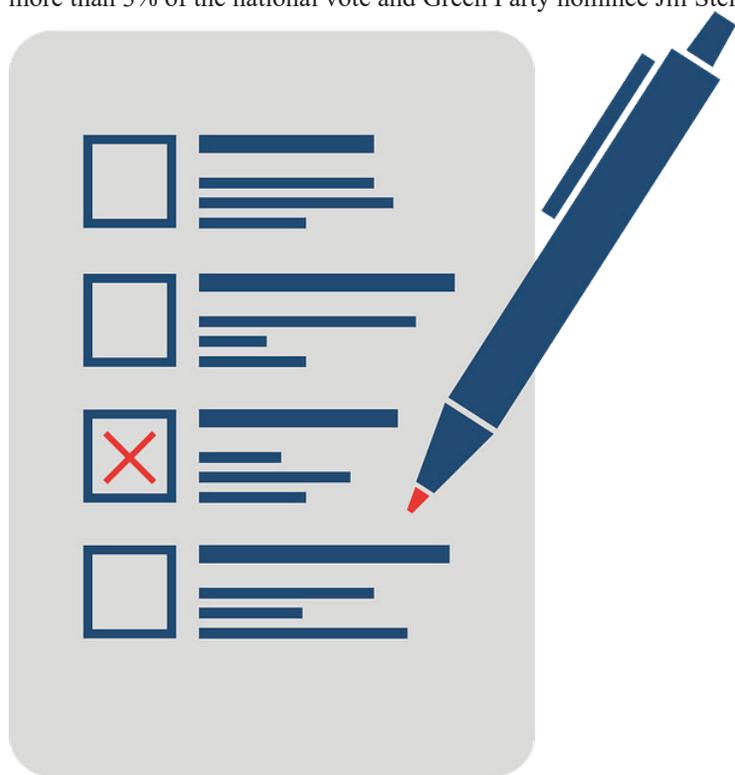
The point Murray (and the Democrats) are making is the need to keep the percent of the vote won by the traditional fringe parties—the aforementioned Libertarian Party and the Green Party—closer to 2020 than 2016 and to keep any new third party off the ballot in key battleground states.

Murray's stories end with a reminder and an obvious caveat:

**Richard Winger, the editor of *Ballot Access News* and an expert on third-party politics in the U.S., expects the Libertarian Party to be on the ballot in most states, and he expects the Green Party to qualify in about half the country.**

**But he said it's impossible to estimate — at least at this early stage — how big the third-party vote will be in next year's election.**

**"It's really impossible to predict," Winger said. "There's so much time, and so many things could happen."**



# Elections Play Key Role in Pro-Life Effort to Make Abortion Unthinkable

From Page 1

our elected representatives on both the state and federal levels new opportunities to enact protections for unborn children and their mothers. These include protections that would have previously been struck down under *Roe v. Wade* (1973). *Dobbs* and the new abortion legal landscape it ushered in further underscore the importance of pro-life involvement in the political process.

Following *Dobbs*, abortion advocates stirred up and exploited confusion about the ruling. They falsely claimed that the pro-life movement wanted to punish or prosecute women who have abortions. They intentionally blurred the definitions of miscarriage and abortion. They tried to discredit proven science about human life before birth. And they actively spread misinformation about abortions in the rare cases where the life of the mother is at risk, there is a serious medical emergency, and when the pregnancy is the result of rape or incest.

In the 2022 elections, pro-life candidates were subjected to an almost unprecedented onslaught by their opponents on abortion. Well-funded pro-abortion groups lobbed barrages of attack ads filled with fearmongering and outright lies. It cannot be overstated just how much pro-abortion candidates were bolstered by election spending from pro-abortion political action committees like EMILY's List, Planned Parenthood Action, and NARAL Pro-Choice America, who reported spending a collective \$150 million to influence the midterm elections. To gin up their supporters, abortion advocates painted even the most modest pro-life proposals as draconian and the pro-life candidates who supported them as extreme.

Meanwhile, pro-abortion Democrat candidates were actually the ones embracing radical positions. They made it no secret that they want unlimited abortion nationwide, for any reason until birth, and they want to use

taxpayer dollars to cover the cost. ***If Democrats had their way, far from being unthinkable, abortions would be widely available, free of charge, and common.***

Nearly every Democrat nominee for Congress in 2022 signaled support for the so-called *Women's Health Protection Act* (more aptly



named the "Abortion Without Limits Through Birth Act"). This would enshrine unlimited abortion in federal law and strike down existing protections for unborn children and their mothers on the state level, including parental involvement and informed consent laws. Democrat candidates also expressed support for using tax dollars to pay for abortions. Some even called for legislation to impede, or render impossible, the work of more than 3,000 pregnancy help centers across the country that serve women and babies in need.

Despite a challenging political landscape in 2022, pro-life candidates prevailed in retaking the U.S. House and ending the one-party rule that Democrats had enjoyed during the first two years of the Biden presidency. National Right to Life and its network of state affiliates and chapters were instrumental in achieving this huge win. Through focused

messaging, strategic spending, and targeted get-out-the-vote efforts, National Right to Life helped to deliver key margins of victory for pro-life candidates in many of the most hotly contested districts.

In 2022, National Right to Life and its political entities

a narrow majority in 2022, picking up one seat. The breakdown of the Senate currently stands at 51 Democrats and 49 Republicans. Several pro-life Senate candidates defied predictions and prevailed in competitive races including Marco Rubio in Florida, Ted Budd in North Carolina, JD Vance in Ohio, and Ron Johnson in Wisconsin.

With the 2024 elections on the horizon, please remember that voting is one of the most important things we can do to safeguard lives threatened by abortion. We must continue to elect leaders on all levels of government who back protections for the unborn as well as opportunities for their mothers to receive the support and resources they need to make life-affirming decisions.

(To assist pro-life candidates in navigating the abortion issue, National Right to Life published a helpful messaging guide entitled, "What Every Candidate Needs to Know about Abortion." at [www.nationalrighttolifenews.org/2023/04/what-every-candidate-needs-to-know-about-abortion](http://www.nationalrighttolifenews.org/2023/04/what-every-candidate-needs-to-know-about-abortion))

Electing pro-life lawmakers, and defeating pro-abortion ones, helps to bring us closer to an America where abortion is unthinkable. In that America, no woman would be made to feel that abortion is the only solution to an unexpected pregnancy. Abortion would not be used as a form of birth control. Unborn children would not have their lives violently taken from them simply because they are labeled "inconvenient" or "unplanned." And no more women would be devastated by the physical and psychological after-effects of abortion and be resigned to suffer them in silence.

That is what we are fighting for. Thank you for standing with us.

With your votes, your prayers, and your dedicated support of National Right to Life, you are making a difference. You are making abortion unthinkable.

supported 284 pro-life candidates running in U.S. House and Senate races, winning 236, or 83% of those races. Eleven competitive Congressional House seats flipped from pro-abortion Democrat to pro-life Republican. National Right to Life's political entities were actively engaged in reaching thousands of pro-life voter households in each of those eleven competitive races.

With their new majority in the House, Republicans ousted Nancy Pelosi, one of the pro-abortion movement's fiercest allies, as Speaker. In the first few months of the 118th Congress, House Republicans, led by pro-life Speaker Kevin McCarthy, have delivered on their promises to advance pro-life bills, block pro-abortion ones, and serve as a critical check against the extreme pro-abortion agenda pushed by Senate Democrats and the Biden Administration.

In the Senate, Democrats gained

# Nevada Gov. signs bill “that sides with predators over parents and abortionists over women.”

By Dave Andrusko

After narrowly passing in the legislature, Nevada Gov. Joe Lombardo has signed SB 131, the “abortion trafficker protection bill.”

SB131 “seeks to make Nevada an Abortion Trafficking hot spot by prohibiting Nevada law enforcement from cooperating with investigations of a crime that doesn’t exist in Nevada,” Nevada Right to Life explained. “SB131 sides with predators over parents and abortionists over women.”

Lombardo, who ousted Democratic incumbent Steve Sisolak as Nevada governor in 2022, “signed legislation Tuesday that codifies a Sisolak executive order banning state agencies from helping out-of-state investigations into abortion patients who are

from a different state,” *The Hill’s* Lauren Sforza reported. “The bill will also make sure that medical governing boards and commissions do not discipline those who provide abortions.”



The governor “originally said he would repeal the executive order, but said months later he would uphold it, a reversal that Sisolak’s campaign repeatedly emphasized,” according to the *AP’s* Gabe Stern. “In February,

he signaled that he would sign the bill.”

“Of course we are disappointed that SB131 became a law,” said Melissa Clement, Executive Director of Nevada Right to Life.

Clement added, “Every Pro-life Nevadan needs to think about how they feel today, as life is challenged and make a pledge to not only vote, but vote early, and make sure, everyone in their network votes as well. Only when Pro-life voters get off the sidelines, will we protect innocent life in Nevada.”

Nevada’s Democratic-controlled legislature earlier this month “advanced a resolution that would enshrine the existing abortion rights in the state constitution, which would make it much harder to repeal.” Stern reported After passing the 2023 session, it must also pass in 2025 before appearing in front of voters on the 2026 ballot. That process does not include the governor’s approval.”

# EMW Abortion Clinic closing doors! Building is for sale!

By Addia Wuchner, RN, Executive Director, Kentucky Right to Life

In the last 299 days, there have been no abortions in Commonwealth of Kentucky — except when medically necessary to protect the life of the mother.

Let’s face it folks, when you can no longer profit from taking innocent lives, close the doors and it is time to move on. EMW is doing just that!

Prior to the overturning of *Roe* on June 24, 2022, and the Kentucky Court’s ruling on August 1, 2022, EMW Women’s Surgical Center was in the business of ending lives... and they have ended the lives of SO MANY babies as the primary abortion clinic serving the city of Louisville, the state of Kentucky, and a six-state region since 1981.

But, since 1981 on any day EMW’s doors were open, faithful advocates for the unborn prayed, held signs, offered booklets, and sidewalk counselors would come alongside the women, sharing words of support and other options to consider, often directing them to local pregnancy care centers.

For years Kentucky Right to Life and our members, faithful ProLife advocates and prayer warriors have stormed Heaven for those who had no voice.

We waited, trusted, and advocated that one day we would see EMW shut down. Well, that day has come!

For 50 years, Kentucky Right to Life (KRTL) has worked to help elect candidates for public office who were committed to be “ProLife lawmakers.” Once elected, KRTL and other groups worked tirelessly with these legislators to draft and pass laws that recognized preborn babies as human beings deserving of legal protection.

Since 2017, over 18 ProLife laws were passed! Most were challenged in the courts. The ‘Trigger’ law passed in 2019, affirmed that if *Roe* were overturned, abortion in Kentucky would end.

Then something just short of a miracle occurred... In 2019 the citizens of Kentucky elected Daniel Cameron as Attorney General. AG Cameron assembled

his team, “the best of the best” extremely talented attorneys, many who served with [former Gov.] Matt Bevin.

Time and time again, they have demonstrated their ability to critically analyze the situation and to create a plan of action to win



Over the last three years, General Cameron, Solicitor General Matt Kuhn, Chris Thacker, and the entire team have defended Kentucky’s ProLife laws in the Jefferson and Franklin County Courts, the U.S. Court of Appeals, and the Supreme Court of the United States.

in the Courts. Their dedication and skill are why today we are witnessing the sale of EMW Abortion Clinic!

Yes, we know that Planned Parenthood still stands, but optimism is in the air. Thank you ProLifers! Let’s continue to pray and stand against abortion.

# PBS Ignores Own Poll Showing 62% of Voters Worried About Biden's Mental Fitness

By Kevin Tober

A brand new poll conducted by *NPR/PBS* Tuesday shows a “significant majority of Americans say they believe President Biden’s mental fitness is a real concern they have about his ability to be president,” according to *NPR’s* writeup of the poll’s findings. Despite this, *PBS NewsHour* ignored their own poll during their Tuesday evening broadcast. It was also ignored by the “big three” evening newscasts as well.

Instead of reporting on their own poll showing six in ten Americans have real concerns about Biden’s ability to do his job because of his apparent lack of mental fitness, *PBS NewsHour* decided a segment on the alleged importance of recruiting black teachers to teach black students was more important than reporting on their own poll that had inconvenient results for their ally in the White House.

Meanwhile the three evening broadcast networks wasted their

viewers’ time on local weather reports (*ABC & CBS*) and the news about how Netflix is planning on cracking down on password sharing (*NBC*).



Respondents to the poll that *PBS*, *ABC*, *CBS*, and *NBC* ignored said they were worried about Biden’s mental fitness to carry out his duties as President and “said so by a 62%-to-36% margin, rather than dismissing it as simply being a campaign

strategy used by his opponents,” *NPR* wrote.

“Biden did, however, actually see a slight increase in his approval rating to 45%, up 4

points from last month. That indicates there will likely be a significant number of people who believe there are serious concerns about Biden’s mental fitness but will vote for him anyway,” *NPR* added.

As you dig further into the

crossstabs of the poll, you understand why the evening news networks ignored it:

Almost 4 in 10 Democrats said his mental fitness was a real concern as did 7 in 10 independents and, as expected, more than 8 in 10 Republicans. Several key Democratic and swing groups saw Biden’s mental fitness as a real concern, including those 45 or younger (69%), GenZ/Millennials (67%), men (66%), those without college degrees (66%), non-whites (64%) and those who live in the suburbs (63%), for example.

Forty percent of Democrats and seventy percent of Democrats are disastrous numbers for the Biden campaign. As their propaganda arm in the media, *PBS*, *ABC*, *CBS* & *NBC* did their best to shield this information from their audience.

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

## Biden administration seeks to establish a million-dollar hotline to provide abortion referrals

From Page 18

moment of decision-their need does not end when the phone call does, so we ensure they have opportunity for tangible, often long-term support through local pregnancy help organizations. I, personally, have served more than 230,000 individuals on the hotline, and in a time of decision,

what these individuals value most is connecting with another person who truly cares for them. We are committed to offering convenient ways for these women to connect with a caring confidant, providing a perspective that shares the whole truth – 24/7/365.”

“Whereas this proposed

new hotline utilizes taxpayer dollars -without regard to how taxpayers actually want that money spent, mind you-Heartbeat International is funded voluntarily by generous people who are truly invested in helping women in their moment of decision-and beyond. We, and our network

of pregnancy help organizations, walk with these mothers because we love them...we want them each to have the best possible future.”

*Editor’s note: Heartbeat International manages Pregnancy Help News where this first appeared. Reposted with permission.*

# A 15-week Phantom “Ban” is no “Ban” at all

From Page 1

discovered in an unborn child late in pregnancy.

So a 15-week ban would do little or nothing to protect unborn babies from elective abortion.

Second, the national 15-week-ban strategy becomes even more puzzling since such a ban cannot be passed in the foreseeable future. It would need 60 votes in the Senate to overcome a certain pro-abortion filibuster. Right now it would have at most 48.

No one can reasonably expect the pro-life movement to have a net gain of 12 Senate seats in the next election or even during the next presidential term, especially if pro-life candidates are being publicly bashed for not hewing to a national 15-week-ban pledge.

Third, attacking, threatening, or not supporting pro-life Republican candidates is sure to get press attention. The pro-abortion

and pro-Democrat press likes nothing better than to promote and publicize damaging attacks on Republicans, and on pro-life candidates, in particular.

Democratic strategists together with their counterparts at Planned Parenthood and NARAL must be salivating at such a prospect. We know that their research and polling shows that running against a “national ban on abortion” is the ideal strategy for them. To quote the *New York Times* in a November 10, 2022, post-election piece,

**“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 gestational week limits.”**

We can be sure that the press will be happy to again accommodate Democratic strategy by zeroing in on a national ban on abortion whenever they can tag a pro-life presidential or congressional candidate with it, while leaving the details fuzzy and ignoring the fact that it can’t be passed.

So why pursue such a goal and make it a litmus test for pro-life candidates?

Rather than promoting a politically damaging 15-week national ban on abortion that cannot be achieved, the right to life movement should seek real lifesaving goals at the federal level that are politically wise and

realistically achievable in the foreseeable future.

At the same time *meaningful* limits and restrictions on abortion should be passed wherever possible at the state level.

The Hyde Amendment and other current protective federal laws save many lives. They must be preserved, and the “No Taxpayer Funding for Abortion Act” is a more realistic goal that would save even more lives while being politically popular.

And it is far more important to elect a president who will reverse the numerous pro-abortion administrative acts of the Biden administration and use their administrative powers to save lives, than to elect one who gives lip service to a phantom national 15-week “ban” that would leave abortion intact and unborn children abandoned.

## 2024 Senate Map Presents Opportunities and Challenges for Republicans

From Page 13

Senate seat. Defeating Brown, an incumbent, will be a taller order. Brown has a reputation for successfully courting many of the working-class voters principally responsible for Ohio’s ongoing political realignment from a purple swing state to a state that decidedly leans Republicans.

In the race thus far on the Republican side is State Senator Matt Dolan and Cleveland businessman Bernie Moreno. *The Cook Political Report* rates the race a Tossup.

### Pennsylvania

Senator Bob Casey, Jr. (D) has announced that he will run for re-election in 2024. He first won the seat in 2006 defeating Republican Senator Rick Santorum by 17 points. In subsequent elections, Casey had little trouble fending off Republican challengers with a 9-point victory in 2012 and a 13-point victory in 2018.

For most of his career, Casey’s appeal to many Pennsylvania voters, including many Republicans, was his pro-life stance. Casey’s father was a popular governor and a highly regarded pro-life voice in the Democratic Party. In recent years, however, Bob Casey, Jr.’s reliability as a pro-life vote in the Senate has waned. He previously voted to protect unborn children from painful late abortions and to prevent taxpayer dollars from being used

to fund abortions, but in 2022, pro-life Pennsylvanians watched in dismay and disappointment as he voted in favor of the so-called Women’s Health Protection Act (WHPA). The WHPA would enshrine unlimited abortion in federal law and tear down existing protections on the state level, including protections put in place by the Pennsylvania Abortion Control Act—legislation signed into law by his own father.

Businessman and 2022 Senate candidate Dave McCormick, who is pro-life, is likely to run for the Republican nomination. On May 25<sup>th</sup>, State Senator and former gubernatorial candidate Doug Mastriano announced that he will not run for the seat.

According to a survey by Franklin and Marshall, about 29% of Pennsylvanians think Casey is doing an excellent or good job as a Senator. That is a marked dip in approval from the 43% he received in October 2018 prior to his last election. The poll, however, also showed Casey leading McCormick by a margin of 42%-37%. With over a year to go and his campaign not even officially underway, McCormick has ample time and opportunity to make up the gap.

### Virginia

Pro-abortion Senator Tim Kaine (D), Hillary Clinton’s 2016 running mate, is up for re-election in the Commonwealth of Virginia.

While Virginia has generally veered blue in recent federal elections, Republicans have made inroads in the state with the election of a Republican governor, lieutenant governor, and attorney general in 2021. Republicans also successfully flipped the tossup 7<sup>th</sup> Congressional District in 2022 electing pro-life Congresswoman Jen Kiggans. Virginia is one to watch!

### West Virginia

Senator Joe Manchin (D) has yet to announce if he intends to run for re-election. However, on the Republican side, two major candidates have campaigns already underway: Governor Jim Justice and Congressman Alex Mooney, both of whom are pro-life. A recent ECU survey found Justice leading Manchin by 22 points and leading Mooney in the Republican primary by double-digits.

### Wisconsin

Pro-abortion Senator Tammy Baldwin (D) may face her toughest race yet in 2024. Wisconsin is almost assuredly going to be a top battleground on the presidential level. Baldwin is endorsed by EMILY’s List, which is already fundraising heavily on her behalf.

Republicans weighing bids include Congressman Mike Gallagher, Congressman Tom Tiffany, businessman Eric Hovde,

and staffing executive Scott Mayer. Other potential candidates include former Congressman Sean Duffey, Fox News host Rachel Campos-Duffey, former White House Chief of Staff Reince Priebus, and 2022 Lieutenant Governor candidate Roger Roth.

In addition to these states, there have been major developments in California and Maryland with California Senator Dianne Feinstein and Maryland Senator Ben Cardin, both pro-abortion Democrats, announcing they will not re-election in 2024. While neither race is expected to be particularly competitive, both races have drawn candidates from swing Congressional districts. In California, pro-abortion Congresswoman Katie Porter (D) is running for the open Senate seat, a move which makes the tossup 47<sup>th</sup> District she currently represents even more competitive for Republicans. In Maryland, pro-abortion Congressman David Trone (D) has thrown his hat in the ring for the open Senate seat, making Maryland’s 6<sup>th</sup> District more attainable for Republicans.

Races will come into clearer focus as filing deadlines and primaries pass. The first filing deadline is in November, and the first Congressional primaries begin on Super Tuesday—March 5, 2024. Stay tuned for further updates.

# Mifepristone complications less than one percent?

## *That's not what the data really show*

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

In the recent hearing at the U.S. Fifth Circuit Court on the U.S. Food and Drug Administration's approval the abortion pill mifepristone, government lawyer Sarah Harrington claimed that "the rate of serious complications is well less than 1 percent," a statistic that was picked up and repeated in media accounts all across the country.

This also reflects the abortion industry's constant refrain about the safety of the pill—the claims and spin of handpicked studies by mifepristone's biggest promoters, regularly assuring the public that complications are few and far between.

But a closer look at those studies, and at more objective data obtained by researchers who do not have such strong ties to the abortion industry, reveals a much different story.

### **Top abortion researcher reports higher complication rates**

A 2015 study of emergency room visits by University of California, San Francisco researcher Ushma Upadhyay is one of those often cited as proof that the rate of serious complications is "less than 1%." Indeed, in "Incidence of emergency department visits and complications after abortion," from the January 2015 issue of *Obstetrics & Gynecology*, Upadhyay officially found that "The major complication rate was 0.23%," less than a quarter of one percent.

But this depends on several questionable moves to finesse the data.

First, Upadhyay specifically limits what can be counted as a "serious" or "major" complication.

"Major complications were defined as serious unexpected

adverse events requiring hospital admission, surgery, or blood transfusion," the article asserts. "Minor complications were all other expected adverse events."

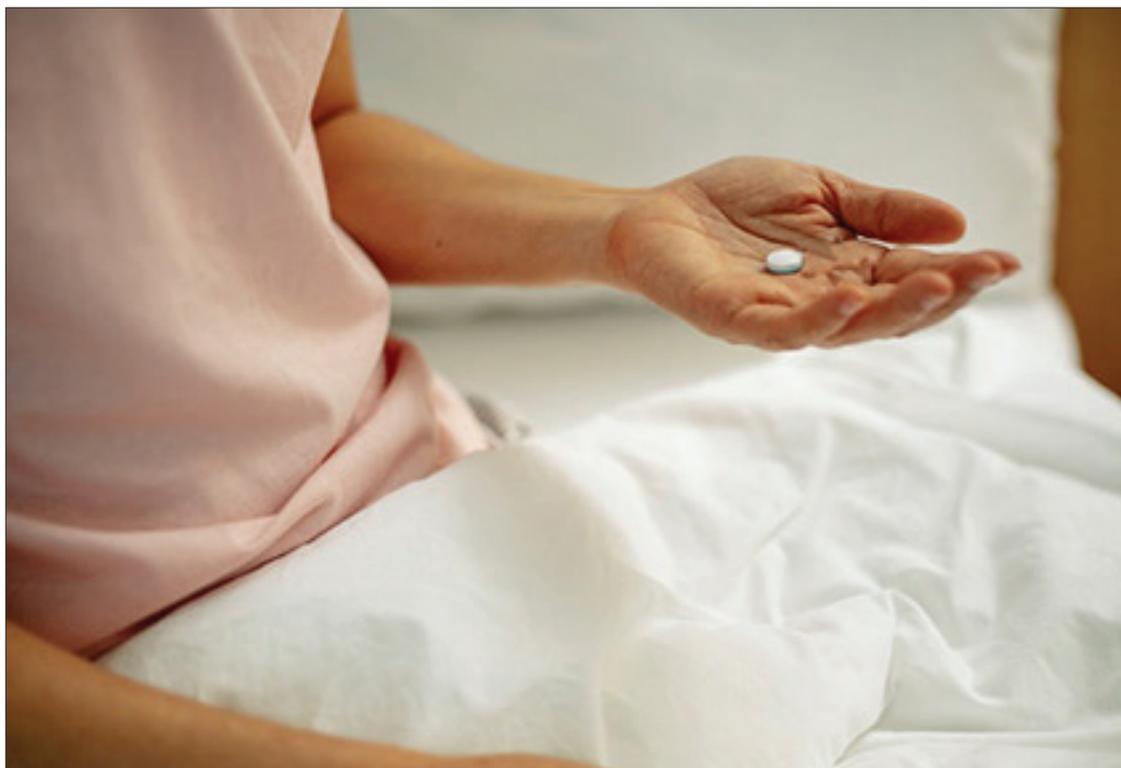
While this sounds reasonable, consider the things included

serious to prompt more than one out of every twenty abortion pill patients to visit their local emergency room.

And this was among only those who somehow revealed their chemical abortion attempt when

Among the 39,856 patients in that study, emergency room visits were reported by 10.3% — at least one out of every ten patients.

Experience with chemical or "medication abortion" in Britain tracks with the higher numbers



in Upadhyay's "minor complications": hemorrhage, infection, incomplete or "failed" abortion requiring "uterine aspiration" (i.e., surgical abortion). Even things like "uterine perforation" were classified as "minor."

**Second, with this knowledge, consider that when Upadhyay added in and counted both major and "minor" complications, the complication rate for chemical abortions was 5.19% – considerably higher than the "less than one percent" advertised.**

Finally, calling these complications "minor" diminishes the significance of the fact that these incidents were sufficiently

many abortionists were telling them they didn't have to.

### **Other more objective studies confirm high complication rates**

That isn't the only published study to reveal high numbers of complications.

A Canadian study appeared earlier this year in the online edition of the *Annals of Internal Medicine* (January 3, 2023) by Ning Liu and Joel G. Ray, two researchers from the University of Toronto. They found even higher complication rates among patients picking up mifepristone prescriptions from pharmacies, similar to the protocol recently authorized here.

reported in these studies. Kevin Duffy is a former executive from international family planning giant Marie Stopes. He found that 5.9% of chemical abortion patients who were treated during the United Kingdom's "Pills by Post" program (where mifepristone was mailed to women's homes during COVID), experienced complications connected to incomplete abortions or "retained products of conception."

There is more. Three percent of women there required surgery to deal with incomplete abortions and 2.3% of these patients were

# The pro-life movement is the shining light ever present in the pro-death darkness

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

A radio talk show host once asked me how the pro-life movement was faring across the country. A few days later, a pro-life advocate who has been in the trenches for quite some time asked me the same question.

I responded “fantastic!” and noted how energetic and enthusiastic people are about the pro-life cause.

I hear it in the voices of pregnancy help center counselors, who are assisting women to make bold and optimistic life-affirming decisions for themselves and their families.

I see it in the eyes of young people who are valiantly taking up the pro-life mantle.

I witness it in the memes, blog posts, ultrasound photos, and articles which blanket social media. People are harnessing the power of the Internet to share

the truth about the tragedies of abortion, infanticide, euthanasia, and doctor-prescribed suicide.

I notice it in the notes I receive from dedicated pro-life activists who are poised to spread the pro-life message far and wide.

The passion for the pro-life movement is ever-present in our culture today. It is the light shining in the pro-death darkness, and it is showing us the way to a society that cherishes each human life—from the dawn to the twilight of life.

I told the talk show host it’s a great time to be pro-life in America—and it is. Despite the challenges we face, we know we are on the winning side of justice.

With every life saved, with each heart changed, we are rebuilding a culture of life in our country. And that’s worth celebrating!



## Mifepristone complications less than one percent?

From Page 27

treated in Britain’s National Trust hospitals for hemorrhage (Percuity, 10/27/21)

This was while the British government was officially only identifying just one single complication among 23,061 chemical abortion patients between April and June of 2020. (*The New Statesman*, 12/15/20.)

This is consistent with information recently being reported in the newspapers about increased calls to ambulances during this time. These calls jumped during the “Pills by Post” program, increasing by more than 50% in some areas, up at least 25% in others. (“Home abortion pills spark major review demand as emergency call outs double in some areas,” Daily Express

[London], April 25, 2023. This can be found at [express.co.uk/news/politics/1762710/home-abortion-pills-call-outs-review-demand](https://www.express.co.uk/news/politics/1762710/home-abortion-pills-call-outs-review-demand), accessed 5/10/23.)

### FDA label shows higher rates of “adverse reactions”

Though Harrington was repeating this “less than one percent” myth to the judges in last Wednesday’s court session, the lawyer for the litigants, Alliance for Hippocratic Medicine, was pointing to the FDA’s own admission of a much higher figure on its official label for the abortion drug.

On page 8 of the FDA Mifeprex label (“Mifeprex” is the trade name of the mifepristone pill sold by Danco in the U.S.), under

the “ADVERSE REACTIONS” subhead, there is a chart titled “Table 2: Serious Adverse Reactions Reported in Women Following Administration of Mifepristone (oral) and Misoprostol (buccal) in U.S. and Non-U.S. Clinical Studies.” In that table, the FDA shows that the studies it relied upon found that 2.9-4.6% of women visited the emergency room.

Again, these are only going to be among those women who revealed their attempted chemical abortions to ER staff or researchers. Women today are often advised that they don’t have to make that information known to hospital staff, that they can simply tell them they are experiencing a miscarriage and

that doctors won’t be able to tell the difference.

### Industry spin versus a much more dangerous reality

The point here is simply that the “less than one percent” complications rate is abortion industry spin, not scientific reality. The real numbers tell us that these abortion pills send a considerable number of women to the emergency room with complications that they (and many of the rest of us) consider quite serious.

And if the current administration gets its way and these start being sold at pharmacies and shipped to women’s homes by overnight mail, the situation is only going to get worse.

# Abortionist: Pregnancy is ‘life-threatening condition’ to justify late abortions

By Cassy Fiano-Chesser

In a recent *Atlantic* article spotlighting abortionist Warren Hern, writer Elaine Godfrey explained how Hern, who commits abortions late into pregnancy, feels that he is not respected within the medical industry. Together, the pair dehumanized preborn children, comparing them to “clots of phlegm.” They also spoke about late-term abortions, spreading long-debunked myths about why women choose to undergo abortions in their second and third trimesters — including the false argument that abortion is safer than pregnancy. Hern went as far as to call pregnancy itself a ‘life-threatening condition.’

## Myths of late abortions

Godfrey compared preborn children in the first trimester to “alienlike ball[s] of flesh” and “clots of phlegm,” but she said by 22 weeks they are recognizably human. “The procedures that Hern performs result in the removal of a body that, if you saw it, would inspire a sharp pang of recognition. These are the abortions that provide fodder for the gruesome images on protesters’ signs and the billboards along Midwest highways, images that can be difficult to look at for long,” wrote Godfrey.

“Many of the women who visit Hern’s clinic do so because their health is at risk—or because their fetus has a serious abnormality that would require a baby to undergo countless surgeries with little chance of survival. But Hern does not restrict his work to these cases.”

This is a persistent myth,

typically used to make the idea of a late-term abortion more palatable.

A 1988 study from the Guttmacher Institute — the pro-abortion organization which previously served as the research arm for Planned Parenthood — found that just two percent (2%) of women who had abortions did



so because of a health problem with the baby. More than 20 years later, a 2013 study, also published by the Guttmacher Institute, said, “[D]ata suggest that most women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerment.”

Additionally, pro-abortion researcher Diana Greene Foster stated, according to a report from the Congressional Research Service, that abortions for fetal abnormalities “make up a small minority of later abortion.” And a 2010 paper from Julia Steinberg, of the pro-abortion Bixby Center for Global Reproductive Health, said, “Research suggests that the overwhelming majority of women

having later abortions do so for reasons other than fetal anomaly (Drey et al., 2006; Finer et al., 2005, 2006; Foster et al., 2008).”

Godfrey did admit that Hern was willing to commit abortions at any point in pregnancy for any reason, as long as he believes it is safe for the woman to undergo the procedure. It’s a position that,

**“So if a pregnant woman with no health issues comes to the clinic, say, at 30 weeks, what would you do?” I asked Hern once. The question irked him. “Every pregnancy is a health issue!” he said. “There’s a certifiable risk of death from being pregnant, period.”**

It’s a recurrent theme for Hern, at least in this interview. “This [abortion] is a grotesque conversation to many people,” he said at the bar. “But this is a surgical procedure for a life-threatening condition.”

Abortion advocates frequently claim that pregnancy is dangerous, and therefore, abortion is necessary. Yet the one study they often cite, which found abortion to be 14 times safer than childbirth, has never been able to be replicated, was authored by pro-abortion researchers, and did not include statistics from Maryland, Washington D.C., New Hampshire, New York City, or California. And there is no federal requirement that complications from abortion be reported. Legalized abortion also does not decrease maternal mortality rates.

Ultimately, the reality is simple: abortion is never medically necessary, neither for the mother’s health nor because a preborn child has a disability.

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

Godfrey noted, even Frances Kissling, the founding president of the National Abortion Federation, disagrees with.

“Later-term abortions are more serious, ethically, than earlier abortions,” Kissling told Godfrey. “My ethics are such that I would say to them, ‘I’m terribly sorry, but I cannot perform an abortion for you. I will do anything I can to help you get through the next two or three months, but I don’t do this.’”

## Pregnancy as a threat to women

Yet for Hern, pregnancy itself is reason enough to commit an abortion. Godfrey explained:

# A look back at the joy over the reversal of *Roe v. Wade* and Justice Alito's brilliant rebuttal to *Dobbs*' dissenters

From Page 2

and for our country.” But for those right to lifers attending the National Right to Life convention in Atlanta it was (to quote NRL's General Counsel James Bopp, Jr.) a “glorious day.”

Nearly 50 years of patient, deliberate, and persistent effort had paid off for our Movement. As I heard repeated from the crowd “Oh Happy Day.”

I didn't at the time but have since. What's that? Plowed through all 213 pages of *Dobbs v. Jackson Women's Health Organization*, the Supreme Court decision that overturned *Roe v. Wade* and *Casey*. Often, the best parts of a decision are justices' rebuttals to the arguments of their fellow justices. This one is no exception. In just a few pages, Justice Samuel Alito's painstaking rebuttal to the three dissenters was dazzlingly brilliant.

In polishing off the dissents of justices Beyer, Sotomayor, and Kagan, Alito was largely reiterating points he had made in the draft opinion leaked to *Politico*. With all that time, it would have helped if the three dissenters had engaged them directly. No such luck.

Point #1. No foundation.

*“The dissent is very candid that it cannot show that a constitutional right to abortion has any foundation, let alone a “deeply rooted” one, “in this Nation's history and tradition.” The dissent does not identify any pre-Roe authority that supports such a right—no state constitutional provision or statute, no federal or state judicial precedent, not even a scholarly treatise”*

Point #2, Mystery of Life passage, Part Two, meets bad history. In the 1992 *Casey* decision, the plurality invoked gibberish so untethered to the Constitution it was reminiscent of Justice Blackmun's original *Roe v. Wade* decision. As Alito writes,

*The largely limitless reach of the dissenters' standard is illustrated by the way they apply it here. First, if the “long sweep of history” imposes any restraint on the recognition of unenumerated rights, then Roe was surely wrong, since abortion was never allowed (except to save the life of the mother) in a majority of States for over 100 years before that decision was handed down.*

*Second, it is impossible to defend Roe based on prior precedent because all of the precedents Roe cited, including Griswold and Eisenstadt, were critically different*

*for a reason that we have explained: None of those cases involved the destruction of what Roe called “potential life.”*

*So without support in history or relevant precedent, Roe's reasoning cannot be defended even under the dissent's proposed test, and the dissent is forced to rely solely on the fact that a constitutional right to abortion was recognized in Roe and later decisions that accepted Roe's interpretation. Under the doctrine of stare decisis, those precedents are entitled to careful and respectful consideration, and we engage in that analysis below. But as the Court has reiterated time and time again, adherence to precedent is not “an inexorable command.” There are occasions when past decisions should be overruled, and as we will explain, this is one of them.*

Point#3. Failure to realize that abortion is fundamentally different and that state's have a legitimate interest in “potential life.”

*The most striking feature of the dissent is the absence of any serious discussion of the legitimacy of the States' interest in protecting fetal life. This is evident in the analogy that the dissent draws between the abortion right and the rights recognized in Griswold (contraception), Eisenstadt (same), Lawrence (sexual conduct with member of the same sex), and Obergefell (same-sex marriage). Perhaps this is designed to stoke unfounded fear that our decision will imperil those other rights, but the dissent's analogy is objectionable for a more important reason: what it reveals about the dissent's views on the protection of what Roe called “potential life.” The exercise of the rights at issue in Griswold, Eisenstadt, Lawrence, and Obergefell does not destroy a “potential life,” but an abortion has that effect. So if the rights at issue in those cases are fundamentally the same as the right recognized in Roe and Casey, the implication is clear: The Constitution does not permit the States to regard the destruction of a “potential life” as a matter of any significance. That view is evident throughout the dissent.*

Point #4. *Dobbs* resembles other decisions now seen as “infamous.”

*“Like the infamous decision in Plessy v. Ferguson, Roe was also egregiously wrong and on a collision course with the Constitution from the day it was decided. Casey perpetuated its errors, calling both sides of the national controversy to resolve their debate, but in doing so, Casey necessarily declared a winning side. Those on the losing side—those who sought to advance the State's interest in fetal life—could no longer seek to persuade their elected representatives to adopt policies consistent with their views.”*

Alito's majority opinion was as brilliant as it was focused on what mattered: The simple but foundational truth that nowhere in the Constitution can you find a “right” to abortion.



# ACLU challenges Nebraska's new pro-life law on behalf of Planned Parenthood of the Heartland

By Dave Andrusko

Just over one week after Nebraska's pro-life governor Jim Pillen signed LB 574—the “Let Them Grow Act”—the American Civil Liberties Union and ACLU of Nebraska filed a lawsuit challenging LB 574.

They are representing Planned Parenthood of the Heartland (PPH) and abortionist Sarah Traxler. The lawsuit was filed in a state trial court in Lancaster County Tuesday.

Amendment 1568, the “Preborn Child Protection Act,” was attached to LB 574 on May 16, and includes protection for most Nebraska preborn babies at 12 weeks gestation and beyond, with the exception of rape, incest and life of the mother.

Nebraska Right to Life expressed its gratitude for the leadership of Gov. Pillen, who partnered with pro-life senators



to offer some protection with the introduction of Amendment 1568. “We acknowledge the pro-life commitment shown by Senator Joni Albrecht, who introduced the Nebraska Heartbeat Act, Senator Ben Hansen for proposing the

“Preborn Child Protection Act” and the steadfast courage shown by the pro-life senators in the Nebraska Legislative body.”

However, as Abigail Carrera of *KOLN* writes,

**“The groups are seeking a court order to block enforcement of the bans and restrictions that were combined in Legislative**

**Bill 574, and declaring them unconstitutional on the basis that they pertain to two distinct subjects.”**

**Additionally, the lawsuit also asks for preliminary injunctive relief to block enforcement of the restrictions while litigation is pending.**

The Nebraska Attorney General's Office “will have 30 days to respond to the lawsuit after being served,” according to Carrera. “The judge hearing the case may take action on the request for a preliminary injunction at any point.”

# Reflections of a Pro-Life Foster Parent

By Kelsey Hazzard, Board President, Secular Pro-Life

I have had the honor of serving as a foster parent for the past two and a half years. During that time I have cared for twelve children: some just for weekend respite care, some for a few months, and two for well over a year. I currently have a house full of excellent teenage boys, pictured above (with their faces obscured in compliance with DCF rules). My life is many things, but certainly not boring!

Unfortunately, the heated emotions surrounding the abortion debate often lead pro-choice advocates to drag foster children into the discussion. It's completely inappropriate. May is National Foster Care Month, which is as good a time as any to dispel some of the damaging narratives about foster care.

Children in foster care have lives worth living. I wish this went without saying. Are there struggles? Absolutely. No one comes into foster care without some amount of trauma; a child's removal from biological family is itself traumatic, in addition to whatever abuse or neglect led to the removal. But trauma does not negate a child's value. Nor does it negate a child's joy! Like anyone else, children and teens in foster care enjoy their hobbies, friendships, birthday parties, and connections with their family members (both biological and foster). They are not better off dead, so stop suggesting that. It's really gross.

Abortion is not the solution to the foster care crisis. There is a foster care crisis. Too many children are unable to live safely with their parents, child welfare departments are underfunded, there is constant turnover

among social workers, and we desperately need more quality foster families. But unplanned pregnancies aren't the source of these problems. Not a single one

are not predictable before a baby is born. So unless your "solution" is to encourage abortion in every pregnancy, the argument makes no sense.

fit for every child. The placement staff take lots of factors into account. Some children need two foster parents, or a stay-at-home foster parent, or a foster parent



of the children in my care entered the foster system as an infant! It is very common for problems to arise later in childhood: a parent dies, develops an addiction, or is incarcerated. These circumstances

You could be a foster parent. Yes, you! You can be single and get licensed. You can work full-time and get licensed. I know because I did it. Granted, a single working mom won't be the ideal

with medical expertise. If that's you, so much the better. But plenty of foster children just need the basics: a safe, stable, loving environment. Learn more about the process to become licensed.

# Tweeting while you wait for your chemical abortion to be completed

By Dave Andrusko

I am as shocked as I am sad, although I suppose I should not be surprised. A colleague passed along a tweet which generated plenty of approving responses from like-minded people.

I won't quote the tweet, but the sum and substance is the woman lovingly kisses her baby on the head, plays with him, and sings some songs all the while waiting for her chemical abortion to kick in. The final line reads "abortion IS parenthood, babes."

In a previous tweet, she celebrates the sense of



community—the “love and care and joy”—for an “abortion patient” whose friends “set up a MealTrain for them.” She encourages us to “bake pies and order takeout for your friends when they have abortions!”

Is it moral equivalency? Death and life? It's “better” than that. It's a shout-out to knowing what's “right” for you.

That it's fatal for the child can be ignored simply by holding the born child who “made the cut.”

Sad. So very sad.

## Attempted hatchet job on Pregnancy Help Centers falls flat

From Page 2

moved away from the ‘egregious’ misrepresentations that it was built on, [Attorney General Rob] Bonta said. “They’re moving into more of a gray and ambiguous space, where they’re saying things like, ‘Come in and talk to us about abortion options,’ “Bonta said. It’s not necessarily false, it might be misleading, but it’s not a black or white violation.”

In other words, try as they may, the entire weight of the California government has not proven strong enough to destroy Pregnancy Help Centers.

The entire story is worth reading. But the best (and most telling) response of pro-abortion Democrats comes at the end of Mays's story.

She interviewed Heidi Matzke,

who “has positioned herself as the face of California’s modern pregnancy center movement.” [Underlining added]:

**Matzke is a tireless debater; for every scientific study that casts doubt on her services, she holds up another more obscure study that supports them. It's Planned Parenthood, not pregnancy centers, that are judging their patients, she insists.**

**“They want to choose life but they need help and they need support,” Matzke said of her clients. “And so when they find a clinic like ours to support them ... then a lot of them will step up**

**and choose life.”**

**California’s leading Democratic lawmakers**

**to her from the state they represent hangs clearly in her lobby, framed with**



**have ignored Matzke’s invitations to visit her clinics, leery of giving a microphone to her cause. But the license granted**

**gold prongs to match her new decor.**

**“We have nothing to hide,” she said.**

# Abortionist says becoming a mother helped her realize abortion ‘is an act of love’

*Despite her advocacy for abortion, Dr. Ghazaleh Moayedı unwittingly admits that the medical system discourages motherhood.*

By Clare Marie Merkowsky

A Texas abortionist claimed that having her own child has made her a better abortionist, asserting that “choosing an abortion is an act of love.”

In a May 11 Mother’s Day post, Dr. Ghazaleh Moayedı, an OB/GYN and abortionist, told readers of *Glamour* that becoming a mother made her more determined to provide abortion to women.

“I am often asked whether providing abortion care is hard as a mother — as if abortion somehow exists in a realm outside of motherhood,” she wrote.

“But motherhood is not an accidental or natural job; motherhood is a job done with intention,” Moayedı added.

“Holding my baby’s tiny hands in my own not only strengthened my commitment to providing compassionate abortion care but also exposed how I needed to commit to supporting mothers in all aspects of my care,” she continued.

Moayedı went on to lament that there is “no Mother’s Day card to celebrate abortion” while there are for other “actions that are seen as the core of how a mother expresses love for her children.”

Moayedı then seemingly contradicts herself and says women seeking abortions are not parents, writing, “For my patients who were not parents, and did not want to be at that moment, or who never want to be a parent, I recognize their abortions as an act of intentional motherhood.”

“Choosing when to parent is an act of love,” she claimed. “For my patients that were already parenting, I feel the deep love they had both for the children they had and for the pregnancies they were ending. Choosing an abortion is an act of love.”

Moayedı recounted a recent abortion she committed in which

a mother of two young children came to her to have her third child aborted.

“As I finished the five-minute abortion procedure, we laughed about motherhood as her other child watched videos on my phone,” Moayedı said.

Despite asserting her determination to provide

“I assisted in a 12-hour robotic surgery at the beginning of my third trimester,” Moayedı continued. “I performed a Cesarean section the day before my own. Nothing was going to change.”

Unwittingly, Moayedı admitted the truth that the medical system does not encourage motherhood,



*Dr. Ghazaleh Moayedı*

abortions, Moayedı revealed that, while she was pregnant during her second year of OB-GYN residency training, she “was surprised to find that having a baby as a female resident is strongly discouraged.”

“I immediately came under scrutiny from my superiors,” Moayedı remembered. “There were ‘jokes’ about forcing other residents to be on birth control to prevent spreading the disease.”

“I was determined not to show any weakness in my training as a result of my pregnancy, and continued to work 80-hour weeks, study, mentor, lead care teams, and work 24-hour call shifts until I’d reached 37 weeks,” she added.

and Moayedı herself felt that she had to work extra hours to prove herself worthy to be a mother and a doctor.

Despite this, Moayedı encourages and assists other mothers to end the lives of their unborn children instead of helping them to persevere and achieve their goals like she did.

“Choosing an abortion is an act of love,” Moayedı asserted, but she does not reveal who abortion is loving. It is certainly not the child, whose innocent life is abruptly and violently terminated.

Andrea Trudden, vice president of communications and marketing for Heartbeat International, told

LifeSiteNews, “It is not surprising that an abortion advocate and provider would sell the statement ‘Choosing an abortion is an act of love’ to young women.”

“She directly profits off this article and encouraging this mindset,” Trudden continued. “Her biography touts all that she does to advance abortion and how she ‘works to name, disrupt, and dismantle the systems of oppression in family planning care’ (meaning life-affirming efforts).”

According to Trudden, Moayedı “knows and acknowledges the joy that comes with motherhood yet, rather than explore those options with the mothers before an abortion is performed, she brags about how she spends extra time with these women during their postpartum visits.”

Trudden cited a recent study by CLI showing 60% of women seeking an abortion would have preferred to give birth but were lacking emotional support or financial security.

“And this is why pregnancy help organizations exist — to ask these questions and provide free care and support to women in communities across the nation,” Trudden declared.

“This is why so many mothers continue their relationship with the centers for months, if not years,” she added. “They receive true care for their families.”

“How many of Ghazal Moayedı’s patients would have chosen life for their little ones had she simply asked them the psychosocial questions she so proudly asked after the abortion?” Trudden questioned.

“Imagine if rather than encouraging their abortion choice, she encouraged a life choice,” she pondered. “It isn’t as profitable, but it is more rewarding.”

# Despite what some claim, abortion is never ‘a powerful act of love’

By Nancy Flanders

In an essay published by *Time* about the elective abortion of her second child, abortion doula and clinic worker Hannah Matthews attempts to conflate two ideas: love for a woman who is having an abortion, and support for her decision to have that abortion. She also attempts to claim abortion is an act of love — but intentionally killing a human being is not a loving act.

Matthews explained that she chose to have an abortion after she became pregnant with her second child shortly after giving birth to her first. She said her son had not yet taken his first steps and that her health and finances couldn’t “bear another pregnancy, birth, or child so soon.” She didn’t elaborate.

## Loving the person

She did, however, express how “lucky” she is that she “could safely and honestly share what I was going through with people close to me, without prosecution or (overt) social judgment” and that she “could speak openly with friends and family — and even with coworkers and providers — about my decision: my grief, my physical discomfort, my resolve.”

It’s true that everyone likely knows or loves someone who has had or will have an abortion. But loving someone who has chosen to end the life of their child doesn’t make that action acceptable or a decision that should be celebrated. Each of us has also likely known someone who has broken a law, lied, stolen, or cheated, but loving and forgiving that person — or helping that person deal with the aftermath of their decision — is in no way a signal of support for the wrong that they did.

Matthews’ friends may have showered her with gifts following her abortion, but they ultimately failed her. A study indicated

that 64% of women who have abortions do so based on pressure — both obvious and subtle pressures including finances. Society fails women by not offering them options other than abortion. Society fails women by not giving them the truth.

As an abortion doula and clinic worker, Matthews may well know what an abortion does to a baby, but she and her husband decided on abortion out of fear and discomfort. In response, her friends, family, and coworkers essentially nodded their heads with casualness. But Matthews never mentions that any of them questioned the decision or pointed them in the direction of solutions that would encourage them to spare their child’s life. No one attempted to liberate them from the false societal idea that children must be properly spaced and that money comes before a child’s life.

Abortion is not a solution to a single issue a person or a couple is facing — but yet, it’s treated as such. And the child’s life is dismissed as if he or she were meaningless.

It doesn’t matter how many women have had abortions. It doesn’t matter why women have abortions. It doesn’t matter if people accept your abortions, celebrate your abortions, or send you presents after your abortions. Abortion will still always be immoral and unethical because it directly and intentionally kills an innocent human being.

## Abortion is an act of (self-centered) love

Matthews also claims “abortion can be a powerful act of love — for one’s self and one’s own future, for one’s existing children and family, for the pregnancy being released...”

These are the warped marketing tactics of the abortion industry on display. Starving your child, dismembering your child, suffocating your child, or

existing children and family” lacks any true depth of meaning. Her son may have been thrilled to have a built-in best friend so close in age to him to grow



inducing cardiac arrest in your child is not an act of love — it’s an act of violence.

First, “love — for one’s self and one’s own future” is self-centered love. As St. Thomas Aquinas said, love is willing the good of the other — and putting your own wants and desires above your child’s life is clearly not willing the good of your child. Certainly, injecting your child with a drug to kill her, starving her, suffocating her, or dismembering her are not acts of love. We can easily see that these actions are wrong if they are carried out in even the first few seconds after birth — yet abortion advocates such as Matthews demand these acts be deemed acceptable for children who are still in the womb.

Second, the idea that abortion is an act of love “for one’s

up with. The abortion deprived Matthews’ son of ever knowing and loving his sibling. It deprived grandparents of a grandchild to love and deprived extended family members of a new life to celebrate.

Third, to say abortion is an act of “love for the pregnancy being released” makes it sound as though Matthews sent her baby off in a flurry of butterflies. Make no mistake, her baby was not “released.” Her child was first starved of nutrients by the abortion pill and then would have been possibly flushed down the toilet — if the pills had worked as they are meant to. But the abortion wasn’t complete,

# “Musical comedy” at Princeton plows the depths to which pro-abortionist will sink to make light of aborting helpless babies

By Dave Andrusko

I was going to lead this story off with a familiar lament—that you can’t make this stuff up—until I realized that the “musical comedy”—‘To All the Babies I’ve Killed Before: A Love/Hate Letter to Storytelling’—was being performed at the Lewis Center for the Arts at Princeton University.

Under its “Mission Statement,” we read, “Like scholarship of any kind, rigorous artistic practice is a way of interrogating that which is accepted or understood in an attempt to break into the territory of the unknown or under-explored.”

If tastelessness qualifies as “scholarship,” Princeton senior Jenni Lawson, who wrote the production, deserves a Ph.D.

The Center is, to put it mildly, pro-abortion to the core and students get their jollies by saying (and performing) the most outrageous things.

*Campus Reform* cued the outside world into what was going on with a story written by Travis Morgan. “To All the Babies I’ve Killed Before: A Love/Hate Letter to Storytelling,” was performed April 21-22. (I assume the title is a tawdry take off on the 1984 song sung by Julio Iglesias and

Willie Nelson song “To All the Girls I loved before.”)

To give you an idea of what parents getting for the \$74,150 a year they are shelling out, Morgan tells us

**A separate event page for the performance states that it explores “conventional theater-writing and theater-making processes through an intersectional lens of femininity, queerness, and neurodivergence, while drawing upon influences from sketch comedy, stand-up, improv, and more.”**

Of course, nothing is more logical (as if any this gobbledygook can be described as logical) than an advertisement for their good buddies at the largest “abortion provider” in the U.S.:

**The program then goes as far as advertising for Planned Parenthood, advising show-goers to “[v]isit the Planned Parenthood website to learn more about**

**reproductive healthcare resources in our local community and/or to donate to Planned Parenthood of Northern, Central, and Southern New Jersey.”**

But, Morgan writes, “The program also contains a content

**depictions of physical assault, and gunshot sounds.”**

Micaiah Bilger reminds us of the dismal response when pro-abortions try to make a joke out of slaughtering unborn children:

**Other artists have tried to create comedy**



warning for its prospective viewers.

**“This production includes references to abortion, references to body dysmorphia and eating disorders, vehicular assault, references to and**

**films and plays about abortion. But they always flop because most people, including some who support legalized abortion, realize that aborting an unborn baby is no laughing matter.**

# Minnesota legislature repeals protection for born-alive infants and support for pregnant women

By Paul Stark

ST. PAUL — On May 29 the Minnesota legislature approved an Omnibus health bill that repeals a bipartisan measure protecting newborns and a bipartisan program supporting pregnant women who want to carry their babies to term. It also rescinds a number of longstanding laws surrounding abortion. Gov. Tim Walz is expected to sign the wide-ranging bill, which the House and Senate passed along narrow party lines, into law.

“First Gov. Walz and DFL majorities enacted abortion-up-to-birth, a policy at odds with the vast majority of the world,” said MCLL Co-Executive Director Cathy Blaeser. “Now, somehow, they have gone even further. They have revoked a law that requires lifesaving care for newborns. And they have wiped out the Positive Alternatives program that supports pregnant women in difficult circumstances. Babies and women are both harmed by this sweeping extremism.”

The Omnibus bill, SF 2995, was largely crafted behind closed doors without input from Republicans on the conference

committee. The bill strips out Minnesota’s existing requirement that reasonable measures be taken to “preserve the life and health” of born-alive infants, replacing it with a requirement for “care,”



which the bill’s House author, Rep. Tina Liebling (DFL-Rochester), has described as mere “comfort” care. Under the new language, an infant could be denied lifesaving care and allowed to die.

In support of repealing the protection for newborns, some lawmakers falsely claimed that the repealed language required inappropriate or futile attempts

to save the infants’ lives. Instead, the repealed law simply required “reasonable measures consistent with good medical practice.”

Disabled babies, whose lives are often devalued, could be

especially at risk from the denial of this basic protection.

SF 2995 also does the following:

- repeals the Positive Alternatives Act that has provided practical assistance and support for tens of thousands of pregnant women and new mothers in communities across Minnesota

- repeals parts of Minnesota’s abortion reporting law, including the requirement that abortion practitioners report cases in which infants survive abortion and whether those infants receive care; five such cases were reported in 2021 alone
- increases reimbursement rates for tax-funded abortions
- repeals several other longstanding laws surrounding abortion, including the Woman’s Right to Know law ensuring informed consent prior to abortion

“The legislature is funding the abortion industry while defunding alternatives to abortion,” said Blaeser. “They are depriving born-alive infants of the right to lifesaving care while shielding such cases from the public. This is not what Minnesotans want. This is not the kind of place Minnesota desires to be.”

## Despite what some claim, abortion is never ‘a powerful act of love’

From Page 35

because she required a follow-up D&C surgical abortion as well. If her baby were still in her womb at this point, the D&C procedure suctioned him or her out of Matthews’ uterus with such force that he or she was torn to pieces before being disposed of as medical waste.

Matthews’ child was

intentionally robbed of his or her life because two adults deemed that baby’s life to be inconvenient. This is not love.

Abortion is not the beautiful act that Matthews paints it to be. In fact, many women have recounted the trauma of taking the abortion pill and seeing their dead babies.

### Americans reject abortion on demand

A recent *NPR/PBS NewsHour*/Marist National Poll revealed that most Americans continue to support restrictions on abortion following the overturning of *Roe v. Wade*. It also found that the proportion of Americans who support pro-life laws “up to the

time of cardiac activity at about 6 weeks” increased from 27% to 40% — meaning that most Americans support restricting abortion to before the human heartbeat is detectable, which is at about six weeks, though the heart begins to beat at just 16-21 days post-fertilization.

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

By David Prentice

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

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

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

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

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

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

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

The title of an academic paper says it all: "Reconsidering fetal pain," by two well-credentialed medical professionals, Stuart

Derbyshire and John C. Bockmann.

The article is an honest, objective review of the scientific literature as it relates to the question of whether and when a child still in the womb can experience pain. Looking at the scientific evidence again with unbiased eyes, the authors' answer was "yes," perhaps as early as 12 weeks, and certainly after 18 weeks.

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

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

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

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

**"We have divergent views on abortion with one of us seeing abortion as an ethical necessity for women to be autonomous**

**and one of us seeing abortion as ethically incompatible with good medical practice.**

**"We both agree, however, that different**

also write that they "consider the possibility that the mere experience of pain, without the capacity for self reflection, is morally significant." Neonatologist Dr. Robin Pierucci



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

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

In their paper, the authors

points out that not only the preponderance of scientific evidence but also the vast experience of medical workers in the neonatal clinic make the existence of fetal pain undeniable.

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

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

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

# Teen places newborn in trashcan where he died; mother says she did not know she was pregnant

By Dave Andrusko

In a terrible tragedy, Alexee Trevizo, a New Mexico teenager, has admitted to “giving birth to a baby boy and placing him in a trashcan where he died, newly released police bodycam footage shows.”

According to the *Daily Mail*, Trevizo, 19, “is heard telling her mother, ‘It came out of me, I put it in the bag. In the trash bag. I’m sorry mom.’” While admitting she had “put the baby in the trash,” Trevizo insisted that she not know she was pregnant.

Gary C. Mitchell, her attorney, told *DailyMail.com* “the teenager wasn’t aware of the pregnancy when she attended the Artesia General Hospital on January 27 with back pain.”

Her mother, by all accounts, did not know her daughter was pregnant. In the bodycam footage

**Trevizo’s distraught mother holds her head in her hands as she pleads with her daughter, saying: ‘What did you do?’**

**‘What did you do to it’ the mother demands and holds her head in her hands in desperation, before the doctor tells her to ‘stop right there’.**

According to reporter Alice Wright, Ms. Trevizo had come to the Artesia General Hospital on January 27 where tests revealed she was pregnant:

**She then locked herself in a hospital bathroom for an extended period of time. After she returned, a cleaner found the bathroom covered in**

**‘We discovered a dead baby in the bathroom.’**

The doctor is shown saying “The number one priority guys is she just had a baby, I don’t

to hide it, we do have to have the police involved.”

**‘The baby is going to have to be taken for autopsy and there will be an investigator and everything’ the doctor continues in a calm voice.**

**‘I’m so sorry, but we need to do this correctly and I want to be transparent with you about what our steps are going to be.’**

**‘Nothing was crying, it came out with nothing’ Trevizo repeats.’**

A male medic in the room asks the mother and daughter if they have any questions. Trevizo’s mother asks how big the baby is.

“‘It’s full term’ the masked medic responds,” Wright reports.

An autopsy done in March lists homicide as the cause of death.

Wright concludes

**On May 10 Police charged Trevizo with first-degree murder, ‘or alternatively’ intentional abuse of a child resulting in death, plus a count for tampering with evidence.**

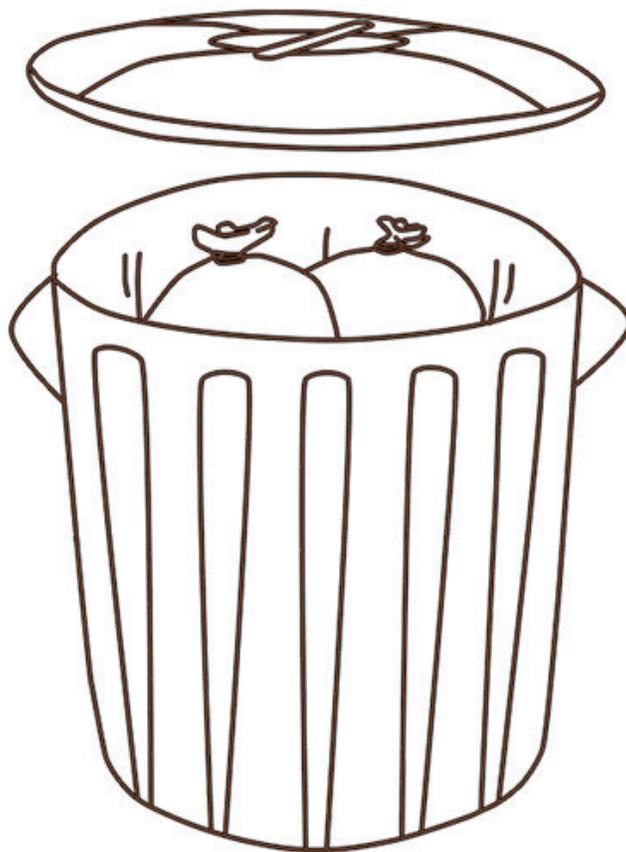
**Trevizo has since been released from jail and will be able to finish the school year without an ankle monitor or house arrest, while she waits to stand trial.**

**blood and then called nurses after lifting the heavy trash bag.**

**In the bodycam footage, a doctor wearing a white lab coat explains to Trevizo and her mother:**

know whether she has delivered the placenta. She’s bleeding significantly’ she says, before explaining that the teenager must be moved to the obstetrician.”

The doctor goes on to say that because it “looked like you tried



# Four takeaways from oral arguments before the 5th Circuit over the abortion drug mifepristone

By Dave Andrusko

Actually listening to the 5th US Circuit of Appeals hearing on what to do with mifepristone, the first of the two drugs that make up the chemical abortion regimen, is very much worth an hour or two of your time.

The three judge panel (described as “conservative,” “very conservative,” “highly conservative,” or even “extremely conservative”) peppered lawyers from all sides with questions that pointed to two options: uphold the trial judge Matthew Kacsmaryk’s conclusion to suspend mifepristone, or reverse actions taken by the FDA since 2016 that have greatly increased the dangers to women.

Here are four takeaways.

#1. The panel was not going to roll over and blindly accept what the FDA said as if it were gospel. We had barely gotten started when Circuit Judge James Ho “showed his hostility to the idea of giving the FDA deference.”

Department of Justice [DOJ] attorney Sarah Harrington started out saying that Judge Kacsmaryk’s opinion was “unprecedented.”

Judge Ho interrupted to say “I’m just wondering why not just focus on facts of the case rather than have this sort of ‘FDA can do no wrong’ theme?” Later he said “We are allowed to look at FDA just like any other agency. That’s the role of the courts.”

#2. Much of the nearly two hours was taken up with the government’s position that the litigants lacked “standing”—that the challengers failed to show they “are at imminent risk of suffering

the kinds of concrete, direct harms due to the FDA’s actions that make it appropriate for a court to intervene,” according to *CNN*’s Tierney Sneed.

For example, the language

had complications from the procedure,” as summarized by *Axios*’s Oriana González.

#3. Which is lifted directly from the story appearing in *POLITICO* written by Alice Miranda Ollstein



in the declarations “lacked the needed level of detail, Ellsworth argued, and were ‘generalized statements.’ The judges pushed back aggressively on her and Harrington’s claims about the declarations’ ambiguity, with Ho repeatedly reading from the declarations themselves.”

Suffice it to say “the judges questioned the reasoning, siding with the anti-abortion groups’ argument that physicians have been forced to provide an abortion, as well as care for patients who have

**Judge James Ho quipped.**

**Hawley also hammered the point in her turn at the lectern, accusing the agency of “labeling pregnancy an illness.”**

Ellsworth explained that the FDA uses the words “illness,” “disease” and “condition” interchangeably and uses that same regulatory pathway for many things that aren’t technically illnesses, including high and low blood pressure, acne and infertility.

My take on that is Ellsworth response was (to be generous) weak. And

#4. Complications, complications, and complications. The DOJ and Danco Laboratories (which manufactures mifepristone) insisted that complication rate for women who take mifepristone is miniscule—less than one percent.

Dr. Randall O’Bannon, director of Education & Research, has cited studies proving that the percentage is much, much higher at [www.nrlc.org/wp-content/uploads/23-0404-White-Paper-Myths-About-the-FDA-Approval-of-Mifepristone.pdf](http://www.nrlc.org/wp-content/uploads/23-0404-White-Paper-Myths-About-the-FDA-Approval-of-Mifepristone.pdf)

He told me “But the *coup de grace* is probably just exactly what the Alliance for Hippocratic Medicine attorney Erin Hawley cited — the FDA itself, pointing to Table 2 of the 2023 label itself, which showed ER Visits to be between 2.9%-4.6%.”

and Josh Gerstein: Is pregnancy an “illness”?

**Multiple judges fixated Wednesday on the FDA’s initial approval of mifepristone falling under a regulatory category technically reserved for drugs that treat serious illnesses, asking DOJ and Danco attorneys if that’s how they view pregnancy.**

**“When we celebrated Mother’s Day, were we celebrating illness?”**

# From the toughest choices to incredible joy – APRN tops 4,500 lives saved

By Christa Brown

The number of lives saved by abortion pill reversal has grown ten-fold since Heartbeat International took over the Abortion Pill Rescue Network

Last September a young couple in Hawaii called the Abortion Pill Rescue® Network (APRN) desperate for hope after taking the first abortion pill. After connecting them with emergency medical care, we received this message from the client's husband: "The prayers and quick action by APR saved our baby. Strong heartbeat and lots of movement. We love you all for being there for us. Aloha and Mahalo."

And then in April of 2023, we heard more great news! "Aloha APR team. Yesterday our baby



girl was born 7 pounds 10 oz and 21" long. She is perfect." Like thousands of others, we rejoiced for them and with them!

Everyday thousands of women throughout the world begin a chemical abortion. Often succumbing to the pressures and opinions of others, they swallow an abortion pill with the hope it might fix all that's wrong. But for many, there is an instantaneous flood of regret. We often hear an expression of love for their children – children they never meant to harm and the hardships that led them to the toughest decisions of their lives.

The Abortion Pill Rescue Network has been a beacon of hope since 2012, when the founder of the APRN, Dr. George Delgado,

responded to the increasing need for reversal of mifepristone. The protocol was developed in response to women who wanted



options for continuing their pregnancies—even after taking mifepristone. Realizing how quickly chemical abortion was expanding, his heart's desire was to serve women worldwide 24 hours a day. This dream for the network became a reality when he contacted Heartbeat International in 2018.

At that time, Delgado shared, "Abortion Pill Reversal has the potential to reach many more women and save many more lives. Our goal has always been to grow abortion pill reversal, and by the grace of God, we've found a partner in Heartbeat International. We know there are many more women who need this treatment when they change their minds, and we're confident this transition will help more mothers find that help."

Delgado, who continues to serve as an APRN Advisory Team Member, has since compared this moment to symbolic adoption. After working diligently to create the foundation for APRN, he passed the keys to Heartbeat International. He was trusting the work to continue in a greater way. And it has.

At that time in 2018, an incredible 450 lives had been

saved through the network. We celebrate every single one. Just five short years later, our data shows 4,500 lives saved...and counting... as more lives are saved every single day. The Lord has exponentially grown this robust network with a tenfold increase!

This incredible increase is the result of a labor of love by a team of nurses; more than 1300 healthcare providers, clinics, and hospitals throughout the world; donors who generously give; and the many brave women who, despite overwhelming obstacles, choose life for their precious children. The APR Network has assisted women in 86 different countries and in every state in the U.S. We are available when the need arises with accurate information, support, hope, and local connections.

It's not surprising that the



APR protocol has had so much success—progesterone has been used to prevent miscarriage and preterm labor for the better part of the last century. Prescribed commonly in pregnancy, this natural hormone, the same as made by the mother's body, safely and effectively reverses the effects of mifepristone. Simple but powerful. These children, each first counted among the

abortion data with the millions of lives destroyed by chemical abortion, are instead alive and thriving thanks to this bioidentical progesterone.

Ashley Vance, one of the Healthcare Team Managers who oversees the APR Network, said



today, "These are more than just numbers; these are precious babies so wanted by women who made decisions immediately regretted."

"4,500 times the APRN team has celebrated these children, Ashley continued, "Each and every life is celebrated not only by Heartbeat International, our amazing providers who offer this service, and the moms who call us each and every day, but by all of heaven who guides her to the APRN! Offering her the medical care and support she deserves is an amazing honor for all of those who serve in this rescue ministry. Until the glorious day of the very last abortion, we will stand strong in Christ's love to ensure we can offer any woman, located anywhere and her beautiful unborn child a second chance at life!"

Despite the testimonies of thousands of women like

# Pro-life group wins Med school approval over objections from pro-abortion students

By Dave Andrusko

*The College Fix* describes its mission as “working with college-aged writers with the purpose of identifying and supporting young people who seek to improve campus journalism, explore

tried to shut down pro-life peers.” The university confirmed that it has approved Medical Students for Life.

I was impressed by Ryan Lindner-Tamu’s account which

the administration the club ‘contradicts what we are taught in our curriculum and ... could directly put patients in our community at risk as students are on rotations and enter

Medical Students for Life wrote a 10-page rebuttal to address accusation against the club. But, of course, as Lindner-Tamu wrote, “The problems faced by Medical Students for Life are nothing new.”

“Across the country, abortion supporters often attempt and succeed in infringing upon the free speech of pro-life students, but Students for Life of America holds a firm line that pro-life speech is free speech,” spokeswoman Caroline Wharton said in an email to *The Fix*.

“Our student groups and our legal counsel don’t back down when necessary to protect their First Amendment rights,” she said. “After all, if our voice is silenced, how can we speak up for the voiceless in the womb?”

“The University and College administration met with students on both sides of this issue, explaining the guidelines and sharing their reasons for the decision to approve this new club, while assuring the students that all medical information is monitored by faculty,” according to a statement provided to *MedPage Today*. “Both the Dean of Students and the Dean of the Arizona College of Osteopathic Medicine are in support of this decision, along with the University President.”

Excellent news. A hardy round of applause for the Midwestern University Arizona College of Osteopathic Medicine and its commitment to freedom of speech.



careers in the media, and commit themselves to the principles of a free society.” Most importantly for us, it is a passionately pro-life site.

If you’ve been on many college campuses these days, you know with some exceptions they extremely hostile to pro-lifers, or, more specifically, pro-life clubs. So my antennae went up when I saw the headline “Med school approves pro-life group over objections from pro-abortion students.” The subhead read “Pro-abortion future doctors

began “A new chapter of the student organization Medical Students for Life will be allowed at Midwestern University Arizona College of Osteopathic Medicine after university administrators overrode resistance from the student government association and others on campus.”

According to Ms. Magazine, “The student government said it ‘was dangerous to establish an organization notorious for disseminating medical misinformation’ and Medical Students for Choice told

residency.”

Too often that would be enough for the administration to fold. And certainly they would deny approval were they to read this from a student who went under the pseudonym “Sarah” right?

**“As a medical student, I feel betrayed by the administration’s decision,” the student said. “They have allowed a group to form under a national organization that will disseminate misinformation to patients.”**

# Innocent human lives hang in the balance and depend on pro-life Ohioans getting out to vote YES on Issue 1

By Elizabeth Marbach, Director of Communications, Ohio Right to Life

This August, pro-lifers across the state must vote YES on Issue 1. Issue 1 is a ballot issue that will protect our constitution from being used by abortion extremists to sneak abortion-on-demand into Ohio. Keep reading to learn important information for this election.

To make our voices heard and protect the preborn, we must ensure that our supporters are registered to vote before July 10, 2023. Go to [VoteOhio.gov](http://VoteOhio.gov) to verify your voting information is up-to-date or register to vote. Additionally, planning ahead and

ensuring our votes are counted is essential. Request an absentee ballot OR find your early in-person voting location to prepare TODAY.

#### Dates to be aware of:

- **Monday, July 10: Deadline to Register to Vote or Update Voter Information**
- **Tuesday, July 11: Absentee and Early In-Person Voting begins**
- **Sunday, August 6 at**

#### 5:00 pm: Early In-Person Voting ends

- **Monday, August 7: Last day to drop off or postmark your Absentee Ballot**
- **Tuesday August 8th: ELECTION DAY**

What an incredible blessing it is that, as Ohioans, we have been given the opportunity to go out and make our voices heard on this issue! But we cannot take that for granted by staying home during

this election. Innocent human lives hang in the balance and depend on us getting out to vote YES on Issue 1.



Register to vote, request an absentee ballot, and join us in our fight against the abortion lobby by saying YES to life this August!

## From the toughest choices to incredible joy – APRN tops 4,500 lives saved

From Page 41

Katelyn and this young woman in Colorado, there remains some blind prejudice against APR from those



who wish to use political means to remove this option from women.

Once the first abortion pill is swallowed, some believe that women must be forced to finish their abortions – abortions they no longer desire. Whichever side we stand on the abortion question, we should all agree on a mother's right to choose against abortion.

These “abortion cheerleaders,” fueled by Big Abortion, ignore that autonomy in healthcare means that patients have a right to make decisions about their own



health care. It also indicates that decisions should be respected by health care providers.

Despite angry cries of opposition by Big Abortion, the discrimination waged against us by Big Tech, and the hateful rhetoric Big Media throws our

way, we know that all women should have the option of continuing a pregnancy.



We have the joy of experiencing miracles every day. Whether it be women who come back to us to thank us for being a light in a very dark time, ultrasound images of a new life with a beating heart, a video of a child learning to walk, or a picture of child on his first day of school. Each of these children have value and are wanted by their families.

As each of these calls is answered and the pleas for help are heard time and time again, we know without any doubt the work is needed and appreciated



by those in crisis. APRN is the network that provides a second chance at life and how blessed we are to do that!

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

# Woman having abortion finds out she was pregnant with twins

By Sarah Terzo

Author and post-abortive woman Teresa LeGault tells her story. She was in college when she got pregnant. It was 1974, a year after *Roe vs. Wade* was decided:

**I knew nothing about terminating an unwanted pregnancy or about the development of a life within. I might have been a university student, but I was quite dumb and gullible...**

**I was afraid and alone. There were no alternate places to turn for help and advice. My parents were in the Middle East, consulting a counselor or church was a foreign idea at the time, nor were crisis pregnancy centers yet in existence...**

**I also hadn't picked up on the devastating change that took place in my dorm roommate after a quiet, but alternating, decision between her and her boyfriend.**

**That's probably because I had not yet reached the point where I could recognize what self-devaluation, emotional breakdown and the posture from bad decisions look like.**

**Blithely, I drove in the direction of Corpus Christi, Texas. There**

**I went without much thought about what I was doing or what was going to happen; all I knew was that it was going to cost \$45 to get the abortion.**



**Amazingly, it took less than one year to make abortion a mindless practice for women with a pregnancy...**

**I was lying on the table with the doctor and nurse working on the other side of the sheet, discussing a local high school athlete, when suddenly the doctor announced, "Oh! There's another one." What? Two? Everything inside me cried out "No!" but not a sound or movement came from my horrified body and soul.**

**Not until that very moment, did I realize I was killing life, my child, actually two children, and my mind was racing. How can I stop this?**

**But I just allowed one to be removed and now they were removing the second.**

**There was consternation afterwards... Soon after, I saw my old boyfriend at the restaurant where I worked, sitting with a girl who looked a lot like me, and I instantly ran to the restroom and spontaneously threw up. I didn't throw up because I was "hurt." No, all feelings were gone; I threw up because I saw the whole picture and**

**knew the error of my ways.**

**Next, I proceeded to quit my job, quit school and aimlessly drove to California, living a truly "stupid" life for a while, because basically what was the point of anything, anymore, after abortion?...**

**The full truth about a pregnancy is intentionally withheld from girls and women who are having abortions, as of hiding the realities makes it okay.**

**We don't talk about it because to do so now is against the accustomed practice, the mainstream and those voices of certain women we are supposed to herald. But harm was done to me then, and it continues for other girls now.**

Teresa LeGault, 2020 *Sentiments of an American Woman: The History and Future of Women and Abortion* (100X Publishing, 2020) pp.14 – 16.

*Editor's note. This appeared at Clinic Quotes and is reposted with permission. Sarah Terzo is offering a short, free pro-life eBook that exposes the pro-choice movement.*

# Researchers find “there is a national, hidden epidemic of unwanted abortions”

By Dave Andrusko

It is amazing—except when you consider that the abortion industry is in bed with the media—that so little is written about the role of coercion in abortion. Writing today on *National Review Online*, Tessa Longbons and David Reardon ask a question rarely posed: “Where’s the Choice for Women Pressured into Unwanted Abortions?”

After discussing some higher profile cases of coercion, they write

**Anecdotes such as these are confirmed by data in our own latest peer-reviewed study in which nearly 70 percent of women with a history of abortion described their abortions as inconsistent with their own values and preferences, including one in four who indicated that their abortions were “unwanted” or “coerced.”**

**This was the second study from our Unwanted Abortion Surveys. In our first analysis, we found that over 60 percent of women who aborted reported high levels of pressure due to finances, circumstances, or other people. The more intensely women**

**felt pressured to have an abortion, the more likely they were to blame their abortions as a direct cause for a decline in their mental health.**

Ordinarily, we think of boyfriends as the culprits—which the studies confirm: “Often, the



pressure to abort comes from male partners” — but also from parents as well as from health-care providers.

In their national survey of 1,000 women ages 41-45, “fully 60 percent of the women who had abortions said they would have preferred to give birth to their children if they had received either more emotional support or had more financial security,”

Longbons and Reardon write. “These women underwent unwanted abortions because friends, family, and society failed to support their preferred option: welcoming the birth of children who would have been embraced and loved, even if they were unplanned.

“In short, there is a national,

they are not consistent with an individual woman’s own values and preferences,” Longbons and Reardon observe. “Perhaps this advocacy is driven by a population-control mentality, or by some other ideological considerations, or even simple annual revenue targets.

“The bottom line: Where is the concern for ensuring that every abortion is truly and freely wanted? Where are the safeguards for preventing unwanted abortions?”

You can read their excellent piece here.

Let me conclude by quoting them one more time:

**If the goal of pro-abortion activists is truly that of simply empowering women’s autonomy, surely they should be spending an equal amount of energy and resources on efforts to prevent unwanted abortions.**

**Women deserve better. Abortion is not a panacea, especially when it is the result of pressure, abandonment, or negligent pre-abortion screening.**

**When will abortion advocates boldly and loudly acknowledge this fact?**

hidden epidemic of unwanted abortions.”

They write about pro-abortion studies that claim that virtually no women are faced with pressure to end their pregnancies. They point out the gaps in one particularly flawed (and often cited) study.

“One might be excused for wondering if abortion advocates are not exactly that: advocates for more abortions, even when

# Footballer born 4 months early and given a 1% chance of survival is now gearing up for his first NFL season

By Right to Life UK

A 22-year-old American footballer who has been selected to play for the NFL team Seattle Seahawks was given a 1% chance of survival at birth.

Derick Hall was born in 2001, four months before his expected date. The now six-foot-three linebacker weighed just 2lbs 9oz at birth and was so small that he fitted in his mother's palm. Mum, Stacy Gooden-Crandle, was told that it would take a miracle for her son to survive and that he would likely be born without a heartbeat. Thankfully, Hall was alive at birth and immediately transferred to intensive care.

Even though Hall was born alive, Stacy was told that her son's chances of surviving a 5-month incubation period were negligible. Following months of incubation, oxygen support and

feeding tubes, Hall was finally ready to leave hospital.

Hall's premature birth meant that his mum had to put him through classes and therapy



for speech and physical development. Although he was smaller than the other kids, Hall started playing flag football at four and transitioned to the

contact version of the sport at 10. While he struggled initially, during his teenage years he began to improve drastically, playing at the same level as his peers.



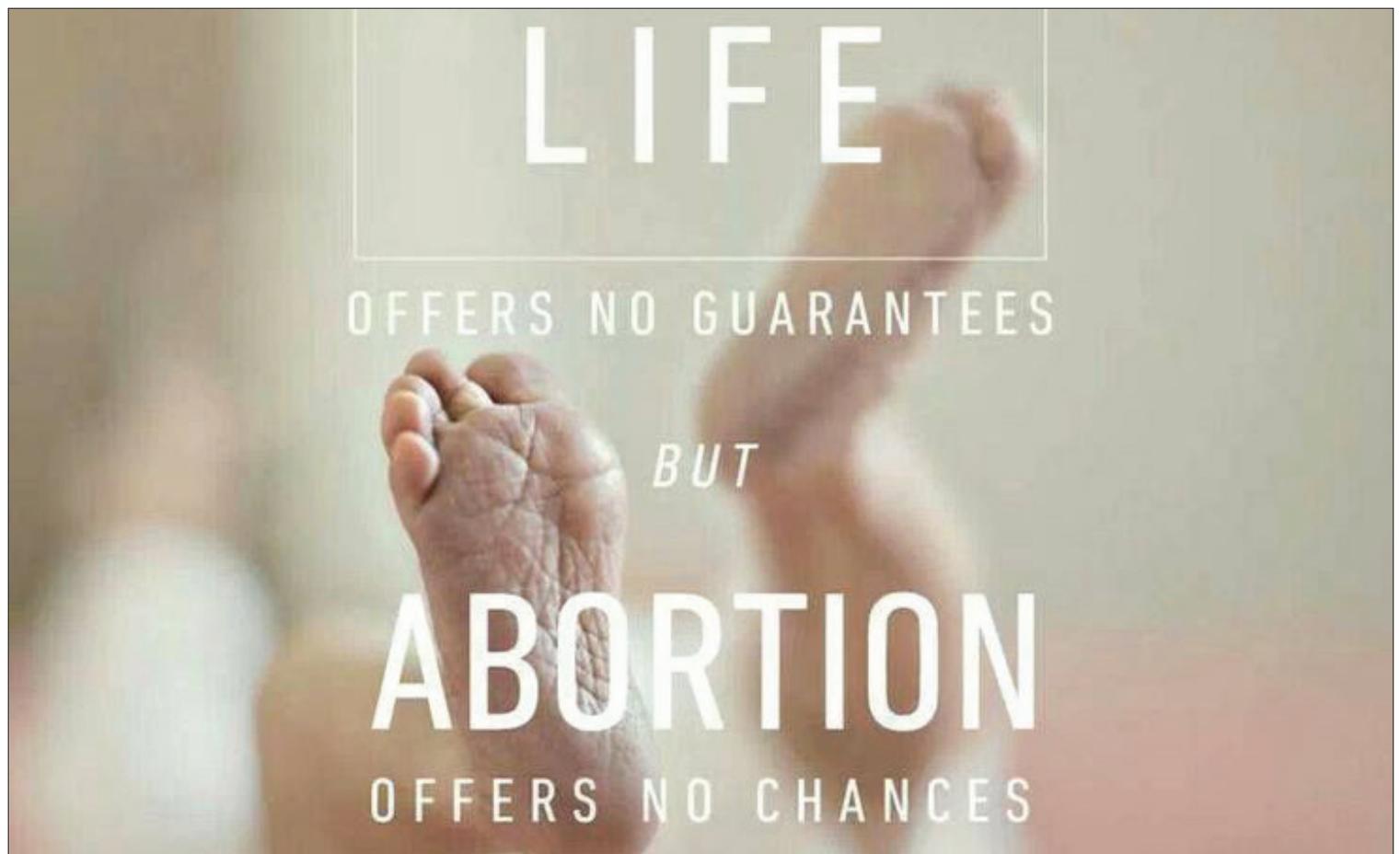
Although mum, Stacy, was scared to let him play, Hall said that his mum began to understand that this was his way of dealing with multiple trips

to the hospital and the extra care that he had to receive. Hall said "She knew that was just my way of escaping. Most kids were like, 'Ah, I don't want to go to practice', but I was excited to have an opportunity to do something other than lay up in the hospital or get shots or go and get a breathing treatment".

Hall went on to play for Auburn University in Alabama before being drafted to the NFL team Seattle Seahawks and is now gearing up for his rookie season.

...

Right To Life UK spokesperson Catherine Robinson said "Derick Hall's inspirational story is a testament to the improving outcomes for premature babies and a constant challenge to the current abortion time limit of 24 weeks in the UK."



# See them both: Toronto March for Life 2023

By We Need a Law

*Editor's note. The following is the text of the speech delivered at the Toronto March for Life on May 12, 2023.*

Cassandra Kaake was murdered in Windsor, Ontario in 2014. She was 7 months pregnant with a little girl who she had already named Molly. Her killer was charged with one count of murder.

Arianna Goberdhan was 9 months pregnant when she was murdered by her husband in Pickering, Ontario. Her pre-born daughter, whom she had named Asaara, was also killed in the attack. Her husband was charged with one count of murder. Her family continues to seek justice.

In 2006, Manjit Panghali was 4 months pregnant when she was killed and then set on fire by her husband. She was identifiable only by dental records. Her husband was charged with one count of murder.

In 2007, Roxanne Fernando was murdered by her boyfriend and his friend because she refused to have an abortion. Nathanael Plourde was charged with one count of murder.

In all these tragic cases, where both a mother and child died, why was there only one murder charge?

This is a consequence of Canada providing NO legal recognition or protection for pre-born children. Our failure to recognize pre-born children as human beings means they are left unprotected throughout all of pregnancy. This also means they also cannot be counted as victims when they are killed as the result of violent crime.

In addition to the 4 women just mentioned, there are more than 70 cases in recent Canadian history where pregnant women have been murdered – usually by an intimate partner, someone who knew they were pregnant – and their pre-born child was not counted as a victim.

Over the years, various Members of Parliament have spoken to this issue, and attempted to introduce laws recognizing these pre-born children as the victims of crime that they are.

In 2007, Conservative MP Ken Epp came close with the Unborn Victims of Crime Act (Bill C-484). This bill passed second reading and was sent to a committee for study. But the session of Parliament ended before third reading could occur,

with opponents arguing against any legal recognition of pre-born children out of fear it would impact the legality of abortion.

This year, MP Cathay Wagantall is trying again for justice in these cases. In January 2023, she introduced Bill C-311, the Violence Against Pregnant Women Act. This bill just had its second hour of debate in Parliament in early May, and we hope a vote will be coming up on

that every abortion unjustly ends the life of a human being. But we also recognize that not every Canadian is there yet. So, we seek to find common ground, ways to have conversations with other Canadians and come to a place where we understand each other.

The stories I just shared, of women victimized by violent crime, are a starting point where Canadians DO understand each other. Everyone can see that a deep injustice is occurring when we



and so the bill died on the order paper.

In 2010, MP Rod Bruinooge introduced Bill C-510, An Act to Prevent Coercion of Pregnant Women to Abort. This private member's bill, referred to as Roxanne's Law in honour of Roxanne Fernando, whose boyfriend tried to pressure her into having an abortion in 2007. When she refused, he had her killed. But this bill was voted down by Parliament.

In 2016, Conservative MP Cathay Wagantall introduced the Protection of Pregnant Women and Their Pre-born Children Act (Bill C-225). The bill was referred to as Cassie and Molly's Law, in honour of Cassandra Kaake and her pre-born child Molly whose story I shared in the opening. This bill was voted down as a result of

it later this year. One immediate action item you can do is emailing or calling your Member of Parliament to ask them to vote in support of this bill.

## Background

To understand why I'm giving you some history on pre-born victims of crime bills in Canada, you need to understand a bit about the mission of We Need a Law. We Need a Law is a political pro-life organization that was started in 2012 with a goal of advocating for laws that would protect pre-born children. Our current laws are completely out of line with all other democratic countries, not to mention completely out of line with the most basic of human rights – the right to life.

We Need a Law recognizes

allow people to literally get away with murder. And these murderers target the most vulnerable, in a place where they should be the most safe – pre-born children in their mother's womb.

In order for us as a country to move towards full protection for pre-born babies, we need to begin with small steps. A law recognizing pre-born victims of crime as victims is a good small step.

We Need a Law also focuses on two other small steps where the majority of Canadians can find common ground: ending sex-selective abortion and ending late-term abortions.

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Both a sex selective abortion law and a late-term abortion law would directly restrict abortion. But a pre-born victims of crime law doesn't – it only impacts murder charges and sentencing. So why spend time on it?

We advocate for a pre-born victims of crime law because such a law sends a message to Canadians that pre-born children MATTER. They exist, as human beings, and they and their mothers both deserve protection and recognition.

No one sees a 9-month pregnant woman, like Arianna Goberdhan was when she murdered, and wonders if what she carries is human. No matter where you stand on abortion, it is clear that she carried a child, and that her daughter, like her, died waiting for emergency services to arrive.

Polling shows that the majority of Canadians support tougher penalties for those who commit crimes against a pregnant

woman. Many don't realize this isn't already the case, just as many don't know that abortion is legal throughout all 9 months of pregnancy. Educating our neighbours and changing our country means getting people to talk to us. It means finding common ground, and building on it.

A pre-born victims of crime law is an opportunity to highlight how Canada's lack of abortion law leaves pre-born children unrecognized even when it comes to violent crimes, and it is an opportunity to move from there into the bigger conversation of the humanity of the pre-born child that makes them deserving of protection in ALL circumstances.

Joyce Arthur, the director of the Abortion Rights Coalition of Canada, Canada's leading abortion advocacy group, said of a previous pre-born victims of crime law that "If the fetuses are recognized in [law], ... it could

bleed into people's consciousness and make people change their minds about abortion."

We want the humanity of the pre-born child to "bleed into people's consciousness." Canada still has no abortion law, and there is continued pressure to maintain that status quo. But we can continue being a voice for pre-born children. A pre-born victims of crime law is one way to do that that really resonates with our fellow Canadians.

If you'd like to learn more about how you can support a pre-born victims of crime law, all this information is available at [ThereWereTwo.ca](http://ThereWereTwo.ca). Use this information to communicate to your MP. Tell them that when a pregnant woman is killed, there are TWO victims, and our law needs to see them both.

And then use this information to start everyday conversations about the humanity of pre-born children. Have this conversation

with your family, your friends, your colleagues, and your neighbours. Ask them if they know about this injustice in Canada, that pregnant women are murdered, usually by intimate partners, and their children are not counted as victims.

Debates aren't won in a day, no matter how many people show up, and hearts and mind are rarely changed by a single conversation. But showing up matters, because every time we show up and speak up it is one small step to having the humanity of pre-born children "bleed into the consciousness" of those around us. We need to use every opportunity we have to point out the humanity of pre-born children and continue to move Canadian opinion and law in a life-affirming direction.

So thank you so much for showing up today. I pray you will be courageous voices for life as you go from here and show up in your communities all year long.

## Most women facing unplanned pregnancy prefer not to abort, study reveals

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### Abortion and mental health

Studies have shown abortion can contribute to mental health issues, including suicide and suicide ideation. Although abortion proponents say there is no link between induced abortion and mental health issues or suicide attempts, several studies, including from Finland, Italy, and the United States, show there is a link. Women who miscarry also have an increased risk for suicide. Therefore, supporting women with abortion recovery and infant loss classes can speak to fulfilling an emotional need, and many pregnancy centers offer such programs.

Some pregnancy centers employ counselors or social workers. Providing mental health professionals and case workers gives pregnancy help organizations another important tool to help women and share compassion.

The new Reardon study discovered most women attributed a decline in mental health to the abortion they experienced.

On his Elliott Institute website, Reardon states, "The new study also found that only the one-third of women whose abortions were consistent with their own values and preferences reported more

benefits than harm from their abortions. The other two-thirds reported more negative effects and were more likely to report that their abortions contributed to a decline in their mental health."

He added

**"Those who aborted contrary to their own values and preferences ... were also less likely to describe that abortion was the right decision ... 'given their situation.' They were also more likely to report that the decision to abort violated their personal preferences ... and that they would have preferred to carry to term if they had received more support from other persons ... or if they had had more financial security.... They also reported far higher levels of moral conflict, maternal conflict, emotional attachment to their aborted children, and were more likely to view their pregnancy as a human life rather than a clump of cells."**

**"I think that is an important point,"**

**Shellhouse said. "When we look at what is happening right now, if we're really saying that we support women and we want women to be able to live their best lives, then they really do need support – they need pregnancy help so that they can make an informed decision for themselves. Otherwise we're likely going to see long term effects when it comes to mental health and quality of life issues for them."**

### "Women deserve better"

Reaching women before they undergo an abortion is the goal of pregnancy resource centers. Understanding that most women do not want an abortion but either feel pressured to do so by other people or from circumstances, pregnancy resource centers can alleviate most women's fears.

"We need to throw out the dangerous assumption that 'freedom of choice' reflects the reality behind most women's experiences with abortion," Reardon said. "Only a minority of abortions are freely chosen to

satisfy the woman's own needs and preferences."

"Women need someone to step up alongside them, to educate them, to provide them with information on all the resources available to them, the help available to them, and ultimately just be available to them so they don't feel isolated and alone, bearing the weight of the decision," Shellhouse said. "It's a very terrifying place to be for many, and it doesn't have to be that way. What pregnancy help does is it allows for someone to come alongside those women."

"At the very least, no abortion should be an unwanted abortion," Reardon said. "It is up to abortion providers to ensure that no abortion ever causes more harm than benefits to one of their patients."

He added, "If an abortion is not freely wanted and consistent with a woman's own preferences and values, it is both unsafe and an exploitation of women who deserve better."

*Editor's note: Heartbeat International manages Pregnancy Help News where this first appeared.*