



National RIGHT TO LIFE NEWS

May 2024





National RIGHT TO LIFE NEWS

NRL Conference “We Love Both: Standing Strong with Moms and Babies”

By Rai Rojas

From Sacramento, California, to Washington, DC, and many cities in between – the largest gathering of pro-life leaders in the country has always been hosted by the National Right to Life Committee. On June 28-29, we will be celebrating our 53rd Annual Conference in Arlington, Virginia, and it promises to be as informative, motivating, and essential as ever.

Attending the National Right to Life Conference has always been a meaningful experience for all of us who support the pro-life movement and want to engage with others who share our views.

It’s like coming home.

We pick up right where we left off the year before. We reconnect

with our friends and colleagues, catch up on what has been happening in our lives, and, as importantly, compare notes and battle scars from our fight for life in our home states. As we compare the strategies that have worked, we also share the lessons learned from those tactics that did not.

We learn from each other, and we grow.

This year, more than any other year before, the pro-life movement faces the most challenging battles in our history, from the single most critical presidential election of our times to the battles being

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**PRAYER BREAKFAST
2024**
Father Paul D. Scalia
June 28, 2024

Fr. Paul Scalia is a priest of the Diocese of Arlington, VA, serving as Episcopal Vicar for Clergy and Pastor of Saint James in Falls Church. He is the editor of *Sermons in Times of Crisis: Twelve Homilies to Stir Your Soul*.

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Supreme Court hears challenge to Idaho’s Defense of Life Act and Biden Administration’s use of EMTALA

By Dave Andrusko

WASHINGTON — For the second time in less than a month, the United States Supreme Court justices waded into the abortion controversy.

On March 26, the Court heard oral argument in *U.S. Food and Drug Administration v. Alliance for Hippocratic Medicine*. At the heart of that discussion before the justices were (a) whether the Alliance had legal standing to file the lawsuit; and (b) the decisions in 2016 and 2021 made by the FDA that greatly weakened regulations of the abortion drug mifepristone.

On April 24, in *Moyle v. United States*, Idaho defended its Defense of Life Act against the



National Right to Life President Carol Tobias speaking in front of the Supreme Court on April 24.

Biden administration’s twisted use of the Emergency Medical Treatment and Labor Act, a Reagan-era law that requires emergency rooms to provide or help facilitate life-saving care to those unable to pay, including pregnant women and their unborn children. If the Biden administration prevails, it would override Idaho’s Defense of Life Act and mandate abortion on demand throughout all fifty states in hospital emergency rooms.

Worth noting is “While there is no mention of abortion in the law,

See EMTALA, Page 24

Editorials

Biden's approval numbers sink to lowest ever

The latest *CNN* poll is so bad for pro-abortion Joe Biden and so good for pro-life former President Donald Trump that you only imagine the tremors it sent through the Biden camp. Here's a down and dirty summary, followed by a complete breakdown. The summary is from Byron York

New CNN national poll: Trump over Biden 49-43 in 2-way race, 42-33 in 5-way race. 55% say Trump's presidency was a success, while 44% say it was a failure. 61% say Biden's presidency has been a failure, 39% a success.

Momentarily we will also look at latest Gallup Poll which in some ways is even worse for President Biden. The headline is "Biden's 13th-Quarter Approval

Average Lowest Historically: Averages 38.7% job approval."

Back to the *CNN* poll. Jennifer Agiesta, *CNN* Polling Director, tries to soften the blow, but Guy Benson will have none of that:

Horror show of a CNN poll for Biden. Trump ahead outside the margin of error, up even bigger w/ expanded field. Majorities see Biden's presidency as a failure & Trump's as a success. 60% disapproval for the incumbent.

According to *CNN's* Agiesta **Negative views of Biden's work in office have held for much of his presidency. In the new**

See *Lowest*, Page 30



Pro-abortion President Joe Biden
Photo: Gage Skidmore

Extremist pro-abortion EMILY's List put 14 potential running mates for pro-life former President Trump "On Notice"

Well, here's a surprise. EMILY's List, a rabidly pro-abortion political action committee that spends millions and millions and millions of dollars every election cycle to elect hard-core, no exceptions, pro-abortion female Democrats, has warned pro-life former President Donald Trump about choosing a pro-life "extremist" as his vice presidential running mate.

Not, you understand, that it would change anything if Trump

did choose one of "14 extremist Republicans" that EMILY's List from EMILY's List's viewpoint. "No matter who he picks, the

(which the legacy media all dutifully ran) because the ticket will promote an "extreme anti-abortion agenda."

You have to admire their chutzpah. Of all the pro-abortion organizations on the face of the planet, EMILY's List has as good a claim as any for being the face of pro-abortion extremism. For them to call anybody on our side of the ledger "extremists" really is the pot calling the kettle black.

EMILY'S LIST
ignite change.™

has put "On Notice." Trump's "shortlist for potential 2024 running mates" are all awful, GOP ticket will be a huge threat to our reproductive rights," they tell us in a press release

From the President Carol Tobias

Now is the time to come to the aid of your country



One of my favorite classes in high school was typing. Our teacher said piano players are usually the fastest typers as their fingers were already used to moving around on a keyboard.

That certainly was the case in my class as most of the fastest typists were, indeed, pianists. That led to a healthy, but friendly, competition to see who among us was the fastest typist each week. That friendly rivalry still brings back fun memories.

And many years later, I still remember one of our first sentences to type: Now is the time for all good men to come to the aid of their country. When actual typewriters were used, not computers and laptops, that sentence filled up one line on a sheet of paper which, for some reason, made for a good typing lesson.

While I don't understand the magic of that one sentence for typing purposes, that phrase still strikes a chord in me-- one of patriotism, love of country, and pride in America.

This year, more than ever, I am urging all good men (and women) to come to the aid of their country.

Precious, innocent human life is being weighed on a scale this year. Will the scale tip in favor of life? Or will it tip towards death, with laws and leaders determined to end as many lives as possible?

We have elections to select leaders for the next two or four years. We have ballot measures in some states that will determine whether state constitutions stand for life or are amended to promote death.

I am pleading with you. If you believe in the dignity of human life; if you believe preborn children deserve to be protected as the most vulnerable members of the human family; if you believe the elderly and those with disabilities should be cared for rather than encouraged to end their lives by assisted suicide, now is the time to speak up.

Let's review what has happened in just the last three years under pro-abortion President Joe Biden.

- The Biden administration announced support for a national law that would remove any and all protections for unborn children.

The so-called Women's Health Protection Act would legalize abortion for any reason up to the moment of birth.

- The Biden administration has called for the repeal of the Hyde Amendment, which prevents the use of tax dollars from being used to pay for most abortions in the US.
- The Biden administration is sending millions of dollars to organizations that perform or refer for abortions as a method of family planning and is giving our tax dollars to organizations that promote and/or perform abortion in other countries.
- The Department of Defense is using tax dollars to provide transportation and expenses for military personnel to obtain an abortion. The Department of Veterans Affairs (VA) is using tax dollars to pay for abortions in its hospitals.
- The Food and Drug Administration (FDA) has removed most regulations on mifepristone, the abortion pill, even allowing pharmacies to mail the dangerous drug directly to a woman for a do-it-yourself abortion.
- The Biden administration is using the Emergency Medical Treatment and Active Labor Act (EMTALA), a 38-year-old law, to attempt to force all hospital emergency rooms nationwide to provide abortion on demand.

These are all in progress. What will our country look like if this continues for another four years?

What else could go wrong? We could very well see a change in our judicial system.

It is common to see comments on-line, even from members of Congress, arguing for an expanded U.S Supreme Court. The goal is to add four more justices to override the judges already on the court who honor the Constitution.

There is increasing pressure on pro-abortion

Justice Sonia Sotomayor to resign now so President Biden is able to nominate a pro-abortion radical to the court to replace her while he is still president. Even though she's only 69, there is great fear among abortion supporters that Justice Sotomayor will become another Justice Ruth Bader Ginsburg—hanging on until her death—which allowed President Donald Trump to nominate her replacement.

Who knows where this country will be if President Biden has another four years to remake the judicial system in his image?

There are efforts to add two more pro-abortion Democrat senators to the U.S. Senate by making the District of Columbia a state. This would make a pro-life filibuster even tougher, perhaps even eliminating the filibuster altogether in the Senate.

Are you concerned about increasing efforts to encourage those who have disabilities, are elderly, or have received a grim prognosis from the doctor, to end their lives prematurely? Do you think all life has value—even those who are considered “different,” or who face more challenges than most of us?

There are efforts underway to “allow” these individuals to end their lives—paid for through Medicaid and Medicare. While some would argue this is a “compassionate” societal response, if we look at where assisted suicide is already legal, we can see people being pushed into that decision because “it's best for your family.”

Several states will have measures on the ballot to amend state constitutions to remove any and all protections for preborn children. These must be stopped.

I realize I'm painting a very bleak picture, but we all must understand the seriousness of the elections this fall. There is so much that could go wrong—or could go right—depending on what happens and who wins.

And that is why YOU are needed! Whether it be your time, talent, or treasure, every individual who believes that human life has value is needed.

When 2024 ends, will you be able to look back and say, “I made a difference!” or will you say, “I wish I had done more”?

Get involved. Do something to make a difference. Now is the time to come to the aid of your country.

Federal Abortion Update: National Right to Life continues to monitor and pushback against the extreme Biden Administration agenda

By Jennifer Popik, J.D., Federal Legislative Director

While much of the attention in Washington, DC has been on passage of the high profile foreign aid bills in this sharply divided Congress, the Biden administration has been hard at work using their many administrative tools to expand abortion. Several controversial abortion-expanding rules were recently finalized. In addition, a new bill was introduced in the Senate to require the Biden administration to provide real data on abortions being done under a new controversial Veterans Affairs directive.

EEOC and the Pregnant Workers Fairness Act

In June 2023, the Pregnant Workers Fairness Act (PWFA) took effect after passing with wide bi-partisan support. The PWFA was enacted to fill a significant gap in regards to accommodating pregnant women -- one to ensure a woman could both continue working with modification and maintain a healthy pregnancy. The legislation contained explicit abortion-related language ensuring the bill could not be used as a back door tool to require employers to pay for abortion.

However, in the time since the Supreme Court overturned *Roe v. Wade* and *Casey v. Planned Parenthood*, the Biden administration has been stretching and twisting every law imaginable to protect abortion, particularly in states that enacted pro-life laws. The PWFA is no exception.

On August 11, 2023, the Equal Employment Opportunity Commission (EEOC) published a proposed rule to implement the PWFA. In an act of blatant

overreach, the proposal used the PWFA to establish a nationwide requirement that employers with 15 or more employees make “reasonable accommodation”



to enable employees to obtain elective abortion, including providing paid or unpaid leave. This mandate also applies to employers in states with protective pro-life laws.

On April 19, 2024, the EEOC finalized its abortion-expanding rule. On April 26, 2024, 17 state attorneys general took action, suing the EEOC.

Tennessee Attorney General Jonathan Skrmetti said in a statement, “Congress passed the bipartisan Pregnant Workers Fairness Act to protect mothers-to-be and promote healthy pregnancies, and the EEOC’s attempt to rewrite that law into an abortion mandate is illegal. I’m proud to lead the coalition fighting to protect the rule of law against this unconstitutional

federal overreach. If the EEOC’s rule stands, the State of Tennessee, the co-plaintiff States, and countless employers will be forced to allocate resources

the HIPAA Privacy Rule permits covered entities to disclose health information without patient authorization. These include exemptions for law enforcement

to support elective abortions or face federal liability—even in states that have lawfully chosen to restrict elective abortions. Seventeen states now bring this complaint to enjoin and set aside the EEOC’s unprecedented and unlawful mandate.”

Using HIPAA to Protect Abortion Providers

In similar fashion, the Biden administration is attempting to use a new interpretation of the decades-old Health Insurance Portability and Accountability Act of 1996 (HIPAA) to shield the abortion industry. HIPAA requires the development of national standards to prevent protected health information from being disclosed without the patient’s consent. In certain circumstances,

purposes, abuse, threats to health or safety, and for data collection.

On April 22, 2024, the Biden administration finalized a new HIPAA rule, intended to specifically insulate the abortion industry from accountability and to deliberately interfere with state laws protecting life. This new Biden rule will prevent health care providers in a state with legalized abortion from disclosing information to a court or to law enforcement to a state trying to investigate a potential violation of law.

There are rare but critical times that investigation into an out-of-state abortion is necessary. If a woman lives in a state

NRL President Carol Tobias: “Robert F. Kennedy Jr. supports unlimited abortion throughout pregnancy and he wants taxpayer dollars to pay for it”

By Dave Andrusko

Last week, third party presidential candidate Robert F. Kennedy Jr. added to his portfolio on the abortion issue. He offers some items that pro-lifers would agree with, some they would not.

But what cannot be missed is that there is no backing off from his promise to “safeguard women’s reproductive rights.”

Ryan Foley, who writes for the *Christian Post* headlined his story “RFK Jr. unveils new abortion platform: ‘More choices, more life.’” He talked with pro-life leaders, including NRL President Carol Tobias.

Mrs. Tobias pulled no punches. She told Foley

“Robert F. Kennedy Jr. supports unlimited abortion throughout pregnancy and he wants taxpayer dollars to pay for it. He does not believe states should be

able to protect preborn children at any stage of development and supports tax funding of Planned Parenthood, the



*Robert F. Kennedy, Jr.
Photo: Gage Skidmore
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nation’s largest abortion chain.”

“It is hypocritical, then, to pretend to care about

helping women in difficult circumstances when those same women are being encouraged by a culture that tells them to kill their

child.”

National Right to Life outlined Kennedy’s position on abortion at “Where Does Robert F. Kennedy, Jr. Stand on Abortion?” which you will find on page 6.

Foley wrote about Kennedy’s possible impact on the presidential race:

The RealClearPolitics average of polls asking voters who they would support in a five-way race, based on surveys taken from March 27-April 18, shows Kennedy capturing 8.8% of the vote, coming in far behind Trump’s 41.6% and Biden’s 40.6%, while finishing ahead of independent candidate Cornel West’s 1.7% and potential Green Party nominee Jill Stein’s 1.0%.

children. Far better are the candidates who care about, and are willing to help, both mother and

Florida’s 6 Week Bill takes Effect Wednesday, Babies will be saved and women spared from a lifetime of grief

By Lynda Bell, President, Florida Right to Life

One year ago on April 14, 2023, I was honored to stand by Gov. Ron DeSantis as he signed the 6 week bill also known as “The Heartbeat Bill”. This bill will take effect this Wednesday, May 1st, and will disallow abortions after 6 weeks with exceptions for the life of the Mother, rape, incest, human trafficking and medical emergencies.

Thousands of precious babies will be saved and many women will be spared from a lifetime of grief because of this law.

This bill took a year to go into effect because of a legal challenge to a 2022 bill that outlawed abortions after 15 weeks with a life of the mother exception. The challenge was brought by Florida Planned Parenthood and a group of independent abortionists.

The pro-abortionists attempted to use the “privacy clause” in Florida’s constitution to rule the pro- life law

unconstitutional. Thankfully, the court found that clause does not invalidate the law.

Background

When the 6 week bill passed in 2023, it could not be implemented until we had a decision from the Florida Supreme Court on the constitutionality of the 15-week bill. When Florida’s highest court upheld its constitutionality, that triggered the 6 week bill into law, effective May 1st.

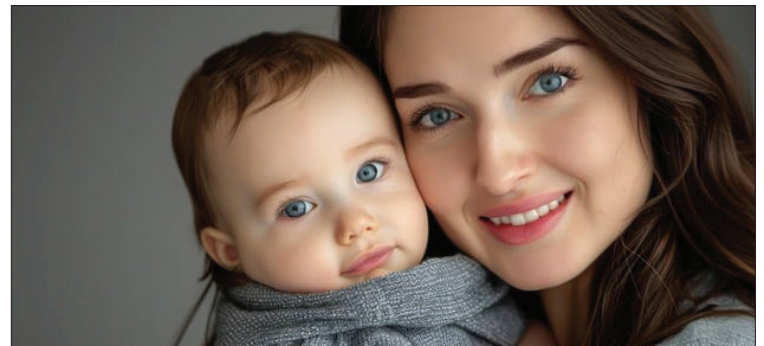
This is a big win for Florida’s Constitution. The Florida Supreme Court got this one right!

One remarkable provision of the 6 week bill is the financial resources that will be provided to women and children. 25 million dollars in aid will be provided to women and children in need. This is a keen example of caring for women by providing much needed resources.

Sadly, while we celebrated the

Supreme Court’s decision on this bill, on the very same day, they allowed a deceptive, ambiguous, and vague ballot initiative--

Furthermore, there are no health standards and Health care provider is undefined. This amendment would enshrine abortion through



Amendment 4-- to be placed on the November ballot.

Titled “Limiting government interference with abortion,” it will invalidate every pro-life law in existence in the state. Amendment 4, if passed, will eliminate parental consent and put minor girls in grave danger and make Florida an abortion destination.

all 9 months of pregnancy if passed.

We at Florida Right to Life are working tirelessly to make sure this doesn’t happen.

While we celebrate the 6 week life saving bill going into law on Wednesday, we hold our breath until November 5th. We must defeat Amendment 4.



RECORD ON LIFE

Robert F. Kennedy, Jr.

“I’m for women’s right to choose.”

- Robert F. Kennedy, Jr.

Interview with CNN’s Peter Bergen, 10/13/23

- **Abortion Without Limits:** “Mr. Kennedy’s position on abortion is that it is *always* the woman’s right to choose. He does not support legislation banning abortion.”
- Kennedy spokesperson (*Politico*, 8/13/23)
- **Funding for Abortion Providers:** Kennedy supports taxpayer funding for abortion providers, including Planned Parenthood, the nation’s largest chain of abortion clinics. “You can’t tell poor people that, because they don’t have the money, they have to bring a baby to term,” Kennedy argued. (*The American Conservative*, 8/14/23)
- **Roe v. Wade:** “I am a firm supporter of the principles laid out 50 years ago in *Roe v. Wade*,” Kennedy declared. (*New York Post*, 8/14/23) *Roe* and companion case *Doe v. Bolton* effectively legalized abortion on demand nationwide and rendered unconstitutional meaningful protections for unborn babies.
- **Dobbs v. Jackson:** The Supreme Court’s ruling in *Dobbs v. Jackson* (2022) returned abortion policy to the American people and their elected representatives. Kennedy opposed this ruling. “If the courts do not overturn *Dobbs v. Jackson* and restore abortion rights, I will support legislation to accomplish the same,” Kennedy told the *New York Post* (8/14/23).
- **Abortion Drugs:** Chemical abortions account for more than 60% of abortions in the U.S. annually. A Kennedy statement to the *Washington Post* (11/8/23) confirmed, “Kennedy supports the Food and Drug Administration (FDA) approval of the abortion drug mifepristone.”
- **Late Abortions:** Kennedy does not support legal protections for unborn children at any stage, even late in pregnancy. “I’ve seen late-term abortion pictures and they’re horrifying. So, I understand the people who want them banned, but I also am too skeptical of government to believe that it should be the one that should be dictating bodily decisions,” Kennedy stated in an interview with journalist Peter Bergen (10/13/23).

Kennedy told *Reuters* he thought every abortion was a “tragedy” but that it should be a woman’s right “throughout the pregnancy.” (*Reuters*, 3/20/24)
- **Self-Described “Pro-Choice”:** Kennedy labels himself “pro-choice.” At a *WMUR* townhall, Kennedy articulated that ultimately he did not want to “be in a position where I’m telling a woman she has to bring a child to term that she doesn’t want.” (*WMUR-9*, 6/23/23)

How to (Unintentionally) Defeat Pro-Life Candidates

By NRLC Political Department

The following are common ways that we as pro-life advocates can unintentionally cause a pro-life candidate to lose an election and contribute to a pro-abortion victory. As the 2024 election cycle proceeds, let us be mindful to avoid these pitfalls. Here's what you should **NOT** do:

Fall in love with your candidate

We encourage pro-life advocates to get involved in campaigns. Your active participation and volunteer activities can help a pro-life candidate build a strong campaign. It also puts you in a position to build and strengthen a relationship if the candidate wins. Sometimes, pro-life advocates get so excited about their candidate that if they lose to another pro-life candidate (especially in a primary), they can become like the child who lost a game – he takes his toys and goes home. In this scenario, some refuse to support the pro-life candidate who won the primary. They decline to volunteer with the campaign and will not work to get others to vote for that candidate. Pro-life candidates need the active support of all pro-lifers and, all too often, without that full support, a pro-abortion candidate wins.

Believe that your candidate is the only “real” pro-life candidate in the race and bash other pro-life candidates

In a primary where there are several pro-life candidates, pro-life individuals should select the candidate they think is best. Sometimes, unfortunately, some pro-life advocates attack the other pro-life candidates for not being “pro-life enough.” For example, if a candidate has a decades-long pro-life voting record, they pick out the one or two votes in which the candidate did not vote correctly and attack him as not being sufficiently pro-life.

Yet both share the same pro-life platform. By doing this, the pro-life advocate demoralizes fellow pro-life advocates and weakens enthusiasm for the pro-life candidate who does win the primary. Pro-abortion groups will, of course, take advantage of this circular firing squad. Pro-abortion candidates will highlight these divisions in pro-life circles to hold down support for their opponents. Ironically, at the same



time, pro-abortion candidates will go to other voters and label the same pro-life candidate as an “anti-choice extremist.”

Support a really nice candidate who is pro-life but has no chance of winning

The lives of countless unborn children and their mothers hang in the balance. That is why the viability of a candidate must be considered when determining how to cast our votes. Sometimes, there may be a wonderful pro-life individual running who is active in your right-to-life chapter or attends your church. They have the best of intentions and care deeply about the issue. But, if they

cannot gain enough support to be a viable candidate, they should be encouraged to step aside for a pro-life candidate who can win the general election.

Expect candidates to sound like Right to Life chapter leaders

People who are not directly involved in the pro-life movement are not going to be as articulate or well-versed in all the pro-life issues. At the onset, they may not

In most cases, they will do what is right once they are in office, but that does not mean they will be comfortable or articulate talking about the killing of unborn babies. Remember, words are nice, but action is better.

Expect the candidate to always make abortion the major issue in the campaign

According to an August 2023 survey for *Newsweek* conducted by Redfield and Wilton Strategies, American voters cited the economy (60%) as their top concern heading into the 2024 election cycle. The second most important issue cited was healthcare (33%) followed by immigration and crime, which tied for third (24%). Abortion and the environment tied for fourth (21%). In order to win, candidates have to address many issues and appeal to a wide electorate. It is our job as the pro-life movement to reach out to friends, family, and neighbors who share our views and inform them of the candidates' positions on abortion. It is the candidate's job to build a winning coalition of voters based on a broad range of issues and interests.

Based on the political leanings of particular states or districts, the ways in which pro-life candidates address the abortion issue may vary. For example, winning strategies may look different in Louisiana versus California. However, when abortion comes up in an interview or during a debate, pro-life candidates must clearly and directly articulate their positions. They must also not be afraid to call out their pro-abortion opponents for supporting unlimited abortions and using taxpayer money to pay for them. However, to expect a pro-life candidate to always know all the ins and outs of *Roe v. Wade* or *Dobbs v. Jackson*, or why we prefer the term “pro-life” as opposed to “anti-abortion” or “anti-choice.” Unless there has been some prior discussion with active pro-life advocates, some candidates may not realize that there are certain “code words” that are interpreted differently by the pro-life community. Just because the wrong word comes out of their mouth does not necessarily make the candidate a phony. Sometimes a truly pro-life candidate can be tripped up by the media, confused, ill-informed, or quoted out of context.

Give candidates a chance to explain what they really believe.

How to (Unintentionally) Defeat Pro-Life Candidates

From Page 7

make abortion the top issue in the campaign can be a sure-fire way to lose an election. To assume every voter takes the abortion issue into account is another.

Vote for a third-party or independent candidate who has no chance of winning

There will be times when a third-party or independent candidate enters a race between a pro-life candidate and a pro-abortion candidate from each of the two major American political parties. They claim to be the “real” pro-life candidate. This third-party candidate will often attack the pro-life candidate who has a real chance of winning, try to undermine their credibility with pro-life voters, and siphon away votes the pro-life candidate would have otherwise received. This only serves to help the pro-abortion candidate. There are numerous examples of pro-abortion candidates who won close elections by margins smaller than the number of votes received by a third-party candidate in the race who claimed to be pro-life.

Pro-life voters who support third-party or independent candidates, to the detriment of a pro-life candidate who could have won, may feel like they have not compromised their principles – but if they indirectly aid a candidate who will allow the killing of unborn babies to continue, they have compromised something far more important – innocent lives.

Force pro-life candidates to sign public pledges or take positions in a primary that could be politically damaging in a general election

As pro-life advocates, we know the impact that elections can have on whether unborn children and their mothers are protected. With the stakes so high, we want to confirm definitively that candidates who say they are pro-life will deliver on their promises once they are elected. This can make the idea of forcing candidates sign public pledges appealing. But no formal pledge can compel a lawmaker to vote a certain way. What a public pledge can do, however, is provide a candidate’s pro-abortion opponent with a powerful weapon in a general election. Furthermore, we as the pro-life movement, should discourage situations (particularly in primaries) in which pro-life candidates feel the need to one-up each other in brandishing their pro-life credentials in order to win our votes.

In an effort to outflank the other pro-life candidates in a primary, some candidates find themselves taking positions that come back to hurt them in the general election. More often than not, these are positions on issues that will not even come up in the term or bills that would have no chance of passing anyway. Meanwhile, their pro-abortion opponent in the general election stands ready to exploit any opportunity to portray the pro-life candidate as “extreme” on the issue. One of the last things we want to do is give pro-abortion candidates easy fodder for attack ads or make it easier for them to win a general election.

Decline to vote if there is no “pro-life” candidate in the race

Sometimes, both major political parties nominate candidates who

identify themselves as “pro-choice.” Neither one supports the passage of greater protections for unborn children and their mothers. In these cases, some key considerations are which candidate would do the least

in place those currently on the books. Another example is the candidate who generally supports abortion but also happens to be a fiscal hawk and is willing to take a position against the use of tax dollars to pay for



amount of harm to the pro-life cause, what impact a candidate’s election would have on the balance of power in a particular legislative body, and which candidate could be open to some persuasion and possibly cast a few pro-life votes once in office.

In these less-than-ideal races, it is worth considering the minor differences between the candidates on the issue. For example, sometimes candidates who characterize themselves as “pro-choice” will take a position against new protections for unborn children and their mothers, but they support keeping

abortions. Meanwhile, in both of these examples, their opponent wants to strike down all pro-life protections and actively supports the passage of pro-abortion laws. In these cases, even though there is no “pro-life” candidate in the race, in name at least, there are distinctions between the two major candidates that make one preferable to the other. We can never afford to leave important races on our ballot blank or skip elections altogether. Your vote and your voice matter way too much for that!

State Legislative Update: NRLC affiliates celebrate the many prolife laws that enacted in the 2024 legislative session

By Ingrid Duran, State Legislative Director

In the post-*Dobbs* legislative arena, states are actively looking for ways to continue to protect unborn children and their mothers from the most extreme abortion industry culture. The 2024 state legislative session started off at a slow pace but then picked up with a few welcoming surprises along the way.

The South Dakota Legislature passed a resolution opposing the initiated pro-abortion ballot measure that may appear on the ballot in November. Both Houses of the legislature concluded that “the proposed amendment to the Constitution would fail to protect human life, would fail to protect a pregnant woman, and would fail to protect the child she bears.”

South Dakota also enacted a law, signed by Governor Kristi Lynn Noem, which provides a process to withdraw someone’s signature from a petition, referendum, constitutional amendment, or for an initiated measure. In addition, South Dakota enacted a law that creates an informational video and other materials describing the state’s abortion law and medical care for a pregnant woman experiencing life-threatening or health-threatening medical conditions.

“Safe haven” laws allow birth parents to legally and safely surrender their newborn infants. Many states passed these laws in the early 2000’s. This past session four states passed laws which would amend their current safe haven law.

Due to the relentless tenacity of the staff at Maryland Right to Life, Maryland’s Governor signed the Maryland Safe Haven Program. Laura Bogley, J.D., Executive Director of Maryland Right to Life, who never backs

down from a fight, was determined to get this law passed.

The original Maryland Safe Haven Program was enacted more than two decades ago and essentially left to collect dust,” Bogley said. “This strengthened law will ensure that Maryland women are provided greater

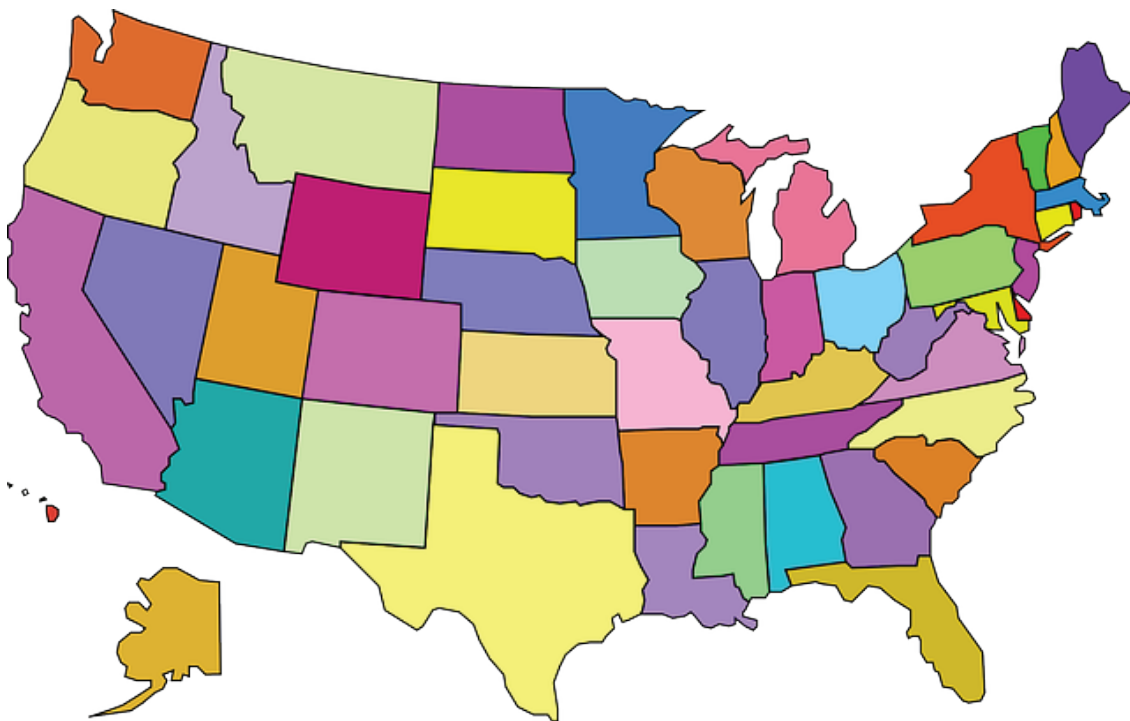
access to this lifesaving alternative to abortion or abandonment.”

Kentucky and Nebraska, like Maryland, amended their laws to include a public awareness campaign so people are aware that they can safely and legally surrender their newborn baby. In Idaho, their safe haven law was amended to include the placement of newborn safety device.

While our opponents only offer abortion as a resolution to an unplanned pregnancy, states responded by creating life-affirming safety nets so families do not feel pressure to abort. Nebraska Governor James

Pillen signed a bill into law creating the Nebraska Prenatal Plus Program for at-risk mothers who are eligible for Medicaid. Mississippi Governor Tate Reeves signed a bill that would provide for presumptive eligibility for pregnant women under Medicaid.

of this law, any presentation in schools regarding family life are required to address human growth and show an informational video about a preborn child at various gestational ages that shows a graphic of a high-definition ultrasound or a computer-generated animation.



Iowa Governor Kim Reynolds signed two bills into law. The first law provides for more life-affirming resources for maternal support. The second extends eligibility for pregnant women and infants under the Medicaid program.

The Florida Legislature passed a bill that would require the Department of Health to provide certain information as well as the website addresses to pregnancy and parenting resources in the state.

Other laws that have been enacted include Tennessee’s “Baby Olivia.” Under provisions

Both houses of the Tennessee Legislature passed the NRLC model bill which prevents abortion trafficking of an unemancipated minor without parental knowledge. Missouri’s legislature passed a bill aimed at defunding the abortion industry. Both of these bills will soon be sent to their respective Governors—Bill Lee in Tennessee and Mike Person in Missouri.

Other reasons to celebrate this legislative session: due to the

Roe was not enough and has never been enough for pro-abortion groups

By Laura Echevarria, Director of Communications and Press Secretary

Pro-abortion groups have become bolder and more aggressive since the *Dobbs* decision was handed down in June 2022.

The latest pro-abortion messaging says it all: “*Roe* was always the floor, not the ceiling.”

We know that pro-abortion groups and their allies are bent on making abortion available on demand until birth so it’s not surprising that they have shifted from saying abortion should be “safe, legal, and rare” to “*Roe* was always the floor, not the ceiling.”

Roe was not enough and has never been enough for pro-abortion groups.

The latest PR campaign by pro-abortion groups is to muddy the water by claiming that abortion is “health care” and that women will die without it. The go-to arguments from pro-abortion groups involve rage, misinformation, rage, lies, and more rage.

Abortion groups have a lot of sympathizers and allies – everyone from the American Association of Obstetricians and Gynecologists to the editorial board at the *New York Times*. Pushing back against the pro-abortion agenda can feel like we are rolling a boulder uphill only to have it slide down again at the end of the day.

It can feel frustrating, tiring –

even fruitless.

But you can help and make an impact by doing three things:

1. Be knowledgeable

Know the facts about abortion statistics, the number of women seeking abortions and why. Learn about the development of the preborn baby and how she is growing at every stage of development. Read *NRL News* cover-to-cover and subscribe to *NRL News Today*. There is no greater way to learn accurate information in one place—unless you are planning on attending the National Right to Life Conference in June!

2. Be compassionate

Many of us respond on social media to comments made by family and friends on everything from someone’s new haircut to their new job. However, on issues that can be deeply painful and personal, we all know how cutting remarks and harsh words can come across. When responding to family and friends who may be pro-abortion, we need to respond with compassion. Social media can hinder communication because we can’t see facial expressions or gestures. People can gauge intent only by reading the words we choose. Even when dealing with reporters, we have

to remember that they, too, may have had an abortion and will write a story through the lens of personal experience.

3. Be bold in your response

Don’t hesitate to respond to things you see in the news. While

the comments section with concise and compassionate arguments can make a difference by addressing errors in reporting and winning hearts and minds.

We have truth on our side, but we need to present it and let people see it. They need to see



newspapers still publish op-eds and letters to the editor, the majority also allow comments directly below an article. Responding in

the pro-life movement as it is—wonderful caring individuals who love and cherish life for both mother and child.

Not sure how to talk about abortion? Start by asking questions

By Paul Stark, Communications Director, Minnesota Citizens Concerned for Life (MCCL)

Many pro-life people are reluctant to converse with others about abortion because they don't know all the arguments or have answers to every question. They lack the confidence to engage.

Answers are important, of course—and you should try to learn them. But the truth is that you can have a confident and productive conversation even if you don't know anything. How? By asking questions.

The advantages of asking questions

Questions allow you to talk *with* rather than at the other person so that you don't seem pushy or obnoxious. They show that you respect them and want to hear what they have to say. They help you understand the other person's point of view and avoid incorrect assumptions (most people's views on abortion are complicated).

Questions also take pressure off you. You're not the one making assertions. You're just asking questions, listening, and directing the conversation in a non-threatening way.

Here are three ways to effectively—yet comfortably—use questions when you talk to others about abortion.

1. "What do you think about this?"

First, use open-ended questions to get dialogue started naturally. Share an article or video on social media, for example, and ask someone what they think about it. Or say to your friend or acquaintance: **"Hey, did you see that Minnesota could put abortion-up-to-birth in our state Constitution? What's your take on that?"**

2. "What do you mean by that?"

Second, use questions for clarification and to gain more information. You want the other person to clearly explain their

position. In two books about the value of questions (*Tactics* and *Street Smarts*), author Greg Koukl suggests employing variations of the question "What do you mean by that?"

Here are a few examples (along with some possible follow-up questions you might ask after listening and allowing the conversation to progress):



- **"You say that abortion is health care. What do you mean by 'health care'?** Do you mean treating disease and restoring health? Are you saying that pregnancy is a disease?"
- **"You say that when life begins is a matter of opinion. Do you mean 'life' in a biological sense? Or are you talking about when someone becomes valuable or has a right to life?"**
- **"You believe a fetus is biologically human but not a person. What do you mean by 'person'?** Are you saying there

are some human beings who don't count as persons?"

In some cases (though not all), supporters of abortion haven't carefully thought through their own position beyond bumper-sticker slogans. Clarification questions challenge them to do just that.

against abortion cause women to die. What evidence supports that conclusion?"

- **"You say that a fetus doesn't have rights until she has consciousness. Why do you think consciousness determines someone's rights? What about other human beings who are not currently conscious?"**
- **"Your position is that women have a right to abortion because they have a right to their own body. I understand that the unborn child is inside and dependent on the pregnant woman's body. But why do you think the right to bodily autonomy includes a right to employ violence against the body of this child?"**

Questions have power

As Gray puts it, "Questions have power." They get people thinking in a way that a speech or lecture usually can't. Questions force people to grapple with the issue in their own mind—to seriously consider their own views and why they hold them. And that can lead to persuasion.

Keep in mind, though, that you won't be persuasive if you steamroll the other person with aggressive interrogation. Take time to genuinely listen and understand. Treat the other person with respect and care. Don't try to "win" the argument. Instead, aim for a real dialogue.

To advance the cause of life in your sphere of influence, you don't need to have all the answers. You can go a long way just by respectfully asking a few questions.

3. "How did you come to that conclusion?"

Third, use questions to (graciously) make the other person defend their view. Why do they believe what they do? What reasons do they have? Are those reasons any good? Koukl offers the model question "How did you come to that conclusion?"

Most abortion supporters aren't used to providing answers. **"It's often only when we're asked to explain something that we realize whether we have answers, and whether those answers make sense,"** writes Stephanie Gray in her book *Love Unleashes Life: Abortion and the Art of Communicating Truth*.

Here's how this third use of questions might look:

- **"You say that laws**

Idahoans have chosen to protect life. Biden is trying to stop us

By Idaho Attorney General Raúl Labrador

Editor's note. This appeared in The Hill.

In his 2021 inaugural address, President Biden remarked, “The will of the people has been heard, and the will of the people has been heeded. We have learned again that democracy is precious.”

Then, a year later, this self-declared unifier sued my state for exercising democracy.

Idaho passed the Defense of Life Act in 2020 to protect the lives of women and their unborn children. The law officially became enforceable in June 2022, when the Supreme Court ruled *Dobbs v. Jackson Women's Health Organization* that the people and their elected representatives in the states have the power to pass pro-life laws. Idahoans stand to protect life, and our law is a reflection of their will.

But the Biden administration didn't care. A couple of months after *Dobbs* gave this decision-making power back to the states, the administration manipulated a federal law to say we still don't have that power. The Justice Department sued Idaho, claiming that a federal law — the Emergency Medical Treatment and Active Labor Act (EMTALA) — supersedes our own law and in fact even forces emergency room doctors to perform abortions.

This could not be further from the truth. EMTALA contains no provisions about abortion. In fact, that particular law requires emergency room physicians to care for pregnant women and their “unborn child[ren].” No conflict exists between Idaho's law and EMTALA. A conflict does exist, however, between the will of the

people of Idaho and the Biden administration's adherence to an extreme abortion agenda.

EMTALA was passed to ensure that emergency rooms serve everyone, regardless of their ability to pay. The purpose of this law is to save lives, not to take them. Similarly, Idaho's

are bound by oath to protect their patients — every patient, including unborn children. The actions of the administration would force them to violate their oath and violate state law.

Because the administration is attempting to put its will above the people of Idaho, my office is

is attempting to use federal law to trump state law in direct opposition to the people of Idaho and legal precedent. Rather than respect democracy, Biden is kowtowing to abortion lobbyists, who stand to lose the most by allowing the unborn to have a chance at life.



law ensures that mothers' and children's lives are protected. There is harmony between Idaho's law and EMTALA, but the administration is attempting to sow discord. Rather than seek to save lives, it is twisting the law into something unrecognizable, all to endanger lives and unnecessarily burden emergency room staff.

Emergency room doctors in Idaho — and in every state, in fact — treat women who suffer from ectopic pregnancies, miscarriages, and other life-threatening conditions. Doctors

standing in defense of our law. A lower court ruled against our ability to enforce our law, so we appealed that decision to the high court. Our efforts have already paid off. In January, the Supreme Court not only agreed to hear our case but also allowed us to enforce our law while the Court reviews the administration's actions.

Make no mistake about it: Although Biden claims that his “whole soul” is in uniting America, his administration is pushing an extreme agenda that is seeking to end lives rather than save them. His administration

With the help of the legal firms Alliance Defending Freedom and Cooper and Kirk — both of which have impressive track records at the U.S. Supreme Court — my office is working to uphold Idaho's law. The Supreme Court heard our case Wednesday as we asked the court to end the Biden administration's lawlessness and reckless disregard for life, women's health, medical integrity, and democracy. A favorable ruling will uphold what Idaho's law and EMTALA are both written to do: save lives.

“Above & Beyond”: Planned Parenthood’s First Full Post-*Roe* Report

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

Planned Parenthood’s latest annual report “Above & Beyond” for 2022-2023 is of special interest because it is the first by the abortion giant officially covering the time since the June 2022 overturn of *Roe*. As such, it gives people an idea as to how much business was and was not affected by the *Dobbs* decision overturning *Roe* and what steps the group has taken to keep the nation’s largest abortion chain open and busy.

In the report, the Planned Parenthood Federation of America (PPFA) says that its affiliates performed 392,715 abortions in the service year running October 1, 2021 through September 30, 2022. The report shows there had been no overall dropoff at its clinics since the 374,155 the group reported in its previous report.

Nailing down just how many abortions there have been nationally since *Dobbs* is a difficult enterprise, but if recent reports from Guttmacher turn out to be accurate, this means that Planned Parenthood clinics are now responsible for something like four out of every 10 abortions performed in the U.S.

With not just prenatal care and adoption referrals, but staples such as cancer screenings and even contraception at or near ten or twenty year lows, one might be tempted to think that Planned Parenthood was financially suffering. But revenues at PPFA reached an all-time high of more than two billion (\$2,054,300,000)! And given that revenues outpaced expenses by more than \$178 million, it is clear that the organization has money to burn.

All About Abortion

From the opening “Message from Leadership” PPFA’s

president Alexis McGill Johnson and Board Chair Tanujah Bahal make their fixation on abortion clear. Placing their comments in the context of the Supreme Court’s 2022 decision, the two say that their “health centers” have been through “the most trying of times.”

Yet their clinics kept their doors open, welcoming patients from

and referrals they needed to get abortion care.”

Money was a big part of the increase in abortions seen at Planned Parenthood and other abortion clinics post-*Dobbs*. PPFA says that the organization “expanded direct financial support to help patients cover the expenses of abortion care and travel.” They don’t say how much

org website, “helping” women get information on abortion and set appointments with clinics in their area.

PPFA also notes that 49 of its affiliates offer “telehealth” services, and that they had 123,855 telehealth appointments in 2022. It is not specified here, but many abortion groups began setting up remote sales and delivery of abortion pills by telemedicine in 2021 after the Biden administration signaled its support for the practice.

Planned Parenthood wants people to know that they did not simply accept the High Court’s decision in *Dobbs* and give states the ability to determine their organization’s destiny. PPFA says that their lawyers have 30 open cases in the courts challenging abortion limits in 16 states and federal policies put in place by previous pro-life administrations. Altogether, Planned Parenthood says they and their coalition partners had filed suits about “bans” in 20 states.

They admit they were not successful in every state, but PPFA says that even where restrictions were ultimately upheld, “the delay Planned Parenthood fought for meant that more people could get the care they needed when they needed it.”

Working in social media, PPFA launched a national campaign to “destigmatize” abortion, getting women to tell their stories about their abortions. Also, when many states instituted protections for unborn, Planned Parenthood did a “Patient Reassurance Campaign” in English and Spanish for anyone confused about where they could go for (abortion) care.



“down the street” and “from two, or three, or five states over.”

Later, the report details how that with more than 20 states “banning” some or all abortions, the staff was “moving mountains” by “finding appointments in other states and the resources to get patients there,” and “building as much capacity as possible for abortion appointments.”

The travel of abortion patients from pro-life to pro-abortion states was not an organic groundswell of suddenly desperate women but an orchestrated result. Planned Parenthood proudly admits that “In the year after the decision, 90 patient navigators across 41 Planned Parenthood affiliates helped more than 33,000 people get the transportation and travel support, financial assistance,

money they gave, but the group says, “More than 15,000 people received assistance to help cover travel costs,” and “More than 50,000 people received support to cover the costs of their abortion.”

In other words, many pregnant women on the fence about abortion, perhaps being held back by the costs or logistics, opted for abortion after receiving an offer of subsidized (or free) travel or abortion from Planned Parenthood.

Abortion behind many other activities

Covering all their bases, Planned Parenthood wishes people to know how broadly they advertise and promote their abortion services. They note that 863,000 visited its special abortionfinder.

“Above & Beyond”: Planned Parenthood’s First Full Post-*Roe* Report

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More about the Money

Just over half of PPFA’s two billion dollars in revenue went toward expenses for “medical services” (\$1.1445 billion) like abortion, contraception, or cancer screenings. Planned Parenthood doesn’t detail how much money came from each, but abortion is one of the group’s pricier services.

To get some idea of its economic impact, though, costs at Planned Parenthood South Atlantic range from around \$500 for an early chemical abortion to \$2300 for a later surgical abortion. At a minimum, this leads us to believe that abortion brings in at least \$196 million, though a figure at least twice that is not out of the question.

Planned Parenthood has not been above using the Supreme Court’s decision in *Dobbs* to boost giving. Revenues from “Private Contributions and Bequests” reached what is believed to be an all-time high of \$997.5 million.

How much of this money went towards the subsidized or free abortions or abortion travel that we talked about earlier is unknown, but this sort of strategic giving helped keep abortions and revenues high at Planned Parenthood during what were supposed to be the organization’s darkest hours.

Of course, the government continued to be a big source of

money for Planned Parenthood, responsible for about 34% of the group’s revenues. Given that \$699.3 million in “Government Health Services Reimbursements & Grants” represented a new record in taxpayer support, it is perhaps surprising that there weren’t more abortions, with so many of these women traveling from states where unborn children are protected to states where abortions are actually funded by the state.

That huge amount of government money is significant. It is probably one of the reasons that Planned Parenthood spends \$46.7 million in “Public Policy” and \$113 million in “Advocacy” to protect the human destruction that is essential to their bottom line.

Increasing abortion is the bottom line

There is only oblique reference to it, but Planned Parenthood and its affiliates have been doing a lot to try to keep their abortion business busy.

Employees in states with protections for the unborn have turned into travel agents shepherding people to Planned Parenthood clinics in neighboring states. Affiliates in those abortion friendly states have beefed up staff, expanded facilities, added mobile abortion clinics to handle overflow.

Where they can, many Planned Parenthood clinics have added chemical abortions by telemedicine, so that patients do not even need to come into the clinic to get their abortion pills. So far, we don’t believe

have clearly been active at the state level. They fought any pro-life laws and moved as many patients as possible to states where they have strong affiliates and high capacity mega-clinics.

PLANNED PARENTHOOD ANNUAL REPORT


2022 - 2023



Abortions
Performed

392,715

More than 42%
of all abortions
performed in
USA.



Money
Collected

\$2,054,300,000

\$2.01 Billion
“earned” for
performing
abortions and
other “services.”



Prenatal
Care

6,316 of 2.05
million
patients received
prenatal care.

Adoption Referral

1,803 of 2.05
million
patients referred
for adoption.

THEY MADE A KILLING, AGAIN!


National
RIGHT TO LIFE

PPFA clinics are selling or shipping those pills to women in pro-life states, but court and administrative rulings may change that in the future.

While PPFA may not have seemed to have been as active on the national scene, they

Planned Parenthood has long been the biggest, most powerful, and most deadly abortion promoter and provider in the U.S. Now, even with *Roe* in the rear view window, PPFA is poised to go “Above & Beyond” whatever horrible things they’ve done in the past.

Seeing baby born alive after abortion “changed me profoundly,” says former MP Nadine Dorries

By Maria Maynes, Life Institute

A former high-profile MP and former Secretary of State, Nadine Dorries, has advocated for an end to abortion ‘pills by post’ in Britain – opening up on the moment she witnessed an aborted baby gasping for breath following a late-term abortion.

The former nurse opened up on how, at aged 18, she witnessed a baby survive an abortion performed at 27 weeks in an op-ed penned for *The Daily Mail*.

“When I was a young nurse of 18, I experienced something that changed me profoundly,” the ex-politician wrote.

“My months on the gynecological ward had been the happiest and most rewarding of my short career — until one day, when I was asked to help during the termination of a pregnancy at 27 weeks.

“Back then, the legal limit for abortion was 28 weeks. This was reduced to 24 in 1990.

“The expectant mother, who was only 16, had been injected in her uterine cavity with the hormone prostaglandin. Several excruciating hours later, the foetus — a little boy — was delivered.”

Dorries recalls being asked to stay with the child who was “gasping for breath,” continuing:

“He was dropped in a bedpan, and the ward sister handed him to me, saying: ‘Take this into the sluice room and leave it there until I come. Stay with it.’

“As I closed the sluice-room door, I removed the paper covering from the bedpan. I have never forgotten what I saw. There lay a tiny baby boy, blinking, covered in mucus, blood and amniotic fluid, gasping for breath, his little arms and legs twitching.”

“I was shocked to my core. Weeping, I rocked

the bedpan in my arms. I wanted to pick him up but he was so small, I didn’t know how to. After a minute or so, I couldn’t bear it any longer, and I was about to run for help when I heard the ward sister’s unmistakable



footsteps approaching.”

The former Conservative Party MP said that the child stopped breathing after seven minutes, saying that she told the ward sister the child had been alive – which she denied.

“As she took the bedpan from me, he stopped breathing. I checked my fob watch: a little boy had been born, lived and died in the space of seven minutes. Mine was the only face he saw, my sobs the only sounds he heard,” Dorries writes in the piece.

“Distressed, I turned to the ward sister and said: ‘He was breathing.’ Through her dark-rimmed glasses she glared at me, saying: ‘No he wasn’t. You didn’t see that.’

“I was stunned. He was breathing, I insisted. She looked embarrassed and muttered: ‘The mother probably got her dates wrong. Maybe she was more than 27 weeks.’

“At this, I was almost inconsolable. I had become a nurse to help people — not to facilitate killing babies who might have lived. The sister snapped: ‘If you want to be a nurse, you had better toughen up fast. Get out.’ I ran from the sluice room.

“I can’t bring myself to tell you how she disposed of the body of that tiny newborn,” she said.

Dorries, who says she has “always believed in safe, legal abortions,” goes on to describe the experience as “horrendous,” saying that it made her appreciate what a “complicated



and emotionally fraught issue” abortion is.

The author and former politician went on to reference amendments to the Criminal Justice Bill, tabled [introduced] by Labour MPs Dianna Johnson and Stella Creasy, which would legalise abortion “until the very point of birth” for women using abortion “pills by post” at home, a method introduced during lockdown which has been made permanent in both the UK and Ireland.

Dorries, who, as a Conservative backbencher, introduced several unsuccessful private member’s bills, which included attempts to reduce the abortion time limit, changes to rules regarding counselling for women, and advocacy for sexual abstinence in sex education, said she was given the assurance by Matt Hancock that pills by post would be temporary.

“Doctors working in clinics still have to abide by the 24-week legal limit. But, increasingly, that’s almost a side issue: ‘abortifacient’ pills ordered online and taken at home now account for 87 per cent of terminations in Britain — up 40 per cent since 2011,” Dorries penned.

“Until the pandemic, a woman

seeking a termination had to attend a clinic and undergo an ultrasound to confirm how far along she was. She would then take the first pill under supervision in the clinic, and the second pill at home, where the foetus would be delivered.

“I was a health minister during the pandemic, and was involved in the intense discussions about the ethics and legality of ‘pills by post’. We didn’t want expectant mothers to become lawbreakers in their own homes, and we were depending on women to tell the truth about when they had become pregnant: not just for the sake of their foetus but for their own physical and mental safety as well,” she said, adding:

Pills by post were made legal by Sajid Javid following Hancock’s resignation in June 2021. Dorries went on to reference the case of Carla Foster, who aborted her eight-month-old unborn child using abortion pills in her home, receiving a 28-month prison sentence.

“I warned at the time that women would be prosecuted for ordering pills by post when their pregnancies were too advanced to qualify for them. And so it has come to pass,” Dorries, a mother of three, continued.

“In May 2020, Carla Foster, who was in a vulnerable situation, obtained the pills at home while eight months pregnant. Last year, she received a 28-month prison sentence, reduced to 14 months suspended on appeal,” Dorries wrote.

“Predictably, there has been a surge in similar investigations — and not only of women who have lied about how far along they were, but also of women who have suffered miscarriages at home and found themselves subjected to harsh and intrusive questioning,” she said.

She also references the rise in prosecutions for late-term

Praising mothers everywhere for their selfless devotion to their children, and the rich inheritance of love they will leave behind.

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

I am writing this on the anniversary of the day my parents married. From all accounts, it was a joyous occasion, filled with faith, family, and food.

I would arrive on the scene eleven months later—a happy surprise for my parents, who subsequently showered me with unconditional love.

My mother was the family warrior, ready to do battle against anyone who dared to hurt my sister and me. I knew from the start my mother loved me with a fierce love that was protective and true.

My mother left this life years ago, but her memories stay with me like the scent of her Chanel No. 5 perfume. She had a wide smile and an uncommon grace that attracted many to her side.

While I miss my mother deeply, I take comfort in the lessons she taught me.

She believed in fighting for the underdog, no matter what the sacrifice entailed. She spoke forcefully and passionately in defense of pregnant women—especially those facing unexpected pregnancies. She taught me that they should be honored for their courage and their strength.

She was also a strong advocate for the frail elderly, doing everything in her power to make life more comfortable for her elders. The manner in which she treated my grandparents was touching and definitely heartfelt.

As we approach Mother's Day, I thank God for a mother who was loyal, faithful, and steadfast in her compassion. I praise the Creator who made her, and the man (my father) who stood by her side until his heart stopped working.

And I praise mothers everywhere for their selfless devotion to their children, and the rich inheritance of love they will leave behind.



Seeing baby born alive after abortion “changed me profoundly,” says former MP Nadine Dorries

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abortions in Britain. While there were three prosecutions between 1967 – when the Abortion Act came into force – and 2022, in less than two years, at least six women have been prosecuted.

“No doubt [Stella Creasy] and her Labour colleague Diana Johnson believe their case has been strengthened by the recent rise in prosecutions. But the truth is that they and other feminists have helped to create the very problem they now seek to repair,” Dorries pens.

On her attempts to reduce the UK's abortion limit, the former MP wrote that she failed to do so, despite securing debates in Westminster in both 2008 and 2012, “even though babies have been born at 23 weeks or even less, and gone on to survive and thrive.”

“The rights of the unborn have to be balanced against those of the

living,” Dorries writes.

“In sending the message to women that abortion is fine until birth, Creasy and Johnson's amendments risk placing vulnerable women in life-threatening situations: encouraging them to end late-term pregnancies at home in the absence of proper care.

“And even if a late-term foetus is ‘safely’ aborted, the psychological scarring can be acute — as I know from my experience all those years ago.”

Conservative MP Miriam Cates has also spoken up against efforts to decriminalize abortion in Britain, warning last month that it would fuel late-term DIY procedures.

“Decriminalizing abortion to term would not just put women

in danger, it would mark a serious failure in our duty to protect the rights of the unborn child,” the senior MP wrote for *The Telegraph* newspaper.

A government review published last year found that babies were being born alive in Ireland after abortions.

The review of the operation of the 2018 abortion law found that babies may be denied even comfort care after the procedure failed to end their lives.

Discussing palliative care – where comfort care is needed for babies born alive after a late-term abortion – the 2023 noted that some pediatricians and neonatologists do not want to be involved in assisting these babies.

“However, the extent to which they are prepared to become involved is described as differing across settings and differing across the circumstances of the birth,

with some not being prepared to offer comfort care where the birth is a result of a termination of pregnancy,” the review, authored by barrister Marie O’Shea, noted.

In 2020, this platform revealed that doctors in Ireland were dealing with babies born alive after late term abortions, as per a UCC study which gathered the views and experiences of doctors in Ireland.

As we revealed: In the UCC study, the authors note that the specialists carrying out abortion were frustrated by conflict with neonatologists and were “unclear” as to who will look after those babies’ if a baby was “born alive following an abortion by induction of labour and without feticide”.

This would leave the doctor who performed an unsuccessful late-term abortion “begging people to help” them.

“What kind of mothering do you expect?”

By Monica Snyder, Executive Director, Secular Pro-Life

(Any time we discuss women who don't regret being denied abortion, people think we are claiming their perspectives are a reason to ban abortion. In fact, there are multiple reasons to take notice of these women's experiences, regardless of your views on abortion laws.)

Some people believe if a woman gives birth only because she couldn't get an abortion, she's likely to be an incompetent, neglectful, or abusive mother.

We see versions of this idea from pro-choicers, for example when they assume abortion restrictions will mean “millions of unwanted children” go into the foster care system:

We've seen versions of this idea from pro-lifers, for example in abortion regulations from the 1970s that intended to automatically terminate parental rights for any infant born alive after an attempted abortion (this provision was found unconstitutional).

Those who care about women, children, and families should actively disavow the idea that women who can't abort will not love or care for their children. It's a myth.

The Turnaway Study found that of women who give birth after being denied abortion, 91% raise their children themselves (9% place for adoption). Of those who raise their children themselves, 91% emotionally bond to their babies normally, and 98% say they no longer wish they'd gotten an abortion.

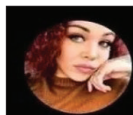
Let's examine these statistics one at a time.

1. 91% of women who give birth after abortion denial raise their children themselves.

This statistic comes from “Adoption Decision Making among Women Seeking Abortion,” published in *Women's Health Issues* in April 2017.

A minority of women denied abortions (n = 231; 14%) were considering adoption at 1 week after denial. Of participants who gave birth (n = 161), most (91%) chose parenting. -- *Adoption Decision Making among Women Seeking Abortion*, Sisson et al, April 2017

Abortion restrictions and bans can prevent women from aborting,



Justice for Sandra Bland
@likeokaysure

What kind of mothering do you expect from women that gave birth only because they were denied access to abortions?

but they can't force people to parent. People can choose to go through the adoption process or, in even more desperate situations, can place their babies in Safe Haven boxes.

But few want to do this. Adoption is an alternative to parenting, not to abortion. And absent the option of abortion, most women would rather parent than place for adoption.

Note, also, that those who do choose to place for adoption nearly always do so because they believe it will serve the child's best interests. It's an act of love for their child, again not indicative of poor parenting.

2. 91% emotionally bond to their babies normally.

This statistic comes from “Comparison of Health, Development, Maternal Bonding, and Poverty Among Children Born After Denial of Abortion vs After Pregnancies Subsequent to an Abortion” published in *JAMA Pediatrics* in September 2018.

The paper compares two groups of women and their children: (1)

the children women birthed after being denied abortion (called “index children”) and (2) the children women birthed after getting abortions and going on to birth other children later (called “subsequent children”).

The study used the Postpartum Bonding Questionnaire to measure how mothers were emotionally bonding to their children age 18

bonding with the child from age 18 months through the toddler years.

Similarly, and unsurprisingly, women were more likely to retroactively view their abortion denial in a positive light if they had better social support. No doubt as we improve social support for vulnerable pregnant women, we further decrease the percentage of women who are at risk of poor emotional bonding to their babies.

3. 98% say they no longer wish they'd aborted.

The Turnaway Study found that the overwhelming majority (96%) of women who gave birth after being denied an abortion ultimately said they no longer wished they'd aborted.

Notably, women who raised their children themselves were less likely to say they still wished they'd aborted compared to women who placed for adoption: only 77% of women who placed their babies for adoption said they no longer wished they'd aborted, compared to 98% of women who raised their children themselves. This also means that women who placed for adoption made up only 9% of the women who gave birth after abortion denial, but a whopping 57% of women who continued to say “yes” or “don't know” when asked if they still wished they'd aborted.

These statistics come from “Emotions over five years after denial of abortion in the United States: Contextualizing the effects of abortion denial on women's health and lives” published in *Social Science & Medicine* in 2021. It's a quantitative analysis alongside excerpts from qualitative interviews.

The interviews revealed women who “felt their child motivated

“What kind of mothering do you expect?”

From Page 17

them to have a better life or career or to avoid drugs and alcohol.” The authors talk about a woman who cut off ties with family members who had tried to push her to abort, and a woman who couldn’t believe she considered abortion in the first place.

I bring down tears something when I see him, I’m like, oh my God, how could it pass my head to have an abortion, and now I have a lovely son, you know, that I adore so much, that I love so much, you know?

(Julia, 26, Midwest)

Emotions over five years after denial of abortion in the United States: Contextualizing the effects of abortion denial on women’s health and lives, Rocca et al, January 2021

I will say again: women were more likely to no longer wish they had aborted—and more likely to have decreases in negative emotions and increases in positive emotions—when they had more social support. Here “social support” means not only practical, logistical help, but also meaningful relationships and emotional support. Researchers determined which women had social support based on how much they agreed with statements such as “I can talk about my problems with my friends” or “My family really tries to help me.” Moms and babies are happier and healthier when they have their

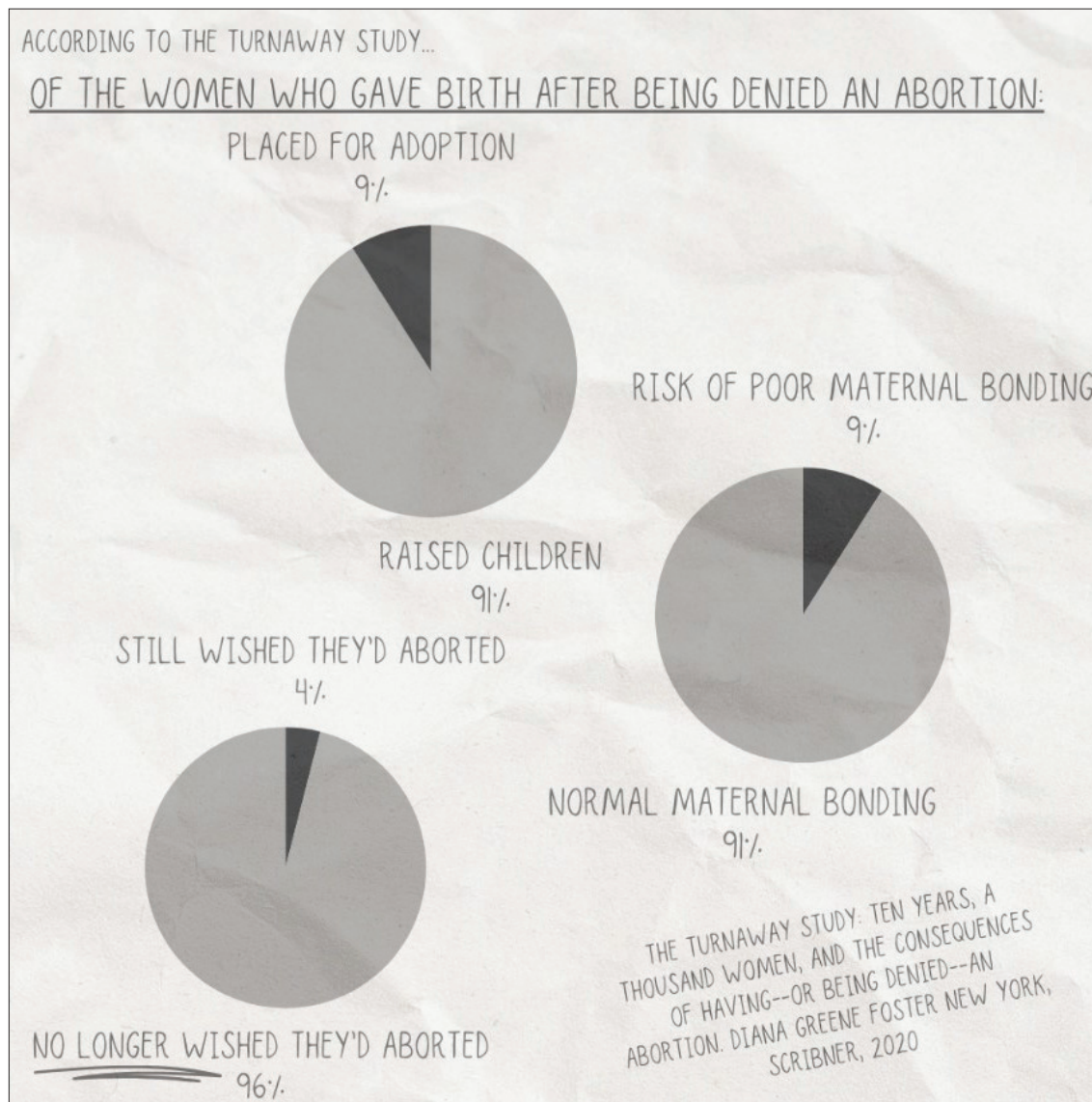
village around them.

Overall, the article finds women increasingly viewed their abortion denials positively “in parallel with growing bonds with the baby and, for some, a new sense of purpose in life gained from the challenge of the responsibility of a child.”

Note: 96% of all women who gave birth (both those who raised their children and those who placed for adoption) no longer wished they’d aborted, compared to 98% of specifically the women who gave birth and raised their children.

So what kind of mothers do we expect women denied abortion to be? The kind who love their children.

Editor’s note: This appeared at Secular Pro-Life and is reposted with permission.



Colorado pro-abortion amendment has enough signatures to get on ballot

By Nancy Flanders

A proposed pro-abortion constitutional amendment is making its way to the 2024 Colorado ballot after the group behind it said it has gathered enough signatures to finalize the process.

Coloradans for Protecting Reproductive Freedom is a coalition that is connected with ACLU Colorado, an abortion fund called Cobalt, and Planned Parenthood of the Rocky Mountains. On Friday, the group announced it had collected the necessary signatures to move forward with its constitutional amendment. According to its website, the amendment would ‘protect a freedom’ but it would actually change the state constitution to recognize a false right to abortion and prevent the state and local governments from passing laws to protect preborn children.

The group said it gathered the signatures of 225,000 registered voters, more than the approximately 124,000 required

by April 26 to qualify the amendment for this fall’s ballot. To formally qualify, the total must include two percent of all registered voters in each of the state’s 35 state Senate districts. It



still has yet to reach that threshold in three districts but said it only needs about 100 more, saying it is confident it will secure them

Coloradans for Protecting Reproductive Freedom campaign

director Jess Grennan said in a statement, “Ballot measures like Proposition 89 are our first line of defense against government overreach and our best tool to protect the freedom to make

personal, private healthcare decisions — a right that should never depend on the source of one’s health insurance or who is in office, because a right without access is a right in name only.”

It is not “government overreach” to protect innocent human beings from intentional, willful killing (in other words, homicide). Abortion is currently legal in Colorado without restriction following the enactment of an “extreme” pro-abortion law in April of 2020 that made abortion a “right” by state statute and allows abortion to be available through all 40 weeks of pregnancy for any reason.

If on the ballot in November, the amendment must get 55% of the vote, not just a simple majority, to be approved. In November 2020, Colorado voters rejected a ballot measure that would have protected babies from abortion after 22 weeks with about 60% of voters in opposition of the measure. This has given the pro-abortion coalition in Colorado confidence that their pro-abortion amendment will be approved.

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

State Legislative Update: NRLC affiliates celebrate the many pro-life laws that enacted in the 2024 legislative session

From Page 9

diligence of NRLC’s affiliate Maryland Right to Life, doctor-prescribed suicide was defeated in Maryland. In Maine and Virginia, our opposition was not able to advance pro-abortion constitutional amendments. Also, Virginia’s Governor Glenn Youngkin vetoed three dangerous bills which would give abortion providers cover who violate other states’ pro-life laws.

To no one’s surprise, Laura Kelly, Kansas’s pro-abortion

governor, vetoed several pro-life bills. One of the vetoed bills provides tax credits for pregnancy resource centers; another amends statistical reporting of abortions; a third prevents coercion of abortion; and fourth, a budget bill with a rider in it to continue funding for pregnancy resource centers.

Good news, though. On Monday by a final vote of 86-39, the Kansas House successfully

overrode the Governor’s line-item veto in the state budget. The Pregnancy Compassion Awareness Act (\$2M in funding towards pregnancy resource centers and maternity homes across Kansas) will become law.

There were two states that passed reprehensible bills. In Maine, Governor Janet Mills signed into law a bill that affirms a legal right to abortion. In Maryland Governor Wes Moore

signed into law a bill that will create grants for abortion clinics to increase security measures against “pro-life violence.”

Even with the bumps in the road, the pro-life movement can still celebrate the many pro-life laws that were enacted so far in the 2024 legislative session. These laws send a message that we can build a society that respects and honors both the mother and child.

Kansans for Life Celebrates Legislature's Veto Overrides of Four Pro-Life Bills

On Monday the Kansas legislature successfully overrode Governor Laura Kelly's vetoes of four pro-life bills!

Throughout the legislative session, we heard testimony from women who experienced pressure to have abortions, about social conditions that lead women to feel they have no other choice than abortion, and from pregnancy centers that walk with women through any situation. These four veto overrides seek to meet Kansans where they are and save as many lives as possible.

We saw democracy in action

with four bipartisan votes to override Governor 'Coercion' Kelly's vetoes of the following



commonsense, life-affirming policies:

- Combatting coerced abortions/human trafficking
- Tax credits for donations to pregnancy help centers

and increasing the adoption tax credit

- Strengthening anonymous abortion data reporting so Kansans can address the social concerns that can lead to abortion
- Reauthorizing \$2 million in grant funding for pregnancy centers

Each of these proposals will help address a truth that the vast majority of Kansans believe: that too many women feel abortion is their only choice.

Now is the time to utilize these new tools and get to work helping women and saving as many babies from the profit-driven abortion industry as possible.

We're grateful for the many pro-life legislators who stood strong together to hold the line on Governor Kelly's abortion extremism. We also can't thank you enough for contacting your legislators this session. You truly made the difference.

Yours in the fight for life,
KFL Legislative Team

Federal Abortion Update: National Right to Life continues to monitor and pushback against the extreme Biden Administration agenda

From Page 4

with protective pro-life laws but is coerced by an abuser or a trafficker to get an abortion in another state with abortion-friendly laws, the home state will now be limited in its ability to conduct investigations. Similarly, a pro-life state would have much less power to investigate out-of-state individuals distributing dangerous abortion drugs via mail into their state.

The Biden administration has been hyper-focused on promoting the abortion industry and expanding abortion into pro-life states. This is yet another instance of the Biden Administration running roughshod over Congress to give special protections to abortion providers which will hinder valid investigations.

See more in this Congressional bi-cameral letter in opposition: www.regulations.gov/comment/HHS-OCR-2023-0006-0171.

Veterans Affairs and Abortion

On September 9, 2022, the Biden Administration, in violation of long-standing statute, pushed its Department of Veterans Affairs (VA) to start performing abortions.



The published rule mandates that the VA must provide abortion services through the taxpayer-funded VA health care system by providing for unlimited abortions

for undefined "health reasons."

Despite efforts by Republicans in Congress to reverse this policy, the policy remains in place. While the policy is being rolled out at VA hospitals across the country, the

the VA Abortion Transparency Act to require the VA to disclose abortion statistics in the face of department stonewalling.

According to Sen. Tuberville's press release,

"In 2022, the Biden administration's VA announced it would begin facilitating abortions for veterans and their dependents through the taxpayer-funded VA health care system. Despite multiple congressional inquiries and questions regarding the legality of such a change in long-standing policy, the VA implemented the regulation."

VA has been reluctant and even unwilling to provide exactly how many abortions they are performing.

On April 16, 2024, Sen. Tommy Tuberville (R-AL) introduced

National Right to Life will continue to monitor and pushback against the extreme Biden Administration agenda.

NRL Conference “We Love Both: Standing Strong with Moms and Babies”

From Page 1

waged in our states for our people’s hearts, minds, and state constitutions.

This is the year to attend the National Right to Life Conference.

The Conference has been streamlined from 42 workshops to 20 breakout sessions, with new and exciting voices offering crucial information for a time such as this. Carefully crafted and well-planned General Sessions have been lengthened to provide more insight and audience interaction.

Join us and learn how to amplify

your message and efforts back home. The Conference will provide you access to research papers, educational materials, and political strategies to enhance your advocacy work and outreach efforts.

The conference opens with the prayer Breakfast and our Speaker is Very Reverend Father Paul D. Scalia of St. James Catholic Church. General Sessions planned include the inspiring testimony of Jean Marie Davis, whose life and baby were saved at a Pregnancy Resource Center. Another General Session will cover how we genuinely meet

the needs of women, especially those who are facing a pre-natal medical emergency.



Our breakout sessions will cover topics ranging from State Initiatives

and a frank panel discussion about effective (and not so practical) ways that the pro-life movement and candidates for elected office can address the abortion issue and stand up for life amidst a challenging political landscape, an emboldened and well-funded pro-abortion opposition, and a hostile national media.

And so, so much more.

Please visit our conference site at nrlconvention.com – register today and guarantee yourself a spot so you can come home to National Right to Life.

53rd ANNUAL CONFERENCE

*We Love Both:
Standing Strong with
Moms and Babies*

Crystal City, Virginia
June 28 & 29, 2024



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REGISTER NOW: nrlconvention.com

Record-breaking: Planned Parenthood's annual abortions reach nearly 400K

By Carole Novielli

Planned Parenthood abortions have now reached nearly 400,000, climbing by almost 20,000 in the past reported year alone.

Calling 2022-23 a “year of moving mountains,” the abortion corporation’s report indicates that while abortions increased, clients decreased — and taxpayer funding hit nearly \$700 million.

KEY TAKEAWAYS:

What has increased at Planned Parenthood since the last report?

Abortion numbers (up by 5% since last annual report; up 100% since 2000 to a record high 392,715 abortions)

Revenue, private revenue, and excess revenue

Prenatal care (slight increase of 1% since last annual report; 62 abortions for every one prenatal care service; down 80% since 2010)

Unspecified “miscarriage care” (possibly surgical abortions after failed chemical abortions) up by 36% in one year

STI testing and treatment (up by 5% since last report; down 15% since 2019)

What has decreased at Planned Parenthood since the last report?

Client numbers (down by 4% since last annual report; down 34% since 2006)

Number of donors (down 21% in a year)

Contraceptive services (includes counseling and care, down by 4% in a year; down 44% since 2009)

Overall cancer screenings (breast exams and pap smears; slight overall decrease of 1%, pap smears down 13.5%)

Preventative care visits (down by 4%)

Adoption referrals (down by 5%, with 228 abortions for every one adoption referral)

Transgender services and other procedures (down by 30% from the 1500% increase a year prior)

Planned Parenthood killed an average of 1,076 preborn babies every day, nearly 45 every hour, and one every 80 seconds in 2022-23.

Let’s take a look at these numbers in more detail below.

Abortion numbers UP

Planned Parenthood abortions rose by nearly five percent (4.96%) after a slight drop last year, according to the latest figures. In the 2021-22 report, Planned Parenthood listed 374,155 abortions; now, those abortions have climbed to a whopping 392,715 reported in the corporation’s 2022-23 annual report — the highest recorded to date.

This puts the deaths of preborn children from abortion at Planned Parenthood among the leading causes of death for 2022. Provisional data from the Centers for Disease Control (CDC) indicates that “During 2022, the three leading causes of death were heart disease (699,659 deaths), cancer (607,790), and unintentional injury (218,064).”

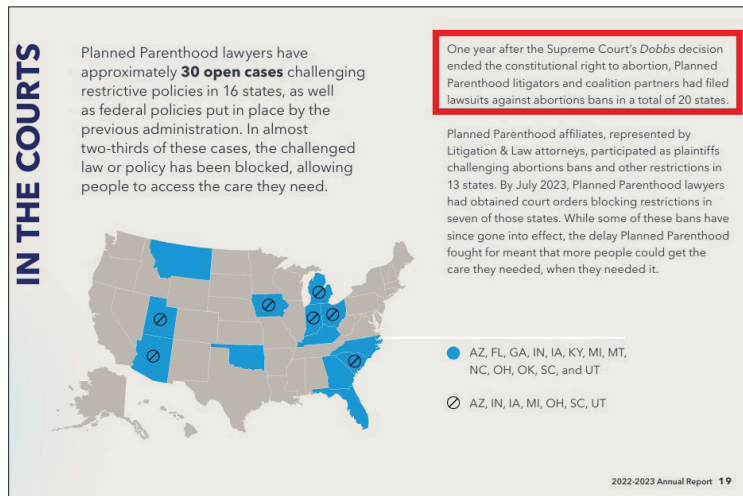
Tragically, the 2022-23 annual report shows that between 2022 and 2023, the taxpayer-funded abortion corporation killed an additional 18,560 preborn babies.

In the past few years, Planned Parenthood has bulked up its marketing of abortion — or, as they like to call it, their “patient navigation campaign of online search ads” — to thwart women from seeking aid at multiple pro-life pregnancy help centers.

In the latest report, the abortion corporation claimed that 863,000 users accessed their abortion finder website between July 2022 and

June 2023, the year following the demise of *Roe v. Wade*.

“Demand at Planned Parenthood... in states where abortion is protected has soared by up to 700%,” the report claimed. “In the year after the decision, 90 patient navigators across 41 Planned Parenthood affiliates helped more than 33,000 people get the transportation and travel support, financial assistance, and referrals they needed to get abortion care.”



In the past decade, Planned Parenthood abortions have increased 20%. However, since 2000, abortions at Planned Parenthood have risen nearly 100%.

In addition, since 2000, Planned Parenthood has committed over 7.1 million abortions and received nearly \$10.7 billion from taxpayers.

Abortion market share remains at 40%

As a corporation, Planned Parenthood killed an average of 1,076 preborn babies every day, nearly 45 every hour, and one every 80 seconds in 2022-23.

Planned Parenthood abortions make up 40% of all abortions in the U.S.

Abortion pill now 70% of corporation's abortions

Nationally, abortions have reached a record high in a decade, with an estimated 1,026,690 abortions reported by the Guttmacher Institute in 2023.

Expanding abortion pill access is credited as one reason for the increase.

While national abortion pill use has now reached 63% of all abortions, a recent claim from the president of Planned Parenthood has indicated that 70% of abortion sales at Planned Parenthood are now committed by this method.

This means that in 2022-23, it is likely that nearly 275,000 (274,900) of all Planned Parenthood abortions (392,715) were committed by the deadly abortion pill regimen (mifepristone and misoprostol).

Record-breaking: Planned Parenthood's annual abortions reach nearly 400K

From Page 22

Prenatal care slightly UP

Prenatal care services at Planned Parenthood increased slightly — 1.15% — from 6,244 in 2021-22 to 6,316 in 2022-23. Planned Parenthood now commits nearly 62 abortions for every one prenatal care service they provide.

Prenatal services have been on the decline at Planned Parenthood, dropping drastically in the past years, and decreasing a staggering 80% (79.69%) from the 31,098 prenatal services reported in 2010.

Year	Prenatal Services	PP Abortions	Gov \$ In Millions	Excess Revenue Over Expenses in millions
2022-23	6,316	392,715	\$699.30	\$178.60
2021-22	6,244	374,155	\$670.40	\$204.70
2020-21	8,775	383,460	\$633.40	\$133.70
2019-20	8,626	354,871	\$618.10	\$69.70
2018-19	9,798	345,672	\$616.80	\$110.00
2017-18	9,055	332,757	\$563.80	\$244.80
2016-17	7,762	321,384	\$543.70	\$98.50
2015-16	9419	328,348	\$554.60	\$77.50
2014-15	17,419	323,999	\$553.70	\$58.80
2013-14	18,684	327,653	\$528.40	\$127.10
2012-13	19,506	327,166	\$540.60	\$58.20
2011-12	28,674	333,964	\$542.40	\$87.40
2010-11	31,098	329,445	\$538.50	\$155.50
2009-10	7,021	332,278	\$487.40	\$18.50
2008-09	9433	324,008	\$363.20	\$63.40
2007-08	10,914	305,310	\$349.60	\$85.00
2006-07	11,058	289,750	\$336.70	\$114.80
2005-06	13,261	264,943	\$305.30	\$55.80
2004-05	17,610	255,015	\$272.70	\$63.00
2003-04	16,427	245,092	\$265.20	\$35.20
2002-03	15,860	230,630	\$254.40	\$36.60
2001-02	15,618	213,026	\$240.90	\$12.20
2000-01	17,700	197,070	\$202.70	\$38.90
Total	316,278	7,132,711	\$10,681.80	\$2,127.90

Miscarriage care, STI testing/treatment UP

“Miscarriage care” is a relatively new service category for Planned Parenthood, and some speculate that the treatment could be used to clean up abortion pill complications. While the organization does not specify what constitutes “miscarriage care,” this unspecified service has risen nearly 36% (35.85%), from 2,653 in 2021-22 to 3,604 in 2022-23.

While total STI services were up by 5% from last year (4,411,825

in 2021-22 to 4,633,499 in 2022-23), they have dropped nearly 15% (14.73%) from 5,434,446 recorded in 2019.

Revenue UP

In 2022-23, Planned Parenthood again exceeded previous amounts of taxpayers' dollars flooding their coffers, rising 4.31% from the \$670.4 million granted to them in 2021-22 to nearly \$700 million (\$699.3 M) reported for the year ending June 30, 2023.

This report also revealed that taxpayer funding to the abortion corporation had risen \$28.9 million in just the past year, making it 34% of the organization's total revenue.

In just the past decade, government (taxpayer) funding to Planned Parenthood has increased by 29.4%.

And since 2000, taxpayer dollars to this abortion behemoth have climbed a whopping 245% — from \$202.7 million received in 2000 to nearly \$700 million (\$699.3 M) reported for the year ending on June 30, 2023.

Excess revenue UP

As of June 30, 2023, Planned Parenthood accumulated over \$2 BILLION (\$ 2,054.3B) in total revenue, up from the \$1.9 (\$1,906.7) BILLION in revenue they reported as of June 30, 2022.

Expenses as of the end of June 2023 tallied over \$1.8 billion (\$1,875.7).

Planned Parenthood's excess revenue over expenses came to \$178.6 million, slightly less than what it was in 2021-22.

To date, Planned Parenthood's total balance sheet (ending on June 30, 2023) shows that the organization's net assets and liabilities have risen to over \$2.9 billion, the highest recorded in recent years.

Private revenue UP, number of donors DOWN

“Our broad base of committed donors provide approximately 91% of the national organizations' revenue and 42% of affiliate revenue,” claimed the abortion corporation, adding that this was somehow “evidence of our robust grassroots support.”

But that claim might be a bit overstated, as “active individual contributors” fell nearly 21% (20.77%) from 727,000 in 2021-22 (which broke a falling trend of donors over past years) to nearly 576,000 by 2022-23.

In addition, Planned Parenthood's report also showed that private contributions made up just 47% of overall revenue. And yet, this is the highest recorded total for private donations on record.

Client numbers DOWN

In the 2022-23 report, Planned Parenthood reported fewer clients than in previous years, dropping nearly four percent (3.76%) from the 2.13 million recorded in the 2021-22 annual report to 2.05 million in the 2022-23 annual report.

This represents a client decrease of nearly 34% (33.87%) from the 3.1 million clients recorded in its 2006 report — and yet, taxpayer dollars to the corporation have gone up year after year.

Planned Parenthood's total facilities (nearly 600) and affiliates (49) remained basically the same as the previous year.

See *Record-breaking*, Page 39

Supreme Court hears challenge to Idaho's Defense of Life Act and Biden Administration's use of EMTALA

From Page 1

Congress amended EMTALA in 1989 to add references to protecting an 'unborn child' in four places," according to the *Washington Post*.

"The Emergency Medical Treatment and Active Labor Act has been law in this country since 1986," said NRLC President Carol Tobias. "For 38 years, dedicated medical personnel in emergency rooms have been helping women and their preborn children to obtain the medical care they needed. EMTALA contains a duty to both a pregnant woman and her unborn child, and never mentions abortion."

Tobias continued, "Sadly, but not surprisingly, the Biden administration is trying to force hospitals to ignore one of those patients. Apparently, the Biden administration thinks that emergency rooms are no longer capable of providing care for both mother and child. Their solution is to turn hospital emergency rooms into abortion facilities."

Tobias concluded, "In Idaho, and in every state in this country, doctors have and will continue to care for women experiencing life-threatening conditions, including ectopic pregnancies, and to treat complications from miscarriage. The Biden Administration is attempting to twist the compassionate EMTALA law to push their radical agenda of unlimited abortion."

National Right to Life filed a friend of the court brief supporting Idaho's pro-life law. NRLC's brief argues that Biden's attempt to force hospital emergency rooms to perform abortions under the Emergency Medical Treatment and Active Labor Act is contrary to that federal law which was only meant to protect emergency room patients from being dumped and does not mandate that the hospital provide medical care that is contrary to state law.

Background

It was no accident that the

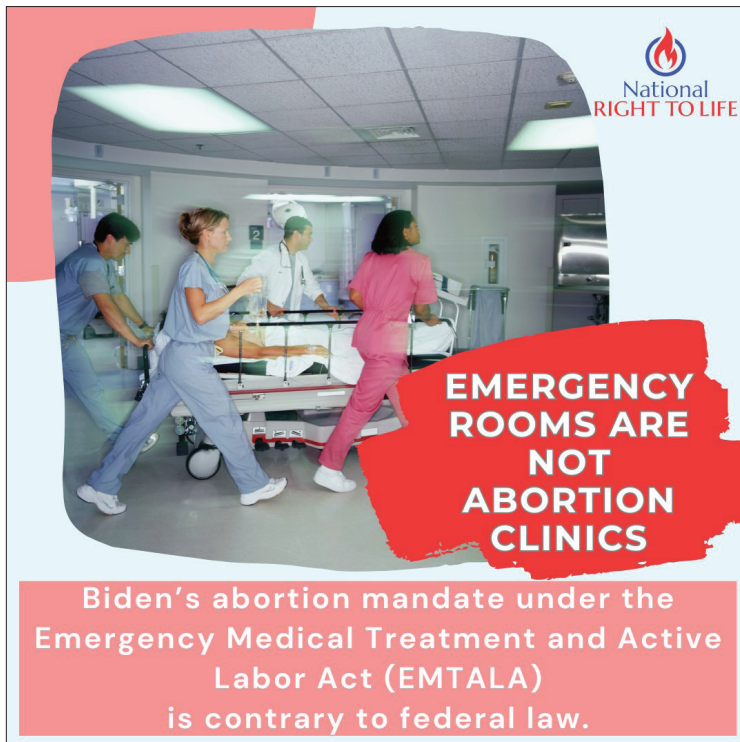
Biden administration invoked EMTALA after the Supreme Court's *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade* in June 2022. *The Washington Post* Ann E. Marimow and Caroline Kitchener reported that

perform abortions? Have you ever seen an abortion statute that uses the phrase 'unborn child?'" Alito asked Solicitor General Elizabeth B. Prelogar. "It seems the plain meaning is that

marijuana use.

New Jersey provides a limit of a five-day supply of opioids to stabilize chronic pain and in Pennsylvania the limit is seven days and other states have no limits, Turner said.

"Abortion isn't exceptional," Turner said. "There are countless examples."



Conservative justices, who make up the court majority, pushed back on the Biden administration's interpretation of the statute, and indicated the federal government cannot force private hospitals that receive federal funds to violate a state's law. Justices Neil M. Gorsuch and Samuel A. Alito Jr. drew attention to the fact that the EMTALA statute does not mention abortion but includes the term "unborn child" when defining what constitutes a patient.

"Isn't that an odd phrase to put in a statute that imposes a mandate to

the hospital must try to eliminate any immediate threat to the child."

Idaho Solicitor General Joshua Turner sparred with several justices, including Justice Sonia Sotomayor. He told Justice Sotomayor that

states routinely set their own standards to limit health care, despite the federal law requiring treatment during emergencies.

Sotomayor accused Idaho of complying with federal law for all treatment other than abortion. But Turner said states often set limits on treatment, with Idaho setting conditions on abortion, opioids and

One of Turner's major contentions was that if the Supreme Court sides with the Biden administration in this case, it won't silence questions from 21 other states with protective laws. "This isn't going to end with Idaho," Turner said. "This question is going to come up in state after state after state."

"Turner said states must be allowed to regulate how they provide health care – including abortion – as they license medical personnel and require hospitals to comply with state law," the *New York Times*' Abbie VanSickle reported.

"We know nurses can't perform open-heart surgery," Turner continued, "We know janitors can't draw blood. It's not just a plain mandate devoid of state law."

Turner added, "The administration's position ultimately is untethered from any limiting principle. There's no way to limit this to abortion."

The case has been heard more than once by the lower courts. "In January, the Supreme Court agreed to take the case, *Idaho v. United States*, in response to Idaho's emergency request and allowed the law to take effect while litigation continued," Marimow and Kitchener reported.

"In a separate case in Texas, the conservative U.S. Court of Appeals for the 5th Circuit ruled against the Biden administration, saying Texas hospitals and doctors are not obligated to perform abortions under the federal emergency-care law."

‘Irena’s Vow’ includes true story of baby saved from abortion during Holocaust

By Nancy Flanders

The new film “Irena’s Vow” tells the amazing true story of Irena Gut Opdyke (Sophie Nélisse), a Polish Catholic nurse who risked her own life to hide Jews being persecuted by the Nazis during World War II.

Irena was 17 years old and a nursing student living away from home when the Russians and Germans invaded Poland in 1939. She joined a band of Polish resistance fighters, but one day she was seen by Nazi soldiers who chased her, gang-raped her, and beat her unconscious. She recovered and moved back to her family. But two years later, at 19 years old, she was forced to work hard labor at a factory.

When she fainted one day, she gained the compassion of German army Major Eduard Rugemter. Over time, he told her he was moving to a villa outside of town and wanted her to be his housekeeper, where she worked against her will. She had learned Jewish families were about to be forced out of the Jewish ghetto and knew how being at the villa could allow her to help. She sheltered Jewish friends and colleagues in the basement of the major’s house for two years until she was able to help them escape.

Despite one man’s asthma nearly exposing them all and marking them for certain death, all was well for a while, and no one discovered the group. However, one of the young women then announced she was pregnant.

Because of the risks that would come with keeping a baby in hiding, the other members of

the group convinced the young woman to seek out an abortion for the sake of everyone’s safety.

Irena stood up to all of them, telling them she would not allow the abortion to be carried out. They wanted Irena to gather the

Irena shared with the group that she had once seen a baby ripped out of its mother’s arms by a soldier, tossed into the air, and shot out of the air. There was nothing she could do to stop it.

“I made a vow then that if I ever

and then it was up to him to take care of her, and her job was just to do what she was supposed to do — to follow. She kept that her whole life. It just was part of her. It wasn’t even something she had to think about.”



Screenshot: YouTube

supplies that would be needed to commit the abortion, telling her that they couldn’t “bring a baby into this. It would be endangering all of our lives. Yours too.”

They knew that the baby’s cry would certainly give them away. They believed killing that child before birth was the only option.

Irena tells them, “I can’t. I can’t do this. You don’t have to do this.” She asked the pregnant woman, “Ida, everyone’s talking but you. Everyone seems to have an opinion. What about you? Do you want to have this baby?”

Ida said, “Yes, of course. But not now. Not under these conditions. It will be too dangerous for all of us.”

could save a life, I would,” she said.

The baby, instead of being aborted, was born safely. However, the group was eventually discovered. Irena again stepped in to save them, despite any suffering that it would cause her. She agreed to be the major’s mistress in return for his silence. She would later call that time in her life “worse than rape.”

According to the National Catholic Register (NCR), Irena received several recognitions for her efforts to protect Jewish persons during the Holocaust. Irena’s daughter, Jeannie Smith, told NCR, “[God] would open a path and she would walk in it

Roman Haller is the baby that Irena saved. Now in his late 70s, he once said, “Irena Gut is like a second mother to me. Without her, I wouldn’t be alive.”

Lila Rose, founder and president of Live Action, reacted to the film, saying, “It’s incredible what one person can do if they are willing to stand up for life, especially when it may be painfully difficult and unpopular. I did not expect the ending of this clip and it makes me marvel at how fragile life and death decisions can be — needing that one person to stand in the gap.”

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

The price we pay when we break the “most intimate, most sacred, and most self-sacrificing relationship of all”

By Dave Andrusko

Editor’s note. This is the latest example of where we look back at what ran in NRL News Today on this date in years past. I think you will come away having benefitted from a review of a book that teaches timeless lessons.

“The presumed stripping of personhood from embryos has other frightening and horrifying dimensions for pro-life people. It is probably safe to say that in our society (as in most), the relationship between mother and child is assumed to be the most intimate, most sacred, and most self-sacrificing relationship of all. To people who assume that the embryo is a child, the logic is clear: if even this most sacred, least worldly, least useful relationship can be disrupted, no relationship is safe. As one mother said, ‘If a baby can’t be safe in his mother’s womb, where can he be safe?’” — Kristin Luker, “Abortion & The Politics of Motherhood”

I have reached the point where I have so many books in my office, I need to clean house and donate them to my local library. As I lovingly went through the mounds of books, I ran across *Books That Build Character: A Guide to Teaching Your Child Moral Values Through Stories*.

I read it a long time ago but what William Kilpatrick and Gregory and Suzanne Wolfe teach in their remarkable book is just as significant today as it was when I first read through it. The lessons it teaches are timeless.

In the early pages, the authors tell a story of four-year-old Crystal, who, when her two-year-old sister began to cry, quickly assessed the situation.



“She wants her Dogger,” Crystal declared, referring to a missing stuffed bear. Unprompted, Crystal offered one of her own stuffed bears as a substitute.

“Dogger,” it turns out, is a story about “a boy who loses his worn stuffed dog, and his older sister, Bella, who trades a large and beautiful stuffed bear to get Dogger back for him.” The authors of **Books That Build Character** then offer what I believed would be the underlying moral of their book: “Crystal, who had heard the story only the night before, was putting into practice the good example set by Bella.”

The evils that we confront—abortion and euthanasia/

physician-assisted suicide—are intertwined like the two strands of DNA. They have colonized the imaginations of all-too-many Americans. The encouraging

abortion even more cavalierly?

I would not pretend to have the answer. For starters, there is no one answer, of course.

However, I would hazard to guess that had the body politic been hooked up to an EKG, the machine would have shown that our hearts skipped a beat when, way back when, we first learned about the insanity known as partial-birth abortions.

Prepackaged answers about “choice” and “rights” and “blobs of tissue” couldn’t hold a candle to the unvarnished truth: that it requires verbal gymnastics of Orwellian proportions to disguise the truth that partial-birth abortion is akin to infanticide.

We are now gradually making inroads into the public’s consciousness (and conscience) about the truth that unborn babies can and do experience pain—and about the horrific nature when living unborn babies are dismembered.

For me, looking at the panicky reaction of the Abortion Industry and the relentless introduction of pro-life legislation is very reassuring.

Moreover, the fundamental decency that is an essential component of the American character still lives. People were—and continue to be—moved by the atrocity that is abortion. After so many years—decades—of darkness, the light refuses to be extinguished.

It would, of course, be much too simplistic to suggest that by merely telling stories of virtue, Americans could be persuaded to chuck the evasive platitudes that pass for pro-death argumentation. Yet never forget that truth-telling—what we do at *NRL News*

news is that this almost nonchalant acceptance of these attacks on vulnerable human beings can be found in the mental file cabinets of fewer and fewer Americans.

Why? In my opinion, because the cabinets are not locked. Indeed, the drawers are open and the contents, yellow with age, are crumbling.

Ask yourself this. Why, 20+years into the 21st century, is the pro-life movement still growing, becoming better organized, and closer than ever to carrying the day? Why are pollsters time and time again finding increasing resistance to unabridged, unbridled, and unchecked abortion on demand?

Why is the Abortion Establishment stumbling—unsure of its footing but determined to bury their uncertainty by treating

Can a baby smile in his mother's womb?

“Of course! Even Snopes answers yes

By Dave Andrusko

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

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

Snopes' Jordan Liles judged the claim “True.”

He writes, on May 31, 2023, “LifeNews posted an image to Facebook that purportedly showed a fetus smiling in his mother's womb. The image also displayed a picture of what was believed to be the baby smiling after he was born. The caption read, ‘Baby before birth. Baby after.’”

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

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

A story in 2014 in *Manchester Evening News* gave the best

search result. The story was about the June 30 birth of David Hargreaves, the same little boy whose photo the reader had asked Snopes to verify had not been altered. Liles continues:

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

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

Liles discusses some additional technical checks that were conducted to be sure that one (or both) photos was untouched. They passed the test. Then he quoted again from the *Manchester Evening News*:

A spokesman for Babybond Ultrasound

Direct in Burnley, which performed the scan, said: “Our sonographer

smiley baby throughout the entire scan.

“I think we can safely



who scanned Amy and her gorgeous baby was overwhelmed at her

say that Amy's baby has been the smiliest baby we've ever seen.”

Bozell: Google's Election Interference Is 'Deliberate,' and 'They're Getting Away with It'

By Gabriela Pariseau

MRC President Brent Bozell went on Rich Valdés's show *America at Night* to discuss MRC's groundbreaking report exposing Google's election interference efforts over the last 16 years.

MRC researchers documented 41 examples revealing Google's election interference efforts between 2008 and 2024 to benefit the most liberal candidates, including former President Barack Obama and President Joe Biden. "We found it over and over and over again. This is deliberate," Bozell told Valdés. "These people do not care about the rule of law."

The pair discussed the report in detail noting that Google suspended the accounts of bloggers who supported then-Democratic candidate Hillary Clinton in the 2008 election. Again in 2012, inconsistent with its stated policy, Google refused to resolve a search engine manipulation prank that smeared then-leading Republican presidential candidate Rick Santorum. The company has also been shown to favor its candidate

of choice in its search results, autofill options and its Google News and AI chatbot results.

Bozell specifically drew attention to a 2022 *MRC Free Speech America* report that showed how Google search results buried the campaign websites of 10 of 12 Republican Senate candidates in highly competitive races. He also noted that Google Search results have censored "every candidate except for Joe Biden a total of 112 times." As he pointed out the interference, has the potential to cause election-altering damage to candidates' campaigns.

"Surveys are now showing that up to five percent of the American people make their decision on of who to vote for based on a Google search," Bozell said. "So when you are one of those five percent and you don't even see a Republican – less than one percent go past page one – then that five percent is being pushed right into the Democratic camp."

The MRC president accused Google of making undisclosed contributions through the

technological advantages it offers certain candidates. "One could argue – and I would definitely argue – that these constitute illegal campaign contributions because

contribution laws on the books, where if your radio station gave money to Donald Trump, it would be breaking the law," he said. "And yet Google is deliberately



a corporation is not allowed to make a campaign contribution to a federal campaign," Bozell said. "So indeed these are deliberate blatant attempts to put the thumb down on the election process in the United States."

He went on to shred Google and the double standard set out for similar tech companies that make such contributions. "If you had a government that truly wanted to uphold the rule of law, where you have campaign

participating in this by doing the kind of censorship they're doing, which is a campaign activity, and they're getting away with it."

You can read more of in the Special Report at <https://cdn.mrc.org/static/pdfuploads/MRC%20Google%20Election%20Interference%20Report.pdf-1710439680476.pdf>

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

Why Abortion Advocates No Longer Consider It “A Necessary Evil”

The White House flips the script on morality in its public support of killing babies as “healthcare” and its labeling of pro-lifers as “extremists.”

By John Stonestreet and Jared Hayden

Last week, Kamala Harris became the first vice president in U.S. history to make a public visit to an abortion clinic. Though the Democratic party’s support for abortion is nothing new, Harris’ Planned Parenthood appearance does illustrate how that support has become a flagrant celebration of abortion as a public and personal good, essential to both “freedom” and to “healthcare.” At the appearance, Harris proclaimed,

It is only right and fair that people have access to the health care they need. Extremists have proposed and passed laws that have denied women access to reproductive health care.

Contrary to her claim, killing preborn children, whether through chemical or surgical abortion, cannot (at least in any sane reckoning) be considered “health care,” neither for the child nor for the mother. As many have noted, when a woman gets pregnant, it is not because something has gone wrong with her body. In fact, abortion is not safe for women. The chances of complications are high and can even be life threatening, and women are four times more likely to experience complications from chemical abortion than surgical abortion.

For the child, of course, abortion ends a life that is developing. In the case of chemical abortion, the child is starved of nutrients. In the case of surgical abortion, the child’s life is ended, and the body is dismembered. Neither of those things are “health care,” at least not in a world that is morally sane.

By calling those who hope to limit abortion “extremists,” Harris maligned and mischaracterized

thousands of everyday Americans. For years, most Americans have supported legal limits on abortion. As of 2024, 66% of Americans want to see abortion legally restricted, and nearly six in 10 support limiting abortion to the first trimester.



It is the Democratic party that, long ago, became extremists on this issue. In the past, pro-abortion candidates held abortion at arm’s length. Last year, Biden said, “I’m a practicing Catholic. I’m not big on abortion.” This year, Biden has announced that returning *Roe v. Wade*, which made America an outlier on abortion restriction, is his top priority.

Harris’s appearance at Planned Parenthood signaled how serious this administration is. As *Politico* noted, the Biden-Harris agenda is “the strongest abortion rights platform of any general election candidate.” We could add the word “ever” to that sentence. For the White House incumbents, abortion is no longer a necessary evil. It is a fundamental freedom.

In fact, Biden put it as clearly as possible in his State of the Union address when he chided those lawmakers who oppose

abortion. “Many of you in this chamber and my predecessor are promising to pass a national ban on reproductive freedom,” he said. “My God, what freedoms will you take away next?”

Ultimately, Biden’s remarks and Harris’ itinerary reveal priorities

long understood this. The way to a better, freer life is not by using one’s freedom however one wants. The way to an abundant, unhindered life is by using freedom to fulfill our created purpose. We were made to love God and to love neighbor.

that may have once been implicit, but are now explicit. Their agenda prioritizes abortion because it is central to achieving the vision of sexual “freedom” and selfhood now enshrined in American culture by progressive ideology. In so many ways, abortion symbolizes a worldview in which autonomy and self-expression are the highest possible values. It’s the logical endpoint of the pursuit of freedom from constraints, devoid of any notion of freedom for a created purpose.

By making abortion central to freedom, Biden and Harris and their pro-abortion allies have gotten something terribly wrong. Freedom to kill cannot offer the way to a more abundant life. In fact, freedom that leads to immorality is not freedom at all. It is slavery—to sin, to guilt, to shame, to regret.

The pro-life movement has

That’s why pro-life pregnancy centers work to address real-life needs that, when unmet, often tempt the vulnerable to pursue abortion. That’s also why pro-life pregnancy centers are now targets of the political left, especially at the state level. If abortion is the issue at the center of a vision of life, pro-life pregnancy centers are now the core battlegrounds for hearts and minds.

For now, Harris and other pro-abortion advocates are hell-bent on “making history” by enshrining the “right” to take innocent, preborn lives. We, too, must be heaven-bent that, whether a political positive or negative, we defend the right of every life to live.

This Breakpoint was co-authored by Jared Hayden. For more resources to live like a Christian in this cultural moment, go to breakpoint.org.

Biden's approval numbers sink to lowest ever

From Page 2

poll, 60% disapprove of his handling of the job and 40% approve, about the same as it's been in CNN polling for more than a year. Even Biden's strongest issue approval ratings in the poll are also in negative territory, with 45% approving of his handling of health care policy and 44% approving his handling of student loan debt. And his worst issue approval rating – for his handling of the war between Israel and Hamas in Gaza – yields 28% approval to 71% disapproval, including an 81% disapproval mark among those younger than 35 and majority disapproval among Democrats (53%).

What about the economy?

Biden's approval ratings for the economy (34%) and inflation (29%) remain starkly negative, as voters say economic concerns are more important to them when choosing a candidate than they were in each of the past two presidential contests. In the new poll, 65% of registered voters call the economy extremely important to their vote for president, compared with 40% who felt that way in early 2020 and 46% who said the same at roughly this point in 2016. Those voters who say the economy is deeply important break heavily for Trump in a matchup against Biden, 62% to 30%.

Let's get back to Gallup. First, its opening paragraph

WASHINGTON, D.C.
— President Joe Biden averaged 38.7% job

approval during his recently completed 13th quarter in office, which began on Jan. 20 and ended April 19. None of the other nine presidents elected to their first term since Dwight Eisenhower had a lower 13th-quarter average than Biden.

Welker says, “And I stop here because competent and effective, that was President Biden's, the crux of his campaign pitch back in 2020.”

KORNACKI: And we actually polled this question in 2020, and it was basically the exact opposite. It was Biden

So these are all troubling numbers for Biden, but it's not to say there aren't warning signs for Donald Trump in this poll either.

Always in the background but increasingly in the foreground are concerns about President Biden's capacity to continue. Pew Research found poll

More than a third of voters say they are extremely or very confident that Trump has the physical fitness (36%) and mental fitness (38%) needed to do the job of president.

Far fewer say the same of Biden (15% are at least very confident in his physical fitness; 21% are extremely or very confident in his mental fitness). Majorities say they are not too or not at all confident in Biden's physical and mental fitness.

Pew also did a demographic breakout:

- **White voters favor Trump (56%) over Biden (42%) by a wide margin.**
- **Roughly three-quarters of Black voters (77%) support Biden, while 18% back Trump.**
- **Hispanic voters are more evenly divided – 52% favor Biden, while 44% back Trump.**
- **Asian voters favor Biden (59%) over Trump (36%).**

In light of all this, it'll be very, very interesting to see what the Democrat Party does going forward.

National RIGHT TO LIFE

BIDEN REMINDER

Since its first days in office, the Biden-Harris Administration prioritized a radical abortion agenda: unlimited abortions for any reason, right up until birth.

and then its “Bottom Line”:

With about six months remaining before Election Day, Biden stands in a weaker position than any prior incumbent, and thus faces a taller task than they did in getting reelected.

We've examined President Biden's faltering numbers for well over a year. On his best days he garners in the low 40s. On his worst day—see latest Gallup and *CNN* numbers—President Biden's job approval numbers hover in the mid-to-high 30s. One other important survey, analyzed by NBC's election analyst Steve Kornacki. Midway through his interview on “Meet the Press,” moderator Kristen

with about a ten-point advantage over Trump and, again, same with handling of crisis. Biden had the edge over Trump.

And how about this? It's the former president vs. the current president. We don't really see matchups like this. Well, now we can measure it. Who has the strongest record as president? And, again, Trump outpacing Biden on that front. And, again, you've got to mention this one, too. “Necessary mental and physical health.” We asked this four years ago, it was a wash. It's now a clear liability for Joe Biden.

95-year-old's real legacy lies in lives saved and hearts changed

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

95-year-old Betty Caffrey is a legend.

Each weekday, this indefatigable woman heads into her office in Wilkes-Barre, Pennsylvania to serve and to strengthen the most vulnerable among us.

Betty distributes baby clothes, maternity wear, and other critical items to mothers in need. All of the items—and all of the services this Pennsylvanians for Human Life chapter provides—are offered free of cost.

Betty does heroic work not for compensation, but out of an abundance of compassion. For decades, she has been one of Pennsylvania's leading champions for life.

Recently, I had the opportunity to speak with writer Mary Stehur, who recently wrote a book about Betty's incredible life entitled *Never Alone*. The author confirmed Betty's icon status in



Betty Caffrey

northeastern PA and the amazing legacy she has given birth to.

There need to be more Betty Caffreys in the world—people who freely give of their time and talent to empower women and to protect their children. Through her stellar example, Betty has given hope to countless numbers of families who will be forever indebted to her for her generosity.

Betty received an award from the Pennsylvania Pro-Life Federation years ago for her impressive accomplishments. But she never rested on her laurels. Today, she continues the work she began more than four decades ago, inspiring a new generation of leaders to serve as ambassadors for life.

Her real legacy lies in lives saved and hearts changed, and she is a model for anyone who desires to rebuild a culture of life and a community of caring where they live.

The price we pay when we break the “most intimate, most sacred, and most self-sacrificing relationship of all”

From Page 26

Today and *NRL News*—does have an impact.

Sometimes it is subtle, sometimes overt, but pro-lifers have kept the flame burning by never allowing the moral dimension of the fight for life to be obscured.

To return to where we began, there are stories that people read and there are “stories” that are modeled in the conduct of daily life. We could not possibly prevail if we only “talked the talk.” But, thanks to you, we have also “walked the walk.”

No matter what the *New York Times* prints (or fails to print), you do care about both mother and unborn child.

No matter what the *Washington Post* prints (or fails to print), our

“values” are not “outdated” or “anachronistic.”

No matter what the major networks air (and don't air), we are not motivated by “fear of the future” but embrace a future where legal protection is enjoyed by all.

Compassion, love, devotion, mercy, a fearless championing of the weak and the powerless—these are not mere “values” that come and go, but virtues—qualities of character—which stand forever. Virtues are the sterner stuff out of which we create our moral imagination.

This richer, deeper, broader vision enables us to incorporate for ourselves “how people can act when they're at their best,” to quote again from *Books That Build Character*. The outgrowth is a kind

of highly developed peripheral vision which enables pro-lifers to “see” suffering and injustice where others—who merely stare straight ahead—see nothing.

But I believe that as more Americans read the “story” of your selfless devotion, they will (like Crystal) “put into practice the good example” set by you.

I do not believe it is a stretch to conclude that, because of your unwavering faithfulness, we are closer to the day when Americans fully awake from their slumber and emphatically say to abortionists, “You may not do that!”

Let me conclude with a thought that came out of a conversation I had years and years ago with my personal hero pro-life Congressman Chris Smith. Ever

humble, Chris remarked to me that there are those of us whose work on behalf of the little ones has garnered us more praise and recognition than we deserve, which is 100% true.

But one day we will receive our eternal rewards. And at the very front of the line, Chris said, will be all of you—those millions of unsung grassroots pro-lifers whose decades of devotion have gone largely unnoticed.

If Chris is right, and I am utterly convinced that he is, then Someone of unsurpassed importance has been watching all along. He knows what you are doing on behalf of His little ones.

And that, my dear pro-life brothers and sisters, is the ultimate recognition.

European Parliament deputies call for abortion to be made a ‘fundamental right’

By Michael Cook

France’s decision to include a right to abortion in its constitution has revived moves to include it in European Union’s Charter of Fundamental Rights. “Deciding about one’s own body is a fundamental right: there is no equality if women cannot do so; it is impossible without the right to abortion,” said Karen Melchior, a Danish Member of the European Parliament.

There is a snag. Amending the Charter requires a unanimous vote from all members of the EU. It is unlikely that Poland, Malta, or Hungary, at least, would agree. So despite speeches by activists, it is unlikely that the EU will be following in France’s footsteps.

Not everyone in France has welcomed the abortion amendment. Nicolas Bauer, a lawyer for the European Centre for Law & Justice, was interviewed by L’Homme Nouveau, a French newspaper, about the change. He believes that it will weaken

doctors’ right to conscientious objection.

Currently, the exercise of the conscience clause does not



prevent the freedom to resort to abortion in France. There is therefore no competition between these two “freedoms.” But, if one day the majority of healthcare professionals become

“conscientious objectors,” as in Italy, the conscience clause will hinder access to abortion. In the event of a dispute initiated

by a woman wishing to have an abortion, the Constitutional Council could then declare this clause unconstitutional.

This type of dispute can be deliberately provoked by

associations. It is common. We call these cases “strategic litigation.” They are created from scratch and aim not at protecting a “victim” but to demonstrate that the law prevents access to a certain “right.” Now that abortion is a “guaranteed freedom” at a constitutional level, it is likely that associations will seek to target objecting healthcare providers in order to repeal the conscience clause...

After this constitutionalization, will opposing abortion be considered contrary to the laws of the Republic”? Some associations, like Civitas have been dissolved on the grounds that they opposed the republican regime. If the pro-life discourse becomes “anti-republican,” it could be strongly repressed.

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

Baby boy born weighing the same as a can of coke at 27 weeks now meeting his milestones at one year old

By Right to Life UK

A baby boy weighing less than a pound when he was born and who had to spend 4 months in hospital has beaten the odds and celebrated his first birthday.

Everything seemed to be going well when Isabel Vera was pregnant with her son until a couple of warning signs indicated that the rest of her pregnancy might not be smooth sailing. At

Leovani had to spend 127 days in intensive care during which time he increased in strength and learnt to breathe on his own.

Isabel said “I barely left his side when he was born, and even at home, I would be checking the camera to make sure he was okay in the hospital”.

“I just kept crying and I hardly stopped to even process what we

“When it finally got to his first birthday we wanted to make it as special as possible but obviously didn’t want to overwhelm him. We kept it very small and with immediate family only due to cold season. We had a lovely dinner and some cake at our home”.

He is now hitting his milestones, including recently learning to crawl.

results of a Royal College of Obstetricians and Gynaecologists (RCOG) working party report on neonatal survival rates, which noted improvements in survival rates before 28 weeks of gestation.

During the debates ahead of the Human Fertilisation and Embryology Act 1990 becoming law, MPs referred to medical advances that had led to improved neonatal survival rates before 28 weeks gestation and the need for a reduction from 28 weeks.

Similarly, when the question of abortion time limits was revisited in 2008, the lowering of the abortion time limit in 1990 was again linked to the increased survival rates for babies born before 28 weeks gestation.

Since then, however, further medical advances have meant that babies born below 24 weeks gestation are increasingly able to survive.

A 2008 study based on a neonatal intensive care unit in London found that neonatal survival rates at 22 and 23 weeks gestation had improved. In 1981-85, no babies who were born at these gestational ages survived to discharge. However, by 1986-90, 19% did and this increased to 54% in the period 1996-2000.

Spokesperson for Right To Life UK Catherine Robinson said “Many congratulations to baby Leovani on his amazing recovery after being born at such a small size. Stories such as these demonstrate the humanity of children in the womb and demonstrate their capacity to fight for life when given the right support from their parents and medical professionals.”



her 20 week ultrasound scan, her son Leovani measured five weeks behind where he should have been and three months before his due date, doctors realised that Isabel had high blood pressure, which can be an indicator of preeclampsia.

As a result, baby Leovani was born prematurely at just 27 weeks gestation weighing the same as a can of coke. He was so small that he was able to wear his father’s wedding ring as a bracelet.

Because he was born so early, the outlook for Leovani was not good but his mother “begged for the doctors to do what they could.”

were going through. When he was in the NICU I commuted there daily to visit him.

“There were some nights that was there so late that I’d sleep in my car or the waiting room, I just didn’t want to leave him”, she went on.

Meeting other families on social media who were going through similar situations made Isabel more confident that Leovani would make it.

“Leovani is my miracle”

Despite his struggles Leovani celebrated his first birthday with dinner, a family day out and cake.

Isabel said “Seeing him celebrate his first birthday was like a full circle for me. Leovani is my miracle, and I am just over the moon to be able to say he’s a happy and healthy one-year-old”.

Survival rates for premature babies have improved dramatically

At 27 weeks’ gestation, Leovani was born below the original 28 week abortion limit set out in the Abortion Act 1967, which was then changed to 24 weeks in 1990.

The introduction of a 24-week gestational limit in 1990 was significantly motivated by the

Pro-lifers stand with pregnant women and are doing everything we can to empower these women to confidently choose life

Editor's note. These remarks were delivered by House Pro-Life Caucus Co-Chair Rep. Michelle Fischbach (R-MN) at a meeting of the Senate Judiciary Committee.

Hello, and thank you for inviting me. I have been representing western Minnesotans in Congress since 2021, but I represented them at the state level for much longer. I have also been a part of the pro-life community, helping women choose life, for my entire life.

Senators, most Americans agree there should be limitations on abortion. According to a 2023 Harvard-Harris national poll, 73% of American voters oppose abortion after 15 weeks, meaning most Americans agree there should be limitations on abortion. The Republican position is not extreme.

The position of many elected Democrats, however, is extreme. Every Democrat on this Committee voted for the Women's Health Protection Act, which would allow abortion on demand through all nine months of pregnancy. Only 10% of voters support this position. The fact is that Democrats are catering to the voices of the extreme fringe and are not listening to the American people.

Republicans care deeply about the unborn child and the

mother. We are looking at every opportunity to empower women to choose life and introducing legislation in support of that aim. For example, this Congress I introduced the HOPE Act. This bill arms women with knowledge,



“Most Americans agree that there should be limitations on abortion. The Republican position is not extreme. The position of many elected Democrats, however, is extreme. Every Democrat on the Senate Judiciary Committee voted for the Women’s Health Protection Act, which would allow abortion on demand through all nine months of pregnancy.”

helps them access the resources they need to confidently carry their pregnancy to term, and provides resources for any expectant mother to support them throughout and after their pregnancy.

I also introduced legislation to ensure TANF dollars could

continue to go to pregnancy centers. This bill passed the House, but Democrats fought against it, and it became clear they fought so hard because the only option they want women to have is abortion. The display was

to pretend like Republicans are launching an “assault on reproductive freedoms.” But they hide behind false narratives like this to drive their political agenda and to conceal deeply troubling features of their pro-abortion agenda. We do not have to look any further than some of the bills being discussed here today, such as S. 701 or S. 3612.

These bills would allow abortion on demand until birth. They permit things like human cloning and very problematic forms of genetic engineering. These bills also preempt all state laws and completely destroy anyone’s religious right not to participate in abortions or other practices they find to be morally objectionable. These measures are extreme. They put us in the same camp as countries like North Korea and China.

Senators, I understand the majority here today is looking to paint Republicans as monsters who want to take freedoms away from women in this country. I assure you nothing is further from the truth. My Republican colleagues and those in the pro-life community agree with most Americans, and we are deeply understanding of the challenges expectant mothers face. We stand with them and are doing everything we can to empower these women to confidently choose life.

repugnant and frankly belittling to women everywhere.

Democrats can spin their stories and confuse the issues all they want. They can try to mislead Americans into thinking that Dobbs has anything to do with IVF or the Alabama Supreme Court’s decision. They can try

Decline to Sign the Arkansas Abortion-until-Birth Mandate

Resist the effort to place a pro-abortion constitutional amendment referendum on the ballot in Arkansas this fall.

By Rose Mimms, Executive Director of Arkansas Right to Life

Editor's note. This appeared at National Review Online.

In recent weeks, abortion-industry-aligned forces have unveiled plans to radically change the Arkansas constitution with the so-called “Arkansas Abortion Amendment.” Under the guise of reining in government overreach, the amendment’s broad language would force no-limit abortions on the people of our state and mandate the removal of even the most basic limits on the profit-driven abortion industry. So much for the “safe, legal, and rare” rhetoric pushed by a former (abortion-industry-backed) President from Hope.

Taking a page out of the radical Left’s playbook in other states, a front group ironically calling itself “Arkansans for Limited Government” has, as required by law, submitted a ballot issue titled “The Arkansas Abortion Amendment” to the state’s attorney general; he has since approved it. Other states have seen similar groups pop up with heavy funding from coastal elites such as George Soros and Michael Bloomberg. If people know anything about these two characters, it is that they certainly are not from Arkansas, and that they are not often accused of supporting smaller-government causes.

Aside from the proponent organization’s misleading name, its initial language and title submission could easily mislead voters into believing the measure is limited to abortions before 18 weeks (about five months) and for very difficult situations. Yet these abortion extremists go much further than that.

They have included in the amendment language about “physical disorder, physical

illness or physical injury caused by or arising from the pregnancy itself and any situation in which continuation of a pregnancy will create a serious risk of substantial impairment of a major bodily function of a pregnant female” as a loophole to any gestational-age abortion limit. They are also proposing exceptions that would guarantee abortions to birth, since no law will be able to police them. For example, courts have interpreted “health exceptions” very broadly, giving abortionists a blank check to poison, dismember, and discard a preborn child up to the moment of birth.

The amendment would have other horrible consequences. In addition to enabling “birthday abortions” up to the moment of birth, it decrees that the people of Arkansas would be limited in their ability to “prohibit, penalize, delay or restrict” even the most extreme abortions through legislation and/or regulation. It would gut Amendment 68, the Unborn Child Amendment, to the Arkansas constitution. That amendment states it is the policy of Arkansas to protect the life of every unborn child from conception until birth, to the extent permitted by the federal Constitution. The amendment would also make “null and void” any laws passed to provide safety and health protections for pregnant women or minor girls that seek abortion. In the latter case, that would likely include parental-notification and -consent laws. Without such laws, a 14-year-old girl could be dropped off at an abortion clinic by her sex trafficker or sexual predator without her parents or loved ones ever knowing.

Other probable victims of the amendment’s passage would

include waiting periods to ensure that women are fully informed and protected from unsafe conditions and practices, any and all laws passed to

forward, Arkansans should expect to see petition signature-gatherers asking them to endorse changing the state constitution to allow unrestricted abortion in our state.



inspect abortion facilities and require licensing and reporting of complications, injuries, and deaths of women at the hands of the abortionists. Forget about reporting requirements that can bring sexual predators to justice and stop the abuse of minor girls and vulnerable women who fall prey to them.

All these commonsense measures will almost certainly be seen as an undue attempt to “prohibit, penalize, delay or restrict” the activities of the abortion industry in Arkansas. The amendment is worse than *Roe v. Wade* for Arkansas.

Which is why Arkansas Right to Life is engaged in a statewide Decline to Sign campaign to defeat the amendment’s supporters. Those supporters must present signatures from just more than 90,000 registered voters by July 5, 2024. Said signatures must come from residents in at least 50 counties.

As the weeks and months move

That would most certainly result in thousands of abortions each year and could make Arkansas an abortion destination.

Many of these circulators are volunteers who may have a genuine interest in helping women. But they have been misled into thinking that abortion is good, and that women need it and will die without it. The truth is that each and every induced abortion is an unnatural, cruel, and deliberately inhumane act that kills an innocent unborn child and irreparably and permanently affects the mother for the rest of her life.

If you are approached by one such signature-gather, for the sake of countless babies, for the safety of women, for the protection of minor girls, for the future mothers and daughters of the state of Arkansas and the integrity of our constitution — I would ask you to politely decline to sign the petition to kill unborn babies in Arkansas. Choose life, Arkansas.

A voting scenario that keeps pro-abortion Democrats up at night

By Dave Andrusko

One thing I didn't expect from Thomas B. Edsall was a story in the *New York Times* headlined "One Thing Keeping Democrats Up at Night." And the "one thing" is what, exactly?

What we've been writing about for a couple of years. "Democrats Are Hemorrhaging Support With Voters of Color" as polling expert Nate Silver starkly described their predicament.

In other words, perhaps not a "racial realignment" yet, maybe not even a "slow-motion realignment" but surely enough to "keep Democrats up at night."

What would keep Democrats up all night is Edsall's matter-of-fact contention that "Many of America's nonwhite voters have long held much more conservative views than their voting patterns would suggest."

There is no doubt something's afoot. The debate, Edsall writes, "is over whether the adverse trends for Democrats are long-lasting and structural or temporary vacillations unique to the current campaign."

On the one hand,

This multiracial, multiethnic population [Blacks, Hispanics, and Asian-Americans] constitutes one third of the electorate, according to an article published by the Center for Politics at the University of Virginia's, "The Transformation of the American Electorate," which was written by Alan Abramowitz, a

political scientist at Emory.

"Eight months out from the election, polls are still suggesting 2024 will be the largest racial realignment since the Civil Rights Act was passed," Adam Carlson, a data analyst with the

at the University of Washington, rejoins

The overall takeaway is that we've seen some Latino movement toward Trump in some parts of the country, and potentially some Asian American movement as well. It's an important



Brunswick Group, a corporate consulting firm, recently posted on X (formerly Twitter).

Three days later, John Burn-Murdoch, chief data reporter for the Financial Times, contended that "American Politics Is Undergoing a Racial Realignment."

On the other hand, Jacob Grumbach, a political scientist

shift, but it's uncertain how durable it is, and it's not unseen in earlier periods, such as George W. Bush in 2004.

One final thought.

The trends in these subgroups provide little comfort to the Biden campaign.

Among Black voters, Biden led Trump by 55 points (73-18), far less than his 83-point

margin in 2020. Among Hispanics, Biden led by 6 points (48-42), compared with a 24-point advantage in 2020. Among 18-to-29-year-olds, Biden led by 8 points (50-42) compared with 24 points in 2020.

Despite the erosion of Black, Hispanic and youth support since 2020, Biden remained competitive in Carlson's data compilation — just two points behind Trump (47-45) among all respondents. This was possible because Biden made modest gains among very large subgroups: 1.3 points among 2,014 white college graduates, 0.6 points among 2,103 non-college whites, 4 points among 923 voters 50 to 64, 1.8 points among the 2,208 65 and over.

Let Emily West, a political scientist at the University of Pittsburgh, have the last word for now. She argues that

"Nonwhite Americans who previously may have voted Democrat for identity-based reasons are increasingly likely to vote more sincerely according to their conservative ideology or policy preference, and thus vote Republican."

A fascinating read. Do take time to check it out.

Montana Supreme Court dissenter raises serious questions about proposed pro-abortion constitutional amendment

By Dave Andrusko

Last month we discussed a 6-1 decision handed down by the Montana Supreme Court that ruled that Attorney General Austin Knudsen had erred in blocking “CI-14” [Ballot Issue 14], a proposed constitutional amendment which would specifically embed access to abortion in the state constitution.

“Montanans Securing Reproductive Rights” submitted the measure backed up by Planned Parenthood Advocates of Montana. It would establish “a right to make and carry out decisions about one’s own pregnancy, including the right to abortion,” according to *KVTH’s* Jonathon Ambarian.

Contrary to AG Knudsen, the majority held that Ballot Issue 14 did not violate the state’s requirement that unrelated changes to the constitution be voted on separately.

“CI-14 specifies the right it creates and the limitations thereto, which constitutes a single change to the Constitution,” said the opinion, written by Justice Ingrid Gustafson.

In January Knudsen’s office said “that the proposed amendment would go further than the Montana Supreme Court’s 1999 *Armstrong* decision, which allowed pre-viability abortion based on the constitutional right to privacy,” – Ambarian wrote. “They argued

the measure therefore made an implicit change to that existing right.”

Justice Jim Rice was the lone dissenter and concurred that Knudsen decision was justified. His overriding points were that the majority opinion eliminated any right of the state to regulate abortion at any stage of pregnancy and that the proposed amendment had so many moving parts the average voter would not be able to comprehend it.

Justice Rice began by writing that there were additional problems with the ballot initiative that compelled him to agree that “Attorney General properly determined that the initiative, in its totality, is legally insufficient.”

CI-14 is a lengthy and complex proposal, one which requires careful examination to comprehend its effects.

25 ¶52 Subsection 1 provides a right to make decisions about “one’s own pregnancy,” including the right to an abortion, which cannot be denied or burdened unless justified by a compelling state interest achieved by the least restrictive means. As the Court explains, the right is stated generally and without restrictions or

qualifiers, such as “pre-viability,” and therefore I likewise read it as being a right applicable to all pregnancies.”
[Underlining added]

provisions. ...

I believe it is clear that the provisions of CI-14 are not readily understood, have effects that are concealed, and



Justice Rice added that he read CI-14

as making two or more changes to the Constitution that are substantive in nature... But more, CI-14 alters or defines in a new way, existing legal concepts and creates an internal, unresolved conflict within its provisions. As such, it is virtually impossible, in my view, for a voter to fully comprehend the effects of its multiple

would result in voter confusion.

While “Montanans Securing Reproductive Rights” hailed the court’s decision as a victory, “the proposal will still need its ballot statement finalized by Attorney General Austin Knudsen,” according to Blair Miller of the Daily Montanan. “After that, it will go through a legislative committee meeting before supporters can begin collecting more than 60,000 signatures from 40 state House districts by June 21.”

New Ballot Measure Provides Opportunity to Vote for Life and Protect Nebraska from Abortion after 1st Trimester

Nebraska Right to Life (NRL) supports the Protect Women and Children ballot initiative. This life-affirming effort would create

went into effect last May which prevents most elective abortions after 12 weeks gestation, with exceptions for rape, incest and

added Danek.

Citing a few examples of what she considers “extreme” measures in the pro-abortion initiative, Danek

the person determining fetal viability as well as the health of the mother – defined broadly enough that nonmedical factors such as financial or mental state could be considered – would be the one performing the abortion,” Danek said.

“Nebraska Right to Life has created educational materials to help people unpack the extreme language in the pro-abortion initiative which could legalize abortion through all nine months of pregnancy,” said Sandy Danek, executive director of Nebraska Right to Life.

“Our hope is that voters will avail themselves of the multiple educational tools they can find on our website and social media accounts (Facebook, Instagram, X) or they can contact our office and we would be happy to send them printed materials,” Danek said.

NEBRASKA

Right to Life



a constitutional amendment to protect preborn babies in the second and third trimester, except for in cases of rape, incest and medical emergencies.

“What was revealed is a pro-life ballot initiative that is consistent with the Nebraska law that

life of the mother, which we supported,” Executive Director Sandy Danek said. “Since 90% of abortions in Nebraska occur within that first trimester, the pro-abortion initiative to amend our state’s constitution is not only extreme, it is unnecessary,”

pointed out that while parents would have no legal say, or even know, of their minor daughter’s abortion, they would be financially responsible for any needed physical or mental post-abortive care that their daughter might need.

“It is also very troubling that

Record-breaking: Planned Parenthood's annual abortions reach nearly 400K

From Page 23

Total services at Planned Parenthood increased less than half a percent, from 9,117,154 in 2021-22 to 9,131,975 recorded in 2022-23.

Contraceptive services DOWN

Total contraceptive services (which includes “counseling and care”) were down from last year by just over 4% (2,348,275 in 2021-22 to 2,250,913 recorded in 2022-23) but have dropped nearly 44% (43.86%) from the 4,009,549 recorded in 2009.

Total cancer services slightly DOWN

Overall cancer screenings decreased from where they were last year, dropping 1.36% from 470,419 offered in 2021-22 to 464,021 offered in 2022-23. Total cancer screenings have dropped nearly 79% (78.50%) from a high of 2,157,849 in 2004.

Breast screenings at Planned Parenthood increased over 10% (10.16%) from 193,045 offered in 2021-22 to 212,655 offered in 2022-23. In the past, Planned Parenthood has provided only manual breast exams. Live Action News is unaware if this has changed. Planned Parenthood's “breast care” services have dropped over 80% (80.43%) from the 1,086,654 they provided in 2000.

Pap tests fell nearly 14% (13.50%) from 228,466 offered in 2021-22 to 197,617 in 2022-23, but have dropped over 83% (83.3%) from a high of 1,183,692 in 2004.

Preventative care visits (formerly ‘well-woman’ exams) DOWN

Planned Parenthood's total of “other reproductive health services” (which once included well-woman exams, pregnancy tests, prenatal care, and miscarriage care) decreased over four percent (4.09%), from 1,110,249 in 2021-22 to 1,065,041 in 2022-23.

Pregnancy tests increased slightly, from 914,116 in 2021-22 to 925,905 in 2022-23.

It is important to note that the “well woman exam” category has been replaced by the category known as “preventative care visits.” If these categories are equal and the “woman” moniker was changed under the auspices of inclusivity, it would reveal a nearly 31% decrease (30.98%) from 187,234 “preventative care visits” in 2021-22 to 129,216 in 2022-23. Despite this, the category has decreased over 45% (45.10%) from a “well woman exams” high of 235,355 in 2016.

Adoption referrals DOWN

Adoption referrals decreased nearly five percent (4.55%) at Planned Parenthood, from 1,803 in 2021-22 to 1,721 in 2022-23.

These adoption referrals have fallen nearly 65% from a high of 4,912 recorded in 2007. What this shows is that Planned Parenthood kills over 228 preborn babies for every one adoption referral.

Transgender services and other procedures DOWN

Planned Parenthood's “other procedures” category, which includes

“transgender services,” climbed over 1500% from 15,902 in 2020 to 256,550 in 2021. However, in the 2022-23 report, that service fell by 30% from the year prior, to 177,237.

The report noted that Planned Parenthood now has 45 affiliates “providing gender-affirming hormone therapy” and, interestingly, 35



affiliates reportedly offer “depression screening,” while 49 affiliates offered “telehealth” services.

Live Action News will publish more on this service in a separate report.

Summary

Planned Parenthood now receives over \$1.9 million dollars from U.S. taxpayers every day while servicing fewer clients and decreasing legitimate health services.

And instead of offering real help to women, in 2022-23, the abortion corporation doubled down on its commitment to end the lives of nearly 400,000 innocent preborn babies, now committing over 228 abortions for every one adoption referral and 62 abortions for every one prenatal care service they provide.

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

Pew Research probes how reading scripture is associated with being pro-life

By Dave Andrusko

By slicing and dicing various demographics, Pew Research does some fascinating work, often coming up with conclusions you probably haven't thought of.

Or maybe not.

“Views about abortion among adults who read scripture at least once a week by parental status” is one of those findings that would conform to your common sense.

By “parental status,” Pew means those adults who have kids under 18 versus those adults who don't have children (“non-parents”).

The question they asked is the “% of adults who read scripture once a week who say abortion should be...”

For those with minor children
66% say abortion should be “illegal in all/most cases” and 30% say abortion should be “legal in all/most cases.”

For those without children
62% say abortion should be “illegal in all/most cases” and 33% say abortion should be “legal in all/most cases.”

What to think? For starters, the bar is not set terribly high to qualify: you read scripture “at least once a week.”

It would have been interesting to see how different the results would have been if they made the amount of scripture read at twice a week, or four times a week, or even every day.

That having been said, it's very encouraging that 2/3ds of adults with children and 62% of adults without children who read scripture at least once a week would make abortion illegal in all or most cases.

Pew didn't test to see whether these adults are activist pro-lifers, or women and men who vote pro-life, or simply people who know in their hearts that babies are not disposable refuse but vibrant, living, co-equal members of the human family.

It goes without saying that you don't need to read scripture or be “religious” to enlist in the army that is fighting on behalf of unborn children. Our position is rooted in human rights.

As Paul Stark has written

The facts of science (showing that the unborn is a living human organism) combined with sound moral reasoning (showing the equal dignity of every member of the human family) confirm the pro-

life position that abortion unjustly takes the life of an innocent human

homeless people is wrong, or that kindness is good and praiseworthy — is



being. This truth — like the truth that slavery is wrong, or that killing

accessible to everyone, regardless of religious conviction

Guttmacher Says Abortions Increased After *Dobbs*

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

On the basis of new monthly estimates based on reports of some of the clinics in its database, Guttmacher is now estimating that there were 1,026,690 abortions in the United States in 2023, the first full year after *Dobbs*. This is more than a 10% increase over Guttmacher's last formal estimate of 930,160 for 2020, but still substantially lower than its all time peak of more than 1.6 million in 1990, when the nation's population was considerably lower.

The frequency of abortion is also up, according to Guttmacher, reaching 15.7 abortions per thousand women of reproductive age (ages 15-44), itself a 9% jump over the 14.4 recorded by Guttmacher in 2020. The last time the abortion rate was this high was in 2012, when it was 16.1, although it had reached as high as 29.3 per thousand in 1980 and 1981.

In a separate report, Guttmacher says that chemical abortions now account for 63% of all abortions performed in the U.S., approaching two thirds. The increased prevalence of chemical abortions, particularly via telemedicine, is one of the possible reasons Guttmacher gives for the reported increase.

A certain level of uncertainty in the numbers

There is reason to be skeptical of the precision of Guttmacher's latest numbers, but it may well be that the trends are in that direction.

Unlike previous Guttmacher surveys, these are based on selected samples of "providers" rather than full national surveys of all known clinics. This is why the monthly estimates in their new data set are expressed in ranges (e.g., November of 2023 is said with 90% certainty to be somewhere between 79,300 and 82,300; the median estimate used

for counting is 80,700).

While this new method allows Guttmacher to estimate more quickly based on data from "providers" with whom they have had regular contact for a number of years, it may skew the data towards more active, aggressive members of their trade. These



are ones who are most likely to capitalize on post-Dobbs trends by advertising services in neighboring states, working with abortion funds to handle women traveling from pro-life states, managing high volume abortion mega-clinics or utilizing marketing novelties such as mobile abortion clinics operating just across state lines.

Those abortion clinics would very likely see increases, picking up travelers from other states whose travel expenses and sometimes even abortions are paid for by others. But it is unknown whether the surge at those big clinics necessarily indicates increased traffic at some of the other less strategically positioned providers for which Guttmacher is also projecting increases.

Reasons given for the increase

We have hinted at them above, but Guttmacher explicitly mentions several of these factors as possible reasons for the increase they saw.

Guttmacher is forthright in

attributing much of the post-*Dobbs* increase to abortion industry aggression and innovation. Explaining large shift to states where abortion has been welcome, Guttmacher says:

In part, this is because the drastic loss of access in states with more protective law has been

the increase, but the NNAF reported that donations have dramatically slowed in recent months. Guttmacher does not say so directly, but this may be one reason why its monthly numbers show consistently lower estimates for the last four months of 2023.

The precise impact is still unclear at this point, but Guttmacher believes that it is possible that COVID had some impact on personal decisions about childbearing.

One thing COVID did clearly impact was the increased availability of abortion by telemedicine. This is where women order abortion pills online or by smart phone and picked them up at the clinic or had them mailed to their homes.

Telemedical abortion fuels the increase

Most of Guttmacher's report on the increase of chemical abortions is clearly part of a media prep for the *Alliance for Hippocratic Medicine v. U.S. Food & Drug Administration (AHM v. FDA)* case slated to be heard at the Supreme Court March 26th, rehashing discredited claims about the abortion pill's safety and efficacy. There is, however, some new data on the role chemical abortions played in the national abortion increase.

In a separate release, Guttmacher says, on the basis of their most recent monthly abortion surveys, that chemical abortions now account for 63% of abortions in the U.S., essentially two out of every three.

This is after chemical abortions crossed the halfway point in Guttmacher's 2020 survey with 53% for that year.

Though Guttmacher says it is unable to count the number

counterbalanced by monumental efforts on the part of clinics, abortion funds and logistical support organizations to help women in those states access care through financial and practical support.

Abortion friendly states that were neighbors to states with protections for the unborn saw enormous increases, Guttmacher says. For example, Illinois saw 72% more abortions in 2023 than 2020, an increase of more than 38 thousand abortions, with more than two thirds of that from out of state patients. Virginia's abortions increased 76%, North Carolina's 41%, and New Mexico's 257%!

Guttmacher alludes to the role played by national "abortion funds," charitable groups helping many women pay for travel or abortions (or both). The National Network of Abortion Funds (NNAF) says that in the year following *Dobbs*, they disbursed nearly \$37 million to more than a hundred thousand women seeking abortions.

This funding clearly fueled

NPR Host on Media Bias: ‘Can You Believe in Democracy Without Being Pro-Biden?’

By Tim Graham

Former *NPR All Things Considered* anchor David Greene performed a very pompous rhetorical dance on the latest podcast *Left Right and Center* out of Santa Monica *NPR* station *KCRW*. Greene is supposedly the “Center,” but he’s a typical leftist, as you can see. The topic? “This election season, will media learn from past mistakes?”

We can all guess what that means: Will the media finally defeat Trump and stop hurting the Democrats? Greene led off by claiming in 2016, people didn’t take Trump seriously, and so “the focus was really on Hillary Clinton, this career politician running a flawed campaign, and the flaws were put on full display in the media.” People actually claim Trump wasn’t facing an all-out media war as they labored to protect and promote Mrs. Clinton.

But 15 minutes in – that’s where the pomposity broke out:

DAVID GREENE:
Here’s my question. I, as a journalist, believe in democracy. I support democracy. I am a —

SARAH ISGUR, THE DISPATCH: Good for you! (giggles quietly)

GREENE: I believe in a free press. I believe in democracy. I believe that Donald Trump is very transparently and

pretty brazenly, um, acting anti-democratic in a lot of ways right now — when he talks about his plans to dismantle institutions, to pack the federal bureaucracy with people who support him.



David Greene
Video Still

I mean, he has praised authoritarian leaders around the world. So I think the bind that a lot of journalists are in is, how can we be passionate believers in democracy and not be biased in a presidential election?

This is a restatement of Jim

Rutenberg’s infamous piece on the front of *The New York Times* in 2016, that the danger of Donald Trump ruined journalistic objectivity, that the threat of Trump required “being oppositional.”

Greene tried to claim as a believer in democracy, he knows “voters get to decide,” but he thinks reporters have to describe the “stakes” of this election (code: the end of Democracy). So he wondered:

Can you believe in democracy without being pro-Biden?

Greene, like the vast majority of journalists covering politics, clearly believes the answer is No.

Isgur, the titular “Right” side, said America has survived dangerous presidencies before — she picked Woodrow Wilson. But she nailed the rebuttal, gently:

ISGUR: I would just say that it’s important to have a certain amount of intellectual humility, that the moment you’re living in and the thoughts that you’re having, the existential crisis you think you’re in, may not be what you think it is. It might be. Intellectual humility isn’t ‘I’m probably wrong.’ It’s just ‘I might be wrong,’ being

open to the possibility that you’re wrong.

After his “I’m for democracy and a free press, and I think I need to be pro-Biden,” Greene claimed “I’m a big believer in intellectual humility, obviously.” She pushed ahead:

It is hard to earn back credibility, so when you thought the sky was falling with George W. Bush who was a racist, and then McCain, and then Romney, you’ve already lost credibility, and the media did that. When the media hyperventilated in 2016 and 2020, and I’m not even saying that was not well-deserved, but you lose credibility — it’s already gone.

Even the “Left” of this show, Democrat strategist Mo Elleithe, disagreed with Greene: “The second you say Donald Trump is anti-democratic, you immediately are going to feed into this narrative” of a biased press. He said just describe what Trump wants to do, and let the voters decide without the Trump Scare lingo.

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

ACOG Guidance Admits APR Mechanism Works *Says Progesterone Administration May Lead to Ongoing Pregnancy*

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

Read any popular news story on “abortion pill reversal” or “abortion pill rescue” (APR) and you’ll quickly read that reputable medical experts find it “unfounded,” “unproven,” “potentially dangerous” or even “unsafe” (*ABC News*, 4/20/23). Medical groups like the American College of Obstetricians and Gynecologists (ACOG) are regularly quoted, saying the treatment is “not backed by science” and “unproven and unethical.”

But now guidance issued by these same experts is warning abortionists using mifepristone not to concurrently offer contraceptive shots with progesterone – the hormone administered in APR – because that “may slightly increase the risk of ongoing pregnancy.”

In other words, they’re admitting that there is some evidence the mechanism employed by the administrators of APR works the way it was intended: it helps the baby stay alive and averts the abortion.

Don’t expect a public apology or retraction from the abortion pill’s proponents. But do ask ACOG and other APR detractors how to explain their opposition given this embarrassing admission in their own official guidance.

A History of Denial, Distraction

Though there has since been more extensive testing and more than 5,000 babies born from successful “reversals,” many of these news articles still cite an “advocacy” page (“Facts Are Important: Medication Abortion ‘Reversal’ Is Not Supported by Science”) that has been posted on the ACOG webpage since at least 2017.

It keys on a small initial “case series” from 2012 which tracked six women that was used only to

establish plausibility of the APR concept. Four of those six women receiving a progesterone boost went on to successfully give birth.

The ACOG page makes only passing mention of the more extensive follow up case series done in 2018 by George Delgado and colleagues. That study dealt with more than 700 patients and found reversal rates of 64% and 68% with intramuscular and oral progesterone. This virtual omission leaves the impression that claims of APR success depend entirely on the limited evidence of just those six original cases.

It does, however, make prominent reference to a 2020 “study” of APR by Mitchell Creinin, of the abortion pill’s longtime promoters and one of ACOG’s identified experts on mifepristone. It noted that the study was ended early due “safety concerns among the participants.”

What is not mentioned on that ACOG webpage, however, is that there were significant bleeding episodes among three of the twelve study participants, the two most serious cases involving patients who received the placebo rather than the progesterone boost. Though data was limited due to the premature ending of the study, it did confirm that twice as many of those who received the progesterone boost had continuing pregnancies than those who received a placebo.

In other words, Creinin’s evidence, limited thought it was, appeared to show, or at least to be consistent with, progesterone safely and success at reversing the effects of mifepristone. What it showed to be dangerous was giving mifepristone and then doing nothing further, just waiting. This is the recommendation Creinin and others (along with the latest ACOG guidance) give for those women

who change their minds and want the pregnancy to go to term.

Nevertheless, you’ll continue to see Creinin and ACOG cited as evidence that APR doesn’t work and is potentially dangerous.

their abortions in APR—it is quite revealing.

Progesterone is the body’s natural pregnancy hormone that helps to prepare and maintain the nutritive uterine lining that



ACOG Guidance Tells a Different Story

Now, however, while loudly and publicly making these claims about APR’s ineffectiveness, evidence surfaces that official ACOG documents actually offer clear evidence that the medical mechanism of APR is sound and that it does have the effect that proponents of abortion pill reversal have said it does.

In its official Practice Bulletin 225, “Medication Abortion Up to 70 Days of Gestation,” ACOG says “DMPA injection at the time of mifepristone administration may slightly increase the risk of an ongoing pregnancy.” This might not sound like much, but when one understands that DPMA is “depot medroxyprogesterone acetate” (popularly known as Depo-Provera), actually a synthetic form of progesterone—the hormone given chemical abortion patients to stave off

welcomes the young embryo. Mifepristone normally blocks the action of progesterone, causing the uterine lining to shed and the developing baby to perish as his or her protective, nutritive environment is destroyed.

APR operates on the theory that flooding the body with extra progesterone gives it a chance to outcompete the mifepristone—to grab more of those progesterone receptor sites, to continue signaling the woman’s body to keep feeding and protecting that child. This statement by ACOG validates that theory, despite everything the organization and its experts have said against it.

Despite being a much smaller dose of the synthetic progesterone, if Depo-Provera is able to have these effects— if ACOG fears it has a significant enough impact

Remembering Leo F. LaLonde

By Scott Fischbach, President, Minnesota Citizens Concerned for Life (MCCL)

MCCL's beloved president emeritus, Leo F. LaLonde, died peacefully March 17 surrounded by his loved ones. We will never forget him and all that he meant to the cause of life—here in Minnesota and far beyond.

Leo joined the pro-life movement in 1971, two years before *Roe v. Wade* legalized abortion nationwide. He became president of Minnesota Citizens Concerned for Life (MCCL) in 1976, a position he faithfully held for 46 years.

Leo's accomplishments for unborn children and other vulnerable human lives were enormous. During his tenure as president of MCCL, he helped build and expand MCCL's pro-life educational, legislative, and political programs; grow the pro-life movement across the country through MCCL's Mission Possible program; advocate for life

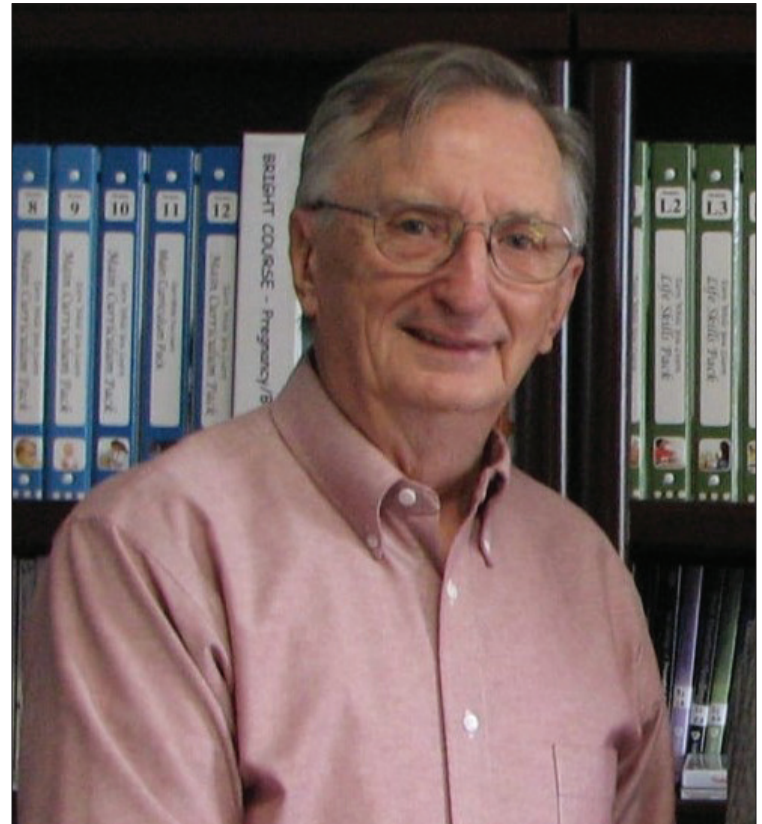
internationally through MCCL's Global Outreach program; and reduce abortions by about 50 percent in Minnesota.

Leo also represented Minnesota on the National Right to Life (NRLC) Board of Directors and served as the pro-life director of the Minnesota Knights of Columbus. He worked with MCCL chapters across the state; spoke all throughout Minnesota, in other states, and at national conventions; and used his computer and online expertise on behalf of MCCL and NRLC.

I had the honor to work with Leo for decades. He was a good man. He was faithful all throughout his life. And we are so grateful for him.

Leo, rest in the light and the love of our Creator!

Please keep Leo's family and friends in your prayers.



Yes, Democrats are hemorrhaging support with voters of color

By Dave Andrusko

When a respected number-cruncher and political analyst tells us “Democrats are hemorrhaging support with voters of color,” it warrants more than a passing glance or frosty dismissal. But that’s what Nat Silver wrote late last week.

Silver is no Republican, another reason to weigh what he wrote. He starts off

Earlier this week, John Burn-Murdoch of the Financial Times posted a thread that purported to show substantial losses for Democrats among non-white voters, which he termed a “racial realignment”. If you’re an election data junkie, you’ve probably seen it; it’s been viewed more than 7 million times on Twitter.

This was followed by the graphic that “kicked if off.” Silver says he’s not a fan of digging into poll crosstabs. Why? “Because of the small sample sizes and difficulties in reaching certain underrepresented groups, you can always find something “wrong” with them and use that to dismiss polling results you don’t like.”

Fair enough. But...

However, the Adam Carlson has been performing an invaluable service by aggregating the results of different polls together, which at least solves the sample size problem. And he’s

finding that Joe Biden’s share of the vote has dropped dramatically among Black and Hispanic voters as compared with an average reliable estimates of the 2020 vote:

This is more difficult for the usual suspect to dismiss.



Moreover

As you can see, Biden’s margin against Donald Trump has basically not moved an inch among white voters; he’s losing them by 12 percentage points, as he did in 2020. However, Biden is now only winning Hispanics by 7 percentage points — down from 24 points in 2020 — and Black voters by “only” 55 points, as compared with 83 points in 2020.

Silver looks at two areas where “non-white voters are plentiful. One is somewhere I’ve never been to, Starr County in South Texas, and the other is the place where I live, New York City.” Silver writes

I’ve charted these as the total number of votes rather than just the vote margin, because that’s

tend to be relatively stable. Turnout was much higher in Starr County in 2020 — but those new voters came out overwhelmingly for Trump, contradicting the longstanding belief that Democrats benefit from higher turnout among minority groups.

The same sort of thing happened in New York City where Democrats won by lopsided margins but not nearly as large.

Silver concludes with this ominous warning for Democrats:

Without winning huge majorities of Black voters, and solid majorities of Hispanics and Asian Americans, Democrats’ electoral math doesn’t add up to a majority.

Let’s keep it to that, for now. Although Burn-Murdoch’s theory is plausible — that Democrats’ increasing progressivism and generational turnover is the root of the problem — that’s something that deserves a longer analysis. What he’s seeing in the data shouldn’t be dismissed as some kind of outlier, however. It’s been replicated in poll after poll, and it has become increasingly apparent in election results, too.

really what tells the story. Biden received about as many votes in Starr County as Hillary Clinton did in 2016, or as Barack Obama did in 2008 or 2012. But Trump surged from receiving 2218 votes in 2016 to 8247 votes, almost four times as many, in 2020. I’ve rarely seen anything like that, especially in the contemporary American political landscape where partisan preferences

Thanks to the FDA, women can take high-risk drugs without ever being seen by a health-care provider and physically examined for dangerous contraindications such as ectopic pregnancy.

By Erin Hawley

*Editor's note. This was written before the Supreme Court heard *Moyle v. United States*.*

It's always interesting when something that shouldn't be all that interesting suddenly becomes extremely interesting to people who are not easily interested.

Recently, the academic publisher Sage retracted three studies from one of its journals. Ordinarily, retractions like these would not be newsworthy outside of the scholastic community, but in this case, some media outlets jumped at the chance to cover them. Why?

Because the studies were about abortion drugs — in fact, the exact drugs the U.S. Supreme Court will be hearing a case about on March 26.

The media will be happy to tell you all about the retractions, but they may not tell you one crucial fact: None of these studies will be at issue as the Supreme Court considers the case.

What is at issue in this case — the culmination of a lawsuit filed by my team at Alliance Defending Freedom — is the FDA's systematic removal of safety standards for the abortion drugs mifepristone and misoprostol.

To win before the Supreme Court, we don't need to rely on any of the retracted studies. In fact, all we need to rely on are the data that the FDA itself cites and the concessions it makes about those data. So why are the media so interested in the Sage studies?

Remember what this case is about: the FDA's removal of safety standards for abortion drugs, an agency action that reached a crescendo in 2021 when the FDA eliminated the requirement that

the drugs be dispensed during an in-person office visit.

This means that women can take these high-risk drugs without ever being seen by a health-care provider and physically examined for dangerous contraindications such as ectopic pregnancy.

That change marked a major departure for the agency. Under the Administrative Procedure Act, the FDA is required to "examine the relevant data and articulate a satisfactory explanation for its action." Let's examine what the FDA did in this case.

To justify removing the in-person office visit, the FDA relied on statistics from an internal database called the FDA Adverse Event Reporting System [FAERS]. The system allows health-care professionals, consumers, and manufacturers to report adverse events, but the FDA admits that "FAERS data does have limitations."

Here's a big one: After 2016, FAERS reporting is voluntary — no one is required to submit anything other than deaths. And for those who do submit reports, no one is required to verify anything, much less prove causation. That's why the FDA says that the data cannot be used to predict how often adverse events will occur. But that's exactly what the FDA did when it removed the in-person office visit.

Even without FAERS, however, the FDA's rationale fails. It turns out the agency also relied on literature reviews that cover the dispensing of abortion drugs by mail. The agency argued that the literature "supported" its decision to remove the drug's safety standards.

But what exactly does "support" mean?

The FDA found the studies were not "inconsistent with" its seemingly preordained conclusion that removing the in-person visit was safe. In other words, the FDA didn't argue that the literature agreed with

How's that to reassure women considering these high-risk drugs?

The FDA is certainly within its rights to reassess safety standards and change its mind. But it must provide "satisfactory explanations" for doing so.



its position — only that it didn't disagree. Not exactly the strongest endorsement, especially for a decision as weighty as removing safety standards for powerful drugs.

Bottom line: The FDA simply didn't have the studies it needed. What it did have was evidence suggesting, in the FDA's own words, that "there may be more frequent [emergency department]/urgent care visits related to the use of mifepristone when dispensed by mail from the clinic."

In other words, studies indicated that removing the in-person office visit would lead to more emergency care — and as many as one in 14 women would need unplanned emergency care. This is notably higher than the FDA's prior recognition that roughly one in 25 women who take these drugs end up in the emergency room.

Flawed FAERS data and misused scientific literature are not satisfactory. They barely even constitute explanations.

The FDA's rationale for removing its prior safety standards for abortion drugs fails on its own terms. To evaluate the merits of the case before the Supreme Court, don't look to the Sage studies. Look to the FDA's concessions and admissions and make your own conclusions. They may prove . . . interesting.

Editor's note. Erin Hawley is senior counsel and vice president of the Center for Life and Regulatory Practice at ALLIANCE DEFENDING FREEDOM (@ADFLEGAL), which represents four medical associations and four doctors challenging the U.S. Food and Drug Administration for its removal of critical safeguards for women taking abortion drugs.

No, *Dobbs* hasn't caused "sweeping changes" in where doctors practice medicine

By Monica Synder, Executive Director, Secular Pro-Life

The Chronicle for Higher Education recently published "Medical Students Fought to Get Training in Abortion Care. Then Came 'Dobbs'".

Author Heidi Landecker paints a grim picture of medical students who just want to practice "ethical medicine" (perform abortions) but struggle to get training in states that have been able to restrict elective abortion since *Dobbs*. She suggests this barrier is causing physicians and medical students to avoid studying or practicing in pro-life states, in large enough numbers to exacerbate access to healthcare for those states' residents.

These suggestions are inaccurate. Here's a quick video as to why, but if you'd like more details (and links to citations) scroll below.

- **Has *Dobbs* resulted in more limits on abortion training?**
- **Defining "abortion training"**

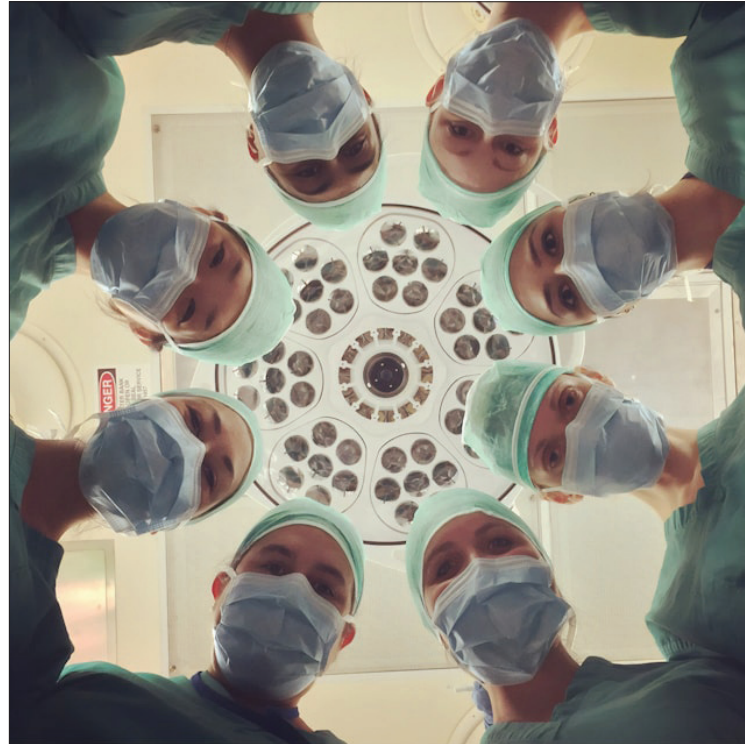
Landecker hints at what she means by "abortion training" in the first paragraph.

Procedural abortion, used later in pregnancy in the case of, for example, a fatal fetal diagnosis, or when a woman's health — or life* — is in danger, wasn't taught at all.

She's not describing life-saving procedures or medications in early pregnancy, which are taught in residency programs in every state and affirmed by pro-choice and pro-life OBGYNs alike. She's also not describing post-viability preterm induction of labor or emergency c-sections, which would be used to protect a mother's life later in pregnancy.

Instead, Landecker focuses on

what she's calling "procedural abortion" later in pregnancy, which will be either D&E (dismemberment abortion) or induced fetal demise (typically by injecting a feticide into the



heart) followed by induction of labor. In later pregnancy, either of these methods will be a 2-3 day process, with the first day or two spent dilating the woman's cervix before the "extraction" on the final day. These are not processes done in medical emergencies, when induction of live birth or emergency c-section would be far faster.

These procedures are also not only done for fatal fetal diagnosis, as Landecker (and so many before her) suggests. Later abortions are regularly performed on healthy fetuses carried by healthy women without medical emergency. The evidence abounds.

Whatever the reasons for performing "procedural abortions," Landecker implies *Dobbs* has made it more difficult

for interested medical students to get this training.

The relationship between *Dobbs* and abortion training

To substantiate her perspective,

last few decades: in 2013 about a third of medical schools didn't offer formal abortion training, whereas today it's down to about 10%. Since COVID there are also now virtual training options. In fact, paradoxically, Landecker argues, "*Dobbs* is changing education in abortion care, making it more pervasive, with more states paying for that teaching."

Has *Dobbs* resulted in "sweeping changes" in where physicians practice medicine?

Landecker describes an "alarmingly" "sweeping change" in where people practice medicine. She bases these claims in part on several studies.

"A study last year ... found that 82.3 percent of practicing physicians and doctors in training preferred to practice or study in states with access to abortion."

The study Landecker references is *Practice Location Preferences in Response to State Abortion Restrictions Among Physicians and Trainees on Social Media*. The authors recruited a "non-probabilistic sample of physicians and trainees" from physician and student Facebook groups, Instagram stories on influential medical accounts, and Twitter hashtags #MedTwitter #MedStudentTwitter.

The authors acknowledge study limitations including "self-selection bias and a non-representative sample of U.S. physicians," and explain "Our results may not generalize to physicians not using social media." This is an understatement.

Compared to all physicians and trainees, those who use

Landecker turns to Jody Steinauer, founder of Medical Students for Choice (in the early 1990s) and now director of the Bixby Center for Global Reproductive Health a major abortion advocacy group.** Steinauer offers the quote that echoes Landecker's headline: "It's like finally medicine saw abortion and complex contraception care as critical. And then *Dobbs* happened."

Landecker doesn't clarify the implied relationship between *Dobbs* and more limits on abortion training. For example, she doesn't point to any medical schools that were offering abortion training before *Dobbs* and have since stopped.

Almost the opposite, she goes on to describe how abortion training has increased substantially in the

No, *Dobbs* hasn't caused "sweeping changes" in where doctors practice medicine

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social media will likely be disproportionately younger and more left-leaning, both demographics that skew pro-choice. These sample selection problems apply even before the self-selection bias of who among such a group opts in to a survey about abortion access.

This limitation is reflected in the fact that 27% of survey respondents (560 of 2063) were current or future abortion providers. Consider OBGYNs are more likely than physicians generally to provide abortions, and consider Guttmacher found only 7% of OBGYNs provide abortions. A survey response with 3-4x as many abortion providers is a glaring disproportion.

"A study published in November found that the post-Dobbs 'reduction in obstetrics and gynecology work force could significantly exacerbate maternity-care deserts.'"

Here Landecker references is *Effects of the Dobbs v Jackson Women's Health Organization Decision on Obstetrics and Gynecology Graduating Residents' Practice Plans*. The authors survey only residents graduating from residencies with Ryan Program abortion training programs (offering modules such as "An Introduction to Reproductive Justice"). The authors acknowledge "residents who elect to participate in the Ryan Program may be more likely to be invested in abortion care in their future careers."

The study finds, unsurprisingly, that some of these residents prefer to live in states with lax abortion laws: not quite 1 out of 5 reported changing their intended practice location after *Dobbs*. The study's authors interpret this result to mean pro-life states will see a significant reduction

in the obstetrics and gynecology workforce.

"Alarming, last year the Association of American Medical Colleges found a drop of greater than 10 percent ... in fourth-year med students' applications for ob-gyn residencies in states with abortion bans."

Landecker is referring to *Training Location Preferences of U.S. Medical School Graduates Post Dobbs v. Jackson Women's Health*. Here is how Landecker describes the study results:

And alarmingly, last year the Association of American Medical Colleges found a drop of greater than 10 percent from the previous cycle in fourth-year med students' applications for ob-gyn residencies in states with abortion bans. The year before that, the number of applications in that specialty went up.

Landecker doesn't mention that AAMC found that 2023 saw a drop in not only OBGYN applications, but all specialties, and not only in pro-life states, but in all states, regardless of abortion policy.

Here are more quotes from the AAMC findings:

- **Given the small scale of changes in the number of applicants year to year, there was only a small effect observed in abortion-ban states from 2021-2022 to 2022-2023.**
- **All residency positions in OB/GYN were filled this year and with a similar number of U.S. MD seniors as last year.**
- **Most large specialties also filled at rates similar to previous years, with the**

exception of emergency medicine (which saw a significant decrease in the number of U.S. MD senior applicants nationwide).

- **Nationally, the number**

as well as the deputy director of programs for Nurses for Sexual and Reproductive Health (which offers "the nation's only hands-on abortion-training residency for registered nurses.")

How does Landecker describe the perspectives of physicians



of residency applicants continues to exceed the number of training slots available, so residency programs in states with complete abortion bans may continue to fill their residency programs.

and medical students who oppose abortion, or who at least aren't specifically pro-choice activists?

She doesn't. As far as we can tell from this article, they don't exist.

* Here Landecker links to the infamous *New Yorker* article that implied a Texas mother died without access to abortion, mentioning only near the end of the lengthy piece that the mother had specified that, should there be an emergency, she wanted her unborn daughter's life prioritized over her own.

** The Bixby Center's website describes the organization as "one of the few research institutions to unflinchingly address abortion" and emphasizes the org's work to expand the workforce of abortion providers, expand abortion access internationally, and create new methods of abortion.

In other words, if *Dobbs* had an effect on applications, it was a small variation in who was applying where, and didn't actually decrease the number of OBGYN residency positions filled in any states.

Any word from doctors who don't happen to be abortion activists?

Landecker's article includes quotes from the current Executive Director, the Board President, and the President-Elect of Medical Students for Choice,

Guttmacher Says Abortions Increased After *Dobbs*

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of “self-managed abortions” where women order drugs from unauthorized sources over the internet, the group does say that it has clear evidence of telemedical abortion’s growth.

to their homes. The pills’ effectiveness decreases, and associated complications increase, the farther along a woman is in her pregnancy. The pills do not work

“providers” prescribing abortion pills offered the telemedical option in 2020, 31% did in 2022. Virtual clinics, which exist only online and have no physical locations for patient visits, Guttmacher says accounted for 8% of all abortions in the first six months of 2023.

Expect the abortion industry to invest more heavily in teleabortions and on-line clinics. Not only does it greatly reduce overhead, allowing for easier profits, but it enables them to sell abortions in areas where there is insufficient interest in or demand for abortion dedicated clinics.

This not only opens up large portions of less populated suburban and rural environments, but also specifically states where current laws have closed many traditional abortion clinics.

This is also clearly part of what appears to be the recent abortion increase.

Soft numbers, but hard truths

Guttmacher admits that its most recent numbers are a bit mushier than the ones they reported before *Dobbs*—when they surveyed all know abortion “providers” in the country— but these latest estimates do appear to show some sort of increase occurring the months after the June 2022 *Dobbs* decision.

It is too early to tell, but the same monthly report they use to generate these numbers also seems to show abortions dropping off after the summer months in

2023, averaging about 81,850 a month from September on. Projected for a year, that would be 982,200, still an increase over 2020, but considerably less than the 1,026,690 Guttmacher is now reporting for 2023.

So abortions may be up, but perhaps not as much as Guttmacher would have us believe.

The abortions reported by these big box abortion clinics, Guttmacher’s most reliable reporters, are real, however, and thus probably a lot of their abortion increases too.

Rather than doubt the overall national estimates, which may be off by several thousand, the takeaway is that these latest numbers are clear evidence that the abortion industry has prepared for this day and is using every resource at its disposal to keep their bloody business going.

While Guttmacher wants people to know that *Dobbs* has “forced” thousands of women to “flee” their home states to seek abortions elsewhere, it also admits that “many others were unable to obtain care in the formal health care system, and some were forced to continue their pregnancies.”

This means that while abortions may have increased due to aggressive marketing and paying for many abortions, pro-life protections were still able to save many lives.

The fight for life continues.



Teleabortion, or telemedical abortion, is one where women seeking chemical abortions consult with a “provider” by video, phone call, text, or some other online platform to be screened and, if they qualify (and pay their money), to have abortion pills shipped in the mail

in situations of ectopic pregnancy. It is unclear how well or how carefully these phone operators or online prescribers check the gestational age of a woman’s child or determine whether the child is implanted safely in her uterus.

While just 7% of U.S.

ACOG Guidance Admits APR Mechanism Works

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on continuing pregnancy as to merit a warning in its official guidance to doctors on chemical abortion—then they are essentially admitting that there is evidence that a progesterone boost has the effect that APR advocates say it does.

The simple truth is that ACOG is entirely unwarranted in claiming that APR is “unproven” or “unfounded” when their own guidance provides evidence that the process works as advertised.

Now there may be room for further study or research. For example, they could investigate whether or why or to what extent a stronger, more direct progesterone boost works better than a milder synthetic version such as that found in Depo-Provera. But they can no longer pass APR as unscientific “junk science” from outside the medical mainstream.

It works, and ACOG’s official guidance seems to agree, despite its earlier complaints.

Bias of ACOG and its “Experts” Becomes Apparent

This admission becomes all the more remarkable when one reads at the beginning of ACOG’s Practice Bulletin Number 225 that “This Practice Bulletin was developed jointly by the Committee on Practice Bulletins—Gynecology and the Society of Family Planning in collaboration with Mitchell D. Creinin, MD, and Daniel A. Grossman, MD.”

Creinin you’ve already heard of. He is one of the chief “debunkers” of abortion pill rescue, the abortionist who was supposed to have proven that APR didn’t work and was dangerous, though his own evidence pointed to the contrary.

Here Creinin is at it again, extolling the virtues of mifepristone. Despite his own admissions in the guidance

mentioned above, he still asserting in that same document that “There is no evidence that treatment with progesterone after taking mifepristone increases the likelihood of the pregnancy continuing.”

Worse yet, Creinin continues to recommend that, instead of

shortly after Delgado published his latest case series showing hundreds of successful reversals.

With both of their names on the guidance document, both are responsible for clearly contradictory and concurrent claims that progesterone doesn’t work to prevent chemical

note this contradiction and be somewhat wary of the advice or assurances they give. Perhaps chemical abortion isn’t as safe or easy as these “experts” and the abortion industry allies would have people believe.

There may be reasons other than scientific rigor behind why



the progesterone boost his own research shows to be safe and effective, “In the very rare case that patients change their mind about having an abortion after taking mifepristone and want to continue the pregnancy, they should be monitored expectantly.” This is the advice that resulted in two of his patients having emergency surgery!

Daniel Grossman, the other co-author of the ACOG guidance piece on mifepristone, has also been frequently quoted as an expert on chemical abortion and abortion pill reversal. Grossman repeatedly touts mifepristone’s safety. He has published critiques of APR, declaring the treatment “experimental and unproven” (*New England Journal of Medicine*, October 18, 2018)

abortion AND that small doses of synthetic progesterone “may slightly increase the risk of an ongoing pregnancy.”

Both can’t be true.

The only thing that both of these observations have in common is that both pose threats to the image and reputation of mifepristone and chemical abortion. Creinin’s and Grossman’s mission, officially shared by ACOG, is clearly not primarily to protect women’s health or even their right or ability to make their own reproductive choices. Rather it is to defend and promote the safety and efficacy (and sales) of chemical abortion.

Anything that gets in the way of a successful chemical abortion will be viewed as a threat to be opposed or undermined.

A discerning doctor would

they publish and promote studies by fellow abortionists but neglect to share information which shows chemical abortion considerably more dangerous and substantially less effective than claimed by their colleagues.

For solid scientific data that Creinin, Grossman, ACOG, and even the FDA commonly ignore, see the NRLC fact sheet “Mifepristone Safety & Efficacy,” at <https://www.nrlc.org/uploads/factsheets/RUSafetyEfficacyFS.pdf>.

There is solid evidence that Abortion Pill Reversal works. If you, like Creinin, Grossman, and ACOG can’t trust your own published guidance, maybe you should just take note of the more than 5,000 babies born as a result of APR.