national RIGHT TO LIFE NEWS

April 2023

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Two Polls, One Message

By David N. O'Steen, Ph.D.

Two recent polls, one statewide and the other national, contain both encouraging news and a strong dose of reality for all of us trying to save the lives of unborn children.

The first, conducted statewide in Oklahoma by WPA Intelligence, February 14 -16, probed for what reasons Oklahomans thought abortion should be allowed and then the degree of support for legislation allowing abortion for only those reasons.

The poll found that:

- 85% of Oklahomans wanted abortion allowed to save the life of the mother,

- 85% wanted abortion allowed in case of a medical emergency posing serious risk of substantial, irreversible physical harm to the mother,
- 76% wanted abortion allowed in cases of rape reported to law enforcement,
- 82% wanted abortion allowed in case of incest with a minor reported to law enforcement.

See *Polls,* Page 34

What Every Candidate Needs to Know About Abortion

By Karen Cross, NRL Political Director

Congratulations! You have decided to run for public office. Are you prepared to answer the inevitable question, "Where do you stand on abortion?" Whether you are running for a local, state, or federal office, you should expect to be asked about abortion. Over the last fifty years, there are countless examples of elections that were determined, one way or the other, by how candidates navigated this issue.

Here's how you can effectively articulate your pro-life position and avoid common pitfalls:

Do NOT try to Run and Hide

First and foremost, dissuade yourself of any notion that avoiding the issue is an effective strategy. Since you will likely be called upon to take action on abortion, it is perfectly reasonable for voters to want to know where you stand. Elected officials on local, state, AND federal levels have roles to play in shaping abortion policy. While you may be more comfortable discussing other topics, remember there are sizable numbers of voters who take a candidate's stance on

See *Candidate,* Page 37

Editorials

Is there a real disagreement among pro-abortionists over how far to push amendments to state constitutions?

It's always useful to read publications such as POLITICO that have a pipeline into the Abortion Industry. They are so sympathetic that not only will Congressional Democrats spill the beans but so, too, will the Planned Parenthoods and NARALs and EMILY's Lists.

For example, on Tuesday Alice Miranda Ollstein and Megan Messerly published a story under the headline "Democrats want to restore Roe. They're divided on whether to go even further ."

Do you mean there are "moderates" within the anti-life camp? Of course not. Where they differ is the degree to which they pretend to tell the truth. Understand, they all want the same thing--"Most involved in the efforts agree that eliminating all restrictions on abortion would be preferable"--but some are just more blunt.

For example, the measures advancing in some states "aim to restore the protections under *Roe*, which still allowed states to restrict abortions later in pregnancy, usually after the fetus could survive outside the womb," Ollstein and Messerly write."But some say undoing the Supreme Court's June ruling isn't enough, and want ballot measures that bar any restrictions on abortion."

What is an example of the former ["moderate language"], according to pro-abortionists? What passed in Michigan. But Proposition 3 "protects the right to an abortion even after the fetus is

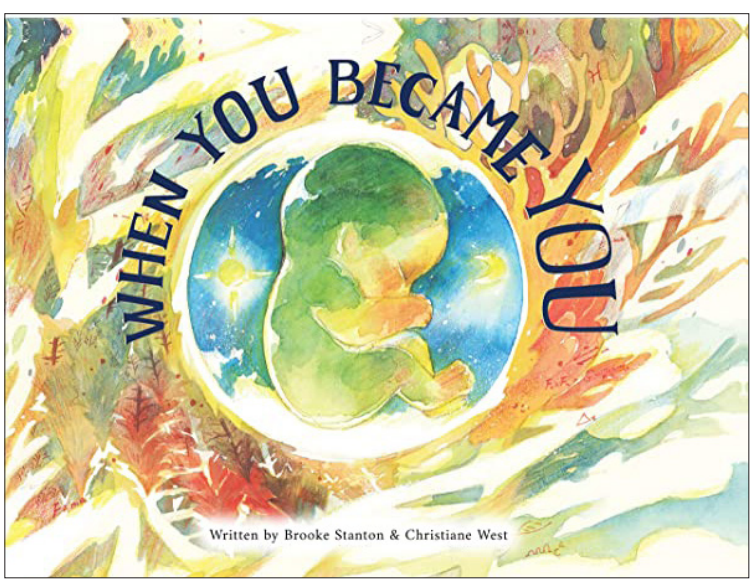
See *Disagreement,* Page 25

"When You Became You" teaches the foundational pro-life lesson: you were always you, in and out of the womb

When many, many schools closed in the first years of the pandemic, many children learned their regular subject matter online. Our daughter in law saw the inherent weakness of this approach and supplemented the education of her 12-year-old daughter and 9-year-old son.

Like probably all other parents, she sought out ways to teach not just the basics of math, science, reading and writing, but the essentials of how to treat others with kindness, gentleness, and respect—and why.

Enter "When You Became You," a gorgeously illustrated children's



book, written by Brooke Stanton & Christiane West.

We know, although the wider culture often seems dumbfounded at the thought, that you were **always** you. And that's what this book accomplishes subtly, thoughtfully, and systematically.

Consider…from the first page on, this little book tells the reader, "You are a human being." In numerous clever ways, Stanton and West illustrate this foundational truth: "And from the moment your life begins, you are

See *NRL News, P*age 28

From the President
Carol Tobias

Together We Can All Make a Difference

There is a wonderful old story about the difference one person can make. For those who may not be familiar with the story, let me share it.

Once upon a time, there was an old man who used to go to the ocean to do his writing. He had a habit of walking on the beach every morning before he began his work. Early one morning, he was walking along the shore after a big storm had passed and found the vast beach littered with starfish as far as the eye could see, stretching in both directions.

Off in the distance, the old man noticed a small boy approaching. As the boy walked, he paused every so often and as he grew closer, the man could see that he was occasionally bending down to pick up an object and throw it into the sea. The boy came closer still and the man called out, "Good morning! May I ask what it is that you are doing?"

The young boy paused, looked up, and replied "Throwing starfish into the ocean. The tide has washed them up onto the beach and they can't return to the sea by themselves," the youth replied. "When the sun gets high, they will die, unless I throw them back into the water."

The old man replied, "But there must be tens of thousands of starfish on this beach. I'm afraid you won't really be able to make much of a difference."

The boy bent down, picked up yet another starfish and threw it as far as he could into the ocean. Then he turned, smiled and said, "It made a difference to that one!"

There are several variations of this story, attributed to Loren C. Eiseley. It is a powerful reminder that regardless of the magnitude of the challenges, each of us can contribute.

As I look at the immediate future of the pro-life movement, we need to ask more people, "Can you make a difference for at least one preborn child?" Or, "Can you do at least one thing to help several babies?"

The pro-life movement has **many** challenges in the coming months and every person who cares about protecting innocent human life is needed. These challenges include, but certainly are not limited, to:

- A White House administration that is looking for every possible way to make abortion easily accessible, including efforts to undermine pro-life laws enacted by the states to assist mother and child.
- A Food and Drug Administration making it easier for women to obtain pills for a chemical abortion. (Absurdly, pro-abortion California Governor Gavin Newsom (D) is even bullying drug store chains for not pledging to violate state laws which prevent distribution of abortion pills.)
- Judges who are preventing pro-life laws from taking effect.
- Ballot measures in states which, if successful, will enshrine unlimited abortion for any reason throughout pregnancy in state constitutions.
- Lies being spread by abortion advocates, happily carried by media outlets, that women experiencing difficulties with a pregnancy can't be treated.

To face these many challenges, we need all pro-lifers to contribute. For example you may be a parent or grandparent who says, "I'm taking care of kids. I don't have time." Or maybe you have a lot of responsibilities with your job and you think, "I'm just too busy." Or you are already a much-valued, over-extended, volunteer in your church or other groups, and you tell yourself you don't have time for another activity.

In other words, I am asking everyone to throw a few starfish back into the ocean, or in this context, to protect preborn children and their mothers. The opportunities to get involved and to make a difference are as varied as the many interests of our readers. Maybe you are interested in:

- Passing protective legislation to protect preborn children and their mothers.
- Electing pro-life candidates.
- Educating the public about the humanity of the unborn child.
- Educating women about the dangers posed by chemical abortions.
- Helping women who are dealing with heartache following an abortion.
- Supporting pregnancy centers who are providing aid to pregnant women.
- Influencing others through personal contacts or social media.
- Raising funds to support all of these activities.

And if you believe in the power of prayer, pray for all pro-lifers who are making a difference.

This isn't an exhaustive list, but hopefully, it gives you some ideas about where your talents can be helpful. We need to make abortion unthinkable so that, even in states where abortion remains legal, no woman will want one.

National Right to Life Convention: Join with fellow pro-lifers in Making Abortion Unthinkable!

By Jacki Ragan, Convention Director

What are your early summer plans for this year? We hope you will consider joining us at the Hyatt Regency Hotel located inside the Pittsburgh, PA Airport on June 23, 24, 2023 for the 52nd annual National Right to Life Convention! If last year didn't convince you that it is THE place to be, I am not sure what will!

We have an exceptional line up of speakers ready and waiting for you to give you the best of the best. We will kick off the convention with the Prayer Breakfast, one of the most popular events of the event.

Following the Prayer Breakfast, we will hear the latest on Assisted Suicide and Euthanasia from Wesley J. Smith, J.D., of the Discovery Institute, and Alex Schadenberg, President of the Euthanasia Prevention Coalition. These two will educated you, entertain you, and you will be thrilled to have been a part of the session. (Sidenote: It was in the middle of Wesley's general session in 2022 that we learned *Roe v. Wade* was overturned!).

After lunch, we are delighted to introduce you to Amy Ford, Co-Founder and President of Embrace Grace. Embrace Graces works to ensure that every young woman in a crisis pregnancy is connected with a church body where she can find acceptance, resources, and the hope of Christ.

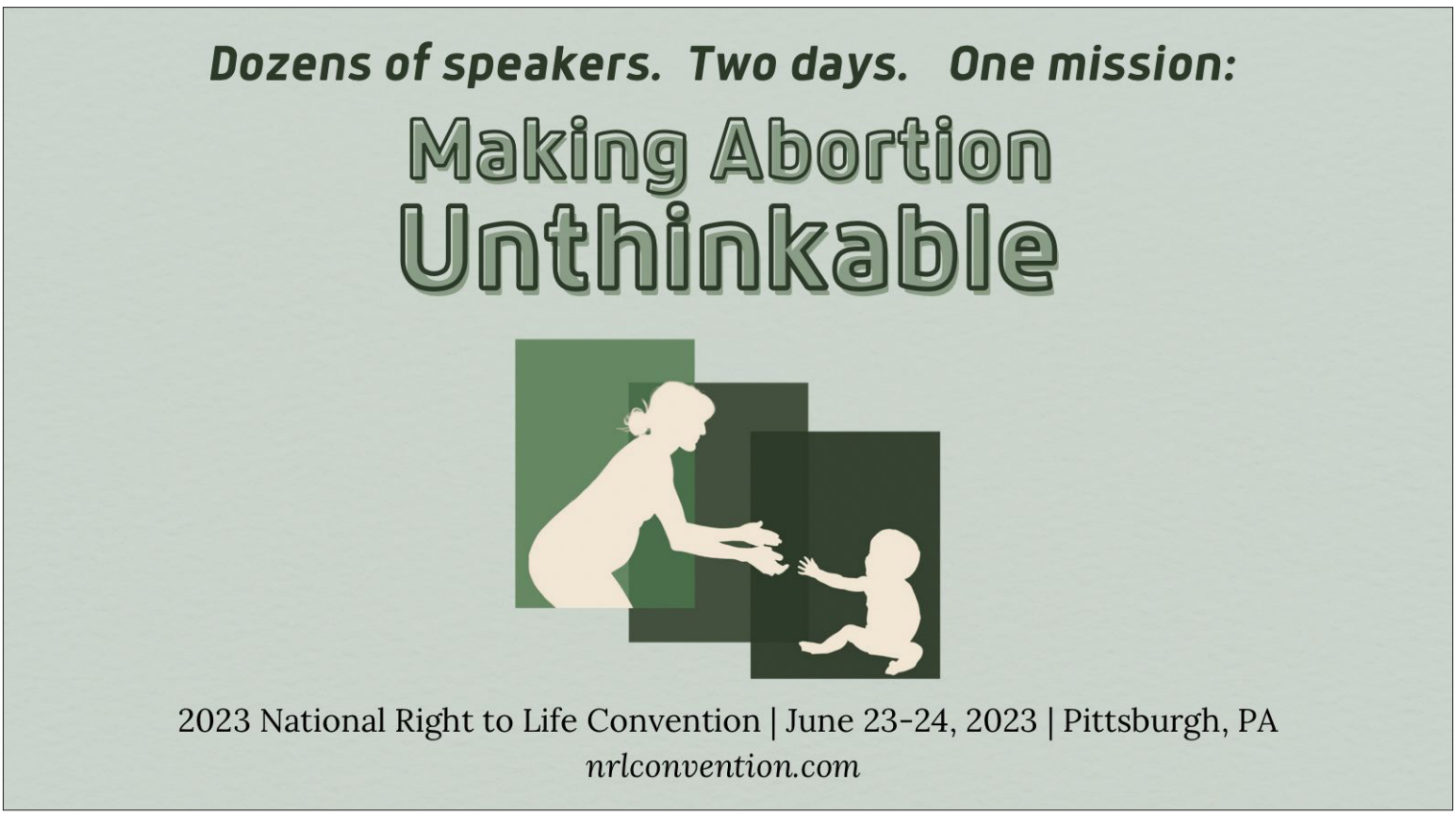
We will also hear from an attorney who will lay out the details of the terrible legislative onslaught attacking Pregnancy Resource Centers on all fronts. This is a session for everybody. Many of us know someone who experienced an unintended pregnancy who found a Pregnancy Resource Center that provided assistance for the mother and unborn baby.

Following dinner on Friday evening, we will meet and learn from Mr. Benjamin Watson, Superbowl Champion, NFL Player, Believer, Husband, Father, Pro-Life, and Justice Advocate. He and his wife, Kirsten have 7 children and a life filled with love.

He said in an article published in *Epoch Times*, "Being present, I think, has been important to me; when you walk through that door, you're a daddy, you're a husband – you're all those things that are much more important and separate than your occupation outside of the home." We are all so looking forward to meeting Benjamin and he will be signing books following the session on Friday evening.

In addition to these 4 major sessions today, we will host 24 workshops on all pro-life topics. You can visit our vendors in the exhibit area, you can meet and talk with other pro-lifers from across the nation, or you can drop in on the National Teens for Life Convention and see what they are learning.

All this and more. And this is just Friday…Stayed tuned for an upcoming story about Saturday!



Addressing Many of the Myths the Media is Repeating about the FDA's Approval and Management of Mifeprex (Mifepristone)

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

Editor's note. By the time you read this article, Matthew Kacsmaryk, a judge from the United States District Court for the Northern District of Texas may have already ruled on a suit brought by the Alliance for Hippocratic Medicine and other pro-life groups challenging the 2000 approval of Mifeprex (mifepristone), the abortion pill, by the U.S. Food and Drug Administration (FDA).*

And whatever way he rules, you will see the press talk about how unwarranted the lawsuit was, that there was nothing at all wrong with the FDA's original approval, that the drug has been looked at again and again and has proven absolutely safe and effective in more than twenty years of use.

Dr. O'Bannon addresses 7 myths at NRL News Today (https://www.nationalrighttolifenews.org/2023/04/addressing-many-myths-mifeprex-mifepristone/). In this article for NRL News, he writes about #4.

MYTH 4: Approval and modifications to the abortion pill protocol were supported by the best, most objective scientific studies.

Reality: *The FDA relied too heavily on flawed studies and incomplete data from partisan abortion advocates and ignored strong scientific evidence to the contrary.*

In the drug evaluation hearing and later in the published results of the U.S. trials, the abortion pill's sponsors admitted that their "success" or efficacy rates in U.S. trials lagged behind that of their European counterparts. They attributed this, in part, to abortionists' unfamiliarity with the drug and the amount of bleeding involved.

The FDA noted that efficacy dropped off with gestational age and limited use to women no more than 49 days past their last menstrual period (LMP), but in doing so accepted a 92% completion rate as sufficiently efficacious.

Of course, sponsors promised to do better with more experience and new protocols and in due course, once the drug had been on the market for a few years, the abortion industry produced new studies claiming much higher rates (98-99%). These studies were offered not just as proof of greater efficacy, but as efforts to get the FDA to loosen its protocols, alter dosages, to extend the gestational cutoff, to reduce the number of required visits, to expand the pool of prescribers.

It appears to be a tactic that worked, with the FDA announcing exactly those changes in March of 2016 and citing such studies in its 3/29/16 Clinical Review recommending those changes.

Whether it was 1) inappropriately applying safety and efficacy standards commonly used for drugs given to ill or suffering patients in need of treatment to perfectly health patients where the drugs were meant to induce ill effects, or whether 2) the FDA had accepted the idea that dead babies and suffering but surviving mothers were the agency's evaluative criteria, the agency, in taking these abortion industry studies at face value and making these concessions, ignored some serious methodological flaws and some serious data gaps.

Ignoring lost patients

Consider for example the study "Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days" by Mary Gatter, Kelly Cleland, and Deborah L. Nucatola, from the April 2015 issue of *Contraception*, cited more than thirty times in the FDA's 2016 official Clinical Review.

Gatter and her team studied the records from 15,980 patients who had chemical abortions at Planned Parenthood between April of 2006 and May of 2011. Among the 13,373 who completed the regimen and returned for follow-up, researchers reported an efficacy rate of 97.7% with rates of infection and transfusion at less than a tenth of a percent.

Discerning readers will note that data from 2,470 patients are missing from the analysis.

Regarding this, the FDA's Clinical Review notes the high percentage (15.5%) of patients in Gatter's study lost to follow up, says that "Follow-up after taking Mifeprex and misoprostol is necessary," but simply allows that this sometimes happens in studies.

While the FDA must work with the data it has, it simply cannot ignore the implications of a data gap like this, particularly given what it knows about this drug and what it should know about the abortion industry and its clients.

Some patients with problems may return to the clinic where they got their pills, but others, particularly if they are having problems, may be much more likely to visit their own doctor or the local emergency room.

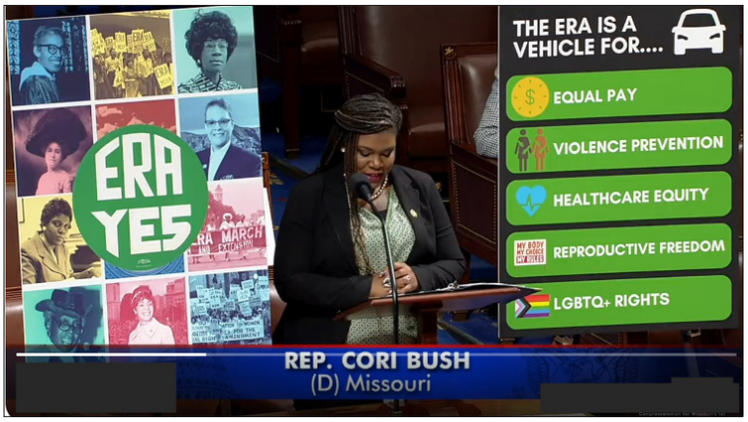
If those patients are the ones having most of the complications and the failed or incomplete abortions, not only might the safety and efficacy reports from industry studies be wildly off, but ignoring this data could make an unnecessary, avoidable health crisis more likely.

See *Myths,* Page 40

U.S. Senate vote on Equal Rights Amendment postponed; Rep. Cori Bush and House allies vow long struggle

WASHINGTON (April 3, 2023) – A U.S. Senate showdown on S.J. Res. 4, a measure that purports to make the pro-abortion 1972 Equal Rights Amendment (ERA) a part of the federal Constitution, has been posted to mid-April or later.

Senate Majority Leader Charles Schumer (D-NY) had earlier indicated that the Senate would vote before April on S.J. Res. 4, introduced by Sen. Ben Cardin (D-Md.). The measure has been co-sponsored by the other 50 Senate Democrats and by two Republican senators (Lisa Murkowski of Alaska and Susan Collins of Maine), for a total of 53 on-record supporters.



Pro-abortion Congresswoman Cori Bush (D-Mo) speaking on the House floor on March 27, 2023, announcing formation of a Congressional Caucus on the Equal Rights Amendment.

In preparation for such a showdown, the Senate Judiciary Committee held a hearing on the ERA on February 28—the first Senate hearing on the subject since 1984. (See "Congressional Fight Heats Up on Campaign to Jam 'Equal Rights Amendment' into U.S. Constitution," March 2023 *NRL News*, pages 7-8.)

However, two Democratic senators were out of action with health problems throughout most of March—John Fetterman (Pa.) and Dianne Feinstein (Ca.)—forcing Schumer and other leaders of the Senate's narrow Democratic majority to adjust scheduling plans on multiple matters.

Schumer did not respond to a March 13 letter from NRLC President Carol Tobias, suggesting that hold the vote on March 22 "since that date will mark the 44th anniversary of the day that the real Equal Rights Amendment irrevocably expired—a real event that has been followed by seeming endless displays of political performance art...And now we are on the brink of yet another spectacle: a Senate cloture vote on whether to advance a measure that purports to, Shazam!, insert a long-expired amendment into the Constitution."

Nearly all leading pro-ERA and pro-abortion advocacy groups now openly proclaim that they believe that the ERA, if made part of the Constitution, would invalidate state and federal limitations on abortion, and require government funding of elective abortion—even though most prominent ERA advocates in previous decades had denied or deflected such interpretations of the ERA.

"What for decades was dismissed by the news media as right-wing disinformation, nearly overnight became a leading selling-point for the ERA-revival movement," observed Douglas Johnson, director of NRLC's *ERA Project*, who has been involved in anti-ERA legislative efforts since the 1980s.

Congress went into a two-week recess on March 30, and will return on April 17.

Schumer made no new public announcement on when he will move to the ERA-related measure, but it could occur on short notice any time after April 17. Under Senate rules, the Democrats would need 60 votes to advance the measure.

President Biden has endorsed congressional approval of legislative measures to proclaim the ERA as having been ratified, even though the Justice Department has argued successfully in federal court that the ERA has not been ratified.

CONGRESSIONAL CAUCUS ON THE EQUAL RIGHTS AMENDMENT

In the House of Representatives, a group of Democratic lawmakers led by Congresswomen Cori Bush (Mo.) and Ayanna Pressley (Mass.) held a press conference on March 28 to announce formation of a "Congressional Caucus on the Equal Rights Amendment."

The term "caucus" here refers to a voluntary association of legislators who share a general interest in a specific issue. There are around 400 officially recognized caucuses ("Congressional Member Organizations") in the House of Representatives, and over 300 additional informal groups, according to the Congressional Research Service. In some cases, members of a caucus kick in a small portion of their staff budgets to pay the salary of one or more staff persons to focus on issue that the caucus was formed to promote.

On March 23, the fashion publication *ELLE.com* ran a prominent feature about Bush and the ERA, which included this passage: "As for why she's pushing for the ERA now, at a time when Republicans control the U.S. House, Bush said, 'It's not a sprint, it's a marathon.' She added, 'If we can start building now, then maybe in two years, when hopefully we are in the majority, we can be in a place where the advocates, the activists, the folks that are most directly impacted, the legislators in Congress and on the state level and municipal levels, are all working together to get this done.'"

On March 22, the nongovernmental advocacy group *ERA Coalition* issued a release in which it touted activity in some state legislatures, intended to advance its claims that the ERA remains a viable proposition. It mentioned a number of Democrat-controlled state legislatures in which resolutions have been introduced "affirming the Equal Rights Amendment as the 28th Amendment to the Constitution."

Pro-abortion Congresswoman Ayanna Pressley (D-Mass.), at March 28, 2023 press event to publicize formation of the new ERA Caucus in the U.S. House of Representatives.

NRLC's Johnson commented, "A few state legislatures may pass resolutions endorsing the legal fantasy that the ERA has been ratified, but there is an

See *Senate,* Page 31

Florida Senate passed Heartbeat bill, Florida House expected to follow suit

By Dave Andrusko

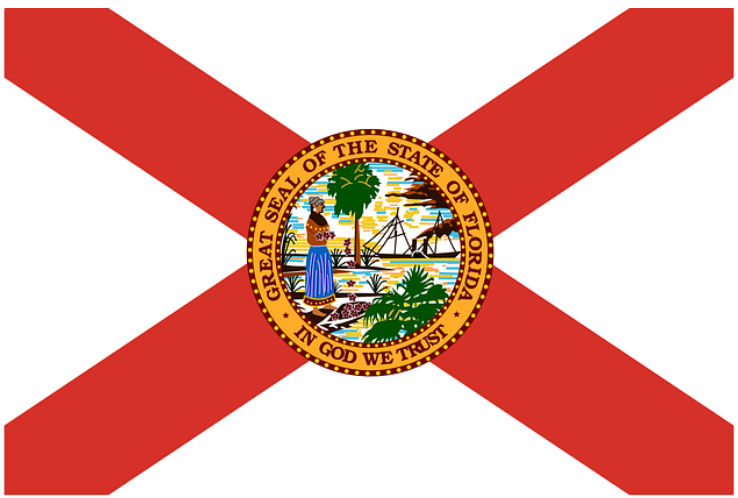
Following an emotional exchange, the Florida Senate on Monday endorsed Senate Bill 300 which prohibits abortions after a heartbeat can be detected, around six-weeks.

SB 300, which passed by a 26-13 vote, is expected to win House approval and be signed into law by pro-life Gov. Ron DeSantis.

"Bodily autonomy should not give a person the permission to kill an innocent human being," said Sen. Erin Grall, who sponsored the bill. "We live in a time where the consequences of our actions are an afterthought and convenience has been substitution for responsibility, and this is unacceptable when it comes to the protection of the most vulnerable."

Grall added, "We have all been touched by abortion, and we will continue to be, but I believe we can show each other love and compassion as we move to a culture of life, one which respects every single life that should be here with us today and in the future."

The influence of the legislation extends far beyond Florida. "The ban, should it go into effect, has wide-reaching implications for both Florida and the South," according to Kathryn Varn. "As states including Alabama, Mississippi and Louisiana moved to ban abortion outright in the wake of the Supreme Court's overturning of *Roe v. Wade*, Florida became a haven state for women from those states to obtain abortions."



Varn pointed out that SB 300 "includes exceptions for victims of rape, incest and human trafficking to undergo the procedure up to 15 weeks of pregnancy." In addition, it "also maintains exceptions to save the life of the mother and, up to the third trimester, in cases of fatal fetal abnormalities, as long as two physicians certify those circumstances in writing."

The proposal "includes $25 million to expand services provided by state-contracted pregnancy crisis centers to support new parents," Vann reported.

Meanwhile, Attorney General Ashley Moody is urging the state Supreme Court to uphold HB 5, the 15-week abortion ban. The Reducing Fetal and Infant Mortality bill took effect in July.

Leon County Circuit Judge John Cooper agreed with the seven abortion clinics and physician Shelly Hsiao-Ying Tien that the law violated the state Constitution and issued a temporary injunction. But a panel of the 1st District Court of Appeal overturned the injunction, ruling that the plaintiffs could not show "irreparable harm" from the 15-week limit.

The appeals court's decision allowed the 15-week limit to take effect, and the plaintiffs are asking the Supreme Court to reinstate the temporary injunction. Justices in January agreed to take up the case, which also involves arguments about the "irreparable harm" issue.

Late on March 31, Moody's office "filed a 67-page brief arguing that justices should rule that a privacy clause in the Florida Constitution does not protect abortion rights and that past rulings on the issue were 'clearly erroneous,'" according to Jim Saunders, writing for the *News Service of Florida*. The brief went further saying the Legislature should make decisions about limitations on abortion.

Legislature Fails to Pass SB 834 Before Deadline; State Supreme Court Rules Oklahoma Constitution Contains "Inherent Right" to Certain Abortions

By Tony Lauinger, State Chairman, Oklahomans For Life

Regrettably, our collective efforts to strengthen Oklahoma's defense against a looming initiative petition from the abortion industry to inject a right to unlimited abortion on demand in our state Constitution failed to result in the passage of SB 834 prior to the legislative deadline the end of this week. SB 834 remains stuck in committee.

Our sincere thanks to so many of you who contacted members of the state Senate and House of Representatives urging support for the bill. Some of you did so repeatedly. Your efforts on behalf of Oklahoma's unborn children are deeply appreciated.

We are especially grateful for the leadership of Senator Julie Daniels in seeking to erect a firewall against the pro-abortion attack that is coming. She is to be greatly commended for her courage, her vision, and her dedication to protecting our human family's most vulnerable little members. (Her email address, if you'd like to thank her, is Julie.Daniels@oksenate.gov.)

In another major development this past week, the Oklahoma Supreme Court, for the first time in our state's 116-year history, has discovered a "constitutional right" to abortion in the Oklahoma Constitution. The five-person majority on the Court limited their ruling for now to circumstances where a mother's life is in danger, but it is evident that they hope to expand this "inherent right" to elective abortions in the future.

Oklahoma State Senator Julie Daniels

The five-person pro-abortion majority consisted of Justices Yvonne Kauger, James Edmondson, Douglas Combs, Noma Gurich, and James Winchester.

Four justices dissented from the 5-4 ruling.

Justice Dana Kuehn, in her dissent, wrote, "It is not the job of this Court to create a right where none exists. Nor is it the Court's job to make policy decisions."

Justice Richard Darby, in his dissent, wrote, "The majority opinion purports to…find that – based on the Oklahoma statutory exception allowing abortions when necessary to preserve the life of the mother – Oklahoma has a constitutional due process right to abortion if necessary to preserve the life of the mother."

Chief Justice John Kane put that point into sharp focus: "Indeed, it takes more to be a fundamental right than merely to be exempted from criminal prosecution."

The fourth pro-life dissenter, Justice Dustin Rowe, called attention to the pro-abortion majority's statement that "We make no ruling on whether the Oklahoma Constitution provides a right to an elective termination of pregnancy…," and then he observes, "I can only read this language as an attempt by the majority to leave the door open to further constitutional challenges, and certainly not to resolve this issue."

Justice Kane criticized the majority by focusing on the living human being whom the majority totally ignored – the unborn child. "The reason that the 'life of the mother' exceptions do not resolve the question is because the majority analysis wholly disregards the interest of the unborn. The unborn have no voice, say, or consideration in the opinion of the majority…. The Court should adhere to the Constitution given to us, not craft what we believe to be a 'better' Constitution."

The worst of it is, in determining whether an abortion is "necessary to preserve the life of the mother," the Court has created a subjective standard which is virtually as broad as the health exception in *Doe v. Bolton* and which allows the abortionist to be as arbitrary as he wants in justifying an abortion.

While the decision is viewed by pro-life Oklahomans as a disgraceful, results-oriented plunge by the majority to create a contrived "constitutional right" to abortion – upon which they undoubtedly hope to expand – the decision has been simultaneously criticized by the abortion industry for not immediately having given them what they want: the ability once again to carry out elective abortions in Oklahoma.

Thank you.

CNN remains "upsetting, unacceptable, and unfair"

By Laura Echevarria, Director of Communications and Press Secretary

As CNN tries to find its footing in the ratings game, anchor Don Lemon has all the grace of a bull. In February, Don Lemon insulted a female Republican politician on the air by saying she wasn't in her "prime." His argument was that a woman is in her prime in her 20s and 30s—maybe her 40s. In his view, the politician in question—who is 51—"isn't in her prime."

And after being challenged on his statement by fellow host, Poppy Harlow, who asked, "Are you talking about prime for childbearing or are you talking about prime for being president?"

Lemon's response was, "Don't shoot the messenger! I'm just saying what the facts are! Google it!"

Not done with his heedless observation, Lemon brought up the argument again about an hour later.

Lemon's comments come at a time when CNN can't afford to alienate viewers. While Lemon released a statement later the same day saying he regretted his "inartful and irrelevant" statements, the damage was done. According to *The New York Times*, CNN CEO Chris Licht took Lemon to task during an editorial call saying that Lemon's statements were "upsetting, unacceptable, and unfair" and noted that they were a "huge distraction." Something that CNN doesn't need.

CNN is struggling to find its roots again after years of providing more commentary than true reporting. The damage is deep and as CEO Licht tries to correct core issues that caused CNN to lose viewership, changes at the network have yet to draw viewers back. Instead, viewership among cable news is down across the board but the numbers are especially low for CNN.

According to the Associated Press, Nielson ratings show that Fox News averaged 2.09 million viewers in prime time in March, MSNBC held ground with 1.14 million viewers but CNN saw only 473,000. These numbers can hit CNN's advertising revenue because advertisers would rather put their money where viewers go.

Only a year into his role, CEO Chris Licht is trying to return CNN to more of a non-partisan role in delivering the news but it is an uphill battle and Don Lemon isn't helping. For years, Lemon was given free rein on the network with his own show that was largely commentary, reining him in now is a challenge.

Licht has retooled programming and moved Lemon from his evening prime time show (which had low ratings) to a morning program with two other hosts. But it hasn't brought in the ratings that were expected and Lemon's observations, such as a female politician not being in her "prime," are not helping.

Over the years, CNN has alienated more conservative and pro-life viewers and whether the changes can draw viewers back is up for debate. David Zaslav who is the president and CEO of CNN's parent company Warner Bros. Discovery has said he wants to return CNN to a less partisan approach that includes more news and less commentary.

One thing is sure, CEO Licht is making changes and a return to stronger journalistic standards is his touchstone.

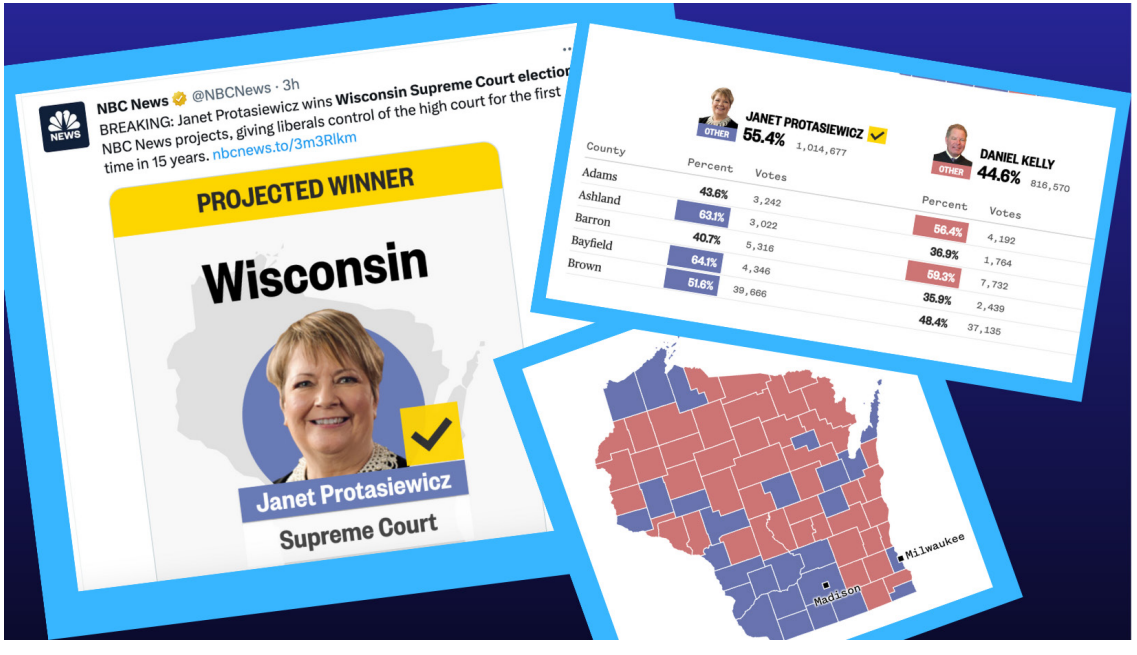
Pro-Life Candidate Defeated in Wisconsin Supreme Court Race, New Pro-Abortion Majority Poses Threat to Right to Life

By Karen Cross, NRL Political Director

After a hard-fought campaign that drew national attention, pro-abortion candidate Janet Protasiewicz defeated former Supreme Court Justice Daniel Kelly, who had been endorsed by Wisconsin Right to Life, for the open seat on the Wisconsin Supreme Court. This election hands Democrats a 4-3 majority on the court, the first time in 15 years that they have had control of the body.

Democrats nationwide and leading pro-abortion groups poured money into the race. In the final fundraising period before the election, Protasiewicz's campaign reported raising nearly $12.4 million. (By contrast, Kelly raised $2.2 million in that period.) Bolstered by a serious cash advantage, Protasiewicz hammered Kelly repeatedly on the issue of abortion, often intentionally mischaracterizing his views. National pro-abortion groups including EMILY's List, NARAL Pro-Choice America, and Planned Parenthood Action (the political arm of the nation's largest chain of abortion facilities) endorsed Protasiewicz in the race.

The new pro-abortion majorityon the Wisconsin Supreme Court could put in jeopardy existing pro-life laws and have a chilling effect on future pro-life legislative efforts in the state. In several other states, activist judges have struck down pro-life protections that had been in effect and saving lives for years. Some judges have even found (or rather, invented) a "right to abortion" in their state Constitutions in order to bypass pro-life state legislatures and governors.



Democrats have also made no secret of their plans to use their new majority on the court to strike down and redraw state legislative and Congressional district maps in a brazen attempt to increase the number of Democrats in office. Some have speculated that a new Congressional map devised by Wisconsin Democrats could throw as many as 3 seats currently held by Republicans into contention. In Washington, Republicans currently hold the House majority by just five seats. With such a small number of seats determining which party holds the gavel, every seat matters.

While the outcome of this election is a disappointing setback, our movement presses on. If you live in Wisconsin, reach out to Wisconsin Right to Life, our state affiliate, and find out ways you can get involved in your area. We cannot let electoral defeats demoralize us or shatter our willpower. That's what our opponents want. Instead, let's look at this defeat as a call to action.

In 2024, Wisconsin will again be the focus of national attention as a key battleground state in the presidential election. There is also a prime opportunity to unseat pro-abortion U.S. Senator Tammy Baldwin (D) who is up for re-election in 2024. (Democrats currently have just a one-seat majority in the Senate.) And we cannot forget that potentially a handful of House seats could be in play in Wisconsin. Your pro-life voice and political engagement are needed now more than ever!

Will you heed the call?

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Maine's youngest baby born at 22 weeks, weighs just over one pound

"Most of us went in to this field because truly babies are the most miraculous creatures in the world."

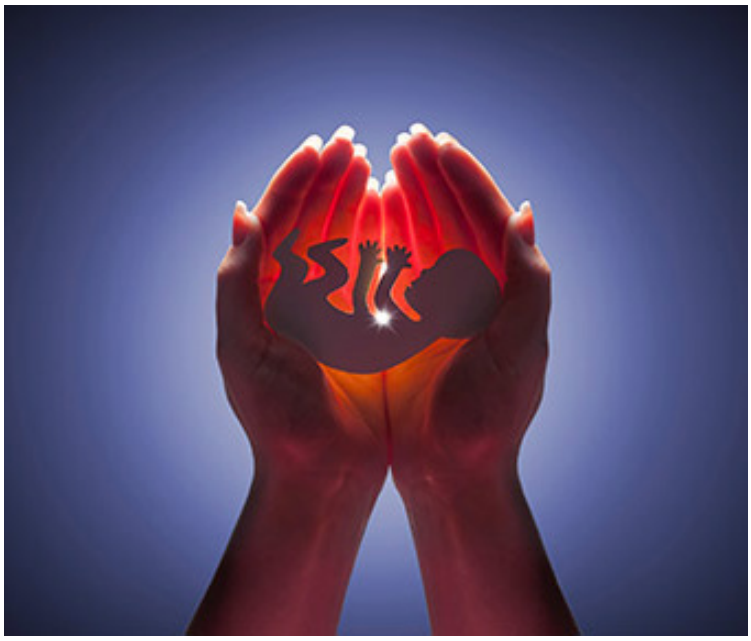
By Dave Andrusko

"Probably the size of my hand, just tiny," said Sandy Fournier, the primary nurse for Maine's tiniest baby ever to survive. "Eyes fused like a kitten."

Todaym Winner was born at 22 weeks gestation and weighed just over one pound, *WMTW* anchor Meghan Torjussen explained. "Oh, she was so fun. Of course, she was tiny," Fournier said.

Incredibly, Fournier has been a NICU nurse at Maine Medical Center for 46 years! "In that time, so much has changed in medical care," Torjussen said.

"When I first started, we wouldn't save babies if they were under 750 grams and didn't



cry," Fournier said softly. "It's wonderful to be able to see the babies that survive now."

Of course starting off that premature and that small could mean future problems such as neurological issues and vision impairment.

But little Todaym has "already defied the odds — even doctors admit science can't explain it all," Torjussen said.

Neonatologist Dr. Alan Picarillo was her doctor and perhaps put it best:

"Most of us went into this field because truly babies are the most miraculous creatures in the world."

Mom says docs scheduled abortion without her consent because of son's Down syndrome

By Cassy Fiano-Chesser

A mother of a child with Down syndrome is speaking out after doctors repeatedly pressured her to have an abortion — even going so far as to schedule one for her *without* her consent.

Natalie O'Rourke spoke with the *Sunday Times* and appeared on *ITV's This Morning* for World Down Syndrome Day, and told presenters Holly Willoughby and Phillip Scofield how doctors assumed her son's life was worthless before he was even born.

Her pregnancy was a surprise, and at first, she didn't know how far along she was until she had an ultrasound — and immediately, she was flooded with negativity.

O'Rourke already had an eight-month-old daughter and lived in a small home with her husband, Dickie. But at her dating ultrasound, she was told something was wrong, and without being given more information, was fast-tracked for an appointment the same day at Queen Charlotte's & Chelsea Hospital. There, she was told her baby likely had Down syndrome; doctors told her to undergo chorionic villus sampling (CVS), where cells are withdrawn from the placenta.

"Dickie said, 'If it's positive, I guess we've got a few weeks to decide if we want an abortion,'" she recalled. "And the doctor replied, 'No, if the baby has a disability like Down's, abortion is legal right up to birth.'"

She was so angry, she left the room. "It sickened me," she said. "The implication was that this baby was of so little value, it may as well be dead. My overwhelming feeling was of protection. I knew if I wanted to keep it I would have to fight, because the message was clear — if the baby is damaged, different, faulty, it isn't valued. So why would you have it and how could you love it?"

Later, she received a phone call confirming that her son had Down syndrome; moments later, the phone rang again. It was a local MSI Reproductive Choices facility, informing her that she had an abortion scheduled for the next day. When she told them to cancel the appointment, the nurse refused.

"I wasn't surprised the baby had Down's syndrome — I kind of knew," she said. "The real shocker was that I was suddenly on this pathway to a termination. No one seemed to consider that I might want it to live."

Her husband, meanwhile, also wanted her to have an abortion. But O'Rourke refused still. "I just knew that as soon as he was born, we would love him," she said, adding, "I knew that Dickie would be an amazing dad — and he is. But getting to that point was a massive fight."

During counseling sessions, he continued to push her to have an abortion, to the point that she told him she would divorce him before taking her son's life.

"He begged me to have an abortion. He said, 'Our lives will be over.' And I said, 'You go, then. We'll be all right without you,'" she recalled. "Then, when I was about seven months pregnant, we came out of a counseling session and Dickie was kind of deflated. He said, 'You're going to have this baby, aren't you?' I said, 'Yes I am.' And he said, 'Can I call him Woody [after the American folk singer Woody Guthrie]?' And that was that."

O'Rourke was so scared and distrustful of the medical establishment that when she went into labor, she held off on going to the hospital until the absolute last second, thinking her son would be deprived of medical care. "I was convinced everyone just wanted him to die," she said, and added, "He was beautiful, like a tiny bird. I remember crying and whispering, 'I fought so hard for you.'"

Today, Woody is a happy, healthy 10-year-old, and she's aware of how people see him — including people who she believes likely had abortions. As the *Sunday Times* noted, births of children with Down syndrome have fallen by 54% across Europe as women receive prenatal testing and are then pressured to abort.

"You get all sorts of looks when you have a child with Down syndrome," she said. "The worst is pity. But there's another look I'd see on other women's faces when Woody was a baby — it's a sadness, a wistfulness. And I'd think, ah, you had the termination, didn't you?"

People with Down syndrome are frequently devalued, but O'Rourke said people need a better perspective.

"In their eyes, he was going to be a drain on[society and his life would have no value, but actually he is a life enhancer," she explained. "He enhances anybody's life that he meets. If you could measure joy it would be off the scale."

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

Pro-Abortion Group Announces Strategy for 2024

By Karen Cross, NRL Political Director

Pro-abortion fundraising powerhouse EMILY's List recently rolled out their first round of endorsements for the U.S. House for the 2024 election cycle. The organization named 18 incumbent Democrats whose defense they believe will be crucial if Democrats are to retake the House in 2024. Some are in districts Biden lost or would have lost in 2020.

Democrats need a net gain of five seats to regain pro-abortion leadership.

"These 18 seats will be vital to protect as we fight to take back our House majority," Danni Wang, deputy director of campaign communications for EMILY's List, told Roll Call. https://rollcall.com/2023/03/15/emilys-list-these-18-democrats-are-crucial-to-taking-house-control/

EMILY's List endorses Democrat women that support a policy of unlimited abortion for any reason until birth and support using tax dollars to pay for abortions.

The first round of endorsed candidates include:

- Nikki Budzinski of Illinois
- Yadira Caraveo of Colorado
- Angie Craig of Minnesota
- Sharice Davids of Kansas
- Jahana Hayes of Connecticut
- Val Hoyle of Oregon
- Susie Lee of Nevada
- Mary Peltola of Alaska
- Marie Gluesenkamp Perez of Washington
- Brittany Peterson of Colorado
- Andrea Salinas of Oregon
- Hillary Scholten of Michigan
- Kim Schrier of Washington
- Abigail Spanberger of Virginia
- Emilia Sykes of Ohio
- Dina Titus of Nevada
- Lauren Underwood of Illinois
- Susan Wild of Pennsylvania

All of these EMILY's List-endorsed incumbents have a 0% voting record with National Right to Life for the 118th Congress. This includes a vote on the Born-Alive Abortion Survivors Protection Act, which would require that a baby born alive during an abortion be afforded the same degree of care that would apply to any other child born alive at the same gestational age. Not a single one voted in favor of the bill.

All of them have voted or signaled support for the so-called *Women's Health Protection Act* (also known as the "Abortion Without Limits Until Birth Act), which would enshrine unlimited abortion in federal law and policies and strike down existing pro-life protections on the state level like parental involvement and informed consent laws.

Earlier this year, the organization also laid out a preliminary list of House Republican targets. Republicans currently hold the House by a narrow five-seat margin. EMILY's List believes the following represent their best shot at flipping seats from red to blue:

- Don Bacon of Nebraska
- Lauren Boebert of Colorado
- Ken Calvert of California
- David Schweikert of Arizona
- Michelle Steel of California
- David Valadao of California

- Lori Chavez-DeRemer of Oregon
- Juan Ciscomani of Arizona
- Anthony D'Esposito of New York
- John Duarte of California
- Brian Fitzpatrick of Pennsylvania
- Mike Garcia of California
- Ashley Hinson of Iowa
- Tom Kean of New Jersey
- Jen Kiggans of Virginia
- Nick LaLota of New York
- Mike Lawler of New York
- Mariannette Miller-Meeks of Iowa
- Marc Molinaro of New York
- Zach Nunn of Iowa
- Maria Elvira Salazar of Florida
- George Santos of New York
- Brandon Williams of New York

In the Senate, EMILY's List has already confirmed several incumbents that they will back for the 2024 election cycle. These include Tammy Baldwin of Wisconsin and Jacky Rosen of Nevada, both of which hail from battleground states that Biden barely won in 2020. Others include Maria Cantwell of Washington, Kirsten Gillibrand of New York, Mazie Hirono of Hawaii, Amy Klobuchar of Minnesota, and Elizabeth Warren of Massachusetts. They have also endorsed pro-abortion Congresswoman Elissa Slotkin for the open Senate seat in Michigan.

Holding the House majority and retaking the Senate will be crucial for the pro-life movement in the 2024 elections, in addition to defeating pro-abortion President Joe Biden.

Memorials & Tributes

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

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Why abortion advocates want to conflate miscarriage and abortion

By Susanne Maynes

I was eight weeks along with my second pregnancy when I started spotting. The doctor explained I was experiencing a "threatened miscarriage" and that I needed to stay off my feet.

After arranging help with my busy one-year-old so I could obey the bed rest instructions for a few days, the miscarriage was no longer only threatening.

It happened.

Several years later, after two more babies, I was at 20 weeks gestation when, again, I started spotting.

I went in for an ultrasound and discovered the baby had stopped growing three weeks previous.

Again, the medical professionals who helped me referred to my situation as a late miscarriage.

The doctor and the midwife who attended me during those pregnancies certainly knew the term "spontaneous abortion." Perhaps it was even listed that way on my patient chart each time.

I don't know. I only know I'm grateful that I did not have to hear that term when I was already in so much emotional pain.

A friend of mine had a miscarriage around the same time, but she was not so fortunate. To this day, she tells me vehemently, "I hate that they called my miscarriage a "spontaneous abortion."

I don't blame her.

Fast forward to today, with social media offering the unfortunately wide-ranging opportunity to be publicly mean-spirited and hard-hearted.

"If you've had a miscarriage," tweeted someone recently, "you've had an abortion."

The remark—made by an MD, no less—was based on a flimsy, semantic correlation between "induced abortion" and "spontaneous abortion."

This is nothing less than junior high mean-girl attitude flaunted by adults.

To conflate the heartbreaking experience of losing a baby through no fault of your own with purposefully ending your baby's life by aborting him or her is the height of absurdity, not to mention cruelty.

And how ironic that it comes from the "choice" crowd, since one of these situations happens quite apart from choice, while the other is clearly and directly caused by a choice.

This clever and cruel obfuscation is nothing new coming from abortion advocates. They've been masters of misusing words for decades.

Rationalization. Blame shifting. Gaslighting. Calling evil good, and good evil. All to try to make abortion acceptable and morally neutral.

The tweet went on to say, "Your doctors have likely sheltered you from this terminology, rendered unspeakable by politicians with the intention of shaming and disempowering you."

Not only does this doctor evidently think women are stupid, incapable of telling the difference between happenstance miscarriage and purposeful abortion—now she's flat-out lying to them about pro-life people's motives.

Stop with the victim card, already. The abortion industry is not the victim here.

Pro-life people are not out to "shame and disempower" women. Far from it.

We're here to support women facing unplanned pregnancies and to inform them of all their options, not just one.

And we're here for women who need emotional healing from real guilt after an abortion.

You see, real guilt doesn't go away by simply rewording reality and gaslighting the other side.

Real guilt after abortion is grounded in the preciousness and sacredness of human life in the eyes of God.

Yet abortion, like all moral wrongdoing, is forgivable.

The God who declares our high value as His image-bearers and forbids taking innocent human life is the same God who forgives us

and heals us when we break His moral commands.

Rationalizing our sin has no effect on removing it. Playing semantic games with it does not erase the sickness in our souls.

Not obfuscation, but honest, humble confession is the first step to recovering our sense of worth. I've had the privilege of walking alongside some very courageous women as they did the emotional work and found wholeness for their souls.

It is one of the most beautiful things I've ever witnessed.

So, we "shame and disempower" women?

I think not.

Abortion advocates should stop trying to deceive women with word games. They should stop pouring salt on the wounds of those suffering miscarriage.

They should stop pretending there is no such thing as real guilt for a real moral offense.

If abortion advocates want to prove they're pro-woman, they need to start telling women the truth.

They need to demonstrate that they care about women as individuals, not just as cogs in the wheels of a lucrative industry.

Meanwhile, we'll be here, supporting the woman who doesn't know what to do about her unplanned pregnancy. We'll be here for the woman who's haunted by a past abortion.

And the woman whose heart is broken by a miscarriage?

We'll tenderly care for her as she walks through the valley of the shadow of loss, mourning her child.

We won't heap shame on her by equating her personal tragedy with a purposeful action.

She'll be safe with us.

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

Woman feels her baby move as she is having an abortion

By Sarah Terzo

One woman complained about the three days she had to wait between finding out her baby would be disabled and having the abortion she wanted (She couldn't schedule it for any earlier) :

> **"Maybe it gives you time to think about it – but at the time, you feel a baby, you become attached to the baby, and every time it moves it reminds you that you're going to put an end to its life and it's very hard to imagine taking more time. It really is.… You imagine your baby. This is your baby. Hard to think of it as a fetus – you say fetus, but you imagine a baby. It moves and you become attached to it. Every time it moved those three days, I said, "Please don't move."**

Barbara Katz Rothman. "The Tentative Pregnancy: How Amniocentesis Changes the Experience of Motherhood" (New York: WW Norton & Company, 1993), pp. 193 – 194.

Editor's note. This appeared at Clinic Quotes and reposted with permission.

Tell CVS, Walgreens, and Rite Aid STOP DISPENSING DEADLY ABORTION PILLS

Whereas the drug mifepristone is used to take the lives of unborn children, and

Whereas the drug mifepristone has also been associated with potentially severe side effects for their mothers, resulting in visits to the emergency room for more than 10% of patients and complications such as infection, hemorrhage, or ruptured ectopic pregnancy for as many as 5.2% of those taking the drug, and has been linked to 28 deaths in the United States alone, and

Whereas CVS, Walgreens, and Rite Aid pharmacies have recently announced plans to dispense this dangerous and lethal drug, and

Whereas, pharmacies traditionally have been, and should be, operated for the purpose of providing drugs that cure and treat disease, rather than killing,

Therefore, be it resolved, that we, the undersigned, call upon the management and board of directors of CVS Health Corporation, Walgreens Boots Alliance, and Rite Aid Corp pharmacies to reverse their decision immediately and cease to dispense this lethal and dangerous drug.

3D ultrasound image of an unborn child at 10 weeks LMP. Mifepristone is used to kill babies up to 10 weeks LMP, like this little one.

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For more information on the abortion pill, visit lifeatrisk.org.

Pro-abortionists continue their attempts to destroy Pregnancy Help Centers

By Dave Andrusko

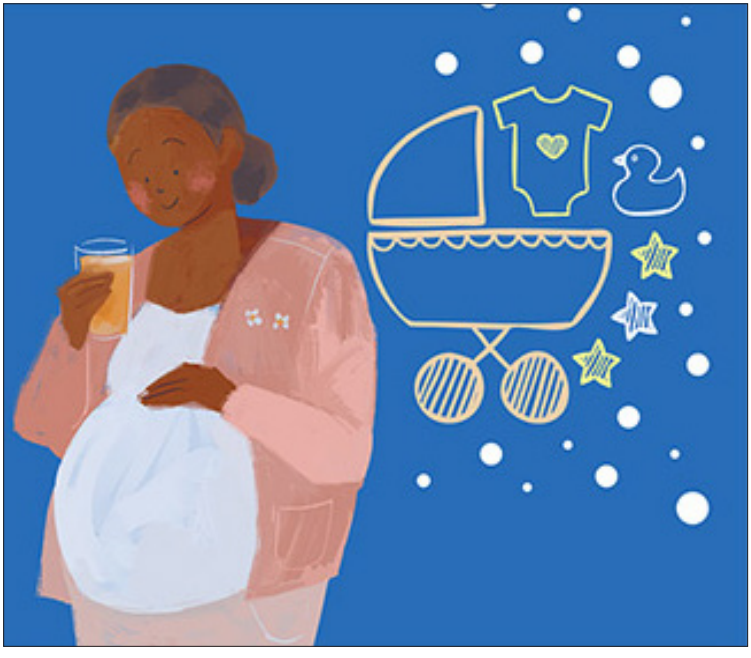
It's hardly a secret that state legislatures that are firmly in the grasp of Democrats, traditionally/habitually go after Pregnancy Help Centers. The charge thrown at these volunteer-run women-helping centers begins and largely ends with the allegation that they are "deceptive," indeed "intentionally deceptive."

Colorado last week passed three bills in the state Senate "seeking to bolster abortion rights in Colorado." That included Senate Bill 188 which "would protect abortion patients and providers giving and receiving care in Colorado from facing criminal or civil consequences from other states in which abortion is illegal" and Senate Bill 189 which "would require health insurance carriers that serve large employers — those with more than 100 employees — to pay for abortion coverage without deductibles, copays or coinsurance."

You get the sense that some states have so thoroughly torn down (or are the process of tearing down) any limitations on abortion that their last great target are Pregnancy Health Centers, the object of the third bill, Senate Bill 190 .

Supporters do like to have it both ways. On the one hand, according to Alison Berg And Julio Sandoval,

> **In the month following the Dobbs decision, the Colorado-based Cobalt Abortion Fund reported that 94% of its clients seeking practical abortion support came from out of state, including 66% from Texas alone. In January, 750 people traveled to Colorado Planned Parenthoods from out of state for abortion care — compared to only 1,500 people during the entirety of 2021, according to Planned Parenthood of the Rocky Mountains.**



On the other hand

> **"We are signaling to the rest of the union and the rest of the world that … Colorado will proudly end the life of any unborn child at any time during pregnancy," said Sen. Kevin Van Winkle, R-Highlands Ranch. "It seems to invite anyone wanting an abortion to come to our state to end the life of a child. … It is wrong. It promotes a culture of death."**

What do proponents counter with? "That Colorado is and should continue to be a safe haven for people seeking abortion," **no matter how many abortion are performed.**

They also target another abortion alternative–abortion pill reversal–with all the usual suspects announcing that APR doesn't work (it does, actually). And one suspects it drive the abortion crew crazy that there are more than 50 Pregnancy Help Centers ("In some rural areas, they are the only option") compared "to 20 abortion clinics" in Colorado.

But not everyone wants to destroy these havens of health. "Republican lawmakers in Florida are proposing a more than fivefold increase in taxpayer funding for anti-abortion centers like the Pregnancy Help Medical Clinics, to $25 million from $4.45 million in 2022," according to Laura C. Morel and Clara-Sophia Daly.

God bless them.

The Abortion Control Act is a life-affirming legislation that has withstood the test of time

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

It is something that is unconscionable for the vast majority of Americans—the abhorrent practice of late-term abortion.

Yet, in Pennsylvania, pro-abortion forces want to wipe out the protection the Keystone State has in place for preborn babies in the latter stages of their mother's pregnancies.

The abortion industry has set its sights on Pennsylvania's Abortion Control Act, a time-tested law which has been in effect since the mid-90s. An important component of that statute is a prohibition on abortions past 24 weeks gestation except in cases of a danger of irreparable harm to a mother's major bodily function.

The Pennsylvania Abortion Control Act has served the Commonwealth well. After it went into effect, abortion totals dropped by half. Other key provisions of the Act are a 24-hour waiting period for abortion, informed consent for abortion, parental consent for abortion, and protection of preborn babies from sex selection abortions.

The law also requires that licensed doctors perform abortions. At a recent Democratic Policy Committee hearing in the state legislature, a pro-abortion midwife confirmed that the difference between a miscarriage and an abortion is the presence of a heartbeat.

And that is all the difference in the world.

Dismantling the Abortion Control Act is a dangerous idea. It could place women at greater risk of complications, if abortions are permitted past six months gestation. Without a 24-hour period of reflection, women could be rushed into a decision to abort that they will deeply regret later in life.

Also, at a time when parental rights are in the news, it seems terribly antiquated to remove the parental permission component from Pennsylvania abortion law.

The Abortion Control Act was life-affirming legislation that has withstood the test of time. For the sake of women's health and safety, it should not be cast aside.

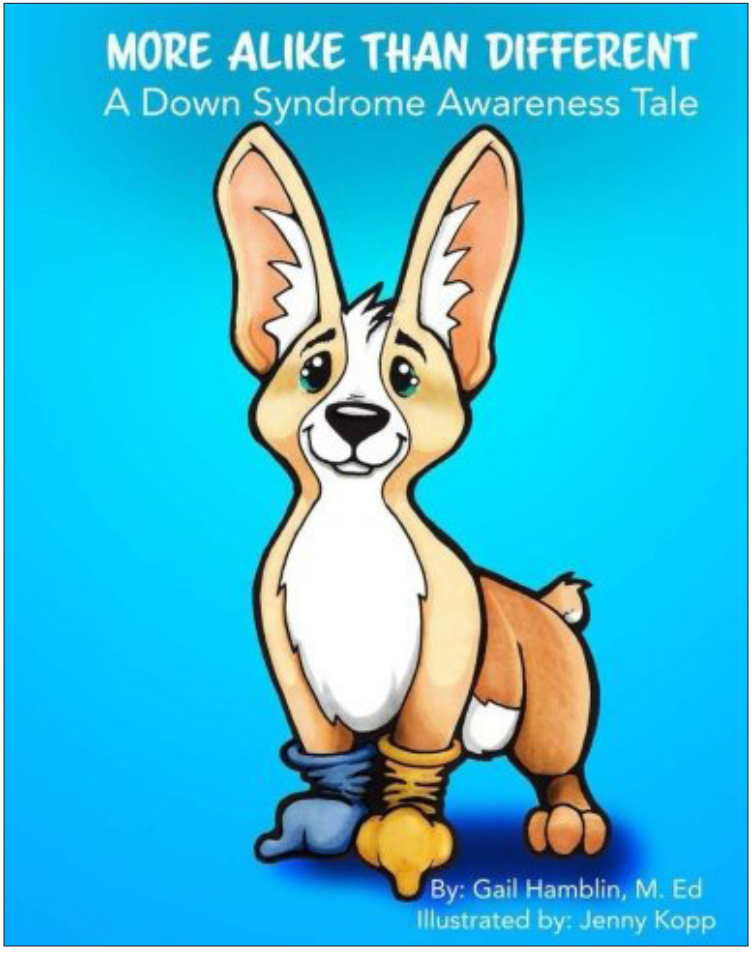
Mom writes book to teach kids about Down syndrome

Editor's note. This story comes from the Jerome Lejeune Foundation.

As the mother of a child with Down syndrome, Gail Hamblin is determined to make sure her son, Calvin, and those like him are able to live their best lives. Raising Calvin, she realized that there was a critical gap in children's literature on Down syndrome – and she was determined to fill it. She explains:

> **There were books to tell other people this person has Down syndrome, and that sort of thing. But there wasn't anything on the market that was, "OK, we have Down syndrome, but that's not who we are. Yes, it's a part of us but that doesn't totally define us. We're human; we should be loved, too." I wanted something that was going to cross all of those barriers.**

Gail used her experience as a special education teacher to craft the perfect book. Using Kickstarter to raise funds, Gail enlisted a high school friend, Jenny Kopp, to illustrate it. Called More Alike than Different, the tale follows Arthur, a dog with Down syndrome, as he explores the world and discovers who he is. Hamblin hopes the book will be a useful tool for parents to explain what Down syndrome is, and reduce bullying by raising awareness among kids about Down syndrome.



The book has also been translated into Spanish, and an activity book has been designed to accompany it, with coloring pages, mazes, and more.

Hamblin is excited to see how her book is reaching people and wants to continue to encourage other families of those with Down syndrome. Though many of her plans have been put on hold with the challenge of coronavirus, she hopes to write additional books and develop a podcast for parents of kids with Down syndrome. She says:

> **I'm further along in my journey — I'm not to the teenage years or anything, he's only 8 — but there's a lot that I've learned along the way that if I could find it and listen to it when I was going through those things, it would have been helpful.**

Meanwhile, she's enjoying her work as an assistive technology manager for the University of Delaware, as well as spending extra time with her three children, who are finishing the school year at home:

> **I'm grateful for every day that we have together and that we're healthy and we're happy. Yes, we're getting through each day, but I want to make each day good if we can.**
>
> **I tell myself, "They're healthy, they're happy, just do what you can." I would say that it all comes back to my faith and God … that's where I draw my strength.**

Florida Enforces its 24-Hour Waiting Period. Somehow That's News.

By Kelsey Hazzard

A *Politico* headline caught my eye yesterday: "How Florida Uses a Little-Known Law to Punish Abortion Clinics." I am a Floridian and pay above-average attention to abortion laws, but I had no idea what *Politico* could be talking about. What innovative, cutting-edge pro-life strategy had my state cooked up without me noticing?

So I read the stupid article, and y'all: they're enforcing our 24-hour waiting period. The Florida Agency for Health Care Administration fined "more than a dozen" abortion businesses (out of 53) that were out of compliance. That's literally it.

Waiting periods for abortion have been around for decades. Twenty-seven states have them, they enjoy overwhelming public support, and they are proven to lead some women to change their minds and reject abortion. The Supreme Court of the United States upheld the constitutionality of abortion waiting periods in the 1992 case of *Planned Parenthood v. Casey*. Despite this, the abortion lobby was able to keep Florida's law tied up in court for several years. Ultimately they were unsuccessful, the law went into effect, and the state is now — gasp! — enforcing it.

Each violation can result in a fine of up to $1000. Since the average abortion costs less than that, an abortionist who is caught violating the waiting period can find himself essentially doing the abortion for free. No wonder they're annoyed. I'm not surprised they went to the media with a persecution narrative. But *Politico* had a journalistic responsibility to do more than parrot them.

Whole Woman's Health's New Mexico clinic sets initial goal of 75 abortions a week

Currently offers first-and second-trimester abortions up to 18 weeks "with plans to expand to up to 24 weeks in the near future"

By Dave Andrusko

New Mexico is about as supportive of abortion on demand as you can get. This is not surprising since pro-abortion Democrats control both houses of the legislature and the governor's office.

However some counties and cities have fought back. "Two counties and three cities in eastern New Mexico have recently adopted abortion restrictions that reflect deep-seated opposition to offering the procedure," Morgan Lee writes for the *Associated Press*.

That prompted the passage of HB7, intended not only to override the ordinances but also stop others from passing similar pro-life protections. "Sponsored by state Rep. Linda Serrato, D-Santa Fe, the legislation is supposed to protect 'access to reproductive and gender-affirming health care' by prohibiting school boards, city councils and other local governments from discriminating against people based on their 'reproductive' choices," according to Micaiah Bilger.

This goes hand in glove with the announcement by Whole Woman's Health, one of the largest independent abortion providers in the nation which has operated in Texas since 2003, that they pulling up stakes.

Whole Woman's Health opened its first Texas clinic in Austin in 2003 "and later expanded to four abortion clinics– Austin, McAllen, Forth Worth, and McKinney–before it announced plans to leave the state and reopen in New Mexico," Evan MacDonald reported for the *Houston Chronicle*. On Thursday they opened their new clinic in Albuquerque.

"The clinic is expected to see 19 patients over the next few days, with 18 of them coming from Texas," MacDonald wrote. "The clinic currently offers first- and second-trimester abortion procedures to people who are up to 18 weeks pregnant, with plans to expand to up to 24 weeks in the near future."

Axios's Shafaq Patel reported that "The starting goal is to serve 75 patients a week."

Leaving no stone unturned, "The New Mexico clinic is located minutes from the Albuquerque International Sunport Airport and all of its staff members are bilingual," according to a news release. "The new abortion clinic in Albuquerque will serve New Mexico residents, plus folks from other states, like Texas and Oklahoma."

According to Patel, "The fully bilingual clinic staff aims to create an environment that helps patients shed personal and cultural shame and stigma around abortion care." She added, "Whole Woman's Health chose Albuquerque because it's in a safe state and is easy to fly into."

Amy Hagstrom Miller, the president and CEO of Whole Woman's Health, "says she chose a city over a small border town so patients and staff could be in a more populated area where they could blend in," according to Patel. "23 patients — 21 traveling from Texas and two from Louisiana — have already booked appointments for the opening weekend."

NICU Nurse Goes Above and Beyond to Keep Family of Four Together, Adopts Teen Mom AND Her Preemie Triplets

By Kim Schwartz, Texas Right to Life

Katrina Mullen, a NICU nurse from Indianapolis, has been in the nursing profession for 23 years. During her career, she has taken care of numerous moms and babies, but a particular family stands out.

Shariya Small was only 14 years old when she gave birth to preemie triplets at 26 weeks gestation. Mullen and Small formed a special relationship during the babies' extended stay in the NICU.

Mullen, a mother of five and a former teen mom herself, offered Small a shoulder to lean on. Even after the triplets were discharged from the hospital, Mullen trekked the hour-long drive to visit Small and bring whatever was needed for the babies.

When the Indiana Department of Child Services determined that Small's home was unsuitable for the children and for the underage mother, Mullen knew they would be most likely placed in foster care and separated from each other.

Mullen told the *Indy Star*:

Just from being a nurse, I knew there would not be many foster homes that would take a teen mother with three kids… I didn't want them to be separated. I wanted them to stay together.

Mullen invited the young mother and her triplets into her home.

Photo: Robert Scheer/IndyStar

After a year of fostering, Mullen officially adopted Small and her babies.

Small has continued to attend school. She is now 15 and has been accepted into two colleges with academic scholarships. Small recounted:

Everybody told me that I wouldn't finish school, that I wouldn't achieve my goals, but now I'm graduating as a junior and was accepted into two colleges with academic scholarships.

Mullen's life has drastically changed after adopting the teen and triplets, but she is grateful for the opportunity to welcome Small and her triplets into her family.

It's been great. Stressful? Yes. Sleepless nights? Yes. But worth it? Absolutely.

Mullen's kind heart forever changed the lives of Shariya Small and her three children. Her story exemplifies the heart of the Gospel. Christ Himself shared with us the spirit of adoption when He said, "I will not leave you as orphans; I will come to you." (John 14:18)

As Pro-Life Christians, we are called to follow Jesus' example of selfless love and compassion. When we choose to serve others, we are demonstrating our love for God and fulfilling our purpose as His children.

Is there a real disagreement among pro-abortionists over how far to push amendments to state constitutions?

From Page 2

viable if the pregnancy endangers the pregnant person's life or their physical or mental health."

Passage of Proposition 3, according to Barb Listing, president of Right to Life of Michigan meant "The prolife movement and prolife individuals in Michigan were dealt a tragic and devastating blow with the results of the 2022 November elections. The election results blew a hole in our state constitution, putting in language that endangers the rights of parents, healthcare providers, and especially the right to life of unborn babies."

Talk about loopholes you can drive a truck through!

So much for moderation.

The POLITICO articles talks about pro-abortion groups in several states attempting to meet the requirements to propose amendments to their state constitution. For example, Ohio, is supposedly one of the states "that aim to restore the protections under *Roe*."

"On Tuesday, February 21, the abortion lobby released their ballot initiative's language to enshrine abortion into Ohio's constitution," Ohio Right to Life wrote, "The language would allow for abortion with no restrictions and possibly remove all pro-life regulations currently enacted" [https://www.ohiolife.org/ballotinitiative].

What is the abortion lobby saying? "In an interview on January 20th on the Radio Show *Sunny95*, Dr. Lauren Beene, spokesperson from Ohio Physicians for Reproductive Rights admitted that "The ballot initiative would allow abortion through all nine months of pregnancy by never committing to a date in which abortion should be banned," according to Ohio Right to Life.

Molly Smith, Board Member, Protect Women Ohio, explained the amendment language clearly prohibits any law that "directly or indirectly" would "burden" or "interfere" with any "reproductive decisions." Those are specific legal terms which have been interpreted by courts across the country to strike down parental notification and consent laws."

Some of the pro-abortions groups Ollstein and Messerly write about have little patience with the groups that feel the need to pretend they accept limits.

> **"We have long said that Roe was never enough, especially for marginalized communities shouldering the hardest impact of abortion bans," said Vanessa Wellbery, the vice president of policy and advocacy for Planned Parenthood of the St. Louis Region and Southwest Missouri. "We are deeply committed to rebuilding a system that ensures all people can access abortion and all providers can provide it without political or legislative interference."**

"Viability" is supposedly a limitation, but it would no more constrain abortion than it did under *Roe v. Wade*. Nonetheless, this is an irritant that some groups can't swallow.

> **Adopting a viability limit, however, would mean agreeing that abortion can't always be a unfettered choice between a patient and physician, a concession that is too much for some local and national groups, including the American College of Obstetricians and Gynecologists, Ultraviolet, All* Above All, Medical Students for Choice.**

Some other groups "dispute the premise that a measure that goes beyond *Roe* would not pass in a red or purple state," according to Ollstein and Messerly.

> **"We need to start from the most expansive and expansionist place possible and not go in with preconceived notions about what people will or will not support," said Sonja Spoo, the director of political affairs for the abortion rights group UltraViolet. "The people putting forward these restrictions, they're not doing it because of mal-intent. It's based on their feeling of what they think can come to fruition. But we see that we have momentum on our side and that this is an opportunity for education and a culture shift rather than codifying bans."**

It's fascinating to read the conflict which supposedly pits the absolutists versus the pragmatists but is in fact a disagreement over whether they believe their own press clippings—that "momentum is on our side."

Idaho Governor's Little signs Abortion Trafficking Bill, HB 242, to protect Minor Daughters

By Dave Andrusko

As *NRL News* was about to post, Idaho Gov. Brad Little signed HB 242. This important legislation makes it a crime for an adult to transport a pregnant minor within the state of Idaho for the purpose of obtaining an abortion with the intent to conceal the abortion from the parents or guardian of the minor. HB 242 passed the Idaho House on March 7 on a vote of 57-12 and the Senate on March 30 by a vote of 27-7.

"We are so grateful to him and to all of you who testified for this legislation, who sent emails, made calls and especially prayed for passage and enactment of this protective legislation," said Right to Life of Idaho.

This law is modeled on a portion of National Right to Life's post-*Dobbs* model law to protect unborn children. It is the second law of its kind (Missouri being the first)*, a law that protects minors and parental rights from the trafficking of a pregnant minor within the state of Idaho for the purpose of obtaining an abortion without the parents' knowledge.

"HB 242 protects parents' rights to be involved in their minor daughter's decision," said Carol Tobias, president of National Right to Life. "No minor daughter should be without her parents' guidance and HB 242 protects the right of parents."

Idaho Gov. Brad Little

Idaho's HB 242 seeks to prevent an abortion—whether surgical or procured using abortion drugs—from being performed on a minor without the knowledge of her parents or guardians.

Tobias continued, "Parents have the right to love their daughter and be there for her in her time of need. No one should take that away."

Opponents of HB 242 "questioned the legality of the legislation since federal law regulates interstate travel," according to James Dawson of *Boise State Public Radio*.

Republican Sen. Todd Lakey rejected that, saying the crime takes place in Idaho when a person conceals a trip to an abortion clinic from a parent.

"We have the authority and the obligation and the opportunity to establish criminal laws in Idaho, and to take those acts in Idaho. That's what we're saying is a crime," Lakey said.

Lakey added, it will "help protect our kids. It does help prevent and protect against abortion, especially those that occur without consent of a parent in another state."

Anticipating the governor signing the bill, pro-abortionists vowed a fight, according to Rebecca Boone of the *Associated Press*.

"Whether it comes from us or one of our coalition partners, there will be a legal challenge," Mack Smith, a spokesperson for Planned Parenthood Alliance Advocates, said. "We definitely will be fighting this with everything that we've got."

*Idaho is the first state to make abortion trafficking of minors illegal and the language is based on the model NRLC drafted in June 2022. Missouri passed something similar in 2005 that prohibits aiding a minor in getting an abortion without her parents' consent.

Mum offered an abortion after her unborn son was found to have a heart condition, she chose life

By Right to Life UK

After baby Carter was found to have a serious heart defect, his mum was given three choices: abortion; allowing him to pass away after birth; or attempting complicated surgery.

His mum chose the final option and he's now a thriving little boy.

Kate Parnaby found out there was a problem with her son's heart when she was 16 weeks pregnant.

"When I went for a scan, the sonographer said she couldn't find part of the heart. I was sent to Durham Hospital and doctors said they couldn't see it either".

"That's when they said they thought it was hypoplastic left heart syndrome. I was so shocked – I'd never heard of the condition before".

Hypoplastic left heart syndrome is a rare condition in which the left side of the heart does not develop properly and affects blood flow through the heart.

Kate was then told she could end her baby's life by abortion; the doctors could provide palliative care after he was born until he passed away; or they could attempt complicated surgery to try to repair the problem.

The mum from Durham said "I didn't know whether Carter would make it, but I knew I had to give him a chance to live, however small it was".

Her son, Carter, was born in July 2021 and had to have open heart surgery just three days later. He had a follow-up surgery in March last year.

Kate said "He's made a really good recovery after the second surgery".

"After the operation, he was playing with all the other babies his age in there, and he had a smile for everyone".

After all these interventions though, he's now at home and will have a third and final surgery when he is five and may need a heart transplant later in life.

His mum said "To look at Carter now you would never know he has just half a working heart. He's constantly on the go and full of life. He's doing so well, I am so proud of him".'

"I don't know what the future holds for Carter", she added, "but for the moment he's loving playing with his friends and making the most of life".

Right To Life UK spokesperson Catherine Robinson said "The amazing advances in modern medicine have given Carter a chance to beat the odds. It is sad though that his mother was offered an abortion when abortion is not a treatment for a heart condition."

"When You Became You" teaches the foundational pro-life lesson: you were always you, in and out of the womb

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the same human being throughout your entire life." In other words, the book teaches the **continuity of human life**.

For example, "A human infant is a human being…You used to be toddler….A human toddler is a human being," and so forth.

"When You Became You" teaches the **equality of all human life**. Doesn't matter if you are young or old; or if you can or cannot "talk/walk/dance,"—or "even if you aren't born yet" — you are what?

"A human being."

The drawings are simple but beautiful and guaranteed to keep the young reader's attention. They teach invaluable lessons in ways children can assimilate.

Most importantly, "When You Became You" teaches that whatever stage our lives we are at, it's just a period in our human existence that we have categorized. You and I weren't more human when we are fully grown or less human when we were a zygote. We were always important, always a human being, just because we have a human nature.

My favorite one-two-three punch is a trio of passages that come about 2/3rds of the way through the book:

"You were the same you at different stages of your life.

"Most stages of your life happen after you are born.

"But you did a lot of growing as a human being before you were born, too!"

One review put it this way:

This is an adorable children's book for teaching children about the continuum of life. Illustrated with deep colors, it depicts human beings in the womb so that children can see what they looked like when they were beginning to grow and how they have grown into the child they are today. Spanning the pages, these illustrations are beautiful and allow children to really understand how they developed.

"When You Became You" can be purchased at all the usual spots, including Amazon and Barnes & Noble.

Do yourself–and your children/grandchildren–a huge favor and purchase at least one copy of "When You Became You."

Twins come without a price tag, their worth is beyond measure

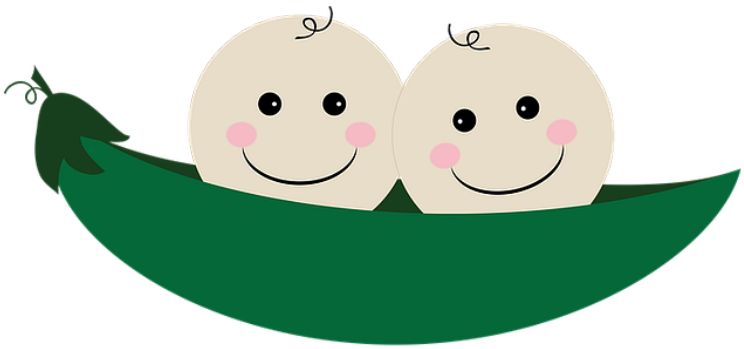
By Maria V. Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

Every so often, I receive an update from my friend about the progress being made by twin babies who were born into her extended family. The brother and sister have already overcome a number of health challenges in their young lives, yet, some would say miraculously, they have survived.

They spent many days in the NICU before they received the green light to go home. Recently, the baby girl had to return to the hospital because of a case of bronchitis. Friends are pulling for the twins who have defied so many odds and have awakened so much hope in those who know them and love them.

So much time and so many resources have been invested in these little ones—but we know it is a wise investment. For they come without a price tag, and their worth is beyond measure.

In our modern society, we



are fortunate to be able to have achieved so many medical milestones. Premature babies who might have perished in the past are now thriving, thanks to scientific advances.

Which makes the issue of abortion all the more tragic. When babies can be saved at ever earlier stages of development, why are some states passing propositions that allow unlimited abortion?

I have to believe that many voters are terribly misinformed about what "access to abortion" means in 21st century America. It is carte blanche to allow abortions for any reason, or no reason, during all nine months of pregnancy.

On the one hand, NICUs heroically save tiny lives. On the other hand, abortionists take young lives away. It is a tragic lesson that we are teaching our children—that lives at the same gestational age can be saved in one end of a hospital and taken at another end.

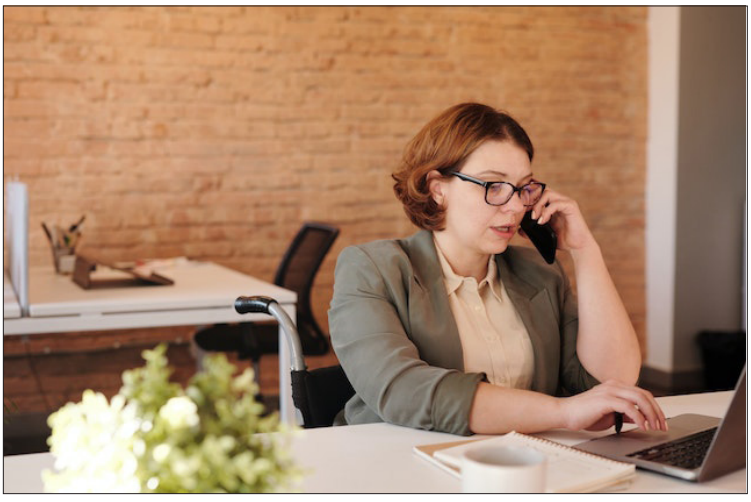
I look forward to the day when every preborn child will be given a fighting chance of survival, when the abortion industry will lay down its tools of destruction and cease to ply its tragic trade. For every child deserves to be protected and cherished—no matter the circumstances of her conception.

"I know I belong here" – Option Line consultants share why they serve

By Lisa Bourne

There are many reasons why Option Line consultants do the work that they do. In fact, as each consultant touches countless lives through their work – being there and providing hope for others through often difficult personal circumstances – they themselves are touched as well by this human connection, and the reasons for serving multiply.

Option Line, a project of Heartbeat International, is the only fully staffed, bilingual 24/7 pro-life contact center in the U.S. and recently marked 20 years of connecting people in need to pregnancy help. This amounts to more than five million human connections since 2003 – -Option Line consultants helping people across the world- – one every 76 seconds. Option Line connects via phone, chat, email, and text, and clients are also served through an online center locator.



It has been said that the best answer to abortion is another person, because so many women at risk for abortion feel alone and believe they have no other choice. The consultants who staff Option Line provide a compassionate presence, and very often emotional triage, to people in need as they connect them to pregnancy help in their area.

Some consultants have been doing the significant and often arduous work of serving with Option Line for quite some time and others are newer to the frontlines.

Below are some of the very real human reasons why.

"My job changes lives"

"I know I belong here," said Elizabeth, who has been with Option Line for eight years. "When I see how God sends callers like the one I just spoke with before I ended my shift – who are desperate, alone, scared, and do not know what to do or where to go – and they reach us, reach me – I know I belong here."

Elizabeth's caller was leaning toward abortion and felt she had no other option, and after the connection with Elizabeth, she will now go to a pregnancy center in her area to talk more about the idea of parenting.

"My job changes lives," Elizabeth said.

"It truly blesses my heart"

Rebecca, a first-year consultant, herself had been a woman who was pregnant and scared. She did not seek help with a pregnancy help center at the time but wishes she had.

"I would have found great help there," she said. "Knowing what I went through, I want the women who call the helpline to get the resources and kind listening ear I wish I had reached out for."

"My own personal story has been helpful to women who cry on the phone with me about their hardships, and not knowing who or where to turn to," said Rebecca.

"I am privileged that, when I ask if I can pray for them, they let me," she added. "I can empathize with them, cry with them, make them laugh and just listen to their hurting hearts."

"One of the most rewarding parts of my work at Option Line is when a client tells me they feel so much better about their situation than when we first spoke," Rebecca said. "It truly blesses my heart."

Sarah, also a first-year consultant, previously worked at Planned Parenthood.

"I have been able to experience both sides of the fence," she said. "And I'm blessed to know that my work now saves lives."

"In the short time I have been part of the Option Line team, I have had many interactions that reaffirm why I am here," said Sarah. "I have had the honor to listen to the lonely and scared, to pray for the hopeless, and share the truth about our living God who redeems and restores."

"I've had the opportunity to quietly shed my own tears as I hear a client's story," she said. "I've had the opportunity to encourage and also show love to perfect strangers by the grace of God."

"I have laughed and cried with clients"

Yasmin said that working at Option Line has been very eye-opening.

"I have talked to women all over the world, and it amazes me how little we know of what goes on outside our homes," she said. "This job has helped me mature as a woman, understanding the experiences of others."

Yasmin, also in her first year, said it has helped her as a mother to be more aware of what teens are presented with during their tender years, and it has helped her become more empathetic to situations that she might have judged in the past.

"I have laughed and cried with clients," she said, "and that is a connection that will always be memorable."

"Sometimes, when callers reach us, they are near a breaking point," said Yasmin. "We can help, and to support others in this way is a wonderful experience."

"I know the Holy Spirit has helped me make a difference"

Chloe has served with Option Line for 12 years.

"I have noticed over the years that many callers don't have anyone to talk to about their situations and feel alone and scared," she said, "and other callers, who are post-abortion and still struggling with emotional issues, usually feel someone forced them into it."

Chloe said the most heartwarming connects she experiences are when she asks an abortion-seeking client if she has considered all of her options and the client says no, but she is willing to go to a center and talk about her options.

"At the end of every shift, I know the Holy Spirit has helped me make a difference," she said.

"It is a gift to be an ambassador for Christ to people across the globe"

Many Option Line consultants work remotely from their homes, and find, like Laurel, who has served with the contact center for two years, that ministering to others while being there for their families is rewarding.

"Option Line perfectly married my two desires and callings," she said, "to work in the home disciplining my children and to work "outside" the home ministering to broken women in

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unbroken chain of federal court decisions, going back 41 years, that say the ratification deadline was constitutionally valid and that the ERA expired unratified. As recently as February 28, a unanimous three-judge panel of the U.S. Court of Appeals for the District of Columbia rejected a lawsuit by Illinois and Nevada, seeking a ruling that the ERA has been ratified."

The ERA Coalition release also said, "Twelve states have not yet ratified the ERA, but this could change soon with ratification bills being recently introduced in Arizona, Florida, Georgia, and North Carolina."

Johnson commented, "None of the resolutions introduced in the non-ratifying states will be approved-- and even if one were approved, it would be meaningless, since the ERA has not actually been available for ratification since it expired in March, 1979."

The House measure that purports to make the ERA part of the Constitution, H.J. Res. 25, is sponsored by Rep. Pressley. As of April 2, Pressley's measure had 179 co-sponsors. So far, however, it has attracted co-sponsorship from only one of the chamber's 222 Republicans – Congressman Brian Fitzpatrick of Pennsylvania.

Pressley vigorously champions the position that the ERA, if inserted into the federal Constitution, would invalidate limitations on abortion nationwide.

"We need to use every tool at our disposal to protect and expand abortion access—one tool is the ERA," Pressley said in an interview published by *Jezebel* (March 9, 2023) that ran under the headline "The ERA Could Expand Abortion Rights."

Backers of Pressley's ERA-promoting measure have stated that they will employ a "discharge petition" to attempt to force it to the House floor for a vote. Because the Republicans currently hold majority control of the House by a five-seat margin (222-213), at least five Republicans would have to sign the discharge petition, in addition to every Democrat, for it to be successful.

HYDE-SMITH COUNTER-ERA RESOLUTION

The ERA Resolution submitted to the states by Congress in 1972 contained a seven-year ratification deadline that expired on March 22, 1979.

In the Senate, Senator Cindy Hyde-Smith (R-Miss.), who chairs the Senate Pro-Life Caucus, on March 15 introduced a resolution (S. Res. 107) that cites court rulings and other legal authorities in support of the conclusion that the Democrats' attempt to resuscitate the 1972 ERA is unconstitutional.

In a March 15 release, Hyde-Smith said, "The law and the facts outlined in this resolution are clear. Congress has no authority to go back in time to revive a failed constitutional amendment, which makes the current push to ratify the Equal Rights Amendment wrong on its face. Beyond the illegitimacy of trying to resurrect the ERA, we cannot ignore the very serious effects adding the ERA to our Constitution today would have on abortion, religious liberty, protections for women, and more."

As of April 3, Hyde-Smith's resolution had drawn 17 co-sponsors, all Republicans. In alphabetical order by state, they were: Boozman (Ark.), Cotton (Ark.), Rubio (Fla.), Risch (Idaho), Braun (Ind.), Marshall (Kans.), Moran (Kans.), Kennedy (La.), Cassidy (La.), Ricketts (Neb.), Vance (Ohio), Lankford (Okla.), Mullin (Okla.), Graham (SC), Cruz (Texas), Lee (Utah), and Barrasso (Wy.).

HALF-CENTURY BATTLE

NRLC and other pro-life groups have long opposed the 1972 ERA, based on recognition that it could be employed as a constitutional foundation for legal attacks on pro-life laws and policies, and to buttress legislation advancing abortion and attacking pro-life conscience rights.

The ERA expired on March 22, 1979, after being ratified by only 35 of the 38 states (three-quarters of 50) necessary to become part of the Constitution. Moreover, four of the 35 ratifying legislatures had formally acted to rescind (withdraw) their ratifications before the deadline.

However, after failing in attempts to re-start the amendment process in Congress in 1983-1984, ERA advocates in December 1993 developed what they called "the three-state theory." The theory, which has morphed into variant forms, generally postulates that ratification deadlines are unconstitutional, or unconstitutional unless they take a certain form, or that the ERA's deadline could be removed retroactively by any later Congress. The theory also asserts that rescissions are not allowed.

Congressman Brian Fitzpatrick (R-Pa.), currently the only one of 222 House Republicans who has co-sponsored a measure introduced by Rep. Pressley (H.J. Res. 25) that purports to make the ERA part of the Constitution.

After decades of failed attempts by ERA-revivalist forces, state legislatures in Nevada (2017), Illinois (2018), and Virginia (2020) finally adopted "ratification" resolutions based on such premises.

However, in January 2020 the Justice Department's Office of Legal Counsel, which provides binding legal guidance for Executive Branch agencies, issued a legal opinion stating that the ERA had expired in 1979. On that basis, the Archivist of the U.S., at that time David Ferriero (an appointee of President Obama), refused to certify the ERA as part of the Constitution, saying that he would do so only if so directed by "a final court order."

Three Democratic attorneys general then sued Ferriero to try to force him to certify the ERA. Meanwhile, ERA advocacy groups tried but failed to pressure the Justice Department into reversing its position on whether the ERA had been ratified.

In March 2021, federal Judge Rudolph Contreras (appointed by President Obama) ruled that the deadline contained in the 1972 ERA Resolution was constitutional, that it would have been "absurd" for the Archivist to ignore it, and that the legislative actions by Nevada, Illinois, and Virginia "came too late to count." Judge Contreras dismissed the pro-ERA lawsuit, but the attorneys general of Illinois and Nevada appealed to the D.C. Circuit.

On February 28, a three-judge panel of the D.C. Circuit unanimously ruled against Illinois and Nevada. The court refused to order the Archivist to certify the ERA, and upheld Judge Contreras' dismissal of the lawsuit.

The panel specifically repudiated a key legal theory of the ERA-revival movement – that the ERA's deadline was ineffective because it appeared in the "proposing clause" of the ERA Resolution (which they usually refer to, inaccurately, as a "preamble"). The panel said that claim was "unpersuasive" because a key element of "every amendment in our nation's history would also be inoperative" if it were true. (Not every proposed constitutional amendment has contained a deadline, but every one has contained a binding

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proposing clause, which instructs the states whether to ratify by legislatures or state conventions.)

The ruling was written by Judge Robert Wilkins, an appointee of President Obama, joined by Judges Michelle Childs (Biden) and Neomi Rao (Trump).

ERA Coalition President Zakiya Thomas told a reporter for Capital New Service, "So if you read the court decision, what they actually say is, 'Congress it's now up to you to make the choice to do the thing that you need to do to get the Equal Rights Amendment over the finish line." Johnson called Thomas' characterization of the ruling "pure invention—laughable, really."

"The ERA-revivalists have run up an unbroken 41-year string of defeats in the federal courts," Johnson said. "Pro-ERA litigants have presented their shoddy theories before six federal courts, with a total of 29 federal judges. They have not gained a single vote, from a single judge, on a single one of their implausible constitutional claims. Of these 29 judges, 15 were appointed by Republican presidents and 14 by Democratic presidents, with the most recent cases decided mostly by Democratic appointees."

In addition to pressing for congressional approval of the joint resolutions that they claim would "complete" the ERA ratification process, activist groups continue to demand that President Biden order the Archivist to certify the ERA as part of the Constitution, notwithstanding he uniformly adverse federal court rulings. During speeches on the House floor on March 27, both Rep. Bush and recently elected Rep. Jennifer McClellan (D-Va.) made appeals to "publish the ERA."

RESOURCES

For much more detail on the history of the ERA-abortion connection, the "three-state strategy," the 41-year unbroken string of defeats for ERA-revivalism in the federal courts, and other key components of the ERA issue, please refer to the *Special Report on the Equal Rights Amendment* published by NRLC on January 23, 2023. Extensive additional documentation on the ERA (including NRLC's most recent letters to Congress against S.J. Res. 4 and H.J. Res. 25) is available on the NRLC website ERA page at https://www.nrlc.org/federal/era/

Douglas Johnson, director of the National Right to Life *ERA Project*, is NRLC's subject matter expert on the Equal Rights Amendment, an issue on which he has worked directly, and written extensively, for 41 years. Mr. Johnson may be reached at djohnson@nrlc.org.

"I know I belong here" – Option Line consultants share why they serve

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need of tangible resources and the gospel of Jesus Christ."

"It is a gift to be an ambassador for Christ to people across the globe," said Laurel, "all while working from home."

Sophia is another first-year consultant with Option Line. She said she has always had a heart for helping others and was at a point where her kids were older, her husband retired and life was slower, so this was her time to help others outside her role as a wife and mother.

"While I am not directly working hands-on or face-to-face with mothers, it still allows me to speak to women and men and help them," she said.

"A breath of fresh air" to learn all that centers offer

Sophia remembers being a new mom and feeling lost, having no idea that there was help out there.

"When I learned all that our centers offer, it was a breath of fresh air," Sophia said. "I knew I wanted to help others who may be in the same position I was in. I may not have been in crisis, but if I knew there were avenues for help that would have been such a wonderful blessing."

She has spoken with women who are trying to conceive and go to a pregnancy center to find out if they are pregnant, and with abortion-minded individuals, connecting them to a center in their area.

"When I have an abortion-minded caller on the line and I let them know there is help, that I am here for them and they do have a support system, I can often hear those who really do not want an abortion breathe a sigh of relief," Sophia said.

"I could hear the pain and hurt in her voice"

Lisa, who has two years with Option Line, recounted working on a Friday night when things were slow, and she decided to pray for a little while. It was just about midnight, her shift was ending, and she was getting ready to log out when she received a call from a young girl.

"When I picked up the phone all I heard was crying," Lisa said. "She was not speaking. I told her that it was okay, and I would wait on the phone until she was able to talk."

Lisa knew it was going to be a longer call, but it was actually perfect timing, she said, because since her shift was technically over, she was able to log out of all other forms of communication (chats/texts/emails) and just focus on this caller.

"When the crying finally subsided, she told me that she had an abortion and had tried to take her own life after the abortion," Lisa recalled. "She said she didn't understand why God spared her life (during the attempted suicide) since she [had] taken her baby's life in the abortion. I could hear the pain and hurt in her voice."

The young girl also hadn't told her mom yet about the abortion, Lisa said, so she must have been feeling very alone.

"I told her that I knew why God had spared her life, because He loves her and has a plan for her," said Lisa. "I was able to talk with her about forgiveness – about God's forgiveness and about her being able to forgive herself."

"I used the analogy of a dollar bill," Lisa continued, "that, even if you crumple it up, it still maintains its value and is still worth its original dollar value. I talked about how sin and wrong choices can leave us crumpled up and broken, but we still maintain our value in God's eyes. He created us and loves us."

She and her client then prayed a prayer for salvation.

"After we prayed that prayer, she said it felt like a weight had been lifted off her shoulders," said Lisa.

Post-abortion forgiveness

Angela received a text while working at Option Line from a client who was seeking post-abortion help.

"She felt deep remorse and guilt," said Angela, who is in her first year with Option Line. "I referred her to a local pregnancy center and counseling services, for which she seemed very thankful."

Then her client mentioned faith, and Angela began speaking with her about the Lord, praying with her so she would accept forgiveness with Jesus.

"She began to feel His presence and peace as we prayed together," Angela said. "I was overcome with emotion throughout this interaction because God was meeting her right where she was, and she was able to encounter Him because Option Line was there for her – literally at midnight."

"She told me that she was ready to heal"

Tessa also had a connect who was looking for post-abortive help and support.

"She was an older caller and had her abortion years ago and was just now ready to deal with the pain and guilt she had carried with her for decades regarding her abortion," Tessa explained. "It was a great conversation and she wanted and took every after-abortion help number, hotline, pregnancy center help that I had to offer her."

"She told me that she was ready to heal and she would be reaching out to the resources I was able to provide for her," said Tessa, who has been serving for two years. "It was a good reminder to me, that even in our seemingly hopeless situations, no matter how long it takes us to deal with our past, God is faithful and is always there waiting for us, to heal us."

"I was able to give them a ray of hope"

Tonya, who has 12 years with Option Line, had witnessed people close to her facing an unplanned pregnancy and continually offered them the support that she could, and she herself became a single mother not long after starting with Option Line.

"The calls I received cemented that I was in the right place as a lot of the callers were concerned about raising a baby alone," she said. "I was able to give them a ray of hope from my own experience and refer them to a pregnancy help center; most of our callers do not know that kind of help exists."

"Now, when I have a caller who doubts she will have a future, doubts whether she will be loved by anyone else if she has another man's baby, I can confidently tell her of my own life," Tonya said. "If and when the right man comes along he will not care if that baby is his or not. He will love them as his own. God has a plan even if you cannot see it at the time."

Sometimes being the hands and feet of Jesus is as simple as being a listening ear

"I've had quite a few client interactions that have reaffirmed why I'm here," said Ashlyn, who is in her second year serving at Option Line. "One, in particular, came in a feedback comment after the chat had ended. It said, 'I feel a lot safer now.'"

"We are called to be the hands and feet of Jesus," she said, "and sometimes that's as simple as being a listening ear."

"We can only take them so far on the helpline," said Ashlyn, "which is why we refer to our affiliates for ongoing support."

"But the impact we do have I believe is eternal," she said. "When I hear someone tell me how appreciative they are that we were there to listen, it shows me that God has me here for a reason, that I am a vessel for him, and I'll be here until he tells me I'm done."

Help is available from Option Line via call or text at 1-800-712-4357 or at OptionLine.org. The center locater is available HERE.

Editor's Note: Heartbeat International manages both Option Line and Pregnancy Help News.

Two Polls, One Message

From Page 1

It is significant that this strong support for these exceptions was found in a very conservative Republican state like Oklahoma.

Respondents were then asked if they would support allowing abortion **only** in those four cases; in other words, **only** to save the life of the mother or in cases of rape or incest or medical emergency.

71% said yes, they would support allowing abortion only in those four circumstances with 54% agreeing strongly.

This strong majority support in the state of Oklahoma for allowing abortion only in those four cases, which comprise only about 5% of abortions, led National Right to Life to poll to see how those results compared with the nation as a whole.

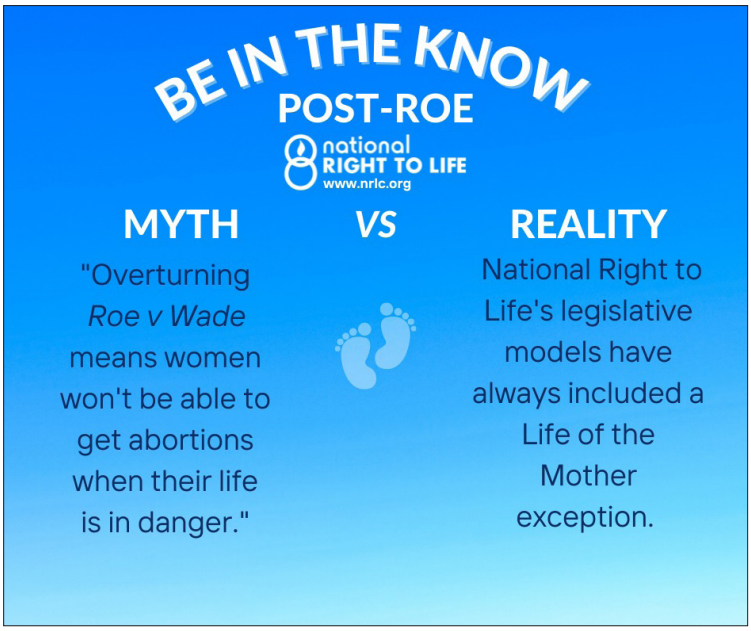
The National Right to Life poll was conducted by McLaughlin and Associates between March 3 and March 6 and found strikingly similar results:

- 88% thought abortion should be allowed to save the life of the mother,
- 87% thought abortion should be allowed in case of a medical emergency posing serious risk of substantial irreversible physical harm to the mother,
- 82% thought abortion should be allowed in cases of rape,
- 81% thought abortion should be allowed in cases of incest.

Respondents were then asked if they would support allowing abortion **only** in those four circumstances: to save the life of the mother or in case of a medical emergency on in cases of rape or incest.

72% said yes with 51% strongly agreeing.

Of the 22% who said they opposed allowing abortion only in those four circumstances 66% did so because they wanted more abortions and 30% because they wanted fewer abortions.



The results were even more striking since the poll found that 52% identified as pro-choice as opposed to 45% pro-life. However, 68% of those who identified as pro-choice supported allowing abortion only in those four circumstances as did 65% of Democrats! Clearly much perceived support for abortion is due to those cases, which account for only about 5% of abortions.

These results, showing that 72% of the population would allow abortion only for reasons that comprise 5% of abortions, seem to fly in the face of recent experience. Since the *Dobbs* decision, states in conservative regions and/or with very well organized pro-life groups have approved referendums allowing abortion for **any** reason or soundly defeated pro-life referendums.

How can this happen?

The public **overwhelmingly** wants abortion available for the reasons cited in these polls. This support has not wavered in fifty years. Knowing this, the abortion industry, with its seemingly unlimited financial resources and the relentless support of the pro-abortion media, keeps the public debate focused on precisely these issues where they have such strong support: rape, incest, and maternal health emergencies, whenever those issues are left on the table for debate.

This poses a seeming dilemma for the pro-life movement. Do we insist that the law must prohibit essentially all abortions including rape and incest? Experience tells us that position means the fight will be on the very most favorable grounds for the pro-abortion side, and thus we will continue to lose, state by state. Or do we recognize that the law cannot be our statement of principle but, rather, is just one tool that can be used to save almost all babies from abortion? Other tools must be used to save those the protection of the law cannot reach.

Those tools can include increased public resources to support adoption, the expansion of pro-life pregnancy resource centers, and both new and/or strengthened private and public programs to reach out to and aid rape or incest victims and save their babies.

Is it abandoning some babies to save the 95% we can save through the law, while using other means to save those the law cannot?

Or is it actually abandoning **all** babies to insist on a legislative strategy that saves none of them?

It is noteworthy that a heartbeat bill without exceptions causes almost no controversy within the pro-life movement. Rather it is applauded when passed into law as a very worthwhile achievement, as indeed it is. Statistics show us that heartbeat laws can save about 50% of potential abortion victims since about 50% of abortions are performed before six weeks of pregnancy when the child's heartbeat is detectible. So, it clearly defies logic to oppose a measure with only the exceptions listed in the polls above which can save 95% of babies from abortion, while supporting a measure with "no exceptions" which can save 50%.

Sustainable legislation allowing abortion only in the cases discussed above, coupled with a renewed emphasis on alternative measures directed in particular at saving children conceived by rape or incest, can show us a winning way forward for life.

Proposed Ohio amendment would make abortion a constitutional right

By Cassy Fiano-Chesser

An initiative to make abortion a constitutional right in Ohio has cleared the Ohio Ballot Board and will begin gathering signatures.

The proposal, called the Right to Reproductive Freedom with Protections for Health and Safety, would go much further than just making abortion a constitutional right. It would also ban nearly all restrictions on abortion, both for adults and for minors, overturn parental consent and notification laws, and make late-term abortion essentially unlimited.

The broadly-worded and vague phrasing in the proposal specifically leaves open room for even more interpretation; "reproductive decisions" in the proposal are defined as including, but not limited to, contraception, fertility treatment, continuing a pregnancy, miscarriage care, and abortion. The proposal does allow for abortions to be limited after fetal viability, but also said doctors can choose to override this restriction if it is necessary for the mother's "health."

Before being sent to the Ohio Ballot Board, Ohio Attorney General Dave Yost approved the language of the amendment.

A coalition of abortion groups, such as Ohioans for Reproductive Freedom, Planned Parenthood, and Ohio Physicians for Reproductive Rights are behind the initiative. And they've already begun training volunteers to collect signatures.

"We expect to have a very robust volunteer effort, based on everything we know and we've seen so far," Jeff Rusnak, a media strategist, told Cleveland.com. "The energy and enthusiasm is at a level that we've never seen before in a campaign."

The initiative needs to gather 412,500 valid signatures before July 5 in order for it to be placed on the ballot on November.

However, another campaign has begun in opposition. Protect Women Ohio (PWO) has pledged to spend $5 million fighting back against the amendment. "Moms and dads will be cut out of the most important and life-altering decisions of their child's life, if this passes," Molly Smith, a PWO board member, said in a press release.

"This extreme amendment eliminates any current or future protections for minors requiring parents be notified and consent before their child undergoes a procedure like an abortion or sex change surgery. Ohioans must vote 'no' on this dangerous proposal."

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

Firefighter grandpa delivers his own granddaughter at fire station

By Bridget Sielicki

One Georgia mom has an unusual and unforgettable birth story to share with her daughter once she's old enough — the little girl was born in a fire station, with her firefighter Grandpa's assistance.

Austell firefighter Bret Langston told 11 Alive News that he has delivered several babies, having been on the job for 28 years, but he never expected that one would be his own granddaughter.

Bret's daughter, Hannah, was in labor and on her way to the birthing center when she and her mom April realized they might not make it in time. They decided to stop at the Austell Fire Station instead, where Bret was on duty. Ten minutes later, little Adalynn was born.

"It was unexpected, unusual, but it was a blessing and I wouldn't change it. Everything went well," said Hannah's mother, April Langston.

"I joke with people, she was a surprise baby, she had a surprise birth, everything about her is just, surprise," Hannah said.

Bret said that he has assisted in a half dozen deliveries, and he always thinks about the children afterward.

"So it's not my first time delivering a baby," he said, noting that it's always been something he's enjoyed. "You always wonder what happened to that child."

But he won't have to wonder what happened to Adalynn. "She's beautiful, she's perfect," Bret said, holding her.

Hannah said the experience is something she'll never forget. "I am stronger than I think," she said. "I definitely feel a lot stronger now after giving birth at a fire station."

Austell Fire Captain Mitch Parrott also spoke about the impact Adalynn's birth had on the whole fire station. "That was totally unexpected," he said of her birth. "I lost my daughter going on four years now. And this department has been behind me 110%, with helping me get through that," he said. "So, to have a baby born in the fire station on my shift – I stood out in the hallway and cried a little bit. It was a big deal for me," he said.

Little Adalynn has already been back to visit her grandfather at the fire station, something Hannah said she'll continue doing.

"She will always have a seat at the table," Bret said of Adalynn. "Usually, the rookie is the last to eat, but I think she'll get to go to the front of the line."

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

What Every Candidate Needs to Know About Abortion

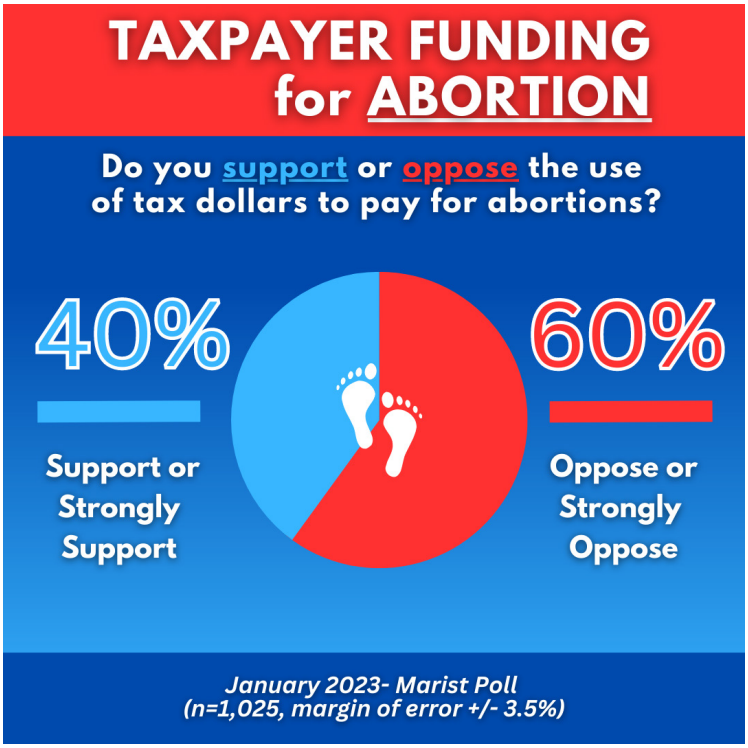
From Page 1

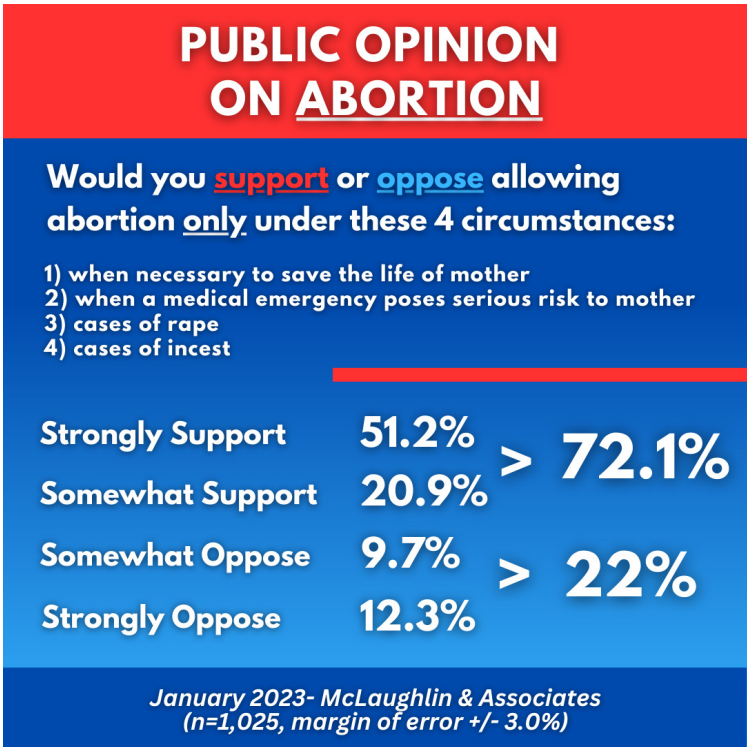
abortion into account when voting. Some voters take only this issue into account.

In 2022, 51% said abortion affected the way they voted. Running or hiding from the issue gives your opposition the upper hand because it allows them to define your stance and set the parameters of the debate. It also puts you at risk of losing pro-life voters who would otherwise cast their votes for you but could ultimately withhold their votes because they do not know where you stand.

Share your Story

Abortion is not an impersonal topic. With more than 64 million abortions in the United States since 1973, it is fair to say that most of us have been impacted by abortion in some way, either in our own lives or through a loved one, a close friend, or someone else we know. Candidates should approach this topic with seriousness and the utmost compassion and empathy. Explain who or what in your own life helped to shape your views. Share a personal story or anecdote that underscores why you are pro-life. This could be your experience of becoming a parent, viewing an ultrasound image for the first time, adopting, or being adopted yourself, helping someone close facing an unexpected pregnancy, or working in medicine, social work, or other related fields.





Talk Specifics

When discussing your position on abortion, it is essential to talk specifics. Do not just say that you are "pro-life" and leave it at that. "Pro-life" can mean many different things to different people. Instead, describe specific policies or name pieces of legislation that you support or oppose. (For example, the *Born-Alive Abortion Survivors Protection Act* or the Hyde Amendment.) Also, point out specific policies or legislation supported by your opponent that demonstrate how extreme they are on this issue.

A common pro-abortion tactic is to avoid specifics on abortion, or even the word itself. "Debating weeks is not where we want to be," longtime Democratic pollster Celinda Lake told the *New York Times* following the 2022 elections. "People are terrible at math and terrible at biology," she added. The most potent messaging for Democrats in 2022 kept the conversation broad. Democrats hammered Republicans over a "national ban on abortion" and many went unchallenged on this issue thus making it a winner for their campaigns.

Most pro-abortion candidates do not want to talk about their support for unlimited abortion until birth or using voters' tax dollars to pay for it. They do not want to talk about their opposition to parental involvement for minors or protections for born-alive infants who survive abortions. Some candidates will not even use the word "abortion." They would much rather move the discussion in a more abstract direction and speak broadly about "personal freedoms," "women's rights," or "health care." They will often conflate the issue of abortion with broader discussions of contraception or other social issues.

Conflating the Issue

Pro-abortion candidates will often conflate the issue of abortion with contraception or other social issues. Please note that National Right to Life is a single-issue organization and does not take a stance on contraception. We are concerned with lives already in existence that deserve protection.

Fight where you have the High Ground

When polled, 72.1% of voters "strongly support" or "somewhat support" allowing abortion only under four conditions: When it is necessary to save the life of the mother, when there is a medical emergency, or in cases of rape or incest.

Most voters oppose late abortions: 12% support abortion through 24 weeks, and 21% support abortion through birth = 33% (NRL post-election poll 2022).

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What Every Candidate Needs to Know About Abortion

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Voters have consistently voiced opposition to the use of tax dollars to pay for abortions. Even some who identify as "pro-choice" do not think taxpayers should fund abortions. Yet, in the 117th Congress, virtually every House and Senate Democrat voted in favor of using tax dollars to pay for abortions.

According to a January 2023 Marist poll, 77% of respondents thought doctors, nurses, or other health care professionals who have religious objections to abortion should not be legally required to perform abortions. The same poll found that 91% of respondents support the work of pregnancy resource centers.

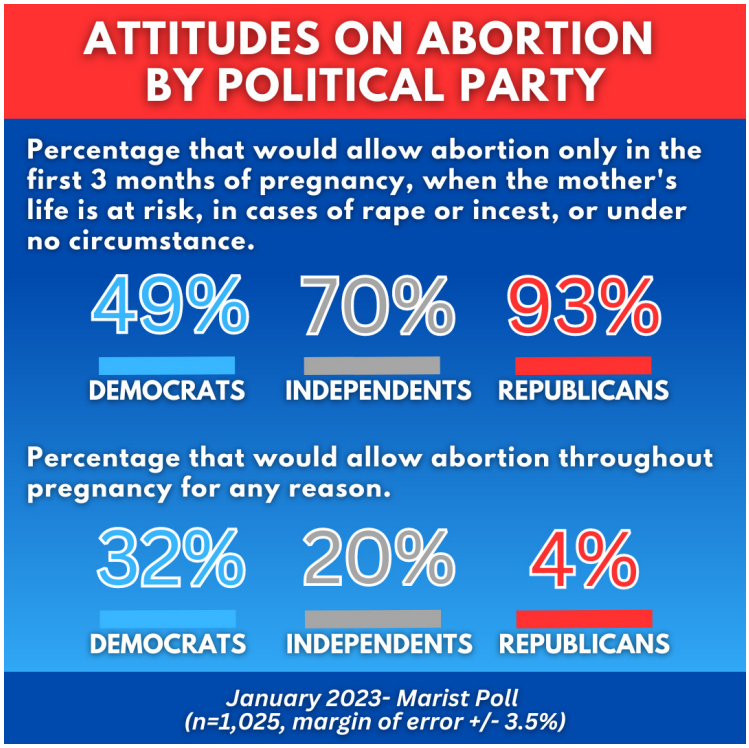
A majority of voters (61% according to Rasmussen Reports) do not support abortions being performed on minor girls without a parent's knowledge or consent.

For additional information on polling:

https://www.nationalrighttolifenews.org/2023/03/two-poll-one-message/

Attitudes by Political Party

When we think of the partisan breakdown of the abortion issue, many assume that all Republicans are pro-life, and all Democrats are pro-abortion. It may surprise some that the actual breakdown by political party is much more nuanced. Instead of merely asking whether a voter identifies as "pro-life" or "pro-choice," it is helpful to examine the specific circumstances when a voter supports or opposes abortion.



According to a January 2023 Marist poll, only 32% of Democrats would allow abortion at any time during pregnancy (the party's platform position). Another 19% of Democrats would allow abortion throughout the first 6 months of pregnancy. This leaves 49% of Democrats who say they would allow abortion only in the first three months of pregnancy, in cases when the mother's life is endangered, in cases of rape or incest, or not at all. 70% of Independents and 93% of Republicans fall into this category. Just 29% of Independents and 7% of Republicans support abortion throughout the first six months or at any time during pregnancy.

These numbers indicate that despite the abortion-without-limits position laid out by the Democrat party platform and shared by the Biden Administration and most Congressional Democrats, there are a significant number of pro-life Democrats out there. Sizable numbers of Independents and even Democrats are also receptive to protective measures for unborn children and their mothers. Many of these voters are not aware of just how extreme most elected Democrats are in 2023.

Frame the Debate

Frame the issue using effective, positive language. For instance, instead of saying "we want to ban abortions," say, "we want to protect unborn children and their mothers." Have you noticed that pro-abortion groups and their allies in the media refer to nearly every piece of pro-life legislation as a "ban"? This is deliberate on their part. They want even the most modest pro-life proposal to sound draconian.

SAY	DON'T SAY
unborn baby	fetus
she or he	it
protect babies from abortion	ban or prohibit abortion
unlimited abortion	reproductive rights
killing	murder
pro-abortion	pro-choice
pro-life	anti-abortion

Abortion advocates will use language intended to dehumanize the child in the womb. For instance, you may hear "fetus" instead of "unborn baby," or "cardiac activity" instead of "heartbeat." In referring to the unborn baby, they will often use "it" instead of "he or she." They will say "anti-abortion" or "anti-choice" instead of "pro-life." Or "choice" or "termination of pregnancy" instead of "abortion."

Avoid inflammatory language; that is what your pro-abortion opponent may do but they have a sympathetic media. For example, do not use words such as "murder," "sin," or "genocide." As a rule, it is wise to avoid comparing abortion to other tragedies or human rights abuses throughout history such as the Holocaust, slavery, or September 11th.

For additional information on "When They Say…You Say" go to: https://www.nrlc.org/wp-content/uploads/WTSYS.pdf

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Children are ends in and of themselves, not means

By John Stonestreet with Maria Baer

Recently, *New York Times* opinion writer Elizabeth Bruenig broke the internet for a bombshell confession that, wait for it, she likes being a mom. Her piece, "I Became a Mother at 25, and I'm Not Sorry I Didn't Wait" was a beautifully written essay about how motherhood grew and changed her.

Nothing she said was controversial … unless you're on Twitter, of course. Responses on social media were swift and angry, and ranged from strange to cruel to violent. Many missed, given their expressed pro-choice commitments, the irony of being angry at a choice to have kids.

Of course, it's simply no longer accurate for this movement to call itself "pro-choice" anymore. Modern feminism is definitively pro-abortion with extremes that have no interest in women making their own choices. There's only one particular choice that is always acceptable. The choice to have children is the one that must be justified and defended. The choice to prevent or kill a child is the one taken for granted. In an even greater twist of irony, one of the most powerful and exclusive aspects of womanhood, the ability to bear children, is seen to interfere with being a woman.

In fact, "feminism" is certainly the wrong term for a movement that demands that women fight the thing that only a woman's body can do. And, it is the wrong term for a view that promises equality for women only if they promise to act more like men. In so many ways, this latest iteration of feminism is anti-feminism.

The backlash to Bruenig's piece also reveals how children are viewed in so much of our world. Bruenig's joy in motherhood is wonderful, but it isn't unique or rare. Many parents would say something similar, in fact. Still, children are treated as an obstacle to personal happiness—too expensive, too much work, bad for the environment, irresponsible.

Simply put, reproductive technologies have changed our reproductive ideas. Specifically, we now have the illusion that the choice is ours, that we are in control primarily of our own happiness. Though certainly not every parent prior to the twentieth century felt ready or excited for a pregnancy, there was more to the equation than: "Will this make me happy?"

Children are ends in and of themselves, not means. Our happiness is not, ultimately, what children are for. They are made in the image of God, made by God for the good and care of the world, made for the time and place in which they are conceived, made to love, live for, and to glorify God.

Every parent knows that children bring intense joy, and can be the source of intense pain (not to mention anxiety). This makes marriage a gift from God as the context for children. Marriage and children go together. When God blesses a marriage with children, He makes a choice that isn't really ours to make. Relinquishing our cultural grip on control, and the supposed need to always "explore all of our options," is a common grace of parenthood.

A.W. Tozer tells a story about two fields, one uncultivated and one that's put to the plow:

> **The fallow field is smug, contented, protected from the shock of the plow. But it is paying a terrible price for its tranquility; never does it feel the motions of mounting life… The cultivated field has yielded itself to the adventure of living… it has been upset, turned over, bruised and broken. But its rewards come hard upon its labors. Nature's wonders follow the plow.**

Though we don't have children in the self interest of our own joy, God in His kindness brings incredible joy through parenthood. It's a joy only accomplished by man and woman together, unrivaled in any other human experience. That's grace on grace.

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

Addressing Many of the Myths the Media is Repeating about the FDA's Approval and Management of Mifeprex (Mifepristone)

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This is not mere speculation. Studies that rely on emergency room data, rather than the reports of abortion advocates or clinic staff of just those women who return to the clinic or respond to clinic phone calls, obtain much different safety and efficacy data.

Complications show up in the emergency room

A 2015 study of emergency room visits by University of California, San Francisco researcher Ushma Upadhyay ("Incidence of emergency department visits and complications after abortion," Obstetrics & Gynecology January 2015) found more than one in twenty (5.19%) chemical abortion patients reporting a complication of some sort.

(Upadhyay maintains that most of these complications were minor, but this ignores the fact that for the women involved here, they were serious enough to merit a trip to the ER).

Simply accepting and repeating official safety and efficacy figures isn't good enough. When the British government was reporting just one single complication among 23,061 chemical abortions performed between April and June of 2020 (*The New Statesman*, 12/15/20), a former executive and public health researcher with family planning giant Marie Stopes International did his own direct survey of the National Health Service's Trusts (which manage the country's acute hospital services and emergency care) and obtained much different results.

Kevin Duffy of Percuity found that 5.9% of chemical abortion patients were treated during that time for complications connected to incomplete abortions or "retained products of conception." Three percent of women there required surgery to deal with incomplete abortions and 2.3% of these patients were treated in Trust hospitals for hemorrhage (Percuity, 10/27/21, at https://percuity.files.wordpress.com/2021/10/foi-ma-treatment-failure-211027.pdf).

Where the government identified just one patient reporting a complication, Kevin Duffy of Percuity found more than a thousand by contacting the hospitals directly.

Relying on studies performed under other conditions

The FDA's most recent changes to the protocol were justified, at least in part, by appeals to studies that did not really establish the safety of those changes.

For example, the most recent FDA "Summary Review" looking at revisions to protocol spelled out in the agency's special Risk Evaluation and Mitigation Strategies (REMS) for mifepristone (FDA 1/3/23, at www.accessdata.fda.gov/drugsatfda_docs/summary_review/2023/020687Orig1s025SumR.pd) appeals to a study by long time abortion activist Daniel Grossman and several colleagues "Mail-order pharmacy dispensing of mifepristone for medication abortion after in-person clinical assessment" that appeared in the March 2022 issue of *Contraception*.

Offered in support of a change that involved dropping requirement that the patient visit the prescriber in person to pick up their pills, the study actually did little to establish that this visit was medically unnecessary, since all patients involved in the study were still screened in person and gestational ages were still determined by an in-person ultrasound or a physical examination.

The only difference was that they were able to pick up their pills at the pharmacy rather than the prescriber's office.

While this might theoretically show, at most, that pills picked up at the pharmacy worked as well as those picked up at the office, what it does not show is that the in-person screening for gestational age, ectopic pregnancy is unnecessary and can be done away with or that it can be done just as well by a phone call or a video interview. This is not something the study examined.

There are no grounds from the study to conclude that women who do not have in-person ultrasounds or undergo physical examinations fare as well as those who did receive such in-person screening.

The FDA's commitment to scientific objectivity, to public health, to patient health and safety must mean something more than uncritically accepting deficient data and claims or flawed, biased studies and simply taking the word of researchers who are trying to help the industry find more prescribers and sell more product.

Ignoring inconvenient truths

Perhaps it was a matter of timing or access, but notably the FDA ignored a Canadian study of 39,856 patients that appeared in the January 3, 2023 online edition of the Annals of Internal Medicine by Ning Liu and Joel G. Ray, two researchers from the University of Toronto. What was interesting about this study was that it already used a system in some ways similar to that now being authorized in the U.S., allowing women to obtain their prescriptions from regular medical personnel but actually having them pick up mifepristone at pharmacies.

The results show that this is not nearly as safe or benign as the FDA and the mifepristone lobby would have us believe. Under that protocol, emergency room visits jumped to 10.3% — at least one out of every ten patients.

There is no reasonable way that a drug with this profile can be considered safe, no way that data like this could be grounds for loosening controls on distribution.

Arguments that this study came out too late for FDA consideration ring hollow. The Grossman study mentioned above had not yet been published when the FDA used it to justify its latest REMS modifications, but the FDA had a close enough relationship with Grossman to know of and obtain a copy of his study before it actually went to press. While the FDA clearly had a close relationship with members of the American abortion establishment, they appear to have lacked any similar relationship or access with the Canadian team.

Clearly, the FDA needs to critically and objectively assess all relevant data bearing on its drug decisions rather than cherry picking only that data and those studies that support the industry's — or administration's — public policy agenda.

What Every Candidate Needs to Know About Abortion

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Keep the Unborn Child in the Debate

Remember to keep the unborn child in the debate. Always return to the humanity of the child in the womb. Commit to memory several key developmental milestones like the baby's detectable heartbeat and brainwaves by eight weeks gestation and the capacity to feel pain by 15 weeks gestation. An unborn baby has completely distinct DNA from the moment of fertilization. As science and medical technology have advanced, more and more people have been able to recognize the indisputable reality of life before birth. This also awakens many people to the reality of abortion.

Standing with Mothers in Need

The pro-life movement proudly stands on the side of both the unborn child AND the mother. It is important that the voter knows this. Highlight the work of the more than 3,000 pregnancy help centers nationwide that offer pregnant women the resources and support they need to make life-affirming decisions.

Know how many pregnancy resource centers are in your area. Plan to visit a PRC in your district and find out what they offer. When discussing pro-life policies, always note that the goal is to protect BOTH the unborn child and their mother. We know that abortion can have tremendously harmful physical and psychological effects on women, and abortion violently ends the life of her unborn child.

The pro-life movement recognizes the mother as a second victim in every abortion. For this reason, we have long opposed the punishment or prosecution of women who have abortions. Instead, it is the abortionist and the abortion industry who should be held accountable. Candidates can point to the 2022 open letter circulated by National Right to Life and signed by over 75 major pro-life organizations which declared that we would oppose any legislation that would punish or prosecute women who have abortions.

See the letter in its entirety here: https://www.nrlc.org/uploads/communications/051222coalitionlettertostates.pdf

There are numerous pro-life programs and ministries across the country dedicated to helping women who suffer grief, regret, and other side effects after an abortion. The pro-life movement cares about all who have been impacted by abortion, not just the unborn child alone who loses his or her life.

Abortion in Rare Circumstances

We support an exception for abortion in rare cases when the life of the mother is in danger. Many of these cases are ectopic pregnancies where shortly after fertilization the baby implants somewhere other than the uterine wall and continuing the pregnancy would ultimately claim the lives of both the mother and the child. No bill supported by National Right to Life lacks this exception. Similarly, no bill supported by National Right to Life would preclude a woman from receiving medical treatment for a miscarriage or stillbirth. It is important to strongly rebut any assertion to the contrary and clarify your position. Then, return the debate to the central issue, which is that if the Biden Administration and its allies in Congress had their way, there would be no protections for unborn children and their mothers whatsoever and American tax dollars would be used to pay for abortions throughout pregnancy.

One of the most difficult subjects for pro-life candidates to address is abortion in cases of rape or incest. Some candidates have found that the most effective way of dealing with this topic is to take it off the table entirely by adopting exceptions in these cases. Only a small percentage of the American electorate opposes abortion in these cases. The pro-abortion side knows this, and it is the reason they return to it time and time again.

Pro-life campaigns in traditionally pro-life states have been derailed and even lost entirely because of this very topic. Pro-abortion candidates will use abortion in cases of rape and incest, which along with the life of the mother cases and cases of a medical emergency account for less than 5% of all abortions, as a tool to usher in unlimited abortion throughout pregnancy for any reason.

As noted earlier, 72.1% of voters support abortions only in those circumstances. In light of that, a candidate could say, "I believe abortion should be allowed only to protect the mother's life, or in cases of a medical emergency, rape or incest reported to law enforcement."

Statistics show us that heartbeat laws can save about 50% of potential abortion victims since about 50% of abortions are performed before six weeks of pregnancy when the child's heartbeat is detectible. So, it clearly defies logic to oppose a measure with only the exceptions listed in the polls above which can save 95% of babies from abortion, while supporting a measure with "no exceptions" which can save 50%.

Sustainable legislation allowing abortion only in the cases discussed above, coupled with a renewed emphasis on alternative measures directed in particular at saving children conceived by rape or incest, can show us a winning way forward for life.

If a candidate does not support exceptions for rape and incest, here are some tips for rebuttal.

Approach these cases with the utmost sensitivity. This topic may be a trigger for male and female listeners alike. Only address these cases if pressed on them and keep your answers clear and concise as you work to redirect the conversation back to areas where your pro-life position has broader public support such as protecting unborn babies from late abortions or preventing taxpayer funding of abortion.

Rape or incest are serious acts of violence against an innocent woman or teenage girl. Those that commit such crimes should be prosecuted to the fullest extent of the law. If a woman becomes pregnant, we must provide her with compassion and care that will protect her from the risks of abortion while also recognizing that the child she is carrying is the other victim of the crime committed. Abortion in such cases does nothing to protect her innocent child, and nothing to ensure that she receives the care she needs for her physical and mental health. Abortion does not hold the perpetrator accountable for his actions.

See *Candidate,* Page 42

What Every Candidate Needs to Know About Abortion

From Page 41

In fact, abortion facilities can help to perpetuate a cycle of abuse by neglecting to report sexual assault cases to law enforcement. Abortion is routinely used by sex traffickers. Minors are at particular risk in states that do not require parental involvement before an abortion can be performed.

Abortion is such cases may only make the situation worse by pushing the real needs of that mother and child aside.

We can and we must do better for both of them.

Roe v. Wade and *Dobbs v. Jackson*

There are widespread misunderstandings about both *Roe* and *Dobbs* among the American electorate. Many Americans erroneously believe *Roe* (and its companion case *Doe v. Bolton*) only legalized abortion in cases where the life of the mother is threatened, in cases of rape or incest, or just in the first trimester. This was not the case. These decisions allowed for abortions throughout pregnancy until birth. The *Roe* and *Doe* decisions even allowed abortion in the third trimester for emotional well-being!

Generally, Americans respond negatively to poll questions asking if they would like to overturn a Supreme Court case, regardless of the topic. To many, overturning a decision sounds too drastic. Polls showed and continue to show that Americans oppose the "overturning" of *Roe*. However, Americans also support limits on abortion, many of which *Roe* prevented their elected officials from enacting.

Dobbs did not "ban abortion." Nor did the sky fall as some abortion advocates warned. *Dobbs* granted greater authority to the American people through their duly elected representatives to enact policies on abortion. The decision freed the hands of lawmakers on the state and federal levels to pass protective measures that were previously impossible. As a result, some states took advantage of this opportunity right away. Others went in the opposite direction and undertook efforts to expand abortion.

Familiarize yourself with your state's laws or legislative efforts currently underway. National Right to Life's State Legislation Department tracks legislative activity in all 50 states and can be a valuable resource if you are unsure where to start.

The *Women's Health Protection Act (WHPA)*

This extreme piece of pro-abortion legislation is not merely "codifying *Roe*" as some have billed it. The WHPA goes way beyond the scope of *Roe*. It can more accurately be called "the Abortion Without Limits Until Birth Act" because it would enshrine abortion on demand in federal law and policies, and it would strike down virtually all state laws on abortion, including parental involvement, waiting periods, and informed consent laws which are supported by a majority of Americans.

Your Opponent is the Extremist

Far too often pro-abortion candidates accuse pro-life candidates of "extremism," and it goes unrefuted. Do not allow that to happen. Study your opponent's voting record and public statements on abortion.

Your opponent is the extreme one on the issue if he or she supports a policy of abortion without limits or the use of tax dollars to pay for abortions. Your opponent is extreme if he or she supports a minor girl being able to get an abortion without a parent's knowledge. Your opponent is extreme if he or she denies the irrefutable science showing that unborn babies have beating hearts and the capacity to experience pain. Do not be afraid to put your opponent in the hot seat by challenging them on these points.

Additional Resources

National Right to Life Victory Fund: www.nrlvictoryfund.org

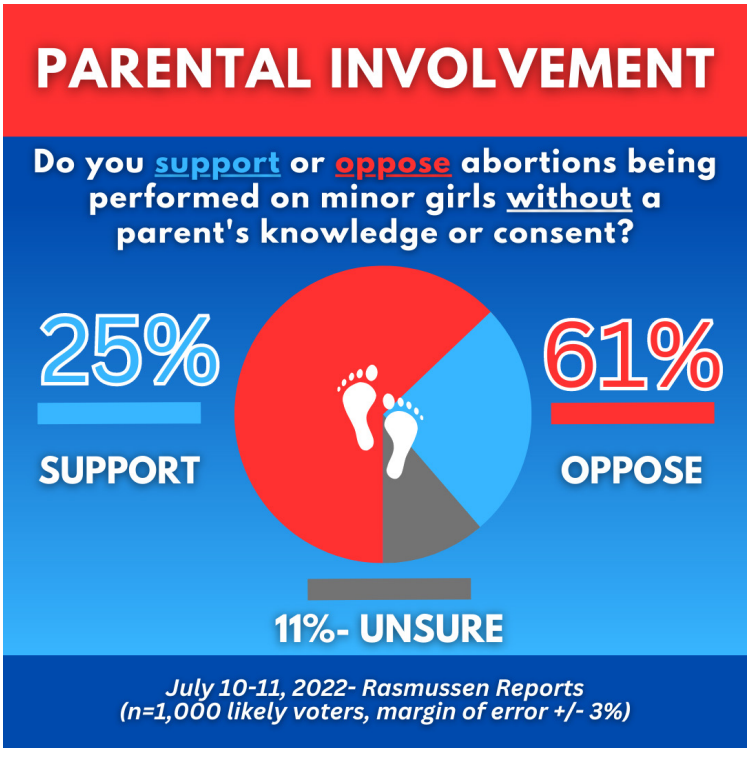
NRLC State of Abortion Report- 2023: https://www.nrlc.org/uploads/communications/stateofabortion2023.pdf

NRLC White Paper on Chemical Abortions: https://www.nrlc.org/communications/nrlc-releases-white-paper-on-fdas-decision-on-mifepristone/

When You Think Planned Parenthood, Think Abortion

Planned Parenthood—the nation's largest chain of abortion facilities—receives more than $1 million a day of government funds.

When polled and asked the question whether the government should "defund Planned Parenthood," many people – even some pro-lifers – say no because of the false perception that they would be denying healthcare to women. Yet, in the same poll, with the same people, when asked if the government should fund abortion providers the majority said no. Clearly many people are unaware of PPFA's deep involvement in abortion.



Here's how I would respond if asked about defunding Planned Parenthood:

> **"I don't believe our tax dollars should go to abortion providers. Instead, we should divert the hundreds of millions of dollars that go to abortion providers and redirect that money to the local community healthcare clinics that are providing real healthcare to families, closer to home."**

Abortion and Disability

Some people – and even doctors – suggest abortion when the baby is diagnosed with a disability such as Down syndrome. If I were a candidate, and asked my position, this would be my response: "That sounds like prejudice against people with disabilities. Are children with disabilities better off being brutally, painfully ripped apart in the womb than living with their disability? I don't think we should condemn a child to death because of a disability. People with disabilities deserve our support."

Sharon buried her abortion grief for 25 years before she finally found peace

By Sarah Terzo

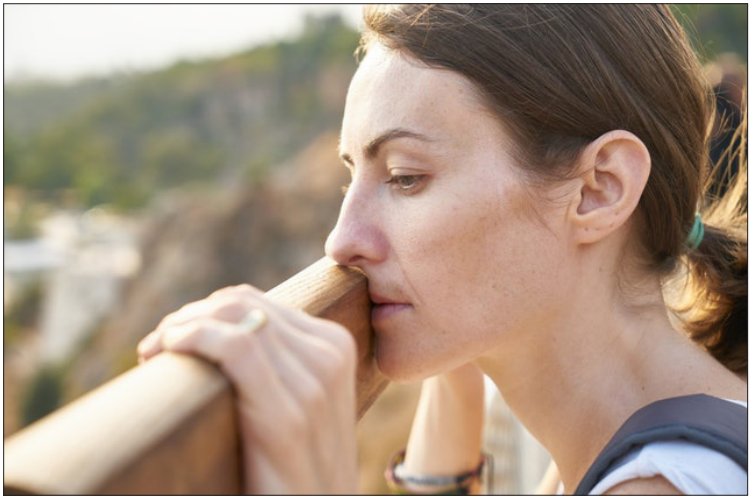
In her 2020 memoir, author Sharon McFee wrote about an abortion she had at 18. She calls her abortion "the greatest mistake I had ever made" and only found healing from the emotional trauma 25 years later.

McFee discovered she was pregnant after she'd broken up with the baby's father. When she told him, he said, "We'll manage somehow." However, McFee had already arranged an abortion for the next day. She left right after telling him, not caring about his feelings or opinion.

According to McFee, "The doctor did not tell me what he was going to do or what to expect." There was no counseling. She describes the pain as the doctor dilated her cervix and started the abortion:

> **The intense pain hit me immediately, and my stomach cramped, and I bled profusely. He induced the abortion that was to come, and indeed, there was worse to come. I lay there slowly, beginning to realize the consequences to my actions. I had given little thought to the ongoing ripple effect this would have.**

At home, she says, "Guilt and pain washed over me again in waves. I reflected on how I hated myself yet again for the umpteenth time after I left the surgery… I was an attractive young woman to look at from the outside, but inside I was broken."



She was up all night in pain, suffering from "contractions" and heavy bleeding. She felt as if "my body had turned into an unrelenting monster" and calls that night "the worst night of my existence."

She passed her baby's remains into the toilet the next morning and flushed him/her away.

When she told her sister about the abortion, her sister told her she would regret it. McFee replied, "No, no, I won't!" She says, "I had a steely determination to never regret the decision I had made over ending my baby's life."

And yet she would regret it.

Many years later, when she was married with living children, she heard a sermon in church about grief. The speaker described how sometimes people repress grief when a loved one dies. As McFee prayed silently, the full impact of her own repressed grief over the abortion hit her:

> **[O]ut flooded a torrent of pent-up grief that had been buried for 25 years…'I had an abortion when I was younger, and I know God has forgiven me, but I haven't forgiven myself' I cried in agony at the thought of what I had done to my unborn child, remembering my sister's words that I would regret it one day.…**
>
> **All the guilt and pain and denial came pouring out like pus bursting out of an infected wound. It felt like it had been buried in the pit of my stomach all this time. I cried and cried and cried.**

With the help of others in her church and their prayers, McFee finally found peace from the abortion that had haunted her for a quarter of a century.

Source: Sharon McFee Reconciled from Abortion's Chains (Port Orchard, Washington: Ark House Press, 2020) 34-35, 36, 141.

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

North Dakota Supreme Court upholds temporary block on abortion ban, rules there is a "fundamental right to an abortion in the limited instances of life-saving and health-preserving circumstances"

By Dave Andrusko

On March 16, the North Dakota Supreme Court rejected Attorney General Drew Wrigley's request to remove a preliminary injunction that prevented the state's trigger law from taking effect.

In 2007, North Dakota lawmakers passed a bill protecting unborn children from abortion in the state within 30 days if the Supreme Court were to overturn the landmark 1973 *Roe v. Wade* decision. The Court's June 24, 2022, *Dobbs* decisions did just that.

In 2007, North Dakota lawmakers passed a bill outlawing most abortions in the state within 30 days if the Supreme Court were to overturn the landmark 1973 *Roe v. Wade* decision. The Court's June 24, 2022, *Dobbs* decisions did just that.

The Red River Women's Clinic [RRWC], which moved from Fargo to neighboring Moorhead, Minnesota, last year, sued Wrigley in July to prevent the protective law from taking effect. The lawsuit asserts that the state's constitution grants the right to abortion

Last October Judge Bruce Romanick rejected a request from Attorney General Wrigley to let the law take effect while the lawsuit went forward.

Wrigley said that Judge Romanick made a mistake when he said there's not a "clear and obvious" answer on whether the state Constitution prohibits abortion and that therefore the case should go forward, according to the *Associated Press's* Dave Kolpack. "In order to determine that the outcome favors the clinic Romanick would have to first find that a constitutional right to abortion existed, Wrigley said."

The state's highest court saw it otherwise. Writing for himself and three other justices, Chief Justice Jon Jensen held that "While the regulation of abortion is within the authority of the legislature under the North Dakota Constitution, RRWC has demonstrated likely success on the merits that there is a fundamental right to an abortion in the limited instances of life-saving and health-preserving circumstances, and the statute is not narrowly tailored to satisfy strict scrutiny."

In a 21 page long decision, Jensen went on to write that "The North Dakota Constitution guarantees North Dakota citizens the right to enjoy and defend life and the right to pursue and obtain safety, which necessarily includes a pregnant woman has a fundamental right to obtain an abortion to preserve her life or her health."

North Dakota Right to Life [NRDL] is NRL's State Affiliate. "NDRL is thoroughly reviewing the opinion with our legal counsel," said Executive Director McKenzie McCoy. "We are definitely concerned about the wording in the opinion and its lack of clarity."

A cushy interview with Planned Parenthood's CEO

By Dave Andrusko

Headlines are intended to capture your attention and this one from a story by Eric Boodman certainly grabbed mine: "'This is a nonpartisan issue': Planned Parenthood's Alexis McGill Johnson on fighting for reproductive rights."

"Non-partisan"? When Planned Parenthood's various political arms empty out their enormous financial storehouse to underwrite Democrats each and every election cycle, to call themselves "non-partisan" is quite a stretch.

Of course, she doesn't mean "non-partisan" in the sense that abortion is an issue that draws support from both political parties. We'll talk about this in a moment.

So…what **does** McGill Johnson mean? For starters, standing up to pro-life legislation is, for Planned Parenthood, "tied up with trying to prevent the erosion of democracy itself."

That was only one of the whoopers that rolled off McGill Johnson's tongue. In her interview with Boodman we learn that…

We'll never hear the end of the talking point that mifepristone is "safer than Tylenol." Boodman asks her about the 12 Democrat attorneys general who are suing the FDA to remove virtually all remnants of the limitations on the drug.

McGill Johnson responds that the restriction "raise questions about why we have restrictions on a medication that is proven to be incredibly safe and effective. I'm grateful for that engagement from governors and attorneys general."

Poppycock. Dr. Christina Francis, CEO of American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), writes

> **'One of the largest studies to date, which analyzed high-quality registry data obtained from nearly 50,000 women in Finland, found that the overall incidence of immediate adverse events is four-fold higher for medical abortions than for surgical abortions. <u>The same study showed that nearly 7% of women will need surgical intervention — a significant number when you consider there are nearly 900,000 abortions per year in the U.S., 40% of which are medication abortions.</u>** [Underlining added.]

And that doesn't even address the enormous pain so many women experience when they take the two-drugs that make up the regimen. What about staffing issues?

> **With the Dobbs ruling [which reversed Roe], in some states where abortion is banned, or access is severely limited, we're also losing the ability of medical students and residents to learn the procedure.**

Good! But Planned Parenthood hopes to come to the rescue

> **So we are investing in a service corps for providers, to support their development and ensure that people can also come to affiliates where they're still able to practice that care, and intern and get residencies.**

About that non-partisan comment? Well, McGill Johnson has little good to say about the GOP.

> **"The Republican Party has been captured by an anti-abortion-rights minority, and that is pushing them to very extreme positions."**

Pardon? If anybody has a firm grip on "very extreme positions," it is the Democrat Party, a wholly-owned subsidiary of the Abortion Industry. If the Establishment Press ever told the real story—that Democrats want abortion on demand throughout the entire pregnancy and are agnostic on passive infanticide—we could have a real discussion. And, by the way, Democrats want **you** to pay for these abortion.

And she patronizes Republican voters. They just to be "educated" and they will see [again!] that "The Republican Party has been captured by an anti-abortion-rights minority, and that is pushing them to very extreme positions."

Take a few minutes to read "'This is a nonpartisan issue': Planned Parenthood's Alexis McGill Johnson on fighting for reproductive rights". You will come away understanding why the abortion industry is losing.

"How Painful is Medication Abortion?" Plenty!

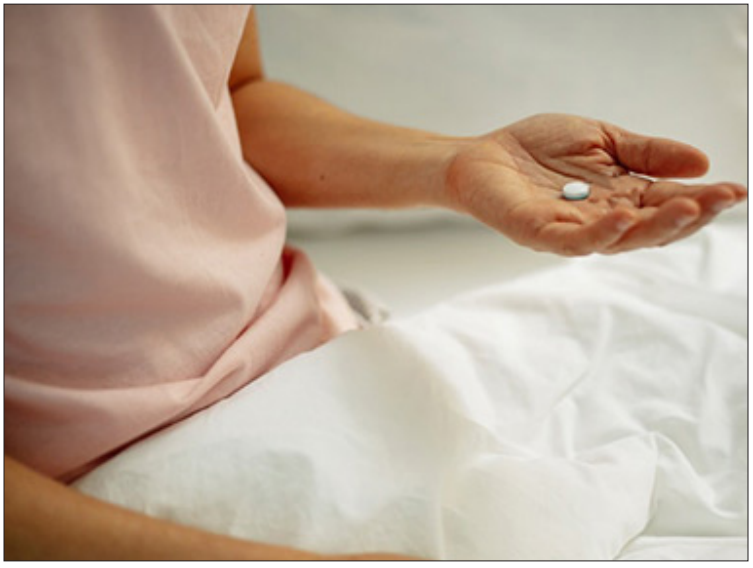
By Dave Andrusko

If you've followed the debate about the two-drug chemical abortion technique, you hear from proponents of "medication abortion" that it's safe, safe, safe while opponents point to studies that show that the mifepristone/misoprostol is anything but safe.

For example, Dr. Christina Francis is CEO of American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG). "Women and girls are being endangered and injured every day in our country through these dangerous chemical abortion drugs," she has said. "I am a board-certified OB/GYN and I practice in an in-patient setting and I, personally, along with many of my colleagues, have seen women and girls come in through our emergency rooms with severe complications from these drugs. Complications that should be being addressed by the FDA. Complications like heavy bleeding and hemorrhage and the need for emergency surgery, the need for admission to the hospital for blood transfusions and infections, and even one of our members took care of a woman who likely will not be able to have children in the future because of major complications that required two major surgeries to correct these complications due to these chemical abortion drugs."

But, for the most part, only opponents openly discuss how incredibly painful these abortions can be and often are. "How Painful is Medication Abortion?" is the headline in *Medscape*.

By no means a site sympathetic to our side of the debate, this article, written by Elena Ribodi, ought to be a wake-up call. The basis for her story is an Italian study published in December in the journal *Contraception*.



She writes, "It's main conclusion? Increased baseline anxiety levels, dysmenorrhea, and no previous vaginal deliveries are associated with severe pain in women undergoing medication abortion."

Let's break those figures down.

Overall, "**38%** of the women reported severe pain during the medication abortion." [Emphasis added.] Three in seven women report severe pain! That figure is one we haven't read much—perhaps anything—about.

How about women who have anxiety? Riboldi writes, "The researchers noted a significant correlation between baseline anxiety level and pain perception: women with higher baseline anxiety levels were **three times more** likely to experience severe pain." [Emphasis added.]

What about women who suffer from dysmenorrhea? ("Dysmenorrhea is the medical term for painful menstrual periods which are caused by uterine contractions.")

Riboldi writes, "The numbers were even higher for those who reported dysmenorrhea within the year preceding the medication abortion. Compared with the other women, they were **six times more likely**." [Emphasis added.]

What reduces the pain? "On the other hand, having a previous vaginal delivery considerably reduced the risk of experiencing that level of pain." Having a live birth –a baby—"considerably reduced the risk of experiencing that level of pain."

Of course, the researchers don't want to stop medication abortion.'

"Physicians should protect a woman's right to terminate a pregnancy in the most comfortable setting possible. In addition, pain management during medication remains a problem."

You think?!

They conclude, "The identification of women at risk for severe pain may help to improve women's care and pain management during medication abortion, making the procedure a more acceptable alternative to surgical abortion."

I wonder if the percentage of women who have a medication abortion, which is now well over 50% of all abortions, have any idea what they are doing both to their baby and to themselves?

Florida doctors say NO to Assisted Suicide

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

Editor's note. The Orlando-Sentinel published a Guest Column on March 27 by Dr. George Everett, the governor and president of the American College of Physicians, Florida Chapter. Dr. Everett was responding to an earlier article by Scott Maxwell which supported assisted suicide.

Florida is currently debating assisted suicide Bills (S864/H1231).

Everett writes

As a physician, the overwhelming majority of my colleagues and I do not wish to participate in PAS [Physician Assisted Suicide]. The American College of Physicians, the largest physician specialty organization in the world, and the American Medical Association, the largest physician organization in the United States, have both written extensively on the ethics surrounding euthanasia and assisted suicide and vigorously oppose physicians' involvement in either activity.

Here are some of our reasons for opposition.

First, Hospice and Palliative Medicine, a relatively new specialty, is greatly underused and often sought at the very end of life rather than earlier when suffering can be allayed. Second, a slippery slope of misuse of PAS has already been shown to occur in countries where it is legal.

For example, the Dutch have expanded euthanasia (most often delivered by physicians) from adults who have given consent, to now include children from ages 1-12 where parents have given consent.

Third, two of the four key ethical principles of medical care, beneficence (promote well-being) and non-maleficence (do no harm), are violated with PAS.

Fourth, loss of trust in the physician as a healer and comforter with the best interests of the patient at the forefront of the relationship, is compromised.

Technically, the use of medication to assist in suicide is suspect. Medical science has not produced a medication that can be orally self-administered which results in certain and painless death. The most consistently successful suicides are through methods that a physician would not be able to provide or suggest. Medication overdose, on the other hand, is the most common layman's method of suicide attempt and is usually unsuccessful.

Furthermore, suicide is strongly associated with social and demographic factors. Men commit 80% of suicides. The highest rate of suicide is among Native Americans and non-Hispanic whites while the lowest rates are in Asians, Blacks and Hispanics. Imagine, for a minute, that PAS was delivered more often to some social or demographic groups compared to others. Suspicions about motives and accusations about discrimination would surely be asserted. Trust in the medical profession would suffer.

PAS and euthanasia are essentially unnecessary with tools currently available to relieve suffering as people near the end of life. As physicians, we much more frequently encounter patients and families who demand maximum therapy, often painful and futile, all the way to the end of life, than those who request hospice or palliative care that could minimize suffering. This observation is supported by studies funded from the National Institute of Health which found that more than 20% of all Medicare expenses go to people in the last year of life, with only a minimal proportion spent on hospice care.

Citizens of the state of Florida would be poorly served by physicians assisting in suicide but would be greatly benefited by education about the effectiveness of hospice and palliative care to limit suffering near the end of life.

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

Death Activists Oppose Limits on Virtual Access to Assisted Suicide

By Wesley J. Smith

Assisted-suicide advocates say they believe in "strict guidelines to guard against abuse." They don't. They write bills as broadly as they deem to guard against abuse." They don't. They write bills as broadly as they deem politically expedient and then expand access as people become accustomed to doctors prescribing overdoses to ill, suicidal patients.

And they take advantage of any exigency to expand access to lethal prescriptions. Thus, in recent years, ideologically committed doctors began assisting suicides by telemedicine. This approach was made easier during Covid when the DEA permitted controlled substances such as barbiturates — which are also used in assisted suicide — to be prescribed after virtual consultations.

Now, with the pandemic fading, the DEA is proposing a new rule — that doesn't target assisted suicide — which would place a minimal restriction on such telemedicine prescribing. From the "Proposed Rule Summary":

> **Not Permitted. Telehealth visit [to prescribe controlled substances] without:**
>
> **• Prior in-person medical evaluation by prescribing medical practitioner; or**
>
> **• Referral from a medical practitioner who conducted prior in-person medical evaluation**

In other words, before controlled substances could be prescribed, at least one doctor would have to meet with the patient in person — either the prescriber or a referring physician. That's not exactly onerous and would seem to be a reasonable approach considering the power and potential dangers of these drugs.

But don't tell that to the assisted-suicide crowd. The suicide boosters at Death With Dignity are mounting a campaign to help assisted-suicide supporters submit negative comments about the proposed rule. From the organization's "DEA Public Comment Campaign Toolkit":

> **A recently-proposed DEA rule change would prevent doctors from prescribing controlled substances via telemedicine without first conducting an in-person evaluation. Terminally ill patients nearing the end of their lives are almost always too sick to visit a doctor in person. This rule change would restrict access to health care, and make it incredibly difficult for terminally ill patients to receive routine palliative care and medicines that can ease their pain. We must act quickly to generate as much public comments as we can, to convince the DEA to consider the harmful impact of this rule change on terminally ill Americans.**

That's simply not true. Terminally ill patients almost always have personal contact with their personal doctors and/or specialists — usually on an ongoing basis over time. And the rule would only require one such face-to-face consultation. Moreover, hospice physicians and certified nurse practitioners who prescribe morphine and other opiates in that circumstance make house calls.

So why oppose a reasonable rule that will prevent inappropriate prescribing of potent substances and protect patients involved in legitimate medical treatments far more often than assisted suicide? Here's the answer: Unregulated telemedicine opens the door to unrestricted assisted suicide.

We already see what I call "doctor shopping" in many assisted suicides. If a suicidal patient's own doctor refuses to prescribe lethally high medicine doses — whether for conscience reasons or because the physician does not believe the patient qualifies for hastened death — the patient can obtain a referral from an advocacy group to a doctor willing to prescribe, even outside their specialty or field of expertise. For example, a part-time California ER doctor went into business prescribing death to patients he had never treated.

Now, with residency requirements to obtain assisted suicide being repealed in Oregon and Vermont, without the new rule, a suicidal patient could plausibly obtain lethal drugs from out of state *without ever having a personal consultation with a single doctor involved in the assisted-suicide process*. That's why activists want to prevent the proposed DEA rule from being promulgated.

Ensuring one personal meeting with a doctor who is *going to prescribe death* would seem to be a minimal protection against abuse if there ever was one. But assisted-suicide activists only pretend to believe in limitations. What they really seek is assisted suicide (and eventually, lethal-injection euthanasia) without meaningful restrictions. Those with eyes to see, let them see.

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