



National RIGHT TO LIFE NEWS

December 2024

MERRY CHRISTMAS

FOR UNTO US A
SAVIOR IS BORN

Luke 2:11



National
RIGHT TO LIFE

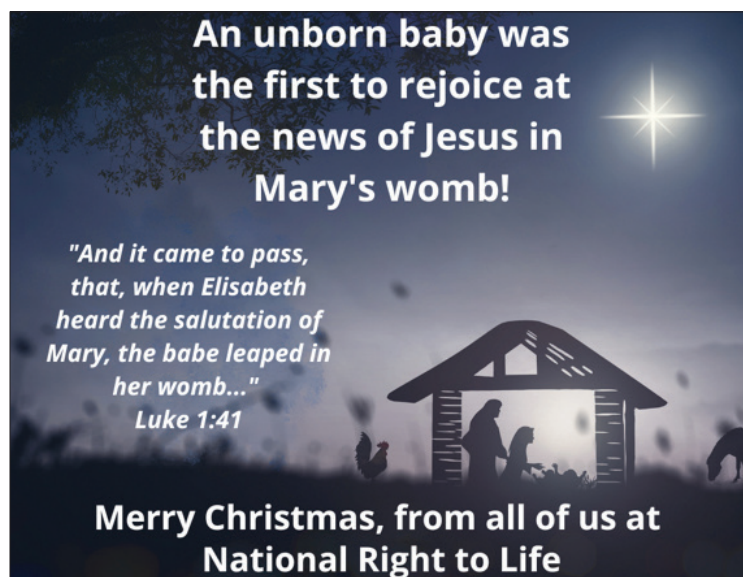
National RIGHT TO LIFE NEWS

At Christmas, let us pray for courage to defend the voiceless, compassion to uplift mothers in need, and unwavering faith in God's plan for every life

By Rai Rojas, NRLC Director of Outreach

Christmas stands as a radiant beacon of hope, joy, and renewal—a season to reflect on the miraculous birth of Jesus Christ, our Savior. As we celebrate this divine moment, we are drawn to the profound sanctity of life, a truth deeply interwoven with the message of Christmas.

The story of Christmas begins with an act of extraordinary courage, and faith. When the angel announced God's plan, Mary's response—her Fiat—was a resounding “yes” to life. Despite the uncertainties, risks, and immense responsibility of bearing and raising the Son of God, Mary



trusted God's will. The ultimate gift of salvation entered the world through her obedience and faith.

Mary's story is a timeless reminder that every life, no matter how small or vulnerable, holds immeasurable worth and divine purpose.

The Gospel of Luke offers a poignant glimpse into the sanctity of life within the womb. When Mary, carrying the Christ Child, visited her cousin Elizabeth, the scriptures recount a profound moment:

“When Elizabeth heard Mary's greeting, the baby leaped in her

See Christmas, Page 33

Easily a candidate for abortion, she held onto faith in both herself and the God who loved her beyond all measure

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

To an observer, it would seem to be the most challenging of pregnancies.

Her husband was out of work and, just by virtue of her pregnancy, she would lose her job as well.

With an alcoholic elderly father to take care of, and her means of support dwindling, she could have easily been a candidate for abortion.

What must that Christmas have been like for her, waiting to see what would happen next?

Somehow, she held onto faith in both herself and the God who loved her beyond all measure.

A few short months later, I would make my appearance in the world—all eight pounds of me, with a shock of dark hair and a full-throated cry.

I will forever be indebted to my mother, who struggled mightily to carry me to term.

As I celebrate Christmas this year, I will remember her beautiful smile, her abundant courage, and her indomitable strength.

I hope that I am half the woman she was.

This Christmas, I am so grateful that I was also able to give birth to a beautiful daughter who has become a gifted writer in her own right. In this way, the cycle of life has continued, and, God willing, generations will follow.

I hope you have a Christmas filled with abundant blessings for you and those who are close to you!



Maria & Gabriella Gallagher

Editorials

Do You See What I See?

Editor's note. This story first ran many, many years ago in National Right to Life News, long before Dobbs overturned Roe v. Wade. We've run it in NRL News Today between Thanksgiving and Christmas virtually every year since, and it has consistently garnered more response than almost any article we've ever run.

It was also composed before passage of the historic ban on partial-birth abortion. In many ways it would be a perfect fit to substitute the "Pain-Capable Unborn Child Protection Act." With Christmas just a couple of weeks away, I thought our growing number of readers might enjoy "Do you See What I See?" If you do, please share it with friends and family.

It was late in the afternoon the Saturday after Thanksgiving. My

wife, Lisa, and I had established a temporary safe haven in our kitchen free from the usual chaos that comes with the presence of four joyfully rambunctious children. We'd somehow managed to wrest free a few minutes just to read the paper, enjoy a cup of coffee together, and chat.

It was nice!

For reasons I did not fully understand at the time, when I read in our local newspaper that the Salvation Army was experiencing a dramatic shortage in volunteer bell ringers to man its familiar red kettles, I was so shocked I jumped up from the table and searched out the local number.

The gentle lady who answered mistakenly thought I was someone

See See, Page 40



On the eve of Christmas, Why I am so optimistic

"Growing up in black Baptist churches, Martin Luther King had been baptized in the words, grammar and imagery of the King James Bible. This provided a solid foundation as he spoke to African Americans and, ironically, to white Protestants in the Deep South. King knew that the Bible had authority — authority to inspire and to judge." — Terry Mattingly, the author of the blog, "On Religion."

"The year that is drawing toward its close has been filled with the

blessings of fruitful fields and healthful skies. To these bounties, which are so constantly enjoyed that we are prone to forget the source from which they come, others have been added, which are of so extraordinary a nature that they cannot fail to penetrate and soften even the heart which is habitually insensible to the ever watchful providence of Almighty God. ..." — President Abraham Lincoln, declaring Thanksgiving an official national holiday, in 1863.

I wrote a quite different version of this for *National Right to Life News Today* under the headline "On the eve of Thanksgiving, Why I am so optimistic." Good news. My optimism has only increased these last two weeks, and this editorial explains why.

Hopefully, I've learned a thing or two after editing

National Right to Life News, what we call the "pro-life newspaper of record," for 43 years, and *National Right to Life News Today* which we added on February 17, 2011. Through all of those glorious ups—such as the historic reversal of *Roe v. Wade*—and downs—such as the passage last month of numerous initiatives embedding abortion

in state constitutions— pro-lifers like the staff at National Right to Life were and are sustained by the sure knowledge that, come what may, grassroots America has our backs. For that, my family and I cannot thank you enough.

So, let me explain why I am not only an optimist, but an incurable optimist. My optimism is grounded in the cause to which you and I and all of us have devoted our lives, a cause that is right, imbued with nobility, and representative of the very best qualities of the American character.

I'm not going to stray from our single issue but it would

See *Optimistic*, Page 45

From the President Carol Tobias

Be a Who, not a Grinch



Many singers have entertained us over the years with great Christmas songs, including, “It’s the Most Wonderful Time of the Year.” And it is. Christmas is a time to

gather with family and friends, go caroling, decorate a tree or an entire house!

It is a time to reflect on the past year and start thinking about what you may want to do again, or do differently, next year.

And it is a time to remember the true reason for the season: the celebration of the birth of Jesus Christ.

As I look back on this past year, it often becomes a reflection on the past four years. I am heartbroken by much of what has happened through actions and decisions of the Biden-Harris administration. Their lack of respect for human life has damaged our culture in many ways which we can only pray are not permanent.

I don’t know how many times I’ve seen the original Dr. Seuss TV presentation of “How the Grinch Stole Christmas.” The Grinch’s heart is softened, practically melted, by how the Whos in Whoville respond to his shameful actions. They celebrated Christmas even **after** The Grinch has stolen all their gifts.

The 2018 movie version of “The Grinch” had a sarcastic line that reminds me of these last four years. The Grinch says, “Today was great! We did mean things, and we did them in style.” Let’s review all the “mean things” Joe Biden and Kamala Harris have done in the last four years:

- Title X family planning funds were given to support Planned Parenthood, the nation’s largest abortion provider.
- The Biden administration issued a memorandum about The Emergency Medical Treatment and Active Labor Act (EMTALA) in order to pressure hospital emergency rooms to perform abortions.
- Congressional statutes were ignored so that the Department of Veterans Affairs could perform abortions in their hospitals and the Department of Defense could pay travel expenses for soldiers seeking an abortion.
- The Food and Drug Administration removed common-sense protections for women from the dangerous and

painful abortion pill, allowing it to be mailed into homes and to be used or stored in anticipation of future use.

- The thoroughly politicized Department of Justice challenged state laws that protect unborn children and punished people who protested outside abortion chambers.
- Our tax dollars flowed into the coffers of international organizations and agencies who had as a top goal the killing of preborn children

or lacking in their pretentious attitude as they made it easier to end the lives of innocent unborn children.

Pro-lifers are more like the Whos who sang on Christmas morning. In spite of a powerful worldly anti-life administration, we continued to look to a bigger authority—an all-powerful God—who knew exactly what was happening. This King strengthened and inspired us to keep singing for His little ones.

As angry and frustrated as we’ve been with our country’s leaders in the last four years, ultimately, we still knew peace within ourselves because we see the bigger picture.



How the Grinch Stole Christmas video still (Warner Bros. Entertainment, Inc.)

in developing countries. Where women wanted food, clean water, safe living conditions, and a good education for their children, the United States response was to offer to kill their children.

That’s not even a complete list of their heartless campaign against unborn children and anyone who objected to being complicit in abortion. They had zero respect for the right of conscience.

The Biden-Harris team could quote the Grinch, “We did mean things, and we did them in style.” Press conferences, press releases, court challenges—there was nothing subdued

Regardless of what happens in this country, nothing will surprise God, nothing will diminish His authority, nothing will thwart His plan.

Unfortunately, we haven’t noticed a softening of the heart in these grinchies. But, thankfully, we did see the voters rise up to say “enough.”

We don’t know what the future holds, but there is a new administration incoming.

We know that much more attention will be paid to innocent preborn children and their mothers. For that we shout with one voice, “Hallelujah”!

Merry Christmas, Friends! May God bless you and your loved ones with His joy and peace.

My Capitol Hill Story

By Myrna Maloney Flynn, President & CEO, Massachusetts Citizens for Life

Storytelling is the essential human activity. The harder the situation, the more essential it is.
– Tim O’Brien

The Kind and the Misguided, a fable

Once upon a time, in the fair land of Massachusetts, there lived Kind Kangaroos who spent each day helping women in need. Often, the women’s children received help, too. Most of the time, the women and children had no family or friends who could help them, so they were very happy to receive compassion and support, supplies, care and counseling from the Kind Kangaroos at the state’s pregnancy resource centers. The women didn’t have to pay a penny for this help! For more than 40 years, the Kind Kangaroos at these community spaces served thousands and thousands of Massachusetts women when they needed it most. The women were grateful. They felt loved and valued by the Kind Roos. Their little children were alive and grew into the next generation of Massachusetts residents, contributing to their fair land as they were able.

In the land of Massachusetts there also lived Misguided Mongooses, who did not think women should be able to get the help they desired at pregnancy resource centers. The Misguided Mongooses were wealthy and very powerful. They often ruled the land unjustly, favoring the interests of other Misguided Mongooses and callously discarding the concerns of others, like women in need and the Kind Kangaroos who sought nothing but to help them. The powerful Misguided Mongooses thought women in need were weak and their children worthless, so they confused women in need and steered them toward quick fixes instead of taking time to love them. So lost were the unreasonable Mongooses that they even told frightened women to pay someone to kill their own children!

In spite of their vast differences, the two animal groups lived in relative peace. Year after year

in the fair land, women in need could seek truth and clarity from Kind Kangaroos inside Massachusetts’ pregnancy resource centers, until one day



MCFL President & CEO Myrna Maloney Flynn informs Congress members and their staff about Massachusetts’ taxpayer-funded anti-PRC campaign.

in 2022. On a sunny afternoon, before cameras and crowds, the Misguided Mongooses, led by an uber powerful Mongoose Senator, declared war on pregnancy resource centers and vowed to shut them all down. Days and



Massachusetts women who sought and received cost-free help at local pregnancy resource centers participate in a public awareness campaign launched by the Pregnancy Care Alliance, an MCFL-initiated affiliate.

weeks and months passed. Two years rolled by. The Misguided Mongooses ruthlessly waged battle after battle from their moneyed seats of power against the Kind Kangaroos of modest means and the vulnerable women they served.

And still, most pregnancy resource center doors across the fair land – and the hearts

of those Kind Roos therein – remained open, thanks to other Kind Roos across Massachusetts who did whatever they could do to preserve these community treasures. But no one knew how long the war would last or if the Kind Kangaroos could emerge victorious in a battle against such formidable mongoose foe . . .

It was wheels up to D.C. last week, after I was invited by National Right to Life to tell members of Congress the story about our state’s ongoing attacks against pregnancy resource centers. As I packed, I thought about what I’d say to briefing attendees on Capitol Hill, considered which slides to show and weighed the most outrageous of all smears to include. (There have been so many, it’s tough to choose just a sampling.)

Then I stopped, stared down at my suitcase and shook my head. With all of the critical, urgent and weighty business on which our U.S. representatives and senators must focus, it seemed ridiculous

itself critical, urgent and weighty, and because the grassroots response of our kind people across Massachusetts, hopping into action a bit like energetic kangaroos, has become the stuff of legends, I presented the details of our very own nonfiction dramedy on Capitol Hill this week.

What I noticed among attendees as I spoke: raised eyebrows, heads shaking and dismay.

As our briefing concluded, National Right to Life President Carol Tobias aptly issued a call to action, not just for Congress members and their staff but for every proponent of our “love them both” philosophy. Each of us must learn about the ways our local pregnancy resource centers support women in need. Then, we bear the responsibility of informing others, especially our elected officials.

Most Americans are unaware of PRCs and the threats against them in much of the country. Through our Pregnancy Care Alliance, we have begun to effectively inform Massachusetts



that baseless attacks on humble and beloved nonprofits should be of concern. What’s going on here in the Bay State really does start to sound like the stuff of a dystopian fable when you think about it.

As they say, though, truth is often stranger than fiction.

So, because the work of our pregnancy resource centers is

residents, so that they, in turn, can help to keep our PRC doors open. The numbers tell the story. Until Planned Parenthood and other abortionists can match the compassion and services that our PRCs provide, women have every right to choose and easily access their life-affirming support.

After all, their stories deserve a happy ending.

New Abortion Data for 2022 from CDC Out, Shows Impact of *Dobbs* Decision

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

While the abortion industry has put out a couple of reports of its own, the latest report from the U.S. Centers for Disease Control (CDC) represents the first official count covering abortions since *Dobbs v. Jackson Women’s Health Organization* overturned *Roe* in June of 2022.

It is not perfect – it contains a lot of gaps and is too often short on analysis and explanations – but it is useful in that it does rely on hard data from state reports sent to the federal agency.

It shows us that there was some drop off in the number of abortions from 2021 to 2022, evidence of *Dobbs*’ impact after what appears to have been an upward trend from 2017.

Despite some women traveling to other states to have abortions, legal protections put in place by many states after the Supreme Court’s decision appear to have reduced the overall number of abortions performed in the country.

Chemical abortions using drugs such as mifepristone and misoprostol continue to be on the rise, making continued drops in the future challenging, particularly with abortion pills now being shipped through the mail.

A changing vector

For 2022, the CDC reported 613,383 abortions, about 12,500 less than it reported in its previous report for the year before (625,978 abortions for 2021).

Abortion rates and ratios for the CDC are both also down from 2021, indicating that the reduced incidence and preference among pregnant women is not merely some statistical artifact.

Both 2022 and 2021 numbers exclude abortions from a number of states responsible for large numbers of abortions: California, Maryland, New Hampshire and, as has been the case the last couple of years, New Jersey and the District of Columbia, the nation’s capital.

In the past, those missing states have been responsible for performing maybe hundreds of thousands of abortions a year, leading many to conclude the actual national annual number is somewhere between 900,000 and a million.

Nevertheless, there are two important relevant points to take from the CDC data: 1) that the numbers are down, that they reversed direction after increasing in the past several years; 2) that the drops coincided with the Supreme Court’s overturning of *Roe* with its *Dobbs* decision in the middle of 2022.

Though the CDC doesn’t report abortions by month and never directly mentions the court decision in its analysis, the relevance of these factors is backed up by a more detailed dissection of the data.

States go different directions

While we only know the year-to-year variations, one thing the CDC does report is the numbers of abortions recorded by each of the states and the number performed on out-of-state residents.

This enables us to see how large events, such as the implementation of pro-life laws or the state promotion or funding of abortion, can have an impact on a state’s actions from one year to the next.

The data from the CDC is quite revealing on this score.

There were a number of states that fought through court challenges

and had to jump several legislative hurdles for their protective legislation to go into effect. CDC data demonstrates that these states, which early on attempted or instituted and maintained protections immediately after *Dobbs*, clearly showed a major drop off in 2022.

STATE	Abortions 2021, CDC	Abortions 2022, CDC
AL	6489	3777
AZ	13998	11530
AR	3133	1621
ID	1553	1027
KY	4441	2550
LA	7444	4570
MS	3817	2286
ND	1153	754
OH	21813	18499
OK	7287	2160
SD	192	137
TN	12182	6452
TX	51860	17514
WV	1375	831
WI	6579	3333

While some of these states already had low abortion rates, due to previous legislative actions, certain states saw enormous drops: Alabama saw abortions drop by nearly 42%, Arkansas more than 48%, Kentucky 42.5%, Louisiana nearly 39%, Mississippi 40%, and Tennessee 47%!

Once Oklahoma had its own protections in place, a drop of more than 70% was absolutely real, though a part of that was the sudden cessation of abortion travel from neighboring states. Texas had already greatly reduced its numbers in recent years owing to pre-*Dobbs* legislation but shrunk its numbers by an additional two-thirds in 2022!

***Dobbs* the most obvious explanation**

Without monthly data, it is difficult to prove this conclusively from the numbers, but this likely represents not simply some gradual

Christmas Came Early to Florida and the Nation

By Lynda Bell, President, Florida Right to Life



*Lynda Bell, President,
Florida Right to Life*

On November 5th of this year, pro-life Floridians breathed a collective sigh of relief when we defeated a radical pro-abortion amendment that would have legalized abortion through birth and nullified our “Parental Consent” law.

Christmas came early – it came the first Tuesday in November. But Amendment 4 received 57% of the vote.

Wisely, Florida has a 60% threshold to change our state constitution. The abortion industry spent over 110 million dollars to lie to Floridians while we spent a fraction of that to tell the truth!

But this size of the pro-Amendment Four vote shows we have more work to do.

I traveled the entire state of Florida for 7 months, communicating the truth about Amendment 4! Florida Right to Life made the difference. But make no mistake. We could not have accomplished this without the support of National Right to Life who was there with us at every step of the way.

Florida also delivered a resounding victory to President-elect, Donald Trump who won the state 51.2% to Biden’s 47.9%. Nationally, we gloriously held the House of Representatives and took back the Senate, saying “adios” to radical pro-abortion Senate Majority Leader Chuck Schumer (D-NY).

One thing is certain. In this election, the leftist media miscalculated their own influence and power and underestimated the impact and resolution of the community of faith. Fed up with ridiculous out-

touch woke policies that slapped most Americans in the face, they spoke with their vote.

We watched as the Biden/Harris Department of Justice (DOJ) raided the homes of pro-life Americans for engaging in peaceful pro-life activities and did so in front of their families, often terrorizing their children in the process. Americans with their voice and their vote forcefully said, “Enough, No Mas, No Bueno.”

This is not just a “MAGA” movement. This is a return to pro-American values, sanity, and the rule of law. Americans are a fair people and want the rule of law to apply equally to all. The Biden/Harris administration, and especially its corrupt DOJ, made it abundantly clear; pro-life Americans are not welcome in their administration or this Nation!

Florida

Right to Life

DEFENDING HUMAN LIFE SINCE 1971

With the wind at our back, let us roll up our proverbial sleeves. We must and will do our best to change the hearts and minds of Americans and those Floridians who voted yes on Amendment 4.

We must make abortion unthinkable and continue to offer support to women who find themselves in unplanned pregnancies. We in the pro-life community know how to love them both.

When I am asked what I want for Christmas, my response is nothing, Christmas already came and it came on November 5th.

How the influence of groups such as Planned Parenthood reaches far beyond sympathetic reporters

By Laura Echevarria, Director of Communications and Press Secretary

The pro-life movement has always faced a hostile press. Not news to our readers, but I will offer some recent examples demonstrating how cleverly deceptive the Abortion Industry is.

More inclined to act as a public relations firm for the Planned Parenthood Federation of America than report on the facts, the press works hard to carry water for the abortion industry. But the influence of groups such as Planned Parenthood goes beyond sympathetic reporters.

Planned Parenthood has a representative for Hollywood whose job is to have abortion portrayed in a positive way in films and television. Caren Spruch is the “national director of arts and entertainment engagement at the Planned Parenthood Federation of America and the Planned Parenthood Action Fund.”

Her position was described in a recent article written by William Earl for *Variety*:

Spruch developed her position within Planned Parenthood hoping to make a positive impact on how storytellers portrayed abortion in their stories. She’s now a go-to resource for filmmakers...and has worked on films such as 2014’s “Obvious Child” and 2020’s “Never Rarely Sometimes Always” to achieve that goal.

Earl also notes that “Spruch says that she has a pile of scripts on her desk that feature discussions on the topic [of abortion], but she fears that many of them might not get made.”

The tentacles of influence from groups such as Planned Parenthood go far beyond what

and reproductive health care helps to destigmatize this care, which in turn helps to change the culture around it,” notes Spruch.

While Spruch may be open about her goal in the pages



we think of as normal media channels. Spruch was interviewed by Fiorella Valdesolo for a December 2023 *Vogue* article and Spruch was very clear about her goal,

“In order to change policy, we have to first change the culture, and celebrities sharing their own stories about sexual

of a sympathetic magazine, sometimes audiences are not clued in to an underlying message. One horror movie director deliberately did not address the pro-abortion theme with the press before the movie was released.

According to *Variety*’s Earl, **“I don’t think that anybody wants to go**

to see a movie to be preached at,” [Michael] Mohan says. “I think they want to go because it’s entertaining, or because it scares them, or because they heard it goes to places that movies don’t typically go to. But I think the instant I’d make my intentions known with the film, it would devalue it to the people watching it. They wouldn’t be able to come to their own conclusions. I just wanted people to know that it was a really good horror movie and they should go check it out. That way, we could potentially reach people who otherwise wouldn’t engage with the film if they didn’t know this has some sort of message baked into it.”[emphasis added]

Pro-abortion messaging can be found in television, film, news, and social media. But we represent something bigger, and we have truth on our side.

Our messaging includes foundational truths about the humanity of the unborn child and compassion for her mother. We don’t need to “bake in” our message.

No matter how the abortion industry and their allies try to package it, the horror for every woman and child is what takes place at Planned Parenthood.

After Years of Abortion Extremism, New Jersey Ready to Chart New Course with Bill Spadea for Governor

By Andrew Bair, NRLC Political Department

While it may feel like the 2024 elections just happened, the 2025 elections are already well underway. New Jersey and Virginia have gubernatorial races in 2025 which will have major implications for the right to life in each of those states.

In New Jersey, Governor Phil Murphy (D), a pro-abortion Democrat who was first elected in 2017, is ineligible to run for a third consecutive term.

National Right to Life and its state affiliate, New Jersey Right to Life, recently announced endorsements of Republican businessman and media personality Bill Spadea to be New Jersey's next governor. Spadea has spent the last decade speaking with and listening to New Jersey residents every morning as the host of the *Bill Spadea Show* on *NJ101.5 FM*. Electing Bill Spadea will put a stop to the abortion extremism that Governor Murphy and pro-abortion lawmakers have imposed on the state.

"Our campaign's momentum continues to pick up speed and the endorsement from National Right to Life is a big boost to our efforts," said Spadea. "Coming on the heels of the endorsement from the New Jersey Right to Life PAC, this endorsement cements our position as the pro-life candidate for Governor in New Jersey."

Over the last seven years, Governor Murphy signed numerous pro-abortion bills, funneled millions of dollars to abortion providers, and wielded executive power to target pregnancy help centers. Governor Murphy actively sought to make New Jersey a destination state for abortions up to the moment of birth. "New Jersey will always be a safe haven for reproductive freedom," he declared earlier this year.

Upon taking office in 2018, Murphy's top priority was doling out taxpayer dollars to abortion providers whose public funding had repeatedly been vetoed by his predecessor, Republican Governor Chris Christie. In fact, the very first bill Murphy signed allocated \$7.5 million in state



Bill Spadea

funding to Planned Parenthood, the nation's largest provider and an organization whose political arm (coincidentally, surely) endorsed his gubernatorial campaign. With the CEO of the abortion giant in attendance, Murphy remarked at the bill-signing ceremony, "I am so proud that this will be bill No. 1 signed by me as governor."

Governor Murphy's cozy relationship with the abortion industry has raised red flags for years. In 2020, while serving as the chair of the Democratic Governors Association (DGA), Murphy was accused of trading Planned Parenthood subsidies for DGA donations.

New Jersey already allowed abortions throughout pregnancy for virtually any reason but in 2022, Governor Murphy signed the so-called "Freedom of Reproductive Choice Act," further cementing the state's position as one of the

least protective in the nation for unborn babies and their mothers. Later that year, while lambasting the U.S. Supreme Court's *Dobbs* decision (2022) for giving greater latitude to states to determine their own laws on abortion, Murphy signed two additional pro-abortion bills. These included a bill to

abortions in the state has increased dramatically during his tenure, according to reports. Researchers with the Rutgers School of Public Health in partnership with the New Jersey Family Planning League found that in 2020, the New Jersey rate of 29.2 abortions per 1,000 women was more than two times the national rate of 14.4. "Given its large population and high abortion rate, New Jersey has the sixth-largest number of abortions of any state," their report concluded.

But in 2025, New Jersey will elect a new governor. This is an opportunity to change course and elect someone who will stand up for the rights and health of women AND their unborn babies. New Jersey can elect someone who will take the target off the backs of pregnancy help centers and instead bolster the vital services they provide for women and families.

You may be thinking, "Isn't New Jersey a reliably pro-abortion state? Isn't electing pro-life candidate a longshot at best?" Historically, New Jersey has favored pro-abortion Democratic candidates. The state awarded its electoral votes to Democrats in every presidential election since 1992. In 2020, Joe Biden won New Jersey by a 16-point margin. But then something unexpected started to happen. Cracks began to appear in the Democratic hold on the state.

In 2021, just one year later, Governor Murphy came within a shocking 3 points of losing his reelection bid. In 2024, Donald Trump came within 5 points of carrying the state. For perspective, the 2024 presidential election was closer in New Jersey than in several states that are typically

broadly shield abortionists from legal action.

Unlike abortion businesses, which have received gift after gift from the Murphy Administration, the state's pregnancy help centers have faced open hostility and brazen attempts to undermine the critical work they do in providing alternatives to abortion. Attorney General Matthew Plakin, appointed by Governor Murphy, collaborated with Planned Parenthood officials to draft and issue a statewide "consumer alert" declaring without evidence that pregnancy help centers "provide false or misleading information."

With the abortion industry enjoying unprecedented state funding and a concerted effort on the part of Governor Murphy to make the state a destination for out-of-state visitors seeking abortions, it should come as no surprise that the number of

Biden’s abortion legacy is not finished; He has 41 more days to figure out how to kill more unborn babies

By Dave Andrusko

Pro-abortion-to-the-core President Joe Biden will occupy the White House until January 20, 2025, 41 more days for a man whose Catholicism (that should be in air quotes) never got in the way of a relentless campaign to multiply the number of dead unborn babies. What did he miss anything?

While he did appoint just one Supreme Court Justice—Ketanji Brown Jackson—Biden is “within striking distance of the 234 total judicial confirmations that occurred during President-elect Donald Trump’s first term,” according to Kevin Freking of the *Associated Press*.

Did he unleash the dogs of war against people and institutions that wanted no part of being complicit in abortion? Is water wet?

Did he find ingenious ways of corrupting even policies intended to assist the poor and the indigent, with the objective of turning every hospital in the United States into an abortion ward? Is the sky blue?

On the few days he wasn’t on vacation, did Biden not energetically promote the dangerous abortion pill? Of course he did, but what is a caddie for the Planned Parenthoods of this world expected to do? Worry about women? Pfff.



Pro-abortion President Joe Biden

And, as we wrote about last week, the never-enough-abortions crowd still has hopes that Biden

will ring out his four awful years in office by making it possible to yet again increase the number of dead preborn babies.

One other thought. Biden’s pardon of his son Hunter outraged even his chorus of cheerleaders in the media. Worse, a story in *Politico* says that he may issue preemptive pardons. [Ed. Note. Of course he will.]

Worse yet, as Jonathan Martin writes,

White House officials, however, are carefully weighing the extraordinary step of handing out blanket pardons to those who’ve committed no crimes, both because it could suggest impropriety, only fueling Trump’s criticisms, and because those offered preemptive pardons may reject them. [Underlining added.]

The Washington Examiner’s Byron York wrote a column last week headlined, “The damage

Biden has done”. Most of the damage was done to the Democrat party. York writes, “What does it mean?”

The simplest explanation is that Biden and his fellow Democrats made the party so unattractive that millions of self-identified Democrats decided to call themselves independents instead. That doesn’t mean they won’t call themselves Democrats again in the future. But it does suggest that they were deeply unhappy with the Democratic Party in 2024.

As “The Party of Death”—as Ramesh Ponnuru described them in his 2006 book—Democrats naturally expanded their killing zone to include everyone from embryos to babies who survive an abortion.

Their utter disarray could not have come a moment too soon.

National Right to Life Celebrates 19 Years of Empowering Future Pro-Life Leaders

Alexandria, VA – For nearly two decades, **National Right to Life** has been at the forefront of training and equipping the next generation of pro-life leaders. Through our **National Right to Life Academy** and **internship opportunities**, we provide young people with the tools and experiences they need to become effective advocates for life. **Hundreds of graduates** from the Academy are already making a significant impact on college campuses and in communities across the nation.

As we celebrate **19 years** of success, we want to highlight the critical role our supporters play in shaping the future of the pro-life movement. Our programs, which include hands-on internships and specialized training, empower young advocates to stand up for

the unborn and inspire others to take action.

Your support makes a lasting difference. Because of you, we



National Right to Life Academy Class of 2024

are able to **equip young leaders** with the resources they need to defend life, inspire others, and

influence public policy and culture.

The internships we offer give students the chance to gain real-

world experience in key areas such as **public policy, media, grassroots outreach**, and more.

These invaluable hands-on opportunities provide students with the skills they need to become the leaders of tomorrow, driving change in their communities and beyond.

The next generation of pro-life leaders is already making a difference, and with your continued support, we are ensuring they have the **training and experience** to keep up the fight for life. Together, we are laying the foundation for **lasting change** in the culture and public policy surrounding the sanctity of life.

As we continue our mission, National Right to Life remains committed to empowering young leaders who will carry the torch for life, helping to shape a future where the unborn are protected, and all life is valued.

Pro-lifers must be ever vigilant to catch duplicitous pro-abortionists

By Dave Andrusko

With AI possessing both great potential and infinite potential for mischief, you really have to be on your toes. As it happens, I was talking just this morning with a teacher who was about ready to tear her hair out.

Her students not only used GhatGPT, they had already outfoxed the software that teachers used to spot plagiarism (the easiest of all the misuses to find).

Wouldn't you know it that on my google search today I found a story that appeared in USA Today headlined, "Image showing woman holding pro-abortion rights sign next to child is altered: Fact check."

According to the subhead, the claim they were factchecking was of an "image of a woman holding sign for abortion rights with her daughter."

Tacky, to put it mildly, nauseous to be blunt, but we've seen mothers holding their child's hand—including very pregnant women—while holding up signs demanding the right to abortion.

The story written by BrieAnna J. Frank doesn't explain who tipped *USA Today* off to "A Nov. 21 Facebook post that includes an image showing a woman standing next to a young girl and holding a sign that says 'I want my daughter to have the right to abortion that I didn't have.'"

On-screen text in the image reads, "When your mom is 'subtly' saying she doesn't love you."

When your mom is "subtly" saying she doesn't love you



It was shared more than 1,500 times in 11 days. Other versions of the claim spread widely on Facebook and Instagram.

But the message had been altered. It isn't authentic.

Frank writes, "The original sign was written in Spanish and translates to 'I am the mother of the girl you will never touch.'"

So, where was the photo from? A March 2023 pro-abortion rally in Mexico.

The photo was published that same month, Frank explains, on La Casa de Todas y Todos, a Mexico-based website. The article describes an annual women's rights march that took place earlier that month in Monterrey, the capital of the Mexican state of Nuevo León.

The woman's sign says "Soy mamá de la niña que jamás vas a tocar," which translates to "I am the mother of the girl you will never touch." Neither the woman nor the child was named in the photo's caption.



The harrowing abortion healing journey of a grandparent

By Kevin and Theresa Burke

When we think of a person hurting after abortion, we naturally think of the mother, and less often, the father of the baby.

But have you ever considered the suffering of grandparents who are closely connected to an abortion loss, especially one they were powerless to prevent?

Leann is a single mother of Lisa, age 19, and John, age 25. Leann divorced her husband when Lisa was a baby due to his frequent adulterous affairs and physical abuse. Lisa struggled since age 15 with periods of emotional and relationship instability aggravated by the occasional abuse of drugs and alcohol.

Lisa was close to Leann's mother and father and would sometimes join them for dinner. One evening, as they were just about to clear the dishes, Lisa asked her grandparents the following question: "I have a friend who is pregnant. The boyfriend and his parents want her to get an abortion. What do you think she should do?"

The grandparents were firm: "Your friend should not have an abortion."

Later that evening Leann spoke to her mother, who shared about the exchange with Lisa. Leann and her mother both agreed that Lisa was testing the waters, and likely was pregnant herself.

A few weeks later, Lisa approached her mom to let her know she was staying overnight with a friend, and they were going skiing the next day. Leann wondered if this was actually a trip to an abortion center with her boyfriend.

Leann shares, "As I sat at my desk the next morning at work, I felt a powerful urge to do something to try and save the life of my grandchild. I prayed for the Holy Spirit's assistance and called the first abortion business in the area."

With her first call, she learned that Lisa was in the waiting room and the receptionist put her on the phone. Lisa was crying and confused, and said she had to go.

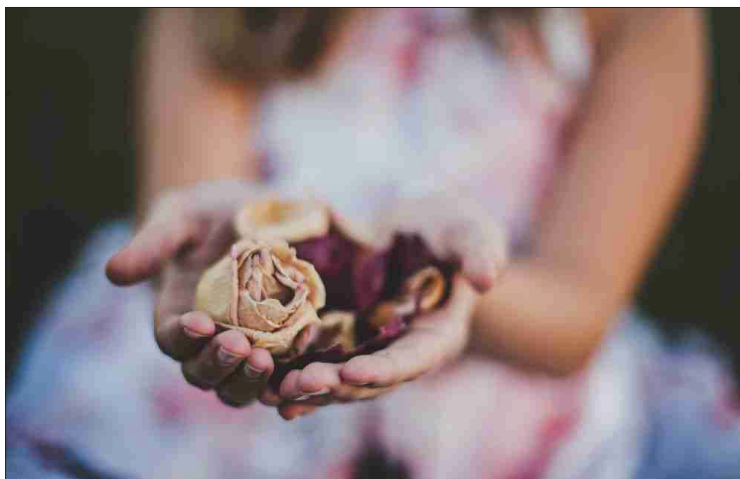
Leann said:

"I spoke to the receptionist and made it quite clear that given my daughter's current state of mind and her past mental health issues that if

of the procedure. He gave Lisa a rosary, blessed by St. John Paul II, and told her, "This child will be a gift, a blessing to this family, and loved by all."

Lisa walked away from the priest in tears and went through with the abortion. Leann was devastated:

"I cannot explain the level of grief and anger that flooded my heart and soul.



they went through with the procedure, I would immediately initiate a lawsuit. Thankfully, they canceled the procedure, and the baby was safe."

Initially, Lisa reacted with rage at her mother's intervention. In time she calmed down and appeared to be moving toward accepting the pregnancy.

Lisa was having regular visits with her gynecologist as her baby grew. But tragically, her boyfriend and his family preyed upon Lisa's insecurities and fears of becoming the parent of a newborn baby. She agreed to schedule another abortion. Given the advanced gestational age of the child, the procedure was scheduled at a nearby hospital.

Leann contacted her parish priest, Fr. Dominic, who then rushed to the hospital on the day

I was filled with rage at the hospital and all involved with the procedure. But I was especially so deeply hurt and angry at my daughter."

A few months after the procedure, still reeling from the shock and pain of the family's loss, Leann scheduled a meeting with her priest, who suggested she consider Rachel's Vineyard, a weekend program of emotional and spiritual healing.

Leann contacted the site leader in her area, shared some of her story, and learned that grandparents were most welcome to attend.

"The retreat was a powerful experience of healing for me," she said. "I was able to openly share my anger and grief. As the weekend progressed, I came to intimately experience God's

healing peace."

We know from our work how important it is for grandparents who are deeply wounded – by either encouraging a son or daughter to abort or being powerless to prevent the death of a grandchild – to participate in an abortion recovery program. This provides a safe place to share their stories, and feelings of pain, shame, anger and grief.

As grandparents progress through the stages of spiritual and emotional healing, they open their wounded hearts and souls to God's grace. They hear mothers and fathers of aborted babies sharing their stories, and journeys of suffering and healing. This empowers grandparents to more effectively reach out with love and compassion to their own son or daughter.

Light shines in the darkness

Six months after the abortion, Lisa's older brother asked her to be the godmother of his newborn baby boy. This event served as a traumatic trigger, releasing a flood of abortion grief and pain. Lisa suffered an emotional collapse, requiring hospitalization. She recovered, but remained deeply wounded, not yet open to an abortion healing program.

Two years after the abortion she met a man with a pregnancy loss in his history, and familiar with Rachel's Vineyard. He encouraged her to consider the weekend program. Lisa agreed and registered for an upcoming retreat.

Lisa invited her mother to attend the memorial service on the final day of the retreat, when participants honor the child with a special ceremony and religious service to entrust the children to the Lord.

Celebrating the Virtue and Beauty of Adoption

By Rai Rojas, Director of Outreach

Editor's note. This appeared last month to celebrate National Adoption Month. It was so beautifully written and its subject matter so timeless that I knew our readers would enjoy it

Adoption is a living testament to the triumph of hope over despair and love over fear.

As November draws to a close, we find ourselves in the season of Thanksgiving, when we embrace the spirit of gratitude. And we pro-lifers have quite a bit to be grateful for. During this time, we, the pro-life movement, also commemorates that November is National Adoption Month—a time to celebrate the countless lives transformed by the courageous and loving act of adoption.

It reminds us of the profound beauty in the choice to give life and, when circumstances require, entrust that life to others who can nurture it. And what can we possibly be more grateful for?

Adoption is a living testament to the triumph of hope over despair and love over fear. Every

adoption story begins with a brave decision—the choice of life. When a mother faces uncertainty or hardship, choosing life becomes an act of extraordinary selflessness. It is a testament to her strength and deep-seated hope for her child's future.

For families who embrace the gift of adoption, it is a journey of profound joy and purpose. These families open their hearts and homes, welcoming children as their own. They provide food, shelter, unconditional love, belonging, and the guiding light every child needs to thrive.

Consider the countless lives saved and enriched by adoption. These children represent a promising future: doctors, teachers, artists, caregivers, innovators—their lives filled with potential and purpose. Each life is a reminder of the infinite worth and dignity of every human being.

Adoption is not without its challenges, but it is one of the purest expressions of humanity's capacity for love. It demonstrates how we can rise to the occasion for the sake of another. This

November, let us honor birth mothers who made the courageous choice to give life and adoptive families who live out love in action every day.

In a world that often seems rushed to dismiss life, adoption is a beacon of light and a bold declaration of the sanctity of every human being. It is a choice

National Adoption Month



"The circumstances surrounding your birth are not as important as the opportunity to live." — Lailah Gifty Akita



Let us celebrate adoption as the ultimate act of saying, "You matter. You are wanted. You are loved."

that affirms life, honors hope, and changes the world—one precious child at a time.

We are so thankful.

New Jersey Ready to Chart New Course with Bill Spadea for Governor

From Page 8

classified as battlegrounds like Arizona (which Trump won by 6 points), Ohio (which he won by 11 points), and Florida (which he carried by 13 points).

The U.S. Senate race in November between Congressman Andy Kim (D) and hotel entrepreneur Curtis Bashaw (R) was hardly noticed by the national media but it turned out to be closer than competitive races in Florida, Maryland, Montana, and Texas.

Murphy's predecessor, Governor Chris Christie, a pro-life Republican, won the New Jersey gubernatorial race in 2009 and was reelected by an

impressive 22-point margin in 2013. So, it's definitely possible. After two terms of a Democrat in office, the time may be ripe for a flip from blue to red in 2025.

Several prominent New Jersey Democrats have already thrown their hats in the ring. Congresswoman Mikie Sherrill (NJ-11) has received the endorsement of EMILY's List, the Democratic mega-fundraiser that only endorses women who advocate for policies allowing abortion without limits. For her time in Congress, Sherrill received a 0% pro-life rating with National Right to Life. Also running for

the Democratic nomination are Congressman Josh Gottheimer (NJ-05), who also holds a 0% pro-life rating from National Right to Life, Newark Mayor Ras Baraka, Montclair Mayor Sean Spiller, Jersey City Mayor Stephen Fulop, and former State Senator Stephen Sweeney. Sadly, every Democratic candidate currently in the field holds pro-abortion views.

Among the Republican field, State Senator Jon Bramnick holds pro-abortion views. "Are you in favor of a woman's right to choose? Of course I am," he told the *New Jersey Globe* in January

2022. "I have always been one of the few pro-choice Republicans in my caucus." Bramnick also told the publication that "he supports guaranteeing access to abortion under state law."

If you live in New Jersey and want to help flip the governorship from pro-abortion to pro-life in 2025, the most important thing you can do is to register to vote. (And make sure that your pro-life friends and family are also registered!) As we begin the new year, perhaps registering at least one new voter could be a new year's resolution for you...

Pregnancy help program celebrates one year of serving Mississippi mothers

By Jean Mondoro

A program that fosters access to pregnancy help resources for mothers in Mississippi reached its one-year anniversary recently.

The Mississippi Access to Maternal Assistance, or MAMA, program was established in 2023 and is designed to “connect pregnant women and new mothers with resources available in Mississippi,” as described on its website.

It was established by the Office of the Mississippi Attorney General and mandates that “resources, services and information” be made available to pregnant women through the state’s Departments of Health, Mental Health, Human Services, Child Protection Services, Employment Security, Office of Workforce Development and Division of Medicaid.

“Our state is blessed with countless public, private and faith-based resources, but it can be challenging to navigate while also adjusting to a changing family,” Mississippi Attorney General Lynn Fitch said in a press release from her office that was shared with *Pregnancy Help News*. “MAMA is just one of the ways that Mississippi is helping to stand in the gap to both empower women and promote life.”

Fitch added that she is “grateful for this opportunity to show women that they are not alone” and emphasized that her office “care[s] about their wellbeing and success and want[s] to help them and their family [sic] flourish.”

Over 15,000 visitors have come to the website since it was launched and nearly 500 users have downloaded the mobile app since it went live, according to Fitch’s office.

The press statement also emphasized how MAMA provides material assistance to mothers and parents through various means, including free pregnancy tests and ultrasounds, adoption resources, access to food, goods and safety resources and assistance in obtaining help with finances, employment and childcare.

SB 2781, a bill establishing the Mississippi Mama program, was first introduced in January 2023

Fitch’s office has added over 400 resources to the Service Directory for the MAMA Program and continues efforts to add additional resources. Public, private, and faith-based organizations are invited to be part of the MAMA Service Directory.

Mississippi’s role in Roe’s reversal

The Magnolia State is far from removed from the pro-life battlefield. At the center of the

The attorney general doubled down on her efforts to overturn *Roe* the following October, when she filed an additional brief calling on the nation’s highest court to return the decision of legislating abortion to the states. With the help of Fitch, the 50-year-old Constitutional “right” to abortion was overturned via the *Dobbs* decision of June 2022.

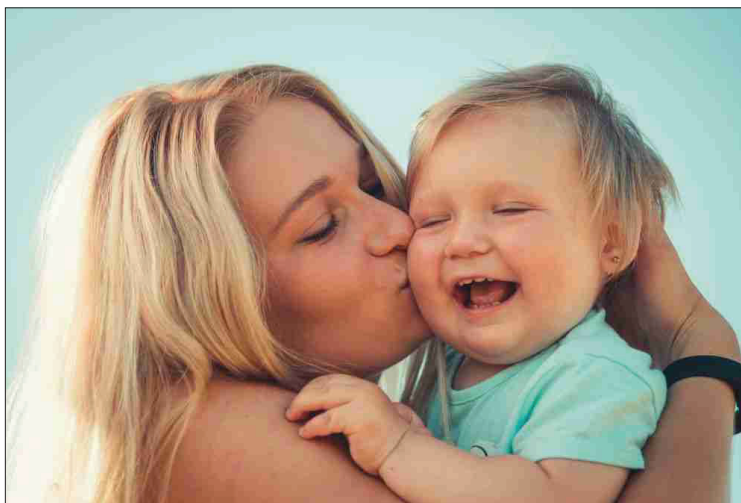
AG Fitch’s ongoing support for pregnancy help

But Fitch has not stopped her efforts to promote a culture of life in a post-*Roe* America. MAMA is only one way in which the attorney general continues her support of pregnancy help across the country.

In March 2022, prior to the historic *Dobbs* decision, Fitch collaborated with Susan B. Anthony Pro-Life America to host a donation drive that supported mothers in need. A year later, the attorney general attended the National Celebrate Life Day rally in Washington, D.C. As reported by *Pregnancy Help News* at the time, Fitch praised God for the success of *Roe*’s reversal but called upon pro-lifers for continued work, saying, “It’s our time to act.”

To commemorate the one-year anniversary of the *Dobbs* decision was a wide-reaching donation drive spearheaded by Fitch and partnering with Heartbeat International. The drive was also supported by eight other attorneys general.

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



and approved by the governor the following April. The law mandates that the Department of Information Technology Services (ITS) “develop, implement, and manage” a digital website and mobile app designed to “coordinate and promote information and services related to pregnancy, childbirth and care for dependent children for expectant mothers and new parents.”

The MAMA website was unveiled in October 2023 and the accompanying app was launched in January 2024, as previously reported by *Pregnancy Help News*.

decision to overturn the nationally recognized Constitutional “right” to abortion since 1973 was a Mississippi state law called the Gestational Age Act. This law prohibits elective abortion after 15 weeks of pregnancy and was challenged as unconstitutional by the Jackson Women’s Health Organization.

In July 2021, Fitch filed an amicus brief in the case—taken up by the United States Supreme Court two months earlier—in which she argued that there is “nothing in constitutional text, structure, history, or tradition [that] supports a right to abortion.”

RFK Wants to Root out Corruption at the FDA

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

One of the more interesting consequences of this past presidential election is Donald Trump's nomination of Robert F. Kennedy, Jr., popularly known as RFK, as head of the Department of Health & Human Services (HHS).

As part of his campaign to "Make America Healthy Again," RFK has pledged to root out corruption at the Food & Drug Administration (FDA). He is on record as a staunch critic of pharmaceutical companies and food producers who he believes have held too much sway over FDA's decisions regarding the safety and efficacy of drugs and food additives.

If RFK is looking, as we trust he will be, what follows is a prime example of the political corruption of the FDA's drug approval process.

Though there is no indication that the abortion pill, mifepristone, is currently on his radar, that drug is a prime candidate for review. What is more corrupt than its horrible safety record, further compounded by recent decisions by the FDA to water down regulations on distribution of the drugs at the insistence of the abortion industry and on the basis of studies supplied by that same industry?

Challenges to the integrity of the FDA's regulatory review process were summarily dismissed under previous Democrat administrations and were thus exceedingly difficult to challenge in the courts.

But under a new regime, under a new head pledged to return the agency to rigorous scientific scrutiny and a fundamental, primary commitment to public health, perhaps an honest, objective reconsideration of mifepristone's safety, efficacy, and the conditions of its availability are finally in order.

Problems with the original approval

Courts have already ruled that challenges to the original 2000 approval are too late at this point. So, it may not legally matter that corners were cut and that the usual scientific standards were ignored.

Though it did not really meet the criteria, mifepristone was approved under Subpart H, a clause normally reserved for potentially life-saving drugs. This allowed them to skip some critical important preliminary testing in order to get them to market right away.

Pregnancy was clearly not a life-threatening illness but an FDA drug review panel stacked with abortion advocates and industry activists recommended approval. However, originally, they did urge a number of conditions and safeguards because of concerns about mifepristone's safety and efficacy.

Several pro-life doctors challenged the legality of that approval in *Alliance for Hippocratic Medicine v. FDA* in 2023 (later renamed *FDA v. AHM*). But a federal judge ruled that their challenge came too late to revisit that initial approval.

Protocol changes despite unresolved safety issues

In the years following approval, several women died after taking the abortion pill. They bled to death, contracted deadly infections, or experienced a previously undetected ectopic pregnancy rupture. Hundreds of other women were treated and admitted to hospitals for hemorrhage or other dangerous complications.

The FDA and the U.S. Centers for Disease Control (CDC) investigated the sudden spate of infection deaths, but ultimately (and without solid statistical backing) attributed them to

general pregnancy risks.

Meanwhile, the abortion industry pushed for dropping the original safeguards the FDA imposed on prescription of mifepristone back in 2000. In the years that followed, they

changes, extended cutoff, reduced visits, prescription by lower level clinicians, etc.) would not prove disastrous. With data on complications no longer required to be reported, it would become exceedingly difficult for the



Robert F. Kennedy, Jr.
Photo: Gage Skidmore

published research on some of the individual elements they found most limiting.

Relying on many of those studies by industry insiders, the FDA announced changes to the protocol in 2016, beginning the pattern of eliminating protections for women. They altered dosages; extended the gestational cutoff from seven weeks LMP (pregnancy dated after a woman's last menstrual period) to ten weeks LMP; reduced the number of required visits from three to one; allowed any certified healthcare provider (not just doctors) to prescribe; and only requiring deaths (rather than all serious complications) to be reported to the manufacturer and FDA.

The agency argued that each of these changes had individually been shown to be safe in studies. However, the FDA neglected to explain how it was able to determine that all these changes taken in combination (dose

agency to determine the actual consequences of their decision.

Further compromising the agency's review was the FDA's reliance on studies conducted by abortion advocates, many with political if not financial interests in the agency's decision.

Using a medical crisis to bend or break the rules

One of the things that RFK is best known for is his objection to the use of the pandemic to prompt a national vaccine mandate. Mifepristone is just one more example of how Biden was able to use the COVID crisis to push the FDA to abandon most of the remaining safeguards in order to allow abortion pills to be mailed to women's homes without any in-person screening, counseling, or monitoring.

A lawsuit by abortionists was able to temporarily get in-person distribution suspended

RFK Wants to Root out Corruption at the FDA

From Page 14

during the last year of the Trump administration. But it was the hardcore pro-abortion Biden administration that made this suspension permanent and got the FDA to set up a system whereby abortion pills could be sold and shipped by online merchants or picked up from local pharmacies.

Again, this change was made with little-to-no consideration of data from outside the abortion industry studies designed and spun to support these radical changes.

Objective studies say otherwise

Studies from other countries with similar distribution systems to the ones the FDA authorized showed significant numbers of complications and incomplete abortions. In many cases the numbers were much higher than those reported by the American abortion industry's studies relied upon by the FDA.

For example, researchers from Canada looked at nearly 40,000 abortion patients in Ontario between 2017 and 2020. They found nearly 10.3% of the chemical abortion patients visited the emergency room with some concern or complaint (*Annals of Internal Medicine*, 1/3/23). Notably, Canada has a pharmacy distribution system similar to the one proposed for the United States.

An analysis by a former executive at Britain abortion giant's Marie Stopes International

found that 5.9% of chemical abortion patients were treated 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 National Trust hospitals for hemorrhage. Rates were higher after the institution of the mifepristone mailing program than before (*Percuity*, 10/27/21). Ambulance calls in Britain also jumped after the "Pills by Post" system went into operation, increasing by more than 50% in some areas, up at least 25% in others (*Daily Express* (London), April 25, 202).

More recently and closer to home, a study by a researcher from the Heritage Foundation found a jump in emergency

room visits in New Jersey, South Carolina, and Arkansas (the only states from which data for this time frame was available) for abortion complications after the FDA authorized changes

in the mifepristone protocol. Remarkably, emergency treatment for "miscarriages" also went up. This is relevant because many abortion pill prescribers have explicitly recommended that aborting women not reveal their use of mifepristone to ER doctors, but simply claim to be miscarrying (Jonathan Abbamonte, Heritage Foundation 11/4/24).

The FDA's reliance on abortion industry studies allows abortion advocates to spin the data, to classify incomplete abortions, hemorrhages, and other complications requiring surgery as "minor," to get away with

ignoring the fate of hundreds of women "lost to follow-up" by researchers.

If RFK is looking for situations where industry and political aims have been given undue deference in the FDA review process over competing views, look no further than mifepristone.

The FDA should protect patients, not the abortion industry

Truth be told, mifepristone should never have been considered by the FDA in the first place. It was not a drug which was offered to cure any disease or treat any illness. Its intent was to kill unborn babies, to starve or suffocate them and then, with the aid of a powerful prostaglandin, to violently force them out of the womb.

It is painful, bloody, and dangerous. It puts healthy women in the hospital and sometimes—especially under the new looser regulations recently authorized by the FDA—in the grave. (See "Dead Georgia Woman a Victim of Biden-Harris Abortion Pill Deregulation, Not State Law," *NRL News Today*, 9/25/24)

If RFK wants to clear the slate at the FDA and put the agency back on the side of American patients, this would be a great place to start.

For more information on Mifepristone Safety & Efficacy issues, see our fact sheet at <https://nrlc.org/uploads/factsheets/RUSafetyEfficacyFS.pdf>

Key highlights from the Leadbeater assisted suicide Bill Second Reading debate

By Right to Life UK

Editor's note. The "Mother of the House" is an honorific title given by tradition to the female Member of Parliament of the House of Commons in the United Kingdom with the longest uninterrupted service.

After MPs voted through Kim Leadbeater's Terminally Ill Adults (End of Life) Bill at Second Reading, an analysis has indicated that as many as 36 MPs who voted in favour of the legislation could vote against it at a later stage depending upon how the Bill stands up to scrutiny.

This analysis shows there is a clear path towards the assisted suicide Bill being defeated at Third Reading. With the vote passing by a margin of only 55, just 28 MPs switching their stance to oppose the Bill would ensure it is defeated at Third Reading.

During the debate, MPs emphasized a number of important problems with the assisted suicide Bill, which other MPs who may withdraw their support are likely to see as needing redress.

Problems with process

Though not the main focus of contention, a number of MPs, including Danny Kruger, Rachael Maskell and Tim Farron, criticized the process for this Bill, especially how rushed the Bill has been.

In particular, Kruger argued that the Bill was "simply too big for the time that it has been given" and he asked other MPs not "to hide behind the fiction that it can be amended substantially in Committee and in its later stages. The remaining stages of a Private Member's Bill are for minor tweaks, not the kind of wholesale restructuring that we would need if we were ever to make this Bill safe".

Labour MP Paulette Hamilton said "There are too many blind spots, and it is being rushed through too quickly and with too little scrutiny. It would place enormous pressure on disabled, elderly and poor people to opt to end their lives so as not to be a burden on their loved ones".

The text of the Leadbeater Bill

was published barely two weeks before the vote, compared with the 49 days MPs had to scrutinize the last assisted suicide bill in 2015.

Coercion

Mother of the House Diane Abbott, Danny Kruger, Rachael Maskell, Dr Ben Spencer, Tim Farron, Anna Dixon, and Carla Lockhart all discussed the potential for coercion to assisted suicide that this Bill creates.

Kruger, Farron and Maskell made particular reference to the problem of "self-coercion", an issue that the Bill does not even attempt to address, where a person ends their life or is tempted to end their life, in order to avoid being a burden.

Tim Farron said "[T]here is the risk of self-coercion. Many of us will have heard older relatives utter words similar to, 'I am a burden to you. You would be better off without me.' We all know reasonably instinctively that people will present it as making a sovereign choice, but it will be a choice born out of coercion. Unless there is a clause in the Bill that I have missed to employ mind readers, no amount of doctors, safeguards or bureaucratic mechanisms will prevent those who self-coerce from opting to die simply because they assume that no matter what their loved ones say, everyone would be better off if they were dead".

Kruger referred to self-coercion, as opposed to external coercion from others such as family and the state, as the "bigger danger".

"The Bill has nothing to say on that. Internal pressure is absolutely fine. If you feel worthless or a burden to others, if the NHS will not offer you the treatment you need, if the local authority will not make the adjustments you need to your home, if you have to wait too long for a hospital appointment, or if you want to die because you think the system has failed you, that is absolutely fine", he said.

Labour MP Rachael Maskell made the same point saying "Intrinsic coercion is very real,

not least where the law has changed—rapidly becoming an expectation, verbalised as a duty to die. In fact, not wanting to be a burden is cited as a major reason to opt for an assisted death, alongside loss of dignity, loneliness, and needing personal care, yet every day, disabled people live in this reality".

While these MPs emphasized self-coercion as a major

referred to as "the essential flaw in the Bill".

"Almost anybody with a serious illness or disability could fit the definition. I recognise that these are not the cases that [Leadbeater] has in mind—of course they are not—but that is the problem with the Bill. All that someone needs to do to qualify for an assisted death—for the definition of terminal illness—is refuse



shortcoming of the assisted suicide Bill, other MPs emphasized the possibility of coercion from others. Diane Abbott said "We are told that there is no evidence of coercion in jurisdictions where assisted suicide is possible, but people do not generally write letters to sick relatives urging them to consider assisted suicide and then put those letters on file. Coercion in the family context can be about not what you say but what you do not say—the long, meaningful pause".

"That is the point: coercion is something that there will be no material evidence of and that we cannot see", she added.

Labour MP Anna Dixon said "Older and disabled people with a terminal illness may feel an unspoken pressure to go down the route of assisted dying to protect their inheritance, or because they do not want to be a burden. There is a real, direct risk of coercion".

Leadbeater dismissed such concerns insisting that the Bill's "strict safeguards" would be sufficient.

Terminal illness

Difficulties with defining and accurately predicting 'terminal illness' are what Danny Kruger

treatment, such as insulin if the person is diabetic".

"In the case of eating disorders... a person just needs to refuse food. The evidence from jurisdictions around the world, and our own jurisprudence, shows that that would be enough to qualify someone for an assisted death".

He added that the "Bill's scope is very broad. Members who think that assisted suicide for people with anorexia or other conditions that would not be regarded as terminal could not happen here should consider the young people in the UK today who are given a diagnosis of terminal anorexia and put on a palliative care pathway—essentially, assigned to death".

Dr Ben Spencer also drew attention to difficulties with the concept of terminal illness. "Why is this Bill limited to the terminally ill and not those who are suffering without that being terminal?" he asked. "What even comes within the scope of terminal illness? With the refusal of treatment and medication, conditions such as type 1 diabetes and HIV can be

Review Reveals Painful Abortion, Complication at Blue Mountain Clinic

By Sarah Terzo

Recently, I wrote an article about two abortion facilities that sued the state of Montana to block reasonable, common-sense regulations that would make abortion safer.

Today, I'd like to write more about one of those facilities, Blue Mountain Clinic.

Overall, Blue Mountain Clinic got four stars on Google reviews. However, two negative reviews stood out. One revealed a complication from an abortion procedure.

Painful Abortion Procedures

One reviewer had her abortion in 2023. She described the abortion as extremely painful:

[T]he abortion really hurt. Which I knew it was going to, but they told me they were going to give me something strong for the pain, but they didn't give me anything that made it not so painful during the procedure...

They are the most horrible people ever and even when I wanted to stop because they told me whenever I felt pain, we could stop for a little bit they wouldn't let me.

This reviewer is far from the only post-abortive person who has said their abortion was painful.

Here are some examples from other facilities.

A woman had an abortion at 10 weeks and three days. Because she drove herself to the abortion facility and had to drive herself home, the doctor didn't sedate her for the procedure.

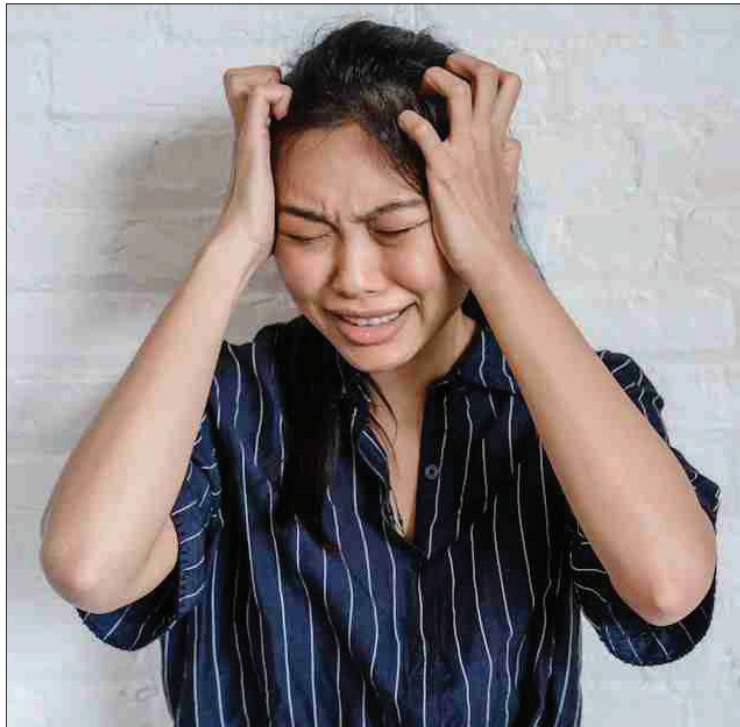
He gave an injection to numb her cervix, which is standard in first-trimester abortions.

The woman describes what she endured:

From the start, inserting the speculum, the shot, and the procedure itself was one of the most painful experiences I've ever had. The doc had to continually tell me to stop clenching my butt and to keep my legs wide (I did not know I was doing those things until

Another woman described her pain in an amicus brief for a Supreme Court case. She says:

I was informed that it wasn't going to hurt, and it was the most painful thing I ever experience [sic] to date. I remember the nurses telling me to be quiet so that I don't scare the other patients. I



he would tell me I was).

I can't describe the pain, the nurse/assistant was holding my hands and reminding me to breathe. I'm almost in tears thinking of what I went through.

Near the end, I broke down crying. I had to choke down tears walking into the room with the other ladies who have not gone yet (I was first). I felt so bad that a younger girl saw me and started crying herself.

had no clue what type of abortion I was having.

She called the abortion "the worst choice I ever made."

Another woman identified only as Karen T, told her story in a book that collected women's abortion experiences.

Like the previous woman, Karen was told that her abortion wouldn't be painful. She said, "The local [anesthesia], they said, was just a shot in the cervix which has no nerve endings, and that I'd be out in 45 minutes. And like an ass, I believed them."

When she saw the huge syringe that the abortionist was going to use, Karen said she "nearly died." But, she said, the injection itself didn't hurt.

That was not the case once the abortionist started the procedure. Karen said:

The doctor said he'd have to dilate me three times with rods to open me up enough. So, when he starts to work, the nurse start [sic] asking me dumb questions like what religion I am and who the father was.

God, the pain. I was screaming, and the doctor was getting worried. "Hang on," he kept said, "It'll be over in just a minute."

I kept screaming back, "You said there'd be no pain, and you lied!"

Infection After Abortion

To go back to the original review of Blue Mountain Clinic, it turned out that the reviewer's pain during the abortion was just the beginning of her problems. Her review goes on to say:

[A]fter a couple days I started cramping really bad, and I thought it was just my period well it wasn't.

It was a really bad infection in my down there area Well anyway, it went away and then I got another one. Well, I got a call from the doctor today telling me that the infection came from the abortion, so not only did I have to go through the

Review Reveals Painful Abortion, Complication at Blue Mountain Clinic

From Page 17

most traumatic thing of my entire life I have an infection now because of it so if I were you, I would not go here.

Contaminated or dirty instruments can cause an infection after an abortion, as well as improper sterile technique, or retained fetal tissue.

We don't know how many pregnant people develop infections after abortions because most states don't keep track of abortion complications and those that do generally rely on the abortion providers themselves to report them.

Therefore, any statistics we have on abortion complications are sketchy as well as suspect.

Not Returning Phone Calls About Medical Issues

The rest of the review reads:
...I tried to call them weeks ago and talk to them and see if something went wrong and they never responded my calls back so again I am forewarning you guys not to go here do your research before you pick this awful place.

So, not only did Blue Mountain Clinic cause a complication, but its staff also didn't respond to her afterward.

Another review, from someone who strongly supports abortion, commented on how Blue Mountain Clinic employees took a long time to return phone calls. Her review states:

Super glad they provide women's health services in Missoula — this is huge.

However, call back times from providers or even nurses and receptionists sometimes stretch into weeks, rather that [sic] hours or days. If you have a time sensitive medical issue that requires follow up ... good luck.


This has happened to me multiple times on multiple issues. I

switched my entire medical records system over to them from Providence to support their clinic and for them to be my primary care, and I really regret it.

Not returning phone calls promptly can put patients at serious risk if they're dealing with a complication or health emergency.

There were also some positive reviews of the facility (as well as other negative ones). But these two reviews show serious problems, namely abortion complications that aren't responded to and calls about important medical issues not returned in a timely manner.

Editor's note. This appeared on Sarah's Substack and is reposted with permission.



Abortion kills an unborn child and places the mother at risk of serious life-threatening or health-damaging events. Abortion is never "healthcare."

Fetal Care Versus Fatal Cure

By David Prentice, Ph.D.

Editor's note. This appeared on the website of CMDA, the Christian Medical and Dental Association.

"Prenatal care has become the biggest barrier to postnatal life."

This lament by a dear friend who is a neonatologist points to the fact that it is often our attitude toward "the least of these" that determines their outcomes, and it is especially true for those diagnosed in the womb with developmental anomalies.

The published data certainly bear this out. Here is a small sampling.

- A Korean study using prenatal targeted ultrasonography to detect fetal anomalies found that "abortions were performed at a high rate, even for relatively mild anomalies or anomalies with good prognosis."
- In the United Kingdom, almost 90 percent of all babies diagnosed in utero with Down syndrome (trisomy 21) were "screened out" by abortion in 2021. An earlier U.K. study found a 92 percent abortion rate for children diagnosed in the womb with Down syndrome.
- An Australian study reported a 93 percent abortion rate for babies diagnosed in the womb with Down syndrome.
- One study of the European population found 50 percent fewer babies born than expected with Down syndrome over the last four decades, and that from 2011 to 2015, abortions decreased the Down syndrome population in Europe by a rate of 27 percent.
- The U.S. does a poorer

job of collecting this data than other countries, but one study found a range from 61 percent up to 93 percent of those diagnosed with Down syndrome in the womb who were aborted. Another study estimated that in recent years there were 33 percent fewer babies

Poor attitudes are betrayed by the biased terminology often used to describe these diagnoses: "Incompatible with life," "Lethal condition," "Fatal fetal anomaly," "A Life Not Worth Living." The supposedly sage advice numerous parents hear is that their unborn child will not survive to birth, will suffer, will be a burden.

Yet, many babies with a prenatal diagnosis die not because of their

associated with longevity."

The prevalent attitude for lethal prenatal discrimination has been furthered by the political class, who either promote unfettered abortion, or remove protections against prenatal discrimination in their platforms, and allow exceptions in protections against destruction of innocent life.

But are these attitudes based on reality, current evidence, or



with Down syndrome born in the U.S. than could have been.

- And in a sad show of eugenics in 2017, Iceland reported it was on pace to virtually eliminate Down syndrome through abortion. Meaning they are actually not eliminating Down syndrome; they are eliminating people.
- Similar lethal outcomes are seen for those diagnosed in utero with trisomy 13 or trisomy 18. Reports range from 60 percent to 82 percent of babies detected in the womb with Trisomy 13 or 18 being aborted.

medical condition, but because of the discrimination and denial of treatment from the medical establishment. Janvier and colleagues have documented how medical providers often withhold care for babies prenatally diagnosed with genetic disorders such as Trisomy 18 and Trisomy 13, making an in utero "lethal" determination into a reality, and noted significant bias among medical professionals toward abortion of unborn children diagnosed with genetic abnormalities.

Another study found 89 percent to 100 percent acceptability among medical professionals even of late-term abortion of babies diagnosed in utero with severe fetal anomalies. As another article put it: "The presence of a prenatal diagnosis was the strongest independent factor negatively

humanity?

Not in the least!

For one thing, their mere existence as living beings shows these individuals are not "incompatible with life." Every human life is limited—some live only minutes, some months, some decades. Yet, rather than destroying them, the nurturing of these lives for as long as they are given to us can have positive benefits for parents as well, especially if coupled with religious beliefs.

These preborn children are not their diagnosis. And their "life-limiting condition" may not actually portend dire outcomes, especially if interventions are undertaken.

Worst Censorship Surrounding Election Day 2024: Big Tech Interference

By Catherine Salgado

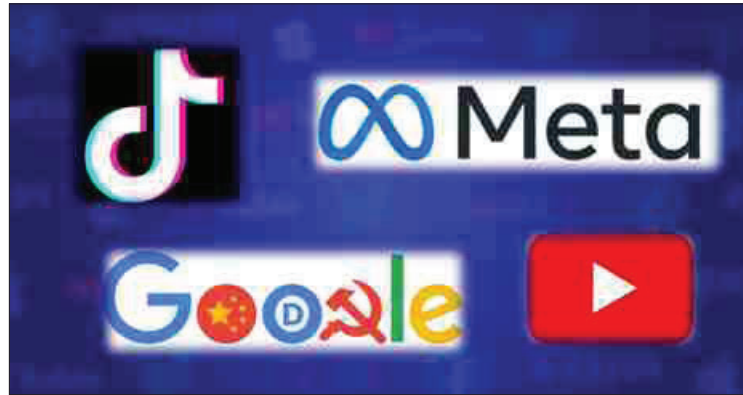
Before and after Election Day 2024, Big Tech platforms voted for election interference.

Google was the most egregious election censor, as MRC Free Speech America found the tech giant repeatedly burying right-leaning sources in search results. Google-owned YouTube targeted interviews of GOP presidential candidate Donald Trump and his ally X owner Elon Musk. Not to be outdone, communist Chinese government-tied TikTok censored videos critiquing Democrats, and Meta's Instagram banned a TPUSA-affiliated account just before the election.

Below are the worst examples of censorship recorded by MRC surrounding Election Day 2024, the months of October and November, in our exclusive CensorTrack database.

1) Google consistently buried right-leaning media outlets in search results before, during and after Election Day. Throughout October, each time MRC researchers entered the search terms “donald trump presidential race 2024” and “kamala harris presidential race 2024” utilizing the Google Search engine, Google rigged the results, requiring users to wade through a torrent of leftist media articles before reaching a piece published by a right-leaning media outlet. Even on Election Day, MRC exposed the same biased search manipulation. And even following the election, Google continued its biased search manipulation when the same two prompts were used. In the week following Election Day, Google also suppressed right-leaning media results in searches for President-elect Donald Trump's cabinet picks.

2) YouTube suppressed anticipated interviews of Trump and Musk. Podcast host Joe Rogan interviewed Trump on his popular podcast, but Google's



YouTube platform search suppressed the interview about a week before the election. The interview was one of the most anticipated episodes of Spotify's most popular U.S. podcast (The Joe Rogan Experience). MRC researchers tested YouTube's search function after the platform supposedly fixed the problem, but the Rogan interview with Trump was still being suppressed. Users began reporting that searches such as “Joe Rogan Trump” did not show the interview at the top soon after the podcast was posted. YouTube instead provided clips and commentaries about the interview from other sources, as well as media reports about the interview from leftist news outlets such as MSNBC.

Rogan also interviewed Musk, who has since been chosen by Trump to head the Department of Government Efficiency (D.O.G.E.). The day after the election, MRC discovered that YouTube had placed an age restriction on the first interview Rogan conducted of Musk, long before Musk had ever teamed

up with the Trump campaign. Age restrictions can severely suppress viewership. CEO of Good Kid Productions Rob Montz previously explained in 2022,

“In practice, age restriction is a death knell: The video can't be embedded on external websites; viewers have to sign in before they can watch it; and it receives scant – if any – boost from YouTube's recommendation algorithm, which is a crucial source of views.”

3) TikTok censored a video of a Holocaust survivor condemning Democrat presidential candidate Kamala Harris. X user @ashsingh1221 replied to a Trump War Room post that included a video of a 94-year-old Holocaust survivor saying Democrat presidential candidate Kamala Harris should apologize for comparing Trump to Nazi dictator Adolf Hitler. Ash replied, “Pretty sure they're about to BAN me on TIKTOK very soon. I guess they don't like hearing the TRUTH. This is exactly why I recently signed up for @X.” Ash included a screenshot showing that TikTok had disabled the sound on the same Holocaust survivor video when it was shared on the communist Chinese government-tied platform. The TikTok message shown in the screenshot

claimed, “This sound violates our Community Guidelines.” TikTok did not specify further, but it did deny Ash's appeal, according to a subsequently shared screenshot.

4) TikTok removed a journalist critique of a controversial statement from President Joe Biden against Trump supporters. Bongino Report journalist Evita Duffy-Alfonso shared a screenshot of her TikTok censorship notice about a video she shared on the platform of her reaction to Biden labeling Trump supporters as “garbage.” Duffy-Alfonso's caption was, “The American people aren't ‘garbage,’ but our ruling class is.” TikTok imposed a censorship notice that announced, “Removed for violating Community Guidelines.” TikTok did not specify further on precisely what in the video violated its rules.

5) Meta's Instagram banned right-leaning account just before Election Day. An X user shared screenshots showing that Instagram suspended the brand-new Turning Point USA Walsh University account on Nov. 2 without any explanation. “We suspended your account, Turning Point USA Walsh University[.] 180 days left to appeal or we'll permanently disable your account,” Instagram's notice read. Under “Why this happened,” Instagram merely asserted, “Your account, or activity on it, doesn't follow our Community Guidelines on account integrity.” The platform subsequently denied an appeal, and according to the screenshot, the account was “permanently disabled.”

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

Outrage as pro-assisted suicide ads appear in subway stations, where suicide is tragically common

By SPUC—the Society for the Protection of Unborn Children

SPUC has slammed a pro-assisted suicide advertising campaign across the Transport for London (TfL) network as “irresponsible” and “beyond belief” when suicide is a common occurrence at stations across the capital.

Dignity in Dying billboards promoting the legalisation of assisted suicide have appeared across the London transport network, including at tube [subway] stations. The ads were installed ahead of a House of Commons vote on Kim Leadbeater’s assisted suicide bill.

Several ads have since been plastered over with posters for the Samaritans, the noted suicide prevention group.

“On my way home and the assisted suicide propaganda has been covered up with suicide prevention posters. Love it!”, influencer Fleur Elizabeth Meston posted on X, formerly known as Twitter.

Dignity in Dying has been accused of misleadingly labelling domestic abuse deaths as “mercy killings” to advance its own pro-assisted suicide agenda.

One man it “championed” after the death of his first wife had been sentenced to jail for committing grievous bodily harm against his second wife.

“Absolutely tasteless”

While TfL says the adverts comply with its advertising

policy, the billboards have been slammed as being “improper” and “absolutely tasteless”.

“In case you’re wondering how Britain’s going, London Underground is currently displaying a massive campaign for committing suicide”, Dr. Callum Miller said on X.

SPUC’s Daniel Frampton, Editorial Officer, said: “To place ads promoting suicide to TfL passengers who might already be depressed and considering suicide is irresponsible and beyond belief.

“Not only do these irresponsible billboards undermine suicide prevention, but they might also push a person over the edge, quite literally.”

Suicide is common on the London travel network. According to TfL data for the periods 2018/19 and 2019/20, there is one suicide attempt every week.

MPs have also raised concerns about the billboards. Labour MP Patrick Hurley, who is undecided on the Leadbeater Bill, said that he was “uneasy with advertisements promoting suicide on the tube. This strikes me as unwise for a range of quite obvious reasons.”

30,000 people killed by assisted suicide in 2023

SPUC’s Dr. Frampton continued: “It’s been pointed out that while these billboards promoting suicide are fine with

TfL, advertisements for food and drink that are high in fat, sugar and salt are banned.

“London Underground drivers required nearly 15,000 sick days between 2025 and 2018 because of ‘person under a train’ incidents.



Considering such traumatizing events, TfL appears to have an incredibly warped sense of what it considers to be harmful to its passengers and staff.

“This is the madness that underscores assisted suicide campaigns and the dangerous ethic they advance. Increasingly, the public sees through it and baulks at such laws that, in 2023 alone, killed over 30,000 people worldwide. MPs must protect British people from becoming such a statistic themselves.”

SPUC is urging supporters and all people opposed to assisted suicide to lobby their

MP now, asking them to oppose Leadbeater’s assisted suicide bill. A tool is available on SPUC’s website to help you do this.

For a terrifying insight into the threat that assisted suicide poses



to people with disability, watch Liz Carr’s documentary *Better Off Dead?* – available to watch on the BBC’s iPlayer.

SPUC has also compiled stories of ordinary people opposed to assisted suicide, which you can access here for free online.

Please do all you can to oppose this bill.

SPUC cannot emphasize enough how serious this threat is. It is being debated with frightening speed, so if we do not act immediately, we will soon find ourselves living in a country where the state can help someone kill themselves.

Article Reveals Damning Details About Second-Trimester Abortions

By Sarah Terzo

I want to cover a 2002 study in *The Journal of Clinical Nursing* called “Working with Women Experiencing Mid-Trimester Termination of Pregnancy: The Integration of Nursing and Feminist Knowledge in the Gynaecological Setting.”

While this is an older study and discusses abortion in New Zealand, I think it has some insights into the abortion debate today.

Late-Term Abortions in New Zealand and the United States

The study concerns abortions between 12 and 20 weeks. It describes the aborted baby at this age as having “a very human form.”

Second-trimester abortions in New Zealand are done by the induction method. Nurses give the pregnant person drugs to cause labor, and a premature baby, too young to survive, is born.

In the United States, the induction abortion method is used primarily in the third trimester. You can see a former abortionist explain this method below.

Abortions in the second trimester in the US are usually committed by the D&E method, where the baby is dismembered with forceps and pulled out, piece by piece.

You can watch a video where a former abortionist illustrates this method below.

The Trauma Caused by Second Trimester Abortions

The article in *The Journal of Clinical Nursing* warns that a second-trimester abortion committed by induction can be a traumatic experience for both the pregnant person and the abortion worker.

It says that an abortion at this stage “has the potential to cause a great deal of distress for the women involved because of the psychological and physical impact of the procedure.”

Then it says that abortion workers (nurses, in this case) “can also find this a distressing clinical event due to the complex nature of the management and care

required.”

The article also mentions that the pregnant person can experience “distressing side effects” from the medication, including nausea, diarrhea, and heart palpitations.

Emotional Trauma for the Person Having the Abortion

The article says that delivering a dead or dying baby in this type of abortion is “always very emotional for the woman, the reality of the event often catching her unprepared and leading to her requiring a great deal of support from nurses.”



This makes one wonder if a lack of counseling leaves the pregnant person “unprepared.” Do these nurses tell the people coming in for abortions exactly what they’re going to experience and witness?

The following first-hand account illustrates how traumatic an abortion by induction can be.

Cindy Hendrickson had an abortion by the saline abortion method. This method, rarely used in the United States today, comprised injecting a toxic saline solution into the pregnant person’s uterus.

This saline solution poisoned and killed the baby, often burning his or her skin and lungs. Then the pregnant person went through labor to deliver her dead child. Abortionists stopped doing saline

abortions because they were dangerous to the pregnant person and resulted in too many live births.

Hendrickson wanted to make an adoption plan for her baby, but her father insisted on abortion, and her mother went along with the plan. She had her saline abortion at an abortion facility in Houston.

The nurse never told me what would happen.

She describes her experience:

Mother paid them \$500 in cash and was told to leave me there ... That

was the last I saw of her. I was given a shot of Demerol, and around midnight, the doctor came to my room and injected saline into my uterus. The nurse never told me what would happen.

Later, I went to the bathroom and saw my baby hanging from the umbilical cord. As I screamed hysterically for help, I heard the nurses out in the hall talking and laughing.

After 15 minutes, my roommate went to get a nurse. She made me get back in bed with the baby hanging between

my legs and said they had to wait until I passed the placenta. I lay in bed crying, trying not to touch the baby with my legs. Finally, they removed it.

Going through this terrible experience caused deep emotional scars. Hendrickson describes the painful aftermath of her abortion:

During college, I started taking speed, stopped eating, and was anorexic (90 pounds.) I was on antidepressants for 20 years until recently ... I spent 8 years after the abortion in destructive behaviors, going to three different secular counselors and never talking about the abortion.

After years of suffering, Hendrickson went to a Christian counselor who guided her through the steps to mourn her child and finally find healing.

The Idea that Abortion Kills a “Human Being”

The article in *The Journal of Clinical Nursing* says:

After the woman has delivered, nurses are involved in the actual management and appropriate disposal of the fetus. The way this experience is managed requires them to carry out a variety of actions with great sensitivity, and these seem to support the idea that this is a human being.

This is because the baby is a human being.

Taking Photographs of the Dead Child and Saying Goodbye

The article says that the “management” of the dead baby

Article Reveals Damning Details About Second-Trimester Abortions

From Page 22

varies from country to country, but in New Zealand:

[N]urses are frequently required to clean and dress the fetus, ensure transfer to an appropriate receptacle if the mother wants to see it, all the while supporting the woman as she goes through this process.

This often occurs after a lengthy period when the women and nurses have been intimately connected, working through a range of decisions such as whether the mother wants to see, and perhaps name or photograph, the fetus.

As shocking as the concept of a parent wanting to see and photograph the body of a baby they've just chosen to kill is, this practice is not uncommon and also takes place in the United States.

American abortionist Renata Laxova provided abortions to couples with disabled pre-born babies. In the article, "Prenatal Diagnosis of Genetic Diseases" in Comprehensive Therapy, she says that in her practice:

Parents are asked if they wish to see, hold the fetus (frequently they do), and whether they wish to receive photographs as well as copies of the autopsy report.

We can take pictures of you and the family holding the baby if you wish, and that is not an uncommon request.

Late-term abortionist George Tiller also provided this "service" to post-abortive parents. On his website, he described what his abortion facility offered:

If you wish to see the baby, we call this an identification and separation encounter. About 2-3 hours after you deliver and after the twilight anesthesia has worn off, so that you will remember the process, we will bring the baby to you either at the bedside or we will go to our quiet room, and we will bring

the baby to you there...

You may hold the baby. We can take pictures of you and the family holding the baby, if you wish, and that is not an uncommon request.

The identification/separation encounter may be very brief, five or ten minutes. It may even take less than that. Or the identification/separation encounter may involve 2 or 3 hours of bonding with the baby—the identification that this is your baby, and you have had a delivery...

The difficult part of the process is saying goodbye to the relationship that you have with your baby...

[W]hen you have finished your identification encounter you will separate from the baby by giving the baby to us and you will begin the process of saying goodbye on a long-term basis and you will begin your journey into growth, recuperation, recovery, and healing.

Pictures Tell the Sad Story of One Aborted Baby

A 2001 article in *Agape Press* featured photos a couple took of their aborted baby at Dr. Tiller's abortion facility. The parents, who regretted the abortion, gave the photos to then-Operation Rescue West director Troy Newman.

The couple aborted their baby because she had cystic fibrosis. Although cystic fibrosis is a serious illness, it is treatable, and those with the disease often live into middle-age and older.

Marlene Pryson, the oldest living person with cystic fibrosis, turned 86 in 2021. Although not all people with cystic fibrosis live such long lives, the lives they do live are deeply meaningful and their friends and family love them. The abortion robbed the little girl of any chance at life.

The Personal Struggles of Nurses Carrying out Abortions

The Journal of Clinical Nursing describes the ambivalence and

personal struggles some nurses involved in providing mid-trimester induction abortions have:

In the specific clinical situation of mid-trimester termination nurses have expressed ambivalence that comes about through the distress at being involved in abortion, while holding the belief that women should have the right to choose the option of termination...

[N]urses, although supporting the provision of a service, must be able to manage the psychological impact of being an active participant in an event where the outcome is prevention of the development of life.

It further points out:

[W]heras the woman will probably go through this process once in her lifetime, nurses may go through it several times a year or even in the same week.

The physical experience, psychological distress and decisions that are made are all obviously extremely distressing for the women, but it appears that the effects of the procedure have not been considered from the nurse's perspective.

The article acknowledges these abortions create an "emotionally demanding situation, which has the potential to be psychologically unsafe for both [the person having the abortion and the nurse]."

The article also admits that the pro-abortion movement often promotes second trimester abortions without considering the nurses and abortion workers who must (if they get their way) help commit them:

Concerns arise that, as feminist activists working to ensure women have control over their fertility, we have lost sight of the fact that terminations have to be managed by

other women to whom little or no thought has been given.

A Confession That Babies Are Sometimes Born Alive

The article then admits that babies are sometimes born alive in these abortions:

In the case of late termination, the death of the fetus before delivery, although usual, is not inevitable except in rare cases of extreme physical abnormality such as anencephaly. At times the fetus will actually attempt to breathe and/or move its limbs, which makes the experience extremely distressing for nurses.

Though rare, live births after abortions also occur in the United States. According to official records, five babies were born alive after abortions in Minnesota in 2022.

What the Public Doesn't Know and Wouldn't Support

Finally, the author of the article discusses how the "general public" can "distance themselves from the reality of the situation" because these abortions take place behind closed doors. Very few people know the details of how late-term abortions are done, and even fewer witness them.

The public is kept in the dark in both America and New Zealand.

The article acknowledges that these abortions, and the live births that sometimes accompany them, create "situations and events that many members of society would find almost impossible to accept."

Overall, the article conveys the horror of late-term abortions, and the destructive impact they have, both on the people having them and the people committing them.

Source: Annette D. Huntington, RGON, BN, PhD "Working with women experiencing mid-trimester termination of pregnancy: the integration of nursing and feminist knowledge in the gynaecological setting" *Journal of Clinical Nursing* 2002; 11: 273-279.

What *ProPublica* admitted after Georgia fired its maternal mortality committee over ethics breach

By Nancy Flanders

The state of Georgia has dismissed *every member* of its Maternal Mortality Review Committee (MMRC) after a confidentiality breach in which women's data was given to the media outlet *ProPublica*.

In the aftermath of the dismissal, *ProPublica*, which has busied itself with deceptively reporting on maternal deaths in recent weeks, has admitted that the deaths of two Georgia women it reported on were not the only two maternal deaths in the state, and that women have been dying during pregnancy, and in the months after giving birth, **for years** — not because of pro-life laws but because of substandard and negligent care.

ProPublica reported about the deaths of two Georgia women in September: Amber Thurman and Candi Miller. Both women died shortly after taking abortion drugs, with Thurman succumbing to sepsis due to an apparent delay in care, and Miller dying from reported “drug toxicity under unknown circumstances,” according to her autopsy, which listed Miller’s “manner of death” as “undetermined.” *ProPublica*, however, erroneously (and with an agenda) placed the blame for the women’s tragic deaths on Georgia’s pro-life law.

Though *ProPublica* originally stated, “Georgia’s Department of Public Health, which oversees the state maternal mortality review committee, said it cannot comment on *ProPublica*’s reporting because the committee’s cases are confidential and protected by federal law,” the media outlet somehow managed to gain access to both women’s medical information through at least one individual on the committee.

Texas OB/GYN Dr. Ingrid Skop,

VP and director of medical affairs for the Charlotte Lozier Institute, called this out as an issue of medical ethics. “It is a violation of the MMRC confidentiality agreement for the members to do this. Clearly someone from the committee provided the name and other medical information to the reporter,” she said at the time *ProPublica* published its articles. “This is an ethics violation.”

It turns out, Georgia’s health department agreed.

“Confidential information provided to the Maternal Mortality Review Committee was inappropriately shared with outside individuals,” Dr. Kathleen Toomey, commissioner of the state Department of Public Health, wrote in a letter dated Nov. 8 and addressed to members of the committee. “Even though this disclosure was investigated, the investigation was unable to uncover which individual(s) disclosed confidential information. Therefore, effective immediately the current MMRC is disbanded, and all member seats will be filled through a new application process.”

Pro-abortion media are taking this as an indication that the firing of the Committee must mean the Committee did the right thing in leaking the information to the press.

On the contrary, when there is a breach of medical ethics like this one, it should be taken seriously. If the unethical source cannot be found, then all must be dismissed.

ProPublica admits more than two women have died... and it was before Georgia’s law

In the fallout of the mass committee dismissal, *ProPublica* admitted that preventable maternal deaths have taken place in Georgia since before the pro-life law took effect. Georgia’s

LIFE Act was passed in May 2019, but a lawsuit prevented it from taking effect until three years later, in July 2022.

“[The committee’s] job is to collect data and make

So, to recap, each of those 113 maternal deaths in Georgia from 2018 to 2020, of which 101 were reportedly preventable, occurred prior to the overturning of *Roe v. Wade* and prior to the enactment



recommendations aimed at combatting systemic issues that could help reduce deaths and publish them in reports,” wrote *ProPublica*.

“The Georgia committee’s most recent report found that of 113 pregnancy-related deaths from 2018 through 2020, 101 had at least some chance of being prevented. Its recommendations have led to changes in hospital care to improve the response to emergencies during labor and delivery and to new programs to increase access to psychiatric treatment.” (emphasis added). That’s 89% that the Committee determined could have been prevented; and remember, the state’s LIFE Act was not in effect.

The two deaths that *ProPublica* used to try to condemn the Life Act as a dangerous law were not the only two deaths that the committee found to be preventable. Women aren’t dying because of a law that forbids the direct and intentional killing of their children.

of Georgia’s Life Act, which was supposed to take effect on January 1, 2020, but was struck down by District Judge Steve C. Jones. It wasn’t until July of 2022, immediately after *Roe* was overturned, that an appeals court ordered Jones to reverse his decision and allow the law to take effect.

It was the deaths starting at this point — July of 2022 and later — that *ProPublica* decided to investigate.

Georgia’s maternal mortality rate has been on the decline

ProPublica’s comment also pointed out a truth it has avoided until now.

It admitted that the recent data on maternal deaths from 2018 to 2020 “led to changes in hospital care to improve response to emergencies during labor and delivery...” And that is reflected in the numbers.

What *ProPublica* admitted after Georgia fired its maternal mortality committee over ethics breach

From Page 24

From 2018 to 2020, the maternal mortality rate (maternal deaths while pregnant or within 42 days of termination of pregnancy) in Georgia was 28.8 per 100,000 live births. From 2019 to 2021, that rate had risen to 35.9 deaths per 100,000 live births, but 2022 data (the most recent available) shows that the rate has dropped to 33 deaths per 100,000 live births.

The majority of these deaths were deemed “preventable” — and this isn’t unusual, either.

The same number of women died in pro-abortion Illinois

In addition, the data out of now-pro-life Georgia lines up closely with data out of the historically pro-abortion state of Illinois, where abortion is allowed for virtually any reason at any time during pregnancy. A state law enacted in 2023 allows non-doctors to commit abortions, provides a legal shield for abortionists, gives legal liability insurance protections

to those who commit abortions, and enables any medical professional — broadly defined to include physicians, pharmacists, therapists, and others — who had a license pulled by another state for committing illegal abortions to continue to practice in Illinois. The law also allows for birth centers to commit abortions and requires state-regulated insurance plans to cover abortion pills with no copay.

From 2018 to 2020, the two states saw the same number of pregnancy-related deaths: 113. In Illinois, 91% of those deaths were “potentially preventable due to clinical, system, social, community, or patient factors.” This means about 102 of those 113 maternal deaths in Illinois from 2018-2020 were considered preventable.

But *ProPublica* cannot blame pro-life laws for the pregnancy-related deaths in a state like Illinois. When a news outlet fails to look at both pro-life and

pro-abortion states for a true comparison of pregnancy-related deaths, that outlet appears to be more interested in a narrative than facts.

Distortion and omission

It’s becoming blatantly obvious that *ProPublica* and other media outlets are distorting the facts surrounding tragic maternal deaths and exploiting the stories of real women in order to infect American minds with the false narrative that pro-life laws are dangerous for women and that pro-life legislators and state governments are villainous.

The facts, however, speak for themselves.

Around the world, statistics have shown that legalized abortion does not lead to a decline in maternal mortality rates. In Ethiopia, for example, abortion was legalized specifically with the goal of lowering maternal mortality rates (MMR); instead, those rates increased after

abortion’s legalization. A 10-year study published in the peer-reviewed medical journal *BMJ Open* found that in Mexico, “states with less permissive abortion legislation exhibited lower MMR” than those in which abortion was legal.

Maternal mortality is a serious issue in the United States and globally, and to pretend that the legal ability to kill innocent preborn children is the way to combat high maternal mortality rates is disingenuous, manipulative, and morally incomprehensible.

In addition, to claim, as *ProPublica* does, that doctors are incapable of understanding state laws is a weak and demeaning excuse for medical neglect. Women and babies deserve better.

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

The harrowing abortion healing journey of a grandparent

From Page 11

Leann was given a program that included the names of the children being honored that day. She knew immediately what name Lisa had given her baby — Dominic Leonard.

Lisa named her child after the priest who shared the love and mercy of Jesus, before and after the abortion. She gave the baby the middle name of Leonard after

her grandfather, whom Lisa loved dearly.

Leann shares:

“The memorial service was deeply moving; the suffering of the cross, yet with the hope that comes from faith in the resurrection of Christ Jesus, and the peace and joy that not all is lost. We know now that Dominic

is alive with the Lord. We grieved and honored the child together. This was a time of grace and healing in our relationship, that had been so damaged by abortion.”

Theresa Burke, Ph.D., and Kevin Burke, MSS, are pastoral associates of Priests for Life and

the founders of Rachel’s Vineyard. This article is a *Pregnancy Help News* original. Additional abortion recovery resources are available at www.heartbeatinternational.org/stay-connected/life-links#abortionrecovery.

This appeared at Pregnancy Help News and is reposted with permission.

Three insights Christmas tells us about human life and dignity

By Paul Stark

Christians use the Christmas holiday to remember and celebrate the birth of Jesus Christ. This event (apart from everything else it entails) provides a number of insights about human life and dignity. Here are three.

1. Each of us was once an unborn child. The Incarnation—the coming into the world of Christ—did not happen in the manger. It happened some nine months earlier. This is what the facts of human embryology and developmental biology tell us, and it is what the scriptural accounts affirm.

Mary is said to be “with child” (Matthew 1:18) upon Jesus being “conceived ... from the Holy Spirit” (Matthew 1:20). Earlier, Mary is told she will “conceive in [her] womb ... a son, [to be named] Jesus” (Luke 1:31), who even before birth is called a “child ... [who] will be called

holy—the Son of God” (Luke 1:35). Luke 1:41-44 recounts that the unborn John the Baptist (who was probably in his sixth month) “leaped for joy” in his mother’s womb when he entered

as an embryo and fetus. So did all of us.

2. The weak and vulnerable matter just as much as the strong and independent. God himself



the presence of the unborn Jesus (who was probably a very young embryo at the time).

Jesus began his earthly existence

chose to enter the world in the most vulnerable condition possible: as a tiny embryo, and then a fetus, and then a newborn baby lying

in a manger. This turned ancient “might makes right” morality on its head. It suggests that human dignity is not determined by age, size, power or independence.

3. Human life is extraordinarily valuable. Christmas is part of God’s larger plan to rescue humanity because He loves us (John 3:16). Jesus was born so that we might live. From this Christian perspective, God considers human life to be immensely precious and worth saving at tremendous cost. “Christian belief in the Incarnation is thus inseparable from belief in the objective, and even transcendent, value of the human race as a whole, and of each human person as an individual,” writes Carson Holloway.

Editor’s note. Paul Stark is Communications Director for Minnesota Citizens Concerned for Life, NRLC’s state affiliate.

Fetal Care Versus Fatal Cure

From Page 19

Here are just a few examples.

Contrast the prevalent medical attitude about Down syndrome that leads to a lethal diagnosis, with the reality of recent facts about increased life span, health, learning and functional abilities, including people with Down syndrome who enjoy lifelong work until retirement from their job, including 99 percent who are happy with their lives, and love/are loved by their family.

Fetal surgeries for numerous conditions are now being treated at an array of centers across the nation. These in utero treatments include interventions for many cardiac anomalies that in years past would have led to death prior to or soon after birth.

Interventions reported for those with trisomy 13 or trisomy 18 have led to 81.5 percent survival,

with these children surviving into their teen years and even into adult ages. There are positive ways to manage pregnancy and life after a prenatal diagnosis. As far as surviving and thriving, Bella Santorum turned 16 years old in May 2024.

Neurological conditions have also been addressed prenatally. Using prenatal enzyme replacement therapy, a fatal enzyme deficiency has been successfully treated in the womb. Another recent example is in-utero cerebrovascular surgery to treat vein of Galen malformation, a vascular malformation in the brain. As one article put it, in highlighting these two and several other prenatal interventions: “The next frontier in neurology is in utero.”

Finally, as far as attitude, we might take some tips from “primitive” cultures. A study

of bones has revealed Down syndrome in a Neanderthal population, and survival of one child with Down syndrome for several years indicates the group “devoted extra resources and time to helping them survive.”

Another recent archeological study used paleogenomic methods to analyze 2,600-year-old DNA from burial sites, and they found three infants with Down syndrome and another infant with Edwards syndrome (trisomy 18.) Their findings validate previous work showing that prehistoric societies around the world cared for, and even revered, members with disabilities. Notably, the authors pointed out the caring shown to these individuals with trisomy:

“...there is clearly no evidence that they were

stigmatised by their communities in the past.” **“Overall, mortuary treatment provides a good indication of the attitudes communities had towards these individuals. All examples described in this study were cared for after death through various rituals, which show, in some cases exceptional, recognition of them as community members.”**

What a contrast to “modern” society! Our attitude should be to consider these young individuals as equally valued human lives. Eliminating young lives is not the answer to eliminating disease and disability. Destroying the patient is not curative medicine.

Another day, another human trafficking scandal at Planned Parenthood

By Kurt Mahlborg

Check out this report from the *New York Post*, if you're feeling brave:

Stomach-churning emails show Planned Parenthood negotiating terms regarding the donation of aborted fetuses for medical research.

The emails discuss fetal tissue like any other commodity such as sugar or rice, nonchalantly negotiating for fetuses up to 23 weeks old from elective abortions.

A heavily-redacted so-called "Research Plan" submitted to the University of California San Diego (UCSD) Institutional Review Board and approved in 2018 states scientists wanted 2,500 fetuses from up to almost the sixth month of gestation for experimentation.

The emails came to light via the Center for Medical Progress's

David Daleiden, who still to this day is wading through 2010s lawfare launched by California's erstwhile attorney general Kamala Harris.

As the *Post* points out, selling chopped-up unborn babies is a federal crime, but donating them and then receiving "reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage" for said babies is not.

In this case, Planned Parenthood employed an additional legal shield by drawing up contracts with UCSD that retained the "intellectual property rights" of the fetal tissue with the abortion giant.

Seeing past the statutory subterfuge, Daleiden told the *Post*, "These documents show that Planned Parenthood is supplying healthy babies who are old enough to survive outside the womb from late term abortions to the University of California's royalty-generating experiments."

Indeed, most healthy babies born at 23 weeks survive outside the womb with sufficient medical care.

Daleiden's revelation also puts to lie the legacy media's efforts

transgender drugs in the United States, performs some 390,000 abortions each year, uses American taxpayer treasure to abort brown babies



to downplay the prevalence and gravity of late-term abortions.

Surreptitiously monetizing unborn babies who were aborted for elective reasons and could have survived if given the chance might sound like a Mengelian monstrosity, but it's business as usual for Planned Parenthood. As previously noted here at *Mercator*:

This is an organisation that allegedly sells human body parts, is likely the biggest supplier of

overseas, was founded by the racist eugenicist Margaret Sanger, boasts US\$2.2 billion in assets, and is supported by some of America's biggest and wealthiest corporate giants.

But not for much longer — if the Department of Government Efficiency (DOGE) has its way.

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

‘I’ve Never Met Someone Who Says They Regret Their Child,’ Eastern Oregon Sidewalk Counselor Talks Pro-Life Ministry

By Ashley Sadler, Communications Director, Oregon Right to Life

When Idaho’s pro-life trigger law took effect after the overturning of *Roe v. Wade*, many observers anticipated an “abortion tourism” phenomenon to occur in neighboring Oregon. And Planned Parenthood wasted no time preparing for the increase.

Within a month of the landmark U.S. Supreme Court decision, the abortion corporation began work opening a new clinic in Ontario, Oregon – a rural Malheur County town on the Idaho border about an hour northwest of Boise.

Now positioned between AutoZone and a Cenex gas station, the new Planned Parenthood is the only abortion facility in the county. During its short time in operation, it’s already become a destination for abortion-minded women from Eastern Oregon and Idaho, as well as other states with laws that protect the unborn. According to updated 2023 numbers from Oregon Health Authority (OHA), 427 abortions were performed in Malheur County last year, 381 of which were for out-of-state residents. There had been no reported abortions in Malheur County in 2022.

Isaac Sheldon, a U.S. Army veteran and father of six children (including one unborn baby) stands outside the Ontario abortion facility Tuesday through Friday most weeks. He’s a pro-life sidewalk counselor with the international Christian organization Love Life, which is committed to “uniting and mobilizing the church to create a culture of love and life that will result in an end to abortion and the orphan crisis.” Sidewalk counselors are pro-life outreach team members who urge moms to choose life for their babies

(the term “counselor” conveys the life-affirming counsel they provide, and isn’t meant to imply that they are state-licensed mental health professionals).

“It’s becoming more and more difficult to deny the scientific, empirical evidence that what exists within the womb, the

time, and the pregnancy was unexpected – their first baby was born only a few months prior.

Though the pair struggled at first with the timing of their second child, Sheldon said they “had God’s preserving hand on the situation.” Ultimately, they chose life.



unborn, is a child,” Sheldon told Oregon Right to Life. “That it’s a stage in development for each and every human being. They’re fully human, fully alive from the moment of sperm-egg fusion.”

Sheldon said he started watching videos from pro-life speakers and groups after experiencing a religious conversion in 2018 and becoming a committed follower of Christ.

“From there, there was an interest that was spurred,” he said. But it wasn’t just theoretical arguments about abortion that piqued his interest. It was also a brush with abortion in his earlier life.

“I led my wife to being abortion-minded with our second child,” Sheldon shared. He said his wife was only twenty years old at the

time, and the pregnancy was unexpected – their first baby was born only a few months prior. Sheldon described his experience coming home every day to the love and affection of his children, including his second child, who now calls out “Daddy!” and runs to him with his arms outstretched.

“Those are things that would definitely have been stripped from me,” Sheldon reflected.

The thought process that Sheldon and his wife went through as they considered abortion isn’t uncommon. He said that, in his experience as a sidewalk counselor, many women seek abortion because of similar “timing” concerns.

“It’s not the right point in their life, whether it’s to add another child to the mix, or to add their first child,” he explained. “They’re not in a place in their

life where they say, ‘Okay, now’s the right time.’”

“Every mother that I’ve actually engaged with that’s chosen life hasn’t sought any resources,” he said. “It wasn’t [a lack of resources] that was motivating them to do what they were there to do. It was timing.”

Sheldon said that fact is “unfortunate” because time is “the one resource that we can’t give anyone.”

Timing concerns may be a challenging objection to overcome, but Sheldon and his fellow sidewalk counselors aren’t discouraged.

So far, he and his team have helped eleven women change their minds about abortion and decide to keep their babies by sharing the Gospel message and emphasizing the intrinsic value of every human life.

And it’s not just the moms.

Sheldon said one abortion worker quit his job thanks to the pro-life presence outside the abortion facility – and another abortion worker who had been “on the fence” immediately picked up a sign and stood with the pro-life counselors outside after getting fired.

But Sheldon reflected that eleven babies saved is a small number compared to the many who don’t survive their mother’s trip to the abortion facility. For Sheldon, it’s the local churches that most need to step up and address the ongoing prevalence of abortion in their communities and even their congregations.

He told a story of a woman who was headed into the clinic but changed her mind after he

Members of Congress call for GAO report on federal funding for abortion providers

By Newsroom

Last week, more than 110 members of the United States Congress issued a letter calling on the Government Accountability Office (GAO) to research and report on all federal funding given over the past three years to specific abortion providers.

According to the letter, the group of U.S. senators and representatives is seeking a report for fiscal years 2022-2024 for “Federally Qualified Health Centers (FQHCs), Planned Parenthood Federation of America, International Planned Parenthood Federation, [and] MSI Reproductive Choices” and their affiliates, as well as “FPA Women’s Health, American Women’s Services, All Women’s Health Center, [and]and Whole Wom[a]n’s Health” and their affiliates.

A press release from Senator Katie Britt’s (R-Ala.) office notes, “The GAO has prepared several congressionally requested reports on federal funding for these organizations over the years. According to its most recent report, the abortion industry siphoned off nearly \$2 billion in federal taxpayer dollars between fiscal years 2019-2021.”

The letter’s signers include Senators Marsha Blackburn (R-Tenn.), Cindy Hyde-Smith (R-Miss.), John Thune (R-S.D.), James Lankford (R-Okla.), Marco Rubio (R-Fla.), as well as Representatives Chris Smith (R-N.J.), Claudia Tenney (R-N.Y.), Robert Aderhold (R-Ala.), House Speaker Mike Johnson (R-La.), Katie Britt (R-Ala.), Steve Scalise (R-La.), Michelle Fischbach (R-Minn.), and approximately 100 other Members of Congress.

They are requesting that the GAO report include information from FQHCs including “Federal obligations, disbursements, and expenditures of federal funds by or to” FQHCs for each of the three years, including “anomalies such as Paycheck Protection Program loans and loan forgiveness,” as well as “data on the number of individuals served and the types of visits provided, including preventative services provided.”

The letter also requests that the report include information from Planned Parenthood Federation of America and affiliates; International Planned Parenthood Federation and affiliates’ MSI Reproductive Choices and affiliates’ and four other abortion

providers and their affiliates regarding “Federal obligations, disbursements, and expenditures of federal funds by each of these

For “International Planned Parenthood Federation (including affiliates) and MSI Reproductive Choices, formerly



organizations in each fiscal year, 2022-2024, The funding sources for federal agencies... and any programs associated with these federal funds.... ” and “How these funds were made available (such as by direct funding or pass-through funding).”

In addition to the above, the letter seeks information from Planned Parenthood Federation of America and its affiliates regarding “Reported obligations, disbursements, and expenditures by program for the top 15 U.S. Department of Health and Human Services (HHS) programs,” and “Reported obligations, disbursements, and expenditures by program from federal agencies other than HHS.”

Marie Stopes International (including affiliates),” the letter additionally seeks to know “Reported expenditures of federal funding from USAID by funding type.”

The Members of Congress have asked the GAO to project when a report on these requests is likely to be completed, stating that the “[p]roper oversight of public funds and programs is crucial...” and “instrumental for policymakers and the public alike” when determining funding and providing transparency to American taxpayers.

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

Pro-Abortion Officials Must Stop Weaponizing their Power to Attack Pregnancy Resource Centers

By Marie Tasy, Executive Director, New Jersey Right to Life

A recent article in NJ.com, an on-line news source attacking Pregnancy Resource Centers quoted Dr. Kristyn Brandi, an OB GYN and former board Chair of the Pro-abortion activist organization Physicians for Reproductive Health.

Brandi, a self-professed “pro-abortion doctor” and biased media favorite, is frequently known to provide misleading and untruthful information when it comes to all things having to do with abortion.

In one quote about the Centers she says, “People will come with their ultrasound images from these places, which are often not done by trained sonographers, so I’ll look at those pictures and say, ‘I’m sorry, I don’t what I am looking at,’”

Is it possible that an OB GYN does not know what she is looking at when she is handed an ultrasound image of a baby, or is she working side by side with pro-abortion lawmakers and the Attorney General as part of a larger, concerted effort to target, malign and shut down NJ Pregnancy Centers? Whether one or both of these are true, the timing is indeed suspect.

On November 14, bill A4332 was scheduled for a NJ assembly committee hearing that would restrict the performance of ultrasounds for pregnancy resource centers, but specifically excluded abortion clinics and Planned Parenthood from the same restriction. The bill had no legislative basis and the sponsor, when questioned, could not supply a reason for the bill’s introduction. The committee amended the bill, but it still contains language that marginalizes Pregnancy Resource Centers and sets a dangerous

precedent for future legislation.

On November 22, the week after the November 14th hearing, the nj.com article appeared online. This was also the same day that First Choice Women’s Center filed an appeal before the Third Circuit in an on-going case against the NJ Attorney General for an unlawful subpoena served on the Center. The Attorney General’s subpoena seeks information about the Center’s donors, advertisements,

save face’ because his office could not provide any evidence of wrongdoing by the Centers except for the fact that he colluded with Planned Parenthood to write the Consumer Alert and then promoted Planned Parenthood on the same website.

These types of incidents against Pregnancy Centers are not just occurring in NJ; they are occurring nation-wide. In fact, sixteen Attorneys General

Resource Centers. Their webpage specifically says that “members continue to work closely with reproductive rights leaders and organizations” making it noticeably clear that they work with Abortion Businesses like Planned Parenthood and other pro-abortion extremist groups to formulate pro-abortion laws, policies as well as efforts to shut down pregnancy resource centers. These leaders and organizations are known to be the major political supporters of these Governors, who, in turn, enriched them with hundreds of millions of our tax dollars.

At last year’s March for Life, NJ Congressman Chris Smith pointed out that 828 babies’ lives were saved over the last five years by the Pregnancy Resource centers. “There are more than 2,700 pregnancy resource centers throughout the United States – each and every one of them an oasis of love, compassion, empathy, respect and care for both mothers and their children,” he told the hundreds of thousands attending the March for Life.

Every time a mother chooses to give birth to her baby because of the help of these Centers, the Abortion Industry loses money and potential supporters. That is why they are using their political capital to shut down these Centers.

Pregnancy Resource Centers should be praised, not maligned for the invaluable help they provide for both mother and child. These all-out assaults against them must end. We look to the new Congress and the incoming administration to employ actions and adopt policies to halt these unjust and unwarranted attacks against these Centers’ life-saving work.



personnel, and allied relationships over the last 10 years.

As we have come to expect from nj.com, the reporter who wrote the story conveniently left out the fact that emails obtained through a public records request showed that the attorney general’s office colluded with Planned Parenthood by asking them to preview and edit a draft of the Consumer Alert warning about the pregnancy centers before it was issued.

The sequence of events calls into question whether the Attorney General served First Choice with the subpoena ‘to

issued an Open Letter Regarding CPC Misinformation and Harm which reads very much like the NJ Consumer Alert. In the letter, the attorneys general vow to “take numerous actions” against the Centers because they do not provide abortion. As expected, the NJ Attorney General is one of the signatories.

A Reproductive Freedom Alliance, formed by twenty three Governors, which includes NJ Governor Phil Murphy, boasts their extreme pro-abortion advocacy and the weaponizing of their power by their offices to launch strikes against Pregnancy

Abortionist wrestled with decision to have her own child killed at 23 weeks: ‘I called him our baby’

By Carole Novielli

Outspoken abortionist Jessica Chen is both celebrating and lamenting her decision to abort her preborn child after 23 weeks of pregnancy. She makes reference to the “luxury” and “excruciating components of our choice” to end her child’s life, which she admits resulted in “grief, heartbreak, and even guilt.”

In an op-ed published by *JAMA Network*, interestingly titled “The Burden of Choice,” Chen, a Family Planning fellow at the University of Pennsylvania, admitted that despite her dedication to even late-term abortion, she wrestled with the question of whether her baby would “feel pain,” or “hear my voice,” and even questioned whether choosing to kill her preborn baby made her a “bad person.”

Chen noted that she has “proudly spoken at abortion rallies, written passionate op-eds, and filmed documentaries and news segments about my work” aborting preborn children, had “studied the myriad reasons why someone might seek abortion care throughout the entirety of their pregnancy,” and “walked patients step-by-step through the physical and emotional pain that often comes with these decisions.” Chen had even received “medical training” by observing abortions up through the third trimester at Warren Hern’s Boulder Abortion Clinic in Colorado, and participated in third trimester abortions.

She wrote, “I have always felt that choice was such a simple concept. How could anyone not want this ability to choose?”

And yet, when it came to her child, suddenly things weren’t so clear, and weren’t so “simple.”

Receiving an unnamed diagnosis

Chen writes of how surreal it was to undergo an abortion herself, instead of committing one on someone else. “Two weeks ago, I was the one lying on this exact hospital bed about to undergo the same procedure that I specialize in performing: an abortion. I remember thinking ‘This can’t be real. I’m supposed

to be on the other side of this. Why am I lying on this bed? Am I doing the right thing?”

Chen said she previously experienced a miscarriage before discovering she was pregnant with another child. All went well until Chen went for an ultrasound at 20 weeks, when, after the sonographer seemingly “checked off each anatomical landmark: normal heart, normal stomach and bladder, 10 toes, 10 fingers,” the doctor came back and told them “there is something wrong with the baby” — a diagnosis which Chen does not name.

“Over the next few weeks I saw a fetal diagnostic specialist, underwent bloodwork, had ultrasounds every 3 days, had a fetal echocardiogram and magnetic resonance imaging, and experienced the aching pain of an amniocentesis. Finally, our doctor confirmed our worst fears. Our baby may not survive this pregnancy, and if he did, he may suffer gravely in life,” Chen added.

Parents who hear the news that their child may not live (implying the child’s death is not imminent) or may suffer should ask what they can do to care for their child, how to prepare for his birth, and what medical care he will require. But because of the normalization of prenatal homicide as a way to target children with health conditions and disabilities, Chen’s baby was suddenly determined to be better off dead — killed by abortion.

Chen strays from abortion ‘training’

In discussing her own preborn son, instead of using the terminology she was trained to use as an abortionist — terminology that serves to dehumanize an entire group of human beings — Chen referred to her preborn son as a “baby.”

“As a patient, I strayed far away from my training as a physician. Instead of using the terms the pregnancy, the embryo, or the fetus, I called him our baby and our little boy. Instead of detaching myself from this desperately planned for and wanted baby, I

melted,” wrote Chen. “I melted into our love for him and the enormity of this goodbye. I held him through my belly and savored every kick he gave me, I sang to him with my husband, and I let

Abortion Training Workbook published by Advancing New Standards in Reproductive Health (ANSIRH) suggested that it was best for an abortionist to avoid using the word ‘baby’ with a



my tears shower over him during our final days together.”

Chen appears to have been filled with internal conflicts as she navigated the philosophy of abortion versus the reality of executing her own preborn child. As an abortionist, Chen was programmed to downplay the humanity of the preborn child in the womb, denying his personhood and many of his gestational markers. But as a mother, she instinctively knew that her child was human, not just a clump of cells or a parasite, but a real, existing, living, kicking human being.

In 2016, *Live Action News* documented that the Early

perspective abortion client in favor of the terms ‘fetus’ or ‘pregnancy.’

The latest published edition (7th edition/2022 – see below) of the Training in Early Abortion for Comprehensive Healthcare (TEACH) curriculum also recommends using “pregnancy” instead of the word “baby.”

But to Chen, this was her baby and despite all of her training, and all of the times she had killed other women’s babies, she could not so easily dehumanize her own child.

Why Defeat of Florida's Abortion Amendment Matters More Than for Just Florida

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

It was extremely good news for pro-life forces in the state of Florida to see Amendment 4 go down to defeat. That amendment would have nullified Florida's heartbeat legislation and undermined even modest limits on abortion like parental consent for minor abortions.

But the practical impact of that measure's defeat will affect more than just the women of Florida. Neighboring states with pro-life protections will no longer have full service abortion clinics just across the border.

Because of that, abortions will not just drop in Florida, but in neighboring states as well. And there is already evidence of this occurring.

Two groups which track monthly abortions show a big drop off in Florida abortions once that state's heartbeat legislation went into effect May 1, 2024.

We Count, a survey conducted by the trade group Society of Family Planning, found in its latest report (10/22/24) that

Florida saw a large increase in abortions just before the state enacted its 6-week ban. We observed about 8,400 abortions in January, 7,900 in February, and 8,300 in March, and then the number rose to over 10,100 abortions in April 2024. However, in subsequent months, the monthly abortion counts declined to about 6,200 in May and further down to 5,600 in June. Between

March and May, Florida saw a decline of about 2,500 women who had in-person abortions.

Guttmacher, the research institute with long standing ties to the abortion industry, says something quite similar.

In the first three months of 2024, there were approximately 8,050 clinician-provided abortions per month in Florida. After the ban went into effect, the number of clinician-provided abortions dropped to an estimated 5,630 in May (a decrease of 30% from the monthly average for January–March) and 5,200 in June (a 35% decrease from January–March).

That is good news, but not the whole story. When the *Dobbs* decision was handed down in June of 2022, several southern states either passed or activated protective legislation in the months that followed. These law either generally protected unborn children from abortion entirely (allowing only when necessary to preserve a mother's life or health) or imposed some gestational limit or developmental milestone (e.g., not allowing abortion after the child's heartbeat can be detected at six weeks after a woman's last menstrual period).

While that was great for states such as Louisiana, Mississippi, Alabama, Tennessee, Georgia,

South Carolina, etc., Florida still had abortionists advertising and offering even late abortions just across the border. Many women

But the implications were plain enough. Florida's new law got rid of a critical logistical and geographical abortion haven in



facing unplanned, unwanted pregnancies simply drove or flew south to the Sunshine state.

This isn't theoretical. Earlier this year, the *New York Times* published data claiming that 11% (nearly 10,000 of Florida's abortion clients from 2023) came from other states. The Times went so far as to show a map of arrows showing large numbers of women traveling from many of these other southern states to Florida (*NY Times*, 6/13/24).

There was travel in both directions, with some Florida women traveling to northern states with no limits, and some women from states with full pro-life protections traveling to states with more modest gestational limits (six or twelve weeks). But there was still a lot of traffic from the south gravitating to Florida, where there were no such limits at the time.

the Southern U.S. that the industry had been able to use as an "oasis" in one of the country's most expansive abortion "deserts."

If Amendment 4 had passed, Florida would have once again become the region's key abortion location, performing even second trimester abortions many of its neighbors would not touch.

Again, full data on the numbers, types, and gestational ages of abortions done in individual states since *Dobbs* may yet be months or even years away. However, hints of increased abortions that have been touted in many of these southern states in recent SFP and Guttmacher surveys in many cases depended, in large part, on women in protective states being able to travel to nearby states to have their abortions there.

At least one crucial portion of that pipeline will now remain shut down, thanks to the voters of Florida.

At Christmas, let us pray for courage to defend the voiceless, compassion to uplift mothers in need, and unwavering faith in God's plan for every life

From Page 1

womb, and Elizabeth was filled with the Holy Spirit” (Luke 1:41, NIV).

In this sacred encounter, John the Baptist—still in his mother's womb—recognized the presence of the Savior and leaped with joy. This moment is more than a testament to Christ's divinity; it is a powerful affirmation of the humanity and dignity inherent in **every** life, born and unborn.

The birth of Jesus in Bethlehem further underscores the beauty and value of life, even in the humblest of circumstances. The King of Kings was born in a stable, wrapped in swaddling clothes, and laid in a manger. His first cries broke the silence of the night, ushering in hope and peace for all humanity. This scene of humility and grace reveals that every life carries profound significance, no matter how small or unassuming.

Christmas calls us to honor and defend the miracle of life. Just as Mary and Joseph protected the Christ Child, we too are called to

safeguard the lives of the unborn and support their mothers with hope, compassion, and love. Every child reflects God's image, a precious gift entrusted to our care. Every mother holds a sacred



role in the divine plan of creation.

In a world that often diminishes the sanctity of life, the messages of Christmas shines a clarion call. Joining with grassroots

pro-lifers everywhere, National Right to Life, our state affiliates, local chapters, volunteers, and employees carry this light forward, fearlessly championing the inherent value of every human

being. Christ's birth reminds us that life is a gift to be cherished, protected, and celebrated.

As John the Baptist leaped with joy in Elizabeth's womb, may we,

too, be filled with joy and resolve to nurture a culture of life. This Christmas season, let us renew our commitment to the pro-life mission, grounded in the hope, peace, and love that Jesus brings. Let us pray for courage to defend the voiceless, compassion to uplift mothers in need, and unwavering faith in God's plan for every life.

In the angel's timeless proclamation, we find our call to action:

“Do not be afraid. I bring you good news that will cause great joy for all the people. Today in the town of David, a Savior has been born to you; he is the Messiah, the Lord” (Luke 2:10-11, NIV).

This Christmas, may the hope of the manger inspire us to protect and celebrate life with renewed enthusiasm. Merry Christmas from all of us at National Right to Life and may the light of Christ guide us in cherishing every life as a precious gift.

Eastern Oregon Sidewalk Counselor Talks Pro-Life Ministry

From Page 28

interacted with her. During their conversation, he learned that she was actually a Christian worship leader.

According to a recent survey sponsored by the pro-life nonprofit Care Net, over 40% of women who have had abortions were church attendees at the time of their abortion. For many church-going women, fear of social stigma, or lack of trust in the ability of their church to help them, are contributing factors in their decision to abort.

That's why Love Life encourages pastors to join

the organization's House of Refuge initiative to “prevent abortions from happening in your congregation... provide healing for those affected by previous abortions,” and “protect the unborn vulnerable in your community.”

“The church members all agree that even if a woman gets pregnant out of wedlock, or whatever leads to that unplanned pregnancy, that obviously we won't gloss over repentance, but at the same time we're not going to shame or guilt somebody to where they feel like the safest place to run to

is the abortion clinic and not the church,” Sheldon explained.

For his part, Sheldon said he and his fellow sidewalk counselors attempt to emphasize “God, [the] humanity of the child, and the resources we provide” in the mere “fifteen to twenty seconds” that they “usually have to work with” when talking with moms and dads outside the abortion facility.

Ultimately, the moms must then decide whether or not to go through with their abortion. Unfortunately, he said, most do.

But in the short time that Sheldon has their attention, he

tries to get them to think about how they'll look back on this moment.

“I've never met someone who says they regret their child,” he said. “However, I've met many people who say they regret their abortion.”

Oregon Right to Life Education Foundation is actively involved in connecting churches with pro-life pregnancy resource centers across the state, as well as creating and distributing localized resource guides to ensure that abortion-vulnerable moms and families throughout Oregon have access to life-affirming options.

President Joe Biden ever-so-discretely awards former PPFA president Cecile Richards the Medal of Freedom

By Dave Andrusko

Offering what hopefully will be his last tribute to the abortion industry, pro-abortion President Joe Biden awarded the Medal of Freedom to former Planned Parenthood president Cecile Richards. However, according to Jeff Mordock of the *Washington Times*

The ceremony was not listed on Mr. Biden's public schedule, nor was his decision to award the medal to Ms. Richards publicly announced until after the presentation.

Members of the media were not invited to watch the ceremony, which was not live-streamed on the White House website.

Mordock wrote that Biden bestowed "the nation's highest civilian honor to the former head of Planned Parenthood in a clandestine ceremony."

The White House Press Office described Ms. Richards in terms just this side of elevating her into a secular saint:

"With absolute courage and conviction, Cecile Richards fearlessly leads us forward to be the America we say we are – a Nation of freedom. Carrying her parents' torch for justice, she's led some of our Nation's most important civil rights causes – to lift up the dignity of workers, defend and advance women's reproductive

rights and equality, and mobilize Americans to exercise their power to vote. A leader of utmost character, she has carved an inspiring legacy that endures in her incredible family, the countless lives she has made better, and a Nation seeking the light

Al Gore among others in a public ceremony that was both broadcast and attended by journalists.

What is the Presidential Medal of Freedom? It is described as "the foremost U.S. civilian decoration, awarded to individuals who have made 'an especially meritorious

deleted a tweet celebrating what she anticipated would be the impact of the election of pro-abortion Kamala Harris as the Vice President.

So, what did the tweet say?
Excited for all the babies this year who will be named Kamala

Babies?!

Finally, in 2018, Melissa Ohden, who is the Founder and Director of The Abortion Survivors Network, the only healing and advocacy organization for abortion survivors and their families, wrote about Richards' then new book. In "Make Trouble: Standing Up, Speaking Out, and Finding the Courage to Lead—My Life Story," Richards wrote

Parenting isn't for everyone, and I will fight to my last breath to protect every person's right to decide whether to have children. But raising our three kids — Lily, Hannah and Daniel — is, bar none, the absolute best thing I've ever done.

Melissa wrote that

In excerpt from her new book posted in the Dallas News, Cecile Richards, the former President of Planned Parenthood, gave her top ten pieces of parenting advice.

You can't make this stuff up.



*Pro-abortion President Joe Biden and First Lady Jill Biden pose for a photo with Cecile Richards, former president of Planned Parenthood, and her husband Kirk Adams after awarding Richards the Presidential Medal of Freedom, Wednesday, November 20, 2024
Official White House Photo by Erin Scott*

of equality, justice, and freedom."

Just to make the contrast more explicit, Mordock writes

In May, Mr. Biden presented the Medal of Freedom to former New York City Mayor Michael R. Bloomberg, Olympic champion swimmer Katie Ledecky and former Vice President

contribution to the security or national interests of the United States, world peace, cultural or other significant public or private endeavors."

That describes Richards who was the crafty, politically adroit President of PPFA from 2006 to 2018?

Speaking of a total lack of self-awareness, check this out from 2020. Sarah D. pointed out on November 10 that Richards

A tale of two vans—lifesaving medical care versus death by abortion

By Kim Hayes

Equal access to motherhood versus access to abortion. Life vs. death. Empowerment vs. manipulation. Healthcare vs. abortion disguised as healthcare.

Planned Parenthood has an eye for effective marketing and how to coopt effective strategies from successful organizations such as Save the Storks, which provides life-affirming medical care to women via its mobile units across the U.S.

“Really women have been stripped of their belief that they can even be a mother,” Save the Storks CEO Diane Ferraro said.

“Unfortunately, Planned Parenthood for the last, really 100 years, but definitely for the last 50 years has been giving women the message that they aren’t strong enough, aren’t brave enough, they’re not capable of motherhood,” Ferraro said.

To counter such messaging, Save the Storks released a video in September offering a message of hope even as a culture of death has taken hold in the U.S.

“We need to remind women that they are strong enough, they are brave enough,” said Ferraro. “That God created them to be a mother, and we have their back. Not only Save the Storks, but the entire life-affirming community is here for women and want to be there when they are in that time of decision.”

Offering free ultrasounds and resources to provide equal access to motherhood, Save the Storks mobile clinics, also called a “Stork Bus,” arrive with medical professionals ready to offer maternal healthcare.

“We want to remind them; they can do this,” said Ferraro.

Recalling a previous Save the Storks’ social media campaign dubbed, “My Baby, My Career,” Ferraro challenged the business practices of large corporations that currently offer abortion travel vacations to employees.

“When we heard all of the money that is being thrown at women to travel to get abortions, we thought, what if businesses instead of really taking that power away from a woman who is carrying a child and really coercing her to have an abortion?” she said. “What if they offered an onsite daycare or a daycare credit or a longer maternity leave, what if they empowered women with all this cash they’re putting out there for abortions?”

Women are being offered up to \$7,500 to travel out of state to get an abortion, according to a press release from Save the Storks earlier this fall. Additionally, the Pivotal Foundation recently offered \$1 billion in grant funds which in part will pay for abortions.

Ferraro urged corporations to instead support the parents they employ.

“To really let their moms know on staff that they’re behind them as a business,” she said. “Let them know they are going to support them as parents and help them know they are not only going to help them survive as a parent but thrive as a parent.”

Rather than empowering women to be moms, these corporations send the message that parenting is not part of their business model.

“Paying these huge sums of money to travel to another state to have an abortion, they are really telling a woman that they don’t think she can handle her job and be a mother,” Ferraro noted. “And that is not equality in any way shape or form.”

The Abortion Lobby’s full embrace of the culture of death was on full display at the Democrat party’s convention in Chicago in August, celebrating Planned Parenthood’s offering of free abortions to attendees. The abortion giant’s mobile unit was parked outside the convention, the unit modeled after the Stork Bus, giving the illusion of medical care

onsite with the absence of life-giving services.

“We learned after we had partnered with a builder of one of our mobile medical unit designs that Planned Parenthood coopted one of our newer medical designs right down to the security camera system,” Ferraro explained.



She said at the same time they were shocked; they weren’t surprised because they knew the abortion business had something in its back pocket after the *Dobbs* decision.

Amidst what Ferraro described as loud messaging utilizing celebrities and millions of dollars in advertising was a focus on getting women outraged over a narrative that they were losing their “rights to reproductive healthcare.”

One of the apparent projects coming out of this campaign was the development of the Planned Parenthood bus. It has the appearance of a medical mobile unit prepared to serve pregnant women but lacks a key piece of equipment, an ultrasound machine.

Save the Storks has delivered 104 mobile medical clinics in 32 states across the U.S.

“When a woman steps on board one of these state-of-the-art mobile medical clinics, she is met with a medical team that offers her a pregnancy test, an ultrasound, and STI testing, all at no cost,” Ferraro said. “Our Save the Storks mobile medical clinics

bridge the gap between women and the local pregnancy clinic, so they can access quality healthcare no matter where they are.”

Ferraro remarked on how – in stark contrast to Planned Parenthood’s units – a woman receiving Save the Storks services will be empowered by seeing an

ultrasound and hearing her baby’s heartbeat. Then she is offered resources and programs to help her as a mother.

“We need to get more medical mobile units out on the road,” Ferraro said, “so women have the option to choose life and choose it abundantly and then have the resources they need to be a mother after that child is born.”

Ferraro hopes for increased awareness of Planned Parenthood’s tactics to deceive women into thinking they can’t handle motherhood, whether at its brick-and mortar-locations or its abortion buses, so women have the chance to understand the difference between the abortion business’s life-ending services and the life-affirming care offered by Save the Stork’s medical mobile units and pregnancy help centers.

“It goes back to equal access to motherhood,” she said. “Women deserve the right to know what’s happening inside their body and the abortion bus is a van of lies.”

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

New Abortion Data for 2022 from CDC Out, Shows Impact of *Dobbs* Decision

From Page 5

reduction in rates over the year, but the sudden shuttering of the abortion industry in these states after the court's ruling in *Dobbs*.

So, before the end of June, when *Dobbs* was officially announced, abortion clinics were still open and operational in those states. There is actually some indication that there was a short-term jump in abortions in the months leading up to that announcement, owing to a leak of the decision in early May.

But after *Dobbs* was announced and put into effect, many clinics in those states which had either full protections for the unborn or gestational limits ended up closing their doors, reducing abortions to near zero.

This would mean that the numbers reported by the CDC for these states more accurately reflect half year totals than just simple reductions. Subsequent official reports from these states may show only a handful of abortions for emergency or health conditions.

Some of these women went elsewhere or ordered abortion pills online. But the overall national drop is an indication that the court's decision and these state laws clearly saved lives.

CDC does show increased state travel

When *Dobbs* allowed states to limit abortion within their borders, numbers of women traveled to neighboring states, often lured or even funded by wealthy abortion funds or sympathetic state governments. CDC data backs this up.

Colorado shows 3,924 women from out of state seeking abortions there in 2022, about 2,400 more than in 2021. Out-of-state abortions in Illinois jumped by more than five thousand from 2021 to 2022. The number of abortions overall more than doubled during that time in New Mexico with more than 62% being performed on women from other states in 2022.

States such as Michigan, Pennsylvania, New York, Oregon, and Washington--each with aggressive abortion activist governors--all saw increases not just in the overall number of abortions but the number of out-of-state abortions as well.

Given the large numbers traveling out of state for abortions, that the CDC shows abortions nationally declining overall is both remarkable and encouraging. The absence of data from California and other states for both years, however, makes the full and final impact unclear and uncertain.

Large increases in out-of-state abortions were also seen in other states such as Florida, Georgia, North and South Carolina. Due to legal and legislative arguments going on in those states in *Dobbs*' immediate wake, abortion was more readily available there at that time than it was in neighboring states.

The number of recorded abortions there, among both state citizens and out-of-state travelers, would be expected to decrease in coming years as the CDC data catches up with more recent changes in state laws.

Chemical abortions continue rising

Amidst the good news from the CDC is a cautionary note. The number of chemical or "medication" abortions using drugs such as mifepristone and/or misoprostol continued to rise, from 56% of recorded abortions in 2021 to 57.7 % in 2022, a relatively large increase in just a year's time.

Other sources (which ostensibly include data from abortion giants such as California and several of the other states that CDC figures lack) place the national percentage at 63% for 2023.

This is important because data from the abortion industry show that, thanks to recent actions by the Biden administration, there has



been an increasing number of abortions by women using pills that they ordered over the internet and had shipped to their homes.

How many of these are officially reported in any state statistics and how well they are recorded in any industry studies is currently unclear. What is clear is that the abortion industry intends to use chemical abortions to make up for the abortion "deficit" brought about by new state legislation protecting the unborn.

Other insights from the data

Abortions are being performed earlier in pregnancy, not surprising due to the heavy promotion of chemical abortion developed to work before ten weeks gestation.

Statistics also show later abortions rising in 2022. Abortions at 21 weeks or more now comprise about 1.1% of all abortions. They had seemed to drop back to about 0.9% in 2021 but are closer now to levels shown in the past decade.

Unfortunately, while it is not a new development, abortion rates continued to be higher for minorities than for the rest of the population. Though abortion and demographic data from about a third of the states is missing, among reporting states, abortion rates for black women (24.4 abortions for every thousand women aged 15-44 in that demographic group) continued to be more than twice that of Hispanic women (11.6 per thousand) and more than four times what it was for white women (5.7 per thousand).

As has been the case for years, women who abort continued to be much more likely to be unmarried (87.7%).

Where previous history is known, 43.8% are known to have had at least one previous abortion. More than one in five of those having abortions in 2022 have had at least two previous abortions.

Nearly six in ten aborting women has had at least one previous live birth.

Data on maternal deaths associated with abortion is always a year behind with the CDC. But the agency reported that there had been at least five deaths due to legal abortion in 2021, showing once again that making abortion legal never automatically made it safe.

How “shy conservatives” can save hysterical Democrats in deep denial about the outcome of the presidential election

By Dave Andrusko

My self-assigned job is partly to keep track of what the genuinely troubled pro-abortion left [read Democrat] is saying about the outcome of the 2024 presidential election. Literally, they cannot process that pro-abortion Vice President Kamala Harris could possibly lose to Donald Trump the “Nazi” in a blue suit.

I’ve written about it a great deal since November 5th but nothing compares to “How Trump Got in Americans’ Heads and Stayed There,” by Tressie McMillan Cottom.

Her generalizations are so sweeping and so bathed in hate it is difficult to take her seriously. But we should, because places like the *New York Times* will provide a safe place for the likes of Tressie McMillan Cottom and her many, many kindred souls to spew their venom.

I will offer four paragraphs from her essay and then turn to a possible explanation and remedy:

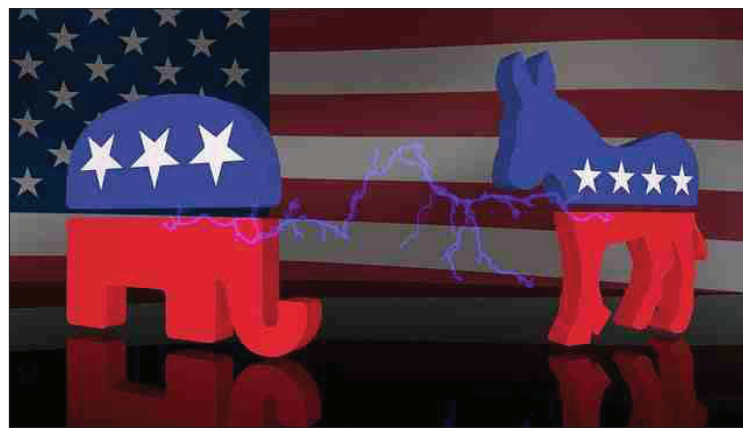
The long and the short of it is that circumstance and history forced Kamala Harris, a potential change candidate, to run as an incumbent during a global anti-incumbency, pro-authoritarian political wave. The only surprise here is that anyone expected the United States to be exceptional by bucking the global headwinds that favored a conservative populist. ...

If you are looking to understand Donald Trump’s unusual hold on our cultural politics, look to the tradwives, podcast bros and wellness influencers.

Her descriptions of each are, at best, caricatures, at worst vicious

in ascribing racism to all three but especially what Cottom calls wellness influencers.

There is an underlying white nationalist thread at play here — clean is synonymous with whiteness — and independence is often associated with liberation



from a multiracial state. ...

The sexist, racist notions about who belongs in the home, who should have a voice in public and who should be excluded from the state were ready-made to appeal to these communities.

How can we—at least partly—explain why [as Jacob Berman, vice president of the of Princeton College Republicans once said] “Republicans think Democrats are wrong, Democrats think Republicans are evil.”?

John Masko takes a run at it in “Shy Conservatives Keep the Left in Its Bubble: Otherwise reasonable people believe crazy things because nobody dares challenge them.”

He starts by writing about “a closeted Republican friend [who] sent me a compendium of messages and social-media posts he had gathered from some of his left-of-center colleagues. They were utterly wild.”

Why, for example, would one “man sarcastically congratulate his fellow Americans for voting for four more years of ‘fascist ideology,’ ‘blatant misogyny and racism,’ ‘toxic masculinity’ and ‘spiritual bankruptcy’”?

Obviously one explanation is “the echo chamber of the media and the Democratic Party” which

have been incubated, Americans with right-of-center views tend to keep those views to themselves.

Ironically, Masko suggests, the only way we can save such ideologues from themselves may be by having the courage—in a cancel culture—to no longer be “shy.”

All this came to mind when I read those hysterical social-media messages. I think of how much these genuinely frightened friends and colleagues could benefit from knowing that there are people they like, people they trust, who have a different take on things, who might be able to reassure their friends and neighbors that their fears are unrealistic and exaggerated—that the country will still exist in four years and it will still be the United States of America.

For those who are shy about dissenting, I understand the risk you would assume by speaking, even to close friends from whom you’ve hidden your true beliefs. But I believe you should do it anyway. I think that cancel culture is receding and that you’ll find the water warmer than you expect, but I can’t guarantee that. What I know for sure is that for as long as America remains a self-censoring society, it will also remain an extreme, polarized and deeply unhealthy one. All of us have a part to play in repairing it.

reinforced each other’s fascist fantasies.

But there is another reason, one that conservatives are far less likely to mention, since it implicates them. One thing the election results proved beyond a doubt is that Americans with conservative views are everywhere—in every city, every state and every demographic group, far more than we knew. But the shock of the election results demonstrated how many Americans are willing to vote their values at the ballot box even as they remain unwilling to explain that vote even to a pollster, much less to a friend. Particularly inside elite government, business and academic enclaves, where the darkest fears about Mr. Trump

The morally significant difference between a human embryo and newborn? There is none!

By Nancy Flanders

Major media outlets have been attempting to discredit Live Action's "Baby Olivia" video, which offers a medically accurate, animated look at life in the womb beginning at the moment of fertilization. Though "Baby Olivia" has the support of doctors and medical experts, *The Washington Post* described the video as "not technically wrong but potentially confusing," because it uses fertilization to date the pregnancy rather than the date of a woman's last menstrual period (*during which a child has not yet been conceived*). It claims that this two-week difference is "morally significant" in the abortion debate, while it dehumanizes the preborn child at every turn.

But there is no *morally significant* difference between a human embryo and a human newborn. They are both equally human and equally worthy of protection.

Patrick Lee (a John N. and Jamie D. McAleer Professor of Bioethics and Director of the Institute of Bioethics at the Franciscan University of Steubenville), along with Robert P. George (McCormick Professor of Jurisprudence and Director of the James Madison Program in American Ideals and Institutions at Princeton University and a member of the United States President's Council on Bioethics and the United Nations Educational, Scientific and Cultural Organization World Commission on the Ethics of Scientific Knowledge and Technology) note in a study:

The human embryo is the same individual as the human organism at subsequent stages of development. The evidence for this is the

genetic and epigenetic composition of this being—that is, the embryo's molecular composition is such that he or she has the internal resources to develop actively himself or herself to the next mature stage—and the typical embryo's regular, predictable and

by denying fact.

It quotes Michael Belmonte, an OB/GYN and fellow at the pro-abortion activist group the American College of Obstetricians and Gynecologists. Belmonte attempts to downplay an embryo's heartbeat as the *Post* reports, "The video's 'heartbeat' mentions are also problematic, he said, because the heart would not

home the false idea that human embryos aren't human.

Euphemisms such as 'electrical system' are meant to distract people from scientific reality.

Dr. Mobeen Syed notes in a video that heart formation from the "third week to fifth week is really important." He states:

[The] heart is the very first organ that starts



observable behaviour—that is, the embryo's actual progression through an internally coordinated and complex sequence of development to his or her mature stage.

The study continues, "[T]o destroy a human embryo is precisely to destroy a new, distinct and complete human organism, an embryonic human being."

The heart

The Washington Post attempts to dehumanize preborn children

yet be developed at the point that Live Action claims. He noted that the video uses the sound of a fully developed heartbeat, rather than the electrical impulses that would actually be heard."

However, the heart is the first organ that begins to function and at three weeks is working to pump blood to the rest of the embryo, though it does not yet have four chambers. Doctors and scientists confirm this. The heart is an electrical system and the beat is electrical impulses, but since some people struggle to imagine any person without a heartbeat being alive, euphemisms hammer

developing and it is the first organ that reaches a functional state. Can you imagine that the heart reaches a functional state even before its own development completes? When the heart is in the form of a tube, even then it is pulsating and it is beating and it is pumping blood.

The reason for that is that until the second week of the development,

The morally significant difference between a human embryo and newborn? There is none!

From Page 38

the embryo can receive the oxygenation and nutrition through diffusion and it can rid of the waste products in the same process. However, after the second week of development, [it] is big enough that the embryo cannot now just survive using the diffusion mechanism. So it does need some sort of a vascular system and it does need some sort of circulation and so [the] heart has to be developed.

Regardless of the exact day and time an embryo's heart begins to beat, the images below make it clear that human embryos are human beings and their humanity should not be denied in order to justify killing them for the sake of convenience.

Abortion ends a human life

The Washington Post claims that in creating "Baby Olivia," Live Action is attempting to 'manipulate people's emotions rather than truly sharing science based facts.' It also took issue with Olivia having a name. "[I]n doing so, the video is attempting to convince students that abortion means ending human life," it said.

To put it bluntly, abortion does end human life. The being in the womb of his human mother is a living, growing, human organism — genetically distinct from his parents.

Above is a photo of Baby Harriet, whose body was discovered on March 25, 2022, in a medical waste box outside

of Washington Surgi-Center abortion facility in D.C., about to be placed on a truck bound for Curtis Bay Medical Waste Services. She is believed to have been 28-30 weeks gestational age. It is unknown why she was aborted well beyond the arbitrary 'age of viability,' but there is no denying she is a human being. The same is true of Baby Christopher X.

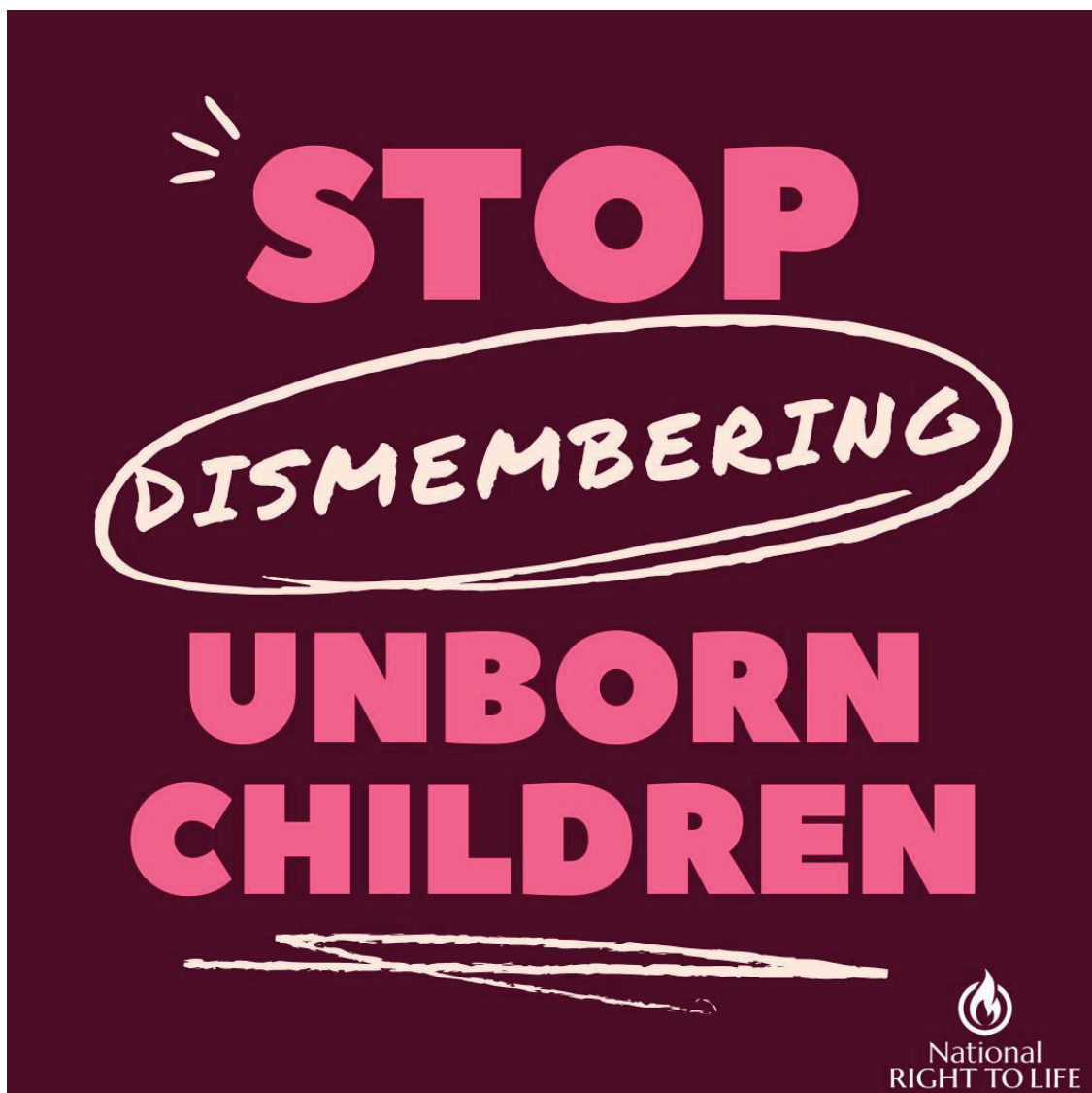
Christopher X was found in that medical waste box along with Harriet and 113 other aborted children.

None of these children deserved to be callously killed simply for existing. While there are physical and developmental differences between human embryos or fetuses and newborn babies, children, and adults, there are no moral differences as *The*

Washington Post attempts to argue.

A human being is a human being no matter the stage of her development, what day her heart begins to beat, whether she is 'playing' in the womb, or the number of days she has lived.

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



Do You See What I See?

From Page 2

inquiring about a paid position. When I assured her otherwise, she was so pathetically grateful for my willingness to help them help the poor that a wave of shame washed over me.

How many times, I thought, had I brushed past these magnanimous folks, who patiently waited for

The moral of this story needn't be belabored to tenderhearted pro-lifers. When our culture "looks" at the vulnerable, all too often there is a failure to recognize and therefore an inability to reach out in love and compassion. This is never more true than in our treatment of the

Jesus healed out of a deep well of compassion. He restored many whose bodies, hearts, and souls were weighed down with immense physical and emotional burdens. But he was also teaching us a timeless lesson: unless we are willing to open our eyes, we will be blind to the hurting around us.

over partial-birth abortion cannot be exaggerated.

People needn't be anywhere near where we are to be virtually sent reeling. Witnessing even a simple line drawing of this abomination can turn opinions upside down. A pseudo-serious support for "choice" in the abstract cannot coexist for long with the concrete reality of this brutal assassination of helpless children.

For many, many people, head knowledge will become heart knowledge and ambivalence will be transformed into empathy.

Our culture has chosen to willfully suppress what it always knew—that unborn children are children yet to be born, a classic example of what historian Russell Jacoby once called "social amnesia." But the monstrous evil that is partial-birth abortion — a procedure that is essentially indistinguishable from infanticide — is shearing away the excuse people have used from the time immemorial to explain away their complicity in evil: "I didn't know."

And because eyes are being opened, ears unstopped, and hearts unshackled, what William McKenna once called our "unforced revulsion" at abortion is finding a wider audience. These telltale signs suggest we are cutting through the static of lies and distortions, establishing a clear channel to convey our message of love and hope for mother and unborn child.

We pray that one day soon, the ethos of discrimination and brutality that marks the abortion ethos will prove itself to have been an aberration, a loathsome interim ethic. And when that glorious day comes, it will be because you have proven yourselves to be the antitoxin to the poison of inhumanity, the antidote to indifference, and the answer to injustice.

Let me say, humbly, bless you for all you have done.



some sign my heart was at least a few degrees warmer than the temperature outside? How many times had I been so self-absorbed that these devoted volunteers simply blended into the brick facades behind them?

I was mortified when I recalled that even though I had occasionally given money, never **once** had I emerged from my self-absorption long enough to actually "see" them, let alone grasp what their silent vigil stood for. Because I had always looked through them, they never really existed for me.

I hastily volunteered for several assignments. (In what was surely a feeble attempt at expiation, I made sure that one of them was on my birthday.)

littlest Americans, the unborn child.

However, it wasn't just because of the news account and the subsequent phone call that I saw these kindly souls with new eyes. I was already predisposed, if you will, because Christmas was approaching, to Christians the celebration of the birth of the Messiah.

Even those who do not share the faith honor Jesus for his unconditional expression of love for widows and orphans, the sick, and the social outcast, his loving admonition to care for the least among us. This most assuredly included little children, as the poignant gospel account in Luke 18:15-17 reminds us so beautifully.

While it is not my intention to idealize pro-lifers, it would be false modesty to ignore that they demonstrate a tremendous capacity to truly "see" what others either cannot, or choose not, to see. It is no accident that pro-lifers defend unborn babies. Love and concern for the downtrodden, the dispossessed, and the marginalized is what gives their lives a rich unity of purpose.

The great hope of the pro-life movement is that despite our nation's descents into inhumanity and indifference, the self-image of Americans is deservedly of a good people, blessed in a unique way. And it is because Americans are fundamentally decent people that the significance of the debate

Abortionist wrestled with decision to have her own child killed at 23 weeks: 'I called him our baby'

From Page 31

The 'luxury' of 'choice'

Chen wrote, "There I was in my bed, agonizing and frantically Googling questions like "will my baby feel pain," "can my baby hear my voice," and "am I a bad person." While this seems puzzling considering Chen's medical training, someone who kills preborn children for a living would likely have little interest in studying the prenatal development of human beings in the womb, since that person would necessarily dehumanize that child (or ignore his existence entirely) in order to do his or her "job."

As *Live Action News* has documented, some studies have indicated that a child in the womb may feel pain as early as eight weeks gestation, and others have shown that at the very latest, preborn children can feel pain by the end of the first trimester. And preborn babies begin to hear and respond to sound by approximately 22 weeks gestation (20 weeks after fertilization).

"Trying to be pragmatic, my husband and I made dozens of pros and cons lists, read all the published literature available, and consulted with every physician we knew about our baby's condition," Chen claimed.

The very concept that humans would create a pros and cons list regarding whether they should kill their child is horrifying. Perhaps this is why Chen, despite being an abortionist, described the decision to abort her baby as the "luxury of choice."

"In the end, no matter what conversations or conclusions we had drawn throughout the course of the day, it never felt like a simple choice. Were we willing to take the risk that our child may live a life of pain and suffering or were we willing to say goodbye? After all my advocacy in helping others achieve the ability to choose, I suddenly felt burdened by the luxury of choice," she said (emphasis added). Perhaps that is because deciding whether an innocent person should live

or die isn't truly meant to be the decision of finite human beings.

Abortion to "protect our baby"

But ultimately, Chen and her husband framed their decision to kill their child as one of "protect[ing]" him. And yet, the most common abortion procedure in the second trimester is a D&E, which involves the dismemberment of the living baby in utero, who, according to the latest research, can feel pain. The other abortion procedure Chen may have undergone was an induction abortion, in which the abortionist injects a drug to cause a child to go into cardiac arrest. (A less common method is to transect the umbilical cord before dismemberment or delivery).

"In many ways I am lucky and grateful for many things: I live in a place that allows for abortions to occur up to 24 weeks, I have the friendship and expertise of the pro-abortion providers and staff that have chosen to take care of me, and I have a husband who supports me and reminds me that, in the end, only I can make this choice to protect our baby," she wrote.

"As my doctor consented me for my procedure, words I've repeated hundreds of times in my own practice, everything in my body screamed 'NO!' while I heard my voice tremble 'ok,'" Chen admitted.

Chen fully understood what she had consented to. Her fellow abortionists have described the second-trimester D&E abortion procedure as "destructive and violent."

Planned Parenthood abortionist Lisa Harris once acknowledged the hesitancy of abortionists who commit dismemberment abortions, writing, "I trained to do D&E procedures to about 23 weeks as a resident.... I began working as a staff physician at a clinic that provided surgical abortion... The process of moving the gestational age limit beyond 14 weeks was slow... some staff members were initially uncomfortable with the prospect

of dealing with larger fetal parts."

Late-term abortionist Warren Hern concluded that these abortions create an "unusual dilemma." He said, "[The D&E] procedure is rapidly becoming recognized as the procedure of choice in late abortion, but those capable of performing or assisting with the procedure are having strong personal reservations about participating in an operation which they view as destructive and violent."

Abortionist William Rashbaum told *The New York Times* that a D&E abortion is "a horrible procedure."

As for an induction abortion, OB/GYN and former abortionist Dr. Patti Giebink explained in a video for Live Action:

Because the child is so large and developed, an abortion procedure at this point takes two to three days to complete. ... On day one, mifepristone is given orally. Mifepristone blocks the pregnancy hormone progesterone causing the lining of the uterus to degenerate, starving the fetus of vital nutrients and oxygen. Mifepristone alone doesn't necessarily kill the fetus, so fetal demise [death] is often induced beforehand. This is often only done for babies 20 weeks or older.

A syringe with a large needle is filled with a drug called digoxin. Digoxin is used to treat heart problems, but an overdose of digoxin will cause fetal cardiac arrest. A long needle is inserted through the woman's abdomen or vagina and the digoxin is injected into the fluid surrounding the fetus under ultrasound guidance.

She noted that digoxin does not kill the preborn baby immediately, which is why it is

administered one to two days before the abortion is completed. For digoxin to be more effective, it is often injected directly into the fetus in the heart, body, or umbilical vein. If the baby doesn't die within 24 hours, the injection is repeated. Twenty-four hours later, the woman is given misoprostol to cause contractions and labor if she hasn't already delivered a premature living baby, as women undergoing this procedure are warned can happen.

There hundreds of are known cases of babies surviving abortions and being left to die, and there are cases of babies being killed after surviving an abortion attempt.

Choosing death as the act of a 'loving mother'

"I have very few words of wisdom as I am still walking this path of grief, heartbreak, and even guilt," wrote Chen. "What is this thing we call 'choice' made up of anyway? For me, the many excruciating components of our choice have deepened my perception of this concept. I believe I have made an impossible choice and felt deep pain to protect my baby and my family."

"Although I have no living children, I believe I have chosen to be a loving mother," Chen wrote.

"The last thing I remember before the anesthesiologist injected midazolam [which puts a person quickly and relatively briefly into a hypnotic, sedated state] into my veins was begging my doctors, my colleagues and friends, to please tell my baby that my husband and I love him very much. They promised they would."

Then they killed her baby.

Sadly, because Chen feels that homicide was a "loving act" that she as a mother chose for her baby, it seems unlikely that she will stop killing other women's babies anytime soon.

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

Pro-life group fact-checks '60 Minutes' for outright lies about OB/GYN training in Texas

By Nancy Flanders

Secular Pro-Life executive director Monica Snyder recently exposed brazen pro-abortion lies promoted on the CBS News broadcast *60 Minutes*. During the episode, Dr. Eve Espey (an abortionist; more about her later) told reporter Sharyn Alfonsi that medical residents in Texas are no longer legally allowed to learn a variety of standard care practices since the enactment of the state's pro-life laws.

"They lack an opportunity to learn trauma-informed care, diagnosing pregnancy complications in the first trimester and in the second trimester," Espey lied. "They miss learning miscarriage care, ectopic pregnancy care, pregnancy of unknown location care. I mean the list goes on and on."

Alfonsi then gave her own false account regarding Texas medical student residents. "Those [procedures and treatments] are part of the training required to become a certified OB/GYN anywhere in the US. But here's the problem," the reporter claimed. "In Texas, some training is no longer offered because of the new laws. That means OB/GYN residents now have to leave the state for two to four week rotations to get the required training."

60 Minutes reported this as fact, but it's entirely false.

How does Texas law define abortion?

Under Texas law, "abortion" is defined as (emphases added):

[T]he act of using or prescribing an instrument, a drug, a medicine, or any other substance, device, or means **with the intent to cause the death of an unborn child** of a woman known to be pregnant. The term does not include birth

control devices or oral contraceptives. **An act is not an abortion if the act is done with the intent to:**
(A) save the life or preserve the health of an unborn child;

(B) remove a dead, unborn child whose death was caused by spontaneous abortion; or
(C) remove an ectopic pregnancy.

Under the state's pro-life SB8 law, a doctor may commit an induced abortion if a woman's life is considered to be at risk.

Together, the laws make it clear that only induced abortion — the direct and intentional killing of the preborn child — is prohibited in Texas. All valid pregnancy-related care is allowed. Yet the lies that women are dying and doctors are prevented from helping them because of the pro-life law continue to make the rounds.

Does Texas law prohibit medical students from learning required OB/GYN training?

To be blunt, Espey is lying when she claims Texas law prevents medical residents from learning the standard care that is required to become a certified OB/GYN.

Snyder pointed to the website of the OB/GYN residency program

planning, which, among other things, includes learning miscarriage management, including medication, office manual aspiration, and procedural management in the operating room, which means D&Cs."

Clearly, medical residency programs in Texas provide training on the procedures and treatments that Espey claimed they are legally prohibited from providing.

Medical residents desiring induced abortion training have opportunity to travel out of state

Snyder then noted, "This is an important part of their description of the residency program: 'During this rotation, fourth-year residents **have the ability to travel out of state**' — out of Texas — **'to receive opt-out induced abortion training'**" (emphases added).

"What does that mean?" said Snyder. "It means a couple of things. First of all, it means that **training on induced abortions is different than training on miscarriage management**. It also means **the medical residency program offers training on miscarriage management in Texas** as a standard and required part of the program. This isn't surprising" (emphases added).

Snyder explained:

The Accreditation Council for Graduate Medical Education (ACGME) sets the standards for any medical residency program in the

out of the University of Texas Southwestern Medical Center, which lists what care practices it teaches to its medical residents.

She explained,

"They go into a lot of detail about what they teach their medical residents in Texas, including not only maternal fetal medicine and obstetrics but even a rotation for obstetrics and gynecology emergency services. In that rotation, they treat over 20,000 patients annually, which offers their medical residents exposure to a wide range of conditions including ruptured ectopic pregnancy, pelvic infections, and medical complications of early pregnancy. They also have a rotation for family



Pro-life group fact-checks '60 Minutes' for outright lies about OB/GYN training in Texas

From Page 42

country to be accredited. They have a long list of program requirements for graduate medical education in obstetrics and gynecology.

They list requirements for the program in terms of family planning, including clinical experience in all forms of contraception, educating patients on the surgical and medical methods of abortion, experience in managing the complications of abortion, but when it comes specifically to the clinical experience of actually providing abortions, they have a few extra notes.

Basically, **if a residency program is in a jurisdiction where induced abortion is illegal, then the program has to cover the costs for someone to travel out of state to get clinical experience in providing induced abortions.**

This proves, said Snyder, that medical residents are actively training in miscarriage care, pregnancy complication management, management of abortion complications, and any other pregnancy-related condition within the state of Texas. It's required for accreditation.

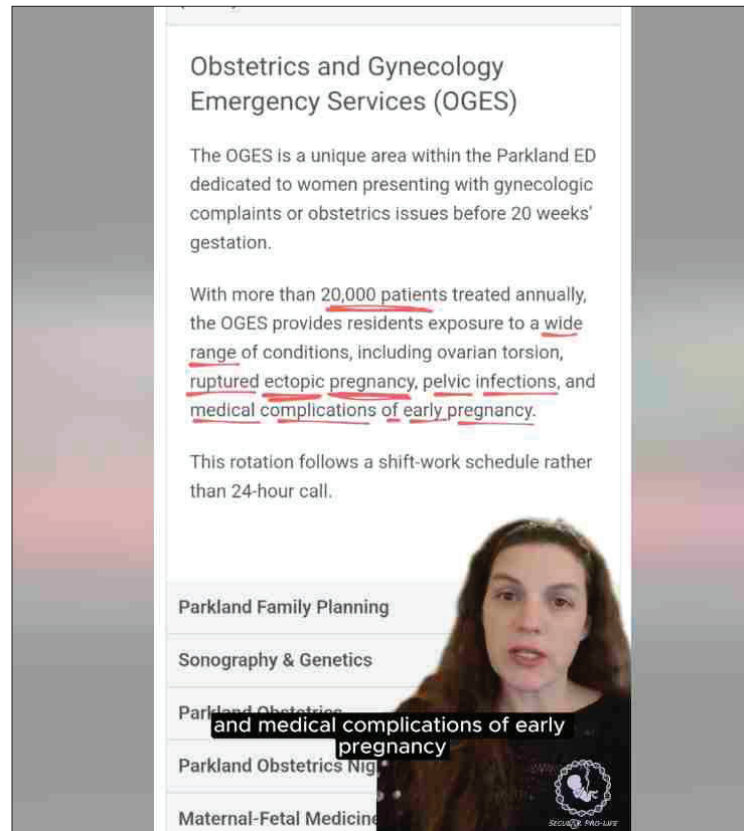
"There are no notes here about how if it's unlawful to teach your residents miscarriage management, you need to cover travel for them to go out of state to learn it because it's [miscarriage management] not unlawful," said Snyder.

Committing induced abortion as part of training must be accessible, but residents can opt-out

ACGME clearly states that

a residency program must make clinical abortion training accessible and that residents can travel out of state to receive opt-

residents now have to leave the state for two to four-week rotations to get the required training" is a misrepresentation of



out induced abortion training. It is only required that there exists the option to learn to commit induced abortions, not that residents have to participate in induced abortions.

Based on the ACGME requirements, a residency program may have to cover residents traveling out of state to learn how to commit induced abortions if induced abortion is prohibited in their jurisdiction. But, as Snyder previously noted, traveling to receive clinical training on induced abortions is optional for the residents. Medical residents can 'opt out' of committing abortions due to religious or moral objections.

Therefore, *60 Minutes'* reporter Alfonsi's claim that "OB/GYN

the requirement.

They don't have to be trained on committing abortions, but that training must be made available to them.

Who is Eve Espey?

"So who is this doctor that 60 minutes is interviewing who just casually with a smile claims that medical residents in Texas don't learn any of this stuff?" asked Snyder.

According to *60 Minutes*, Espey is simply 'the chair of the OB/GYN Department at the University of New Mexico.' However, producers left out some key details.

Espey's faculty page at the University of New Mexico details that she won the Margaret

Sanger Award — Planned Parenthood's highest honor — in 2014. Named in honor of its founder Margaret Sanger, who had eugenic and discriminatory motives for launching what would later become Planned Parenthood, the award has not been given out since 2015. Espey was also the lead author, noted Snyder, of "Now is the Time to Stand Up for Reproductive Justice and Abortion Access," in which she argued that OB/GYNs should "prioritize" abortion advocacy, despite there being no medical need to intentionally kill a preborn child via induced abortion.

"Did you know that there are over 40,000 OB/GYNs in the United States?" said Snyder. "Did you know only 7% of OB/GYNs in private practice even provide abortion? I'm sure it's just a coincidence that *60 Minutes* happened to find an OB/GYN who is a hard-core abortion rights supporter and they happen to not mention that fact in the interview."

Espey may want Americans to think that committing abortions is a vital and common part of the OB/GYN experience. But it's not.

A National Survey of OBGYNs' Experiences After *Dobbs* shows that only 18% of office-based OB/GYNs commit abortions. It also found that when breaking down the numbers, only 29% of OB/GYNs practicing in pro-abortion states where abortion is legal actually commit abortions, while that percentage drops to 10% in pro-life states that have laws protecting most children from abortion.

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

Charlamagne Tha God CONFRONTS *The View* on Biden Lies, Legal Notes

By Nicholas Fondacaro

The liberal ladies of *ABC's The View* faced rare criticism of their antics to their faces during Wednesday's edition of the show. In open defiance of moderator Whoopi Goldberg, radio host Charlamagne Tha God went there and called out President Biden for damaging himself by lying about not pardoning his son Hunter. He also noted that the media would not tell the truth about Trump during his second term and used *The View's* own legal notes as evidence.

When asked by Joy Behar for his reaction to the reaction to Biden's pardon, Charlamagne explained that "all of the criticism is valid because, you know, Democrats stand on this moral high ground all the time, and, you know, they act so self-righteous."

"The reality is, he didn't have to say anything in regards to whether or not his son wanted to be pardoned," Charlamagne proposed. "So, when he kept saying things like, 'ah, you know, nobody is above the law, I respect the jury's decision in regards to my son.' He didn't believe that. But he didn't have to volunteer that lie to begin with."

His mention of the fact that Biden lied triggered Goldberg, who interjected and wanted to know he could tell Biden lied:

GOLDBERG: I'm going to stop you for a second.

CHARLAMAGNE: Uh-oh.

GOLDBERG: Only because you don't know that it was a lie. We don't know why he changed his mind.

CHARLAMAGNE: You really think he just

changed his mind over Thanksgiving weekend all of a sudden?

GOLDBERG: No. I'm going to tell you what I think. I think he changed his mind because he got sick of watching everybody else get over.

Goldberg went on to whine that people expected Democrats to stick to the "moral" standards they set for themselves, and Charlamagne pointed out that they were the ones shooting themselves in the foot:

GOLDBERG: And he — this is just my feeling, because at some point you get to the place where you just go, 'So, I'm just going to follow the straight and narrow always, because that's what's expected of Democrats?'

CHARLAMAGNE: But that's their fault. They're the ones that go out there and they stand on this moral high ground. They don't have to do that.

GOLDBERG: I'm a Democrat. Tell me what the moral high ground is.

CHARLAMAGNE: The moral high ground is 'nobody is above the law,' 'I respect what the jurors are saying.' He didn't have to do that.

GOLDBERG: So, we're mad at him because he changed his —

CHARLAMAGNE: By the way, I'm not mad at him pardoning Hunter Biden.

GOLDBERG: But you sound like it.

CHARLAMAGNE: No. No. No. No. No.

Still unable to understand why people wanted to hold Biden to his and the media's shtick about

Hostin's recent string of legal notes. "Well, well, let's be honest, Sunny, I saw you had to apologize a couple times last week so somebody is coming with some notes from downstairs," he noted. Hostin grew indignant and argued that, "I'm not apologizing;



Charlamagne Tha God
The View video still

being the most decent man in politics who was fighting for the soul of America, Goldberg wanted someone to "explain to me why it is that when Joe Biden does something, everybody clutches their pearls."

Further in the interview, pretend independent Sara Haines questioned Charlamagne's predication that cable news would refuse to report accurately about President-elect Trump during his second term. "Not even just cable news, no network. Nobody. Because they didn't do it before. So why would they do it now? They're scared to death cause he's the president of the United States of America," he clarified.

"What about us? What about us?" Behar pushed back. Sunny Hostin adding, "Um, have you watched *The View*?"

That's when he called out

I'm making a legal note as an attorney of law... that's not a mistake." "Check ourselves here through ABC News," Behar falsely claimed.

But Charlamagne's premise wasn't correct either. According to him, the way the media weren't going to report accurately about Trump would be in the form of going too easy on him because "they're scared to death."

In reality, as we saw with Trump's first term and during the election, they had no problem with just making up stories and pushing hoaxes; like when Whoopi insanely claimed Trump was going to redistribute white spouses from interracial marriages.

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

On the eve of Christmas, Why I am so optimistic

From Page 2

be doing us all a disservice if we ignored what took place November 5. Donald Trump's triumph over pro-abortion Vice President Kamala Harris has been referred to as the greatest political comeback in American History. It was the latest illustration of what I would argue is the beginnings of a profound cultural shift.

Last year *Scientific American* ran a story that began this way

Two hours before a large earthquake, the ground seems to move—infinitesimally and without causing any shaking—a new study shows. This movement, known as an aseismic slip, may be a potential pathway toward predicting damaging quakes before they happen, the researchers say.

There are those who adamantly insist that Trump has no mandate. In their eyes, President-elect Trump beat a second-rate opponent burdened down by the record of a cognitively-impaired President Biden who undermined her campaign in payback for a palace coup that unceremoniously ousted him.

In fact, truth be told, the ground beneath American politics is shifted. Who knows where the fault lines will be two years from now. Huge numbers of Hispanics voted for Trump in 2024—an sign, perhaps, of an aseismic slip?—and who knows whether they throw off their allegiance to the Democrat party.

To switch metaphors, Mr. Trump is shaking up the

electorate, almost like a kaleidoscope. The results will be a continuation of a fundamental rethinking of what we have become as a people.

Finally, the four years of the pro-abortion-to-the-hilt Biden/Harris administration was like manna from heaven, so to speak,

before Trump turned away, and a second bullet coming dangerously close to his head as well?

I have my own explanation, which I imagine many of you share.

Then we are so encouraged by the difference between the tentative way Trump rolled out his team for his first term

And, please remember, there are many transformative forces at work above and beyond politics--all to the good.

Do I believe the anti-life forces will close up shop and beat their swords into plowshares? Of course not, tragically. They will be more aggressive than ever.



to the abortion industry which makes a fortune off of the misery of unhappy women and the blood of millions and millions of unborn children. Had Vice President Kamala Harris become President Kamala Harris, there is no telling where the slaughter would end.

Ask yourself what explains a would-be assassin's bullet skimming President Trump's ear,

and the swift, aggressive, well thought out way he is putting his second team in place. It is night and day.

As I suggested above, his election could—and I believe will—signal a fundamental political realignment. So, too, I believe it could—and I believe it will—offer the opportunity to realign our nation's views on abortion.

However, I believe our nation is on the brink of revisiting the many missteps we have taken, not only because of Biden and Harris, but accelerated by their many foul deeds.

That is why I am so optimistic on the eve of Christmas. I hope you are as well.

A happy and blessed Christmas to the greatest Movement for social justice of our time.

Honoring Baby Poe: A Urgent Call to Defend Life in Kentucky

By Addia Wuchner, Executive Director, Kentucky Right to Life

Dear Friends of Life,

In this season of Thankfulness, Advent, and Christmas—when love abounds and hope is celebrated—we are reminded of the beauty of life.

Yet, we must also confront sobering truths.

Several weeks ago, we mourned the loss of Baby Poe, whose mother, Mary Poe, made the tragic decision to end his precious life.

Mary Poe (the pseudonym used in the case to represent ALL Kentucky women) is at the center of a class-action case filed by the ACLU, seeking to overturn Kentucky's pro-life laws and reopen abortion centers across our state.

This critical case is set to return to court in January and be pushed all the way to the Kentucky Supreme Courts. It puts the lives of countless unborn children in jeopardy.

We need your help now more than ever!

Please take a moment to sign the Voice for the Voiceless at

<https://kyrighttolife.org/2024/12/baby-poe-petition/>

The "No Matter How Small"

Together, we can ensure that every child's life is valued and defended.

Baby Poe's life, though brief,

and we honor it by remaining steadfast in our mission to protect and cherish every unborn child.

If you would like the 'No Matter How Small' petition to gather signatures at your church or group, please call our office at 502-895-5959.

Heavenly Father,

We entrust Baby Poe to Your care, knowing that every life is precious in Your eyes.

Strengthen us in this critical hour to be voices for the voiceless.

We pray for Mary Poe and all mothers in crisis, that their hearts may be opened to the Gift of Life.

May Baby Poe's memory move us to greater resolve and inspire others to stand for Life.

Amen.

Thank you, dear friends, for standing with us in prayer and action during this holy season. Together, we will continue to fight for life, hope, and love for the most vulnerable.



petition shows your support for Kentucky's pro-life laws and the unborn children they protect.

reminds us of the stakes in this fight. We will not forget you, Baby Poe. Your life mattered,

Key highlights from the Leadbeater assisted suicide Bill Second Reading debate

From Page 16

designated as terminal, despite being fully treatable”.

“There are many questions, but in this Bill the most prominent problem is that, in a legal context, if the availability of assisted dying is limited only to those who are terminally ill, it is discriminatory either to those with or without terminal illness. Either their right to autonomy is greater than others’, or the value of their life is worth less”.

Lockhart concurred saying “As has been the case in every country where such legislation has been introduced, it would see the rapid expansion of eligibility criteria, and it cannot protect against the unreliability of a terminal diagnosis. When we look at the complications of the drugs used in places such as Oregon, we see that it would not guarantee a good death”.

Expansion of the legislation

A number of MPs also drew attention to the possibility of the expansion of the criteria for assisted suicide referring both to other jurisdictions in which this has already happened, and to the ways in which the Leadbeater Bill as written could expand.

Sir John Hayes said “Neither shall I talk too much about what happens in other jurisdictions, except to say that it is certainly true that everywhere it has been introduced, assisted dying has expanded—not always by subsequent legislation, but often through judicial interpretation”.

DUP [Democratic Unionist Party] Jim Shannon questioned Leadbeater saying “I remind her that Belgium started off with a simple project like the one she refers to but it deteriorated and expanded to include sufferers of dementia and under-18s—children. What guarantees do we have that this legislation will not end up with a situation like that in Belgium, in which case anything goes? Is that what the Hon. Lady wants? I do not want that. Does she?”.

Sir Oliver Dowden raised his concerns about the possibility of “judicial activism” where new meaning is given to words in the

Bill not intended by MPs voting on the Bill “[W]e have seen, time and again excessive judicial activism taking the words in this House and expanding their meaning into places we had not foreseen. What reassurances can she give that the words in her Bill will be respected by the judiciary and that we will not find ourselves in a decade’s time in a totally different place that this House did not intend?”

Palliative care

Danny Kruger, Diane Abbott, Rachael Maskell, Sir Edward Leigh and Tim Farron also drew attention to problems with the palliative care available, suggesting that the solution to suffering at the end of life lay here rather than in the state facilitating suicide.

Danny Kruger said “My view is that if we get our broken palliative care system right and our wonderful hospices properly funded, we can do so much more for all the people who we will hear about today, using modern pain relief and therapies to help everybody die with a minimum of suffering when the time comes. We will not be able to do that if we introduce this new option; instead, we will expose many more people to harm”.

The Mother of the House drew attention to the fact that “If the Bill passes, we will have the NHS as a 100% funded suicide service, but palliative care will be funded only at 30% at best”, while the Father of the House, Sir Edward Leigh, said “doctors are there to prolong life and palliate symptoms. Were this to change, then we would not be doctors in the eyes of many, but bringers of death, agents of a state which counts its weakest members as expendable and worthy of nothing but an early grave”.

“A lot of the impetus around this debate, and the reason why people in opinion polls are apparently supportive of this measure, is that they are terrified of dying in pain. There is no need for this. When I talk to consultants and practitioners in palliative care, they say that they can manage pain”.

Labour MP Rachael Maskell drew attention to funding issues with and lack of access to palliative care in her speech saying “Funding for palliative care has regressed against rising demand in an ageing society with growing comorbidities. Hospices are paring back services. Research by the Anscombe Bioethics Centre in Oxford highlights how jurisdictions with assisted dying fall down the rankings on palliative care, while promised funding never materializes.

When more than 100,000 people, predominantly in poverty, from minoritized communities or based on postcode, fail to access any palliative care despite needing it, or when those who access care do so from frequently overstretched services, unable to make timely or optimized interventions, or when, for most, care starts far too late, tragic testimonies follow, as we have heard in recent days”.

“We all know that the NHS is under significant duress, and just cannot do what it should. Social care is fragmented and costly, and palliative care is significantly underfunded and inequitable. This is a mess. Following Lord Darzi’s devastating report, we must give my Right Hon. Friend the Health Secretary the opportunity to reset health and care. I believe that that is what we on these Benches were elected to do”.

Tim Farron said “We all know what is coming. Assisted dying means a shift in focus away from helping people to live in dignity and comfort, towards simply helping people to die. Then, it becomes a self-fulfilling prophecy. Let us not kid ourselves: palliative care is a postcode lottery in this country, especially for the poor and the old. If the motivation of those who choose assisted dying is to end their pain, we can be absolutely certain that those NHS trusts with the weakest palliative care offer will be those with the highest incidence of people choosing to die. In other words, it will not really be their choice at all”.

“A cliff edge”

Former Conservative party leadership candidate, Robert Jenrick, said “The Bill is not so much a slippery slope as a cliff edge. When we walk out of this Chamber, or out of the gates of this building tonight, we will, in a way, walk into a different country if the Bill passes. There will be different conversations around kitchen tables. There will be different conversations had by couples lying in bed at night, or on quiet country walks where people talk about difficult things. They will not be conversations that make our country a better place”.

“More important, there will be people who do not speak about these things at all. There will be imperceptible changes in behaviour. There will be the grandmother who worries about her grandchildren’s inheritance if she does not end her life. There will be the widow who relies on the kindness of strangers who worries—it preys on her conscience. There will be people—we all know them in our lives—who are shy, who have low self-esteem, who have demons within them. I know those people. I can see them in my mind’s eye. They are often poor. They are vulnerable. They are the weakest in our society. And they look to us, to Parliament, to represent them, to support them, to protect them. In their interests, I am going to vote against the Bill today. Sometimes we must fetter our freedoms. We the competent, the capable, the informed sometimes must put the most vulnerable in society first”.

Spokesperson for Right To Life UK, Catherine Robinson, said “On Friday, MPs opposed to the Bill raised a number of serious difficulties which, if not addressed, could see enough MPs who voted in favour of the assisted suicide Bill change their allegiance. Patients ending their lives due to feeling like a burden, the possible expansion of the law and the possibility of coercion are all problems intrinsic to assisted suicide legislation that cannot be amended away”.