May 2023

Happy Mother's Day

"Giving birth is an ecstatic jubilant adventure not available to males. It is a woman’s crowning creative experience of a lifetime."
John Stevenson
Some elements of the pro-life movement not connected to National Right to Life have sought to rally support for a “consensus” in support of a 12-to-15-week abortion ban or for a national minimum standard.

But is this a wise strategy now in the post-Dobbs environment? Not even a little. Here’s why.

The proposed current 12 to 15-week consensus strategy may have been derived from two pre-Dobbs strategies.

Prior to the Dobbs decision National Right to Life had pioneered state laws protecting the unborn child from elective abortion after 20 weeks, a time at which then current evidence showed an unborn child could feel pain.

The primary purpose of these laws was to challenge Roe by presenting to the U.S. Supreme Court a new question, namely, could abortion be restricted based on the physiological characteristic of the child being able to feel pain.

These laws also had educational value. They pointed out the humanity of the child and they could save some lives, although only 1% to 1.5% of abortions are performed after 20 weeks, with most of them for life of mother or medical emergency reasons.

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One year and one day after the Dobbs opinion that would overturn Roe v. Wade was leaked

It should have been high on my radar screen, but, to be honest, it wasn’t. Not until I read Nancy Flanders fine piece did I remember it was a year ago (May 2, 2022) that the now famous leak of a draft of Dobbs—an “unprecedented breach of confidentiality”—went public.

“That draft opinion indicated that the court was poised to overturn Roe v. Wade, which had forced legalized abortion upon every state in the nation 49 years earlier,” Nancy writes. “The result of that leak was a fury of hostility and violence unleashed on pro-life organizations and churches around the nation.”

Her column, which we reposted at NRL News Today on Tuesday, reminds us that the media cannot be bothered with such trivial developments as the wave of violence launched against pro-life groups and churches. Nor, for that matter, did the Biden administration, in particular the Department of Justice. After all, nobody’s been killed yet, right? So let’s “investigate” the violence at a snail’s pace.

Were the shoe on the other foot—if groups that supported the Democrat agenda were the object of terrorism—President Biden and the Department of Justice would be on the case 24/7 and the language used apocalyptic.

Justice Samuel Alito gave an interview to the Wall Street Journal which was published April 28. The lead in many publications was Justice Alito’s assertion that he’s got a “pretty

As he announces his bid for a second term, Biden’s job approval reaches new low—37%. No longer “bridge to a new generation of Democrats”

Many pundits have wondered why pro-abortion President Joe Biden announced he was running for a second term when he did—April 25. Why not earlier, why not later?

Remember that campaigns poll constantly, so the Biden team knew before Gallup that the numbers had reached an all-time low. So it was that the same day Gallup’s Jeffrey F. Jones announced “Biden Begins Reelection Bid at Low Point in His Presidency” Biden said (in the face of 37% approval rating) “how’s about giving me another term?”

(The president said “Let’s finish this job” in a brief video released at 6:00 am.)

The New York Times headline read “While the president once pitched himself as ‘a bridge’ to a new generation of Democratic leaders, he has decided that he is not ready to turn the torch over yet.” The Times’s Peter Baker added, “In offering himself as a candidate again, Mr. Biden is asking Americans to trust him with the powers of the commander in chief well into his ninth decade. As John McCormack perceptive observed, “Biden’s latest approval rating is from an April 3-25 Gallup poll, which was completed the day he announced he will seek reelection, and marks a three-point dip from March and a five-point drop from February.”

Looking back over his time in office, the New York Post’s Victor Nava observed “Over the recently completed ninth quarter of Biden’s presidency – Jan. 20 through April 19 – his job approval average has been measured at 39.7% by Gallup, which is the lowest quarterly average of his first term.”

There are many factors that account for Biden’s dismal approval ratings. This quote from the Wall Street Journal’s Aaron Zitner and Sabrina captures two of them.

Brett Young voted for President Biden in 2020. Now, as he considers the president’s age and performance in office, he thinks he might sit out the

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See Biden, Page 30
Let’s Do What We Can Do Now

As David N. O’Steen, Ph.D., former executive director of the National Right to Life Committee, has been saying, the law is just one of many tools in our toolbelt that can be used to save lives. As he wrote in the April issue of NRL News, “Those tools can include increased public resources to support adoption, the expansion of pro-life pregnancy resource centers, and both new and/or strengthened private and public programs to reach out to and aid rape or incest victims and save their babies.”

The goal of NRLC has always been to save as many babies as possible as soon as possible. Prior to Dobbs v. Jackson, the Supreme Court decision that overturned Roe v Wade, that goal was put into practice by working for laws to prevent some (but not all) abortions or which encouraged women to choose life for their baby.

Some of the laws required abortionists to provide abortion-seeking women with information about possible complications and available alternatives. Some prevented the use of tax dollars from paying for or promoting abortion. Some prevented abortion once the child could feel pain or had a detectable heartbeat.

None of the laws were perfect, but they did save lives.

While some states now have laws which protect all, or almost all, preborn children, other states are grappling with what to do as an in-between--or “at this time”--measure. We need to pass laws that are reasonable to most people and will save as many babies as possible. And we have to work in other ways to save the rest of our preborn brothers and sisters.

There is no quick or simple solution in a deeply divided country. But if the pro-life movement insists on making voters choose between legalizing all abortions or no abortions, the public has shown it will choose to allow all abortions.

Pro-life people can disagree on the best path forward but we share the conviction that every baby saved is a victory for life.

“...All that is required for evil to triumph is for good people to do nothing...

- Edmund Burke
Senate Vote on ERA-- a Stark Reminder of Democrats’ Extremism on Abortion

By Karen Cross, NRL Political Director

In their latest display of abortion advocacy, Senate Democrats forced a losing Senate vote on April 27 on a measure that they claimed would make effective the long-expired Equal Rights Amendment (ERA).

The Equal Rights Amendment (ERA), despite its name, is not simply about treating men and women equally. According to its supporters, the end goal is establishing unlimited abortion for any reason throughout pregnancy and forcing all Americans to pay for abortions through their tax dollars.

Virtually every major pro-abortion organization and every major pro-ERA organization asserts that the 1972 ERA must be construed to invalidate direct or indirect limitations on abortion. NARAL Pro-Choice America says that “the ERA would reinforce the constitutional right to abortion... [it] would require judges to strike down anti-abortion laws.”

In a March 9 article in Jezebel, Rep. Ayanna Pressley (D-Mass.), prime author of an ERA-revival measure in the House of Representatives, said, “We need to use every tool at our disposal to protect and expand abortion access—one tool is the ERA.”

On the April 27 Senate showdown, every Senate Democrat supported the ERA-revival measure -- once again demonstrated their support for a radical nationwide policy of unlimited abortion for any reason until birth. With this vote, they also signaled their support for tearing down existing federal and state-level protections for unborn children and their mothers.

National Right to Life has opposed the ERA for decades, recognizing that the ERA language proposed by the 1972 Congress could be construed to invalidate virtually all limitations on abortion and to require government funding of abortion, an intended effect that is now openly proclaimed by top Democrats and pro-abortion groups like Planned Parenthood, the nation’s largest abortion provider.

In fact, according to pro-abortion Senate Majority Leader Chuck Schumer (D), “Recent events like the Supreme Court’s horrible Dobbs decision, uncertainty with critical care drugs like Mifepristone, and a slew of proposed state actions (on abortion)” were motivating factors behind the Senate ERA vote.

Why are we even talking about the 1972 ERA decades later in 2023? And why did Senate Democrats just vote for an ERA-revival measure?

One of the primary reasons is politics. Heading into the 2024 elections, Democrats are eager to portray pro-life Republicans as “anti-woman extremists.” Democrats and their allies in the media would like to spin a false narrative that pro-life Republicans oppose “equal rights.” In casting their opponents as “extreme,” Democrats aim to deflect attention from the extreme nature of their own position, which calls for unlimited abortions for any reason until birth and using tax dollars to pay for them.

However, Senate Democrats are the ones who are out of touch with public opinion. In fact, their abortion absolutism is out of step with 70% of Independents, and 93% of Republicans would allow abortions only in the first three months of pregnancy, in cases when the mother’s life is at risk, in cases of rape or incest, or under no circumstance.

In 2022, far too many pro-life Republicans tried to run and hide from the abortion issue, leaving a void that allowed their opponents to frame the debate, define their positions, and ultimately control the narrative. This misguided strategy (or lack of strategy) hurt pro-life candidates in several highly competitive Congressional and Senate races. In order to combat this and to offer pro-life candidates tools for navigating the abortion issue on the campaign trail, National Right to Life recently published a comprehensive resource entitled, “What Every Candidate Needs to Know about Abortion.” Check it out and share it if you know someone interested in running for office: https://www.nationalrighttolifenews.org/2023/04/what-every-candidate-needs-to-know-about-abortion/

Pro-abortion Democrats must be called to account. They oppose giving parents the right to be notified before an abortion is performed on their minor daughter. They oppose conscience protections for healthcare professionals who courageously refuse to participate in abortions.

See Vote, Page 34
Last week, the Senate Judiciary Committee under the chairmanship of pro-abortion Senator Dick Durbin (D-Ill.) held a hearing using the loaded title “The Assault on Reproductive Rights in a Post-Dobbs America.”

The hearing, of course, was just another opportunity for pro-abortion groups and their sympathizers to spread misinformation and engage in Chicken-Little-the-sky-is-falling antics.

In his introductory remarks, Sen. Durbin championed the Women’s Health Protection Act with would go far beyond Roe v. Wade and allows abortions for any reason, at any time, up until birth.

During the hearing, one of the most notable exchanges was between pro-life Sen. John Kennedy (R-La.) and Prof. Michele Goodwin, a witness who was brought in by the Democrats.

Prof. Goodwin is a professor of law at the University of California and visiting professor of law at Harvard University. She is a well-known apologist for abortion and her questioning by Sen. Kennedy was very revealing (this, despite the lack of answers and evasions on Professor Goodwin’s part).

Sen. Kennedy asked Prof. Goodwin, “Do you support it being legal to abort an unborn child up to the moment of birth?”

Prof. Goodwin replied, “Senator Kennedy, it is not a yes or no question.”

Sen. Kennedy responded, “Well, I want you to be able to go to your second and your third questions, I do,” replied Goodwin. “But I as I already explained, there were many different conditions…”

Sen. Kennedy cut in, “No, I said unfettered discretion, no conditions, I’m making it easy for you.”

But once again, Prof. Goodwin refused to answer a direct question.

No one should be surprised at Prof. Goodwin’s lack of response. It’s the way the abortion industry and its apologists always respond—with obfuscation, misinformation, and bold-faced lies.

By Laura Echevarria, Director of Communications and Press Secretary

This went on for some time. Sen. Kennedy at one point asked, “I’m just trying to understand your perspective, and I’m not accusing you of this, but, you know, people sort of talk around this issue.”

And he also asked during the same exchange, “If there were a bill that said that a woman has an unfettered right to abort an unborn baby for any reason up to the moment of birth, do you vote yes or would you vote no?”

Prof. Goodwin responded with “Senator Kennedy, I refuse to be shackled by your question. What I have answered is that there are conditions that occur during—”

Sen. Kennedy tried to summarize, “You don’t know whether you’d vote yes or no.”

But Prof. Goodwin wouldn’t allow for Sen. Kennedy’s summary of her position. She referenced “conditions during pregnancy” and then talked over Sen. Kennedy. Prof. Goodwin then said, referring to another witness, she would “support her life. I would support her personhood.”

Sen. Kennedy tried again. “You would support, you would support—you’re here advocating, you’re advocating a law that says that an unborn baby can be aborted up to the moment of birth for any reason, are you not?”

But by this time it was growing obvious Prof. Goodwin was not going to answer a yes or no question with a yes or no answer. Prof. Goodwin responded, “Let me clarify what the 14th amendment says in the first sentence. That citizens of this United States are individuals that are born” which, of course, did not clarify anything.

She then asked the senator, “Do you support the constitution?”

Sen. Kennedy said, “I’m not trying to argue, I just want to intellectual discussion that you want.”

Sen. Kennedy responded, “We could start if you answered my question. I can’t go to my next question until you answer that question.”

Sen. Kennedy, it is not a yes or no question.”
Annual Report Shows Planned Parenthood “Relentless” in Abortion Push “Non-profit” records record revenues

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

To pro-lifers, the overturning of Roe was one of the best things that ever happened to this country. To Planned Parenthood, it was the worst.

The opening text of the inside cover of Planned Parenthood’s 2021-2022 Annual Report says it directly:

This was the year the worst happened. We knew it was coming. We were prepared. We had to be. Losing the constitutional right to abortion was still heartbreaking — for patients, for providers, for the communities we serve. But we’ve faced challenges before, and we’ve never given up. We won’t start now. WE'RE RELENTLESS.

If it wasn’t clear from its plastering on the front and back covers and more than a dozen pages of the 40-page report, “RELENTLESS” is the theme of the latest Planned Parenthood annual report.

The clear message that Planned Parenthood wants to send? They’re not going anywhere. They’re not closing their clinics. They’re not altering their agenda. They’re not giving up their position as the nation’s largest abortion chain. And they’re going to continue to perform, to fight for abortion at the clinics, in the courts, in the halls of Congress, and around the globe.

Hard numbers

Planned Parenthood affiliates performed 374,155 abortions in 2021.* In that same year, it offered prenatal services just 6,244 times. It made 1,803 adoption referrals. The number of abortions was down slightly from the previous year’s record high of 383,460, but otherwise still high enough to make Planned Parenthood responsible for what is expected to be more than 40% of the abortions performed in the U.S. To make Planned Parenthood’s Parenthood admits that “Only a small number of Planned Parenthood health centers offer the full range of prenatal care services.” The overall number of patients increased, as well and the numbers of patients receiving contraceptives, “morning after pills,” “cancer screenings” (like Pap smears, colposcopy, breast exams – but not mammograms, which Planned Parenthood does not offer), but still not to levels which Planned Parenthood does not quantify how much it makes from abortion in this report and does not break down how much it makes from abortion by a whopping $204.7 million. “Non-Government Health Services Revenue” held steady at $360.9 million and “Other Operating Revenues” clocked in at $187.8 million.

Most of this money is spent on “Medical Services” at $1.0524 billion. Another $52.4 million goes to “Sex Education” and a healthy $38.6 million to “Public Policy” and another $61.6 million to “Advocacy.” Other expenses include “Health Care Support” at $107.1 million, “Engage Communities” $16.1 million, and “Research” at $2.9 million.

A lot of salaries are covered under “Management & General” at $266.1 million and “Fundraising” expenses check in at $114.1 million. There are some other smaller line items, but all told, revenues exceeded expenses at Planned Parenthood by a whopping $204.7 million.

Abortion continues to be a big money maker at Planned Parenthood. While Planned Parenthood does not quantify how much it makes from abortion in this report and does not break down here the numbers of abortion it performs by gestational weeks or the method used, it does tell us elsewhere that the average cost of chemical abortions at Planned Parenthood is about $580 and the average cost of first-trimester surgical abortions is around $600. Even if we assume that all abortions at Planned Parenthood were either first-trimester surgical or chemical abortions –even though we know that Planned Parenthood advertises and performs much later, more

*See Report, Page 7
Annual Report Shows Planned Parenthood “Relentless” in Abortion Push “Non-profit” records record revenues

From Page 6

Ready for Roe’s fall
While clearly unhappy with the fall of Roe, the organization wants people to know that “Planned Parenthood has been preparing for this moment since 2017, and had plans in place to maximize the number of patients who could get care, and to get people information they needed as access to abortion changed rapidly.”

One of the ways they say that they have done this is through “medication abortion via telehealth” – where women can skip the clinic, chat with the prescriber online or on a cellphone, and have abortion pills shipped to their homes.

The report says this is now available in 21 states and that “PPFA is focused on supporting affiliates in states with favorable policy environments to sustainably expand telehealth abortion access and increase their capacity as patients travel from states where abortion access is restricted.”

Planned Parenthood was busy in the courts, as always. “This year,” the report declares, “PPFA attorneys managed a docket of approximately 40 cases challenging abortion bans and other harmful restrictions on access to sexual and reproductive health and education.”

Before Dobbs, Planned Parenthood says it was able to block about two-thirds of these cases, keeping abortion “access” available.

Many states had “trigger laws” or laws on the books that offered protection to unborn children once the Supreme Court overruled Roe. Planned Parenthood challenged many of these (the report specifically mentions a successful challenge of Michigan’s ban), trying to prevent them from going into effect.

Abortion at Planned Parenthood after Dobbs
It doesn’t say in its report how many of its clinics stopped offering abortions after Dobbs, but it does say that they have taken steps to make sure women from states where abortion is now illegal can still go elsewhere and get them.

Without ever directly explaining precisely what this means, Planned Parenthood says “To help patients seeking abortion care in a chaotic and confusing environment, affiliates expanded patient navigation services.”

News stories from 2022 considering the impact of Texas’ “heartbeat bill” and the anticipated overturning of Roe provided a bit more detail. While the New York Times talked vaguely about “Groups offering financial and logistical support” to meet the “challenges of travel” over the “longer distances” women have to travel for abortions (NY Times, 3/6/22), Reuters spelled things out more directly. It called Planned Parenthood’s navigators “a role dedicated to helping women find abortion appointments and secure money to cover medical, travel and childcare costs” (Reuters, 6/13/22). Reuters later made clear that many of these abortion appointments are in other states.

Though also not mentioned in the report, other recent news reports show Planned Parenthood has taken steps to try to bring abortion as close as possible to women in states where the killing of unborn children is banned.

Last year, shortly after the Supreme Court announced its decision in Dobbs, Planned Parenthood Columbia-Willamette announced that they had leased office space in Ontario, Oregon, a small town just across the Idaho border. With Idaho on the cusp of passing protections for unborn children in that state, Planned Parenthood was setting up an abortion clinic just about an hour away from Boise, where most abortions in the state had previously been performed (Oregon Public Broadcasting, 7/27/22).

In October of 2022, Planned Parenthood of the St. Louis Region and Southwest Missouri announced that it would be setting up a mobile abortion clinic in Southeastern Illinois specifically to “serve patients along the southern border of Illinois, an area surrounded by states that have banned or severely restricted abortion access” (PPSLRWSMO Release, 10/3/22).

The abortion giant may have shut down abortion operations in a few states, but it clearly intends to relentlessly pursue the babies of any troubled mother the law may have tried to put beyond its grasp.

*Planned Parenthood’s written figures (abortions, prenatal visits, adoption referrals, etc.) in this report generally come from 2021, or more precisely from the period of October 1, 2020 to September 30, 2021.

Financial figures on revenues and expenses, on the other hand, are from Planned Parenthood’s latest fiscal year, July 1, 2021 through June 30, 2022. Obviously, most of that money was collected and spent before Dobbs, but some of that might have come in either after the Dobbs decision was leaked in early May of 2022 or in the week following the Supreme Court’s official announcement of the decision on June 24th, 2022.

Both the leak and the decision were used as key elements of many abortion advocates’ fundraising appeals at that time.
Recent pro-life legislative successes and threats we have to face from abortion advocates

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

State legislatures across the country have delivered some tremendous pro-life victories this year. Spurred by the tireless efforts of pro-life advocates urging legislators to protect unborn children and expand resources for new and pregnant mothers, the victories show that regular contact with legislators makes a difference. Let’s look at some recent pro-life legislative successes and review the threats we have to face from abortion advocates.

On April 14, Florida’s pro-life governor Ron DeSantis signed the “Pregnancy and Parental Support Act,” which protects unborn children from abortion at 6 weeks gestation, when a baby’s heartbeat can be detected. The law requires the state health department to fund parenting support services, pregnancy services, and material support (like diapers, parenting classes, counseling). Florida Right to Life’s president, Lynda Bell, said it best: “Pro-abortion groups lose the debate when they say we don’t care about women because this bill provides over $25 million in support for women and girls in an unexpected pregnancy. We Floridians value unborn children and their mothers.”

On April 5, pro-lifers won a first-of-its-kind victory when Idaho became the first state to make illegal abortion trafficking of minors. The bill, signed by Governor Brad Little after an exemplary effort by Right to Life of Idaho, makes it a crime for an adult to transport a pregnant minor within the state of Idaho for the purpose of obtaining an abortion with the intent to conceal the abortion from the minor child’s parents or guardian (the new law is based on NRLC’s model law).

Kerry Uhlenkott, executive director of Right to Life of Idaho said, “We are so grateful to [Gov. Little] and to all of you who testified for this legislation, who sent emails, made calls and especially prayed for passage and enactment of this protective legislation.” This victory wouldn’t have been possible without the hard work of pro-lifers.

Kansas’ legislature successfully overrode vetoes of three pro-life measures by pro-abortion Governor Laura Kelly. The “Born-Alive Infants Protection Act” requires healthcare providers to render the same degree of medical care to an infant that survives an abortion as any newborn of the same gestational age. Another veto overridden was on the Abortion Pill Reversal (APR) consent law, which requires a woman be told that a chemical abortion may be reversible. Finally, the legislature overrode the veto of $2m allocation of state funds to establish the “Alternatives to Abortion” (A2A) program, which provides resources and promotes childbirth to women facing unplanned pregnancies.

“Not only did they have the courage to stand against the Governor’s extremist views on abortion and infanticide, but ensured women are provided with potentially life-saving information and compassionate abortion alternatives,” said Jeanne Gawdun, Kansans for Life Director of Government Relations, of the legislature’s efforts.

North Dakota Governor Doug Burgum signed into law a bill that protects unborn children from abortion throughout gestation. He also signed a bill making it a crime to coerce a woman into get an abortion, and a bill to clarify the state’s trigger and heartbeat laws. Another bill signed gives tax exemptions to encourage adoptions, to purchase diapers, and for donating to maternity homes, child placing agencies, or pregnancy help centers. North Dakota Right to Life: “This (tax credit) bill has been chosen to be rated (by us) due to its importance in promoting a culture of life and encouraging alternatives to abortion.”

Our pro-life work goes on, though, as pro-abortion forces continue to promote abortion-on-demand in any way. Several state legislatures have enacted “shield laws,” which protect abortionists and those who aid in abortions; governors in Colorado, Hawaii, Minnesota, New Mexico, and Washington have recently signed such bills.

Colorado’s governor signed a “Deceptive Trade Practice” bill, which targets what abortion advocates label as “deceitful” and “manipulative” practices committed by pro-life entities like pregnancy resource centers. In particular, the bill says that pro-life entities participate in “deception” when advertising abortion pill reversal (APR), calling it a “dangerous and deceptive practice that is not supported by science or clinical standards.”

But, with over 4,000 babies saved by APR, who is being deceitful? Colorado has said they will not enforce the new law against any “licensee” (of APR) “in the immediate future,” but we will keep watch on this law and others that to not fully protect mothers and their unborn children.
One year ago, a Supreme Court decision leak led to an avalanche of pro-abortion rage and misinformation

By Nancy Flanders

It was one year ago that POLITICO published the leaked draft majority opinion of the Supreme Court in Dobbs v. Jackson Women’s Health Organization. That draft opinion indicated that the court was poised to overturn Roe v. Wade, which had forced legalized abortion upon every state in the nation 49 years earlier. The result of that leak was a fury of hostility and violence unleashed on pro-life organizations and churches around the nation.

Rise in violence

According to a study from the Crime Prevention Research Center (CPRC), 135 attacks were perpetrated against pro-life groups between May 2022 and September 2022. During that same time period, just six attacks were perpetrated against pro-abortion groups, but the media failed to expose this.

“The bottom line is that after the Dobbs decision was leaked, there was over 22 times more violence directed against pro-life groups than pro-choice organizations,” the CPRC noted. “However, if the media is less likely to cover violence against pro-life organizations, the 22 times estimate will underestimate the relative violence against these groups.”

Pro-abortion violence against pro-lifers has always existed, but the leaked opinion worked to escalate it.

Becky Sheetz, CEO of Life First Pregnancy Center in Virginia, went to work on the morning of May 9, 2022, to learn that her center had been vandalized with graffiti that read “Abortion is a right” and “fake clinic.” According to the Washington Examiner, there has yet to be an arrest in relation to the crime. Janet Durig of Capitol Hill Pregnancy Center discovered on the morning of June 3, 2022, that someone had thrown red paint on the front door of her center. Jane’s Revenge, a pro-abortion domestic terrorist group, took credit, but an arrest has yet to be made.

“All we’re doing is helping someone who wants to have a child, and we also help people who have already had children,” she told the Washington Examiner. “We’re helping them because they need a car seat or they need a bed for their baby to sleep in or they need baby clothes.”

It turned out that those initial attacks were only the beginning. On June 24, the final decision was handed down from the Supreme Court — Roe had officially been overturned. By November, FBI Director Christopher Wray would testify before the Senate Homeland Security Committee that about 70% of abortion-related violence and threats since the fall of Roe were perpetrated against pro-life groups by pro-abortion individuals.

Jane’s Revenge said it planned to make pro-lifers’ lives “a living hell” and announced that the night of June 24 — the day Roe was overturned — would be a “Night of Rage.” The group wrote:

We decided to attack a crisis pregnancy center in Glendale, California with spray paint. The phrases written were ‘Jane was here’, ‘abortion the court’, and ‘If abortions aren’t safe neither are you’. All across the country people protested and revolted against this attack on bodily autonomy.

The group even threatened bodily harm against those who support life for preborn human beings (emphasis added):

To all the conservatives, Fox News anchors, judges, cops, Christian extremists, or federal agents reading this:

This attack is nothing in comparison to what is in store for you. Some spray paint will be the least of your worries. … We will hunt you down and make your lives a living hell. You started this war but we will win it. So far its just been pregnancy crisis centers, but tomorrow it might be your cars, your homes, or even your lives.

After the “Night of Rage,” attacks continued. CatholicVote, a political advocacy organization, tracked the attacks over the last year and recorded at least 151 attacks on churches and 84 on PRCs and other pro-life groups since the SCOTUS leak.

Spreading misconceptions

The end of Roe meant one thing to abortion businesses — in many states, their work killing preborn human beings would be illegal and impossible. It meant shutting down abortion facilities and losing money. Immediately, the media began to publish heart-wrenching stories from women who allegedly needed an abortion to survive but were denied it. The problem is that intentionally and directly killing a preborn human being is not standardized care; it is not medically necessary to deliberately kill a human being to protect his mother’s life or health. The media exploited stories of women facing pregnancy complications and prenatal diagnoses to claim that pro-life laws were killing women — but these claims are unfounded. Not a single pro-life law that has taken effect since the end of Roe has excluded the allowance of abortion when a woman’s life is at risk. Even so, preterm delivery and emergency C-sections to save the mother’s life or health are not induced abortions and are therefore not prohibited by any pro-life law.

What is outlawed is the direct and intentional killing of a living preborn child prior to delivery. If a woman is in preterm labor due to cervical insufficiency or incompetence, and labor can’t be stopped — as was the case for Amanda Zurawski — doctors are able to complete the delivery, even if the child is unable to survive. The difference is that in a preterm emergency delivery, the doctors do not intentionally kill the baby.

“We asked all of our doctors and our nurses, isn’t there something
National Right to Life News

May 2023

National Right to Life applauds a recently filed case in California challenging the state’s assisted suicide law as unconstitutional

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

On April 25, 2023, a case challenging California’s assisted suicide law (California’s End of Life Option Act) was filed, and could have nationwide implications if successful.

The new case in California is claiming that the state’s assisted suicide law is discriminatory in that it creates a two-tiered medical system in which people who are suicidal are protected, and treated, while a person with a “terminal disease” (which is classified as a disability under the Americans with Disabilities Act) is not protected, but given the option of lethal medication to end their life.

According to a legal synopsis from the plaintiffs,

The Americans with Disabilities Act (ADA) is an important federal law that prohibits discrimination against people with disabilities in various aspects of life including medical treatment. The ADA defines disability as a physical or mental impairment that substantially limits one or more major life function. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.

Individuals who are facing life-threatening conditions qualify as people with disabilities under the ADA, as those conditions themselves not only cause physical and/or mental impairments, they are impairments that substantially limit major life functions. The lawsuit seeks to establish that California’s assisted suicide law is a violation of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the equal protection and substantive due process clauses in the 14th Amendment of the US Constitution.

Assisted suicide is legal in nine states (CA, CO, HI, ME, NJ, NM, OR, VT, WA) and D.C. Many of these states’ laws contain scant so-called "safeguards," and now we see a move to remove them. Several states are seeking to expand who can prescribe the drug, and others are racing to remove residency requirements.

The timing of the California case is critical as Vermont (on May 2, 2023) lifted their residency requirement in order for people to obtain assisted suicide, joining with Oregon to become suicide tourism states. Vermont in particular permits assisted suicide by telemedicine, meaning non-residents could be prescribed lethal drugs virtually on the basis of a single virtual visit.

Assisted suicide laws pose a danger to vulnerable groups, including those with disabilities. States who have taken the misguided step of legalizing assisted suicide are creating a dangerous double standard for suicide intervention, ignoring the ADA, and abandoning patients.

While promoted as only applying to those with terminal illness, these laws invariably expand to include people with ongoing, treatable, medical issues. In states like Oregon, diabetics and those with HIV are getting lethal drugs. Colorado also reports the issuance of lethal drugs to people suffering from anorexia.

National Right to Life will continue to fight these dangerous laws, and applaud the disability rights groups and plaintiffs in California for their efforts on the ongoing litigation.
Montana Gov. Gianforte signs five pro-life bills, anticipates signing five more when they reach his desk

By Dave Andrusko

Montana’s Gov. Greg Gianforte signed a suite of pro-life bills Wednesday that defend life and promised to sign five additional bills when they reach his desk.

“Today, we are protecting the lives of the most vulnerable among us, unborn babies,” Gov. Gianforte said at a bill signing ceremony the morning after the 68th Legislature adjourned. “This package of pro-family, pro-child, pro-life bills will make a lasting difference in Montana.” The governor added, “We couldn’t have done it alone, and I just want to thank the thousands of Montanans throughout the state who made their voices heard and made today possible.”

The Infant Care and Safety Act (HB 625) protects life by providing legal protections to and ensuring appropriate medical care for children who survive abortions. “Every human life is valuable, and every baby deserves to be protected,” said Alliance Defending Freedom Senior Counsel Denise Burke.

By enacting this critical legislation, Montana has affirmed the basic human rights of vulnerable children, whether born or unborn. The Infant Care and Safety Act provides legal protection for babies who survive abortions, ending the inhumane practice where these children can be left to die without even minimal effort being made to save them. The bill is an important step in advancing human rights and protecting vulnerable babies in Montana,” Burke said.

House Bill 575 and House Bill 786, “both sponsored by Republican Rep. Lola Sheldon-Galloway of Great Falls, were also signed by the governor during Wednesday’s ceremony,” Sam Wilson reported. “The first would prohibit the abortion of viable fetuses, a point the bill sets at 24 weeks’ gestation, and the second requires reporting of adverse effects following medication abortions”

Another bill signed by the governor, House Bill 303, “gives doctors, nurses and other providers the ability to refuse to perform abortions or prescribe marijuana or opioids, according to bill sponsor Rep. Amy Regier, in advancing human rights and protecting vulnerable babies in Montana,” Burke said.

Montana Gov. Greg Gianforte

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Kentucky AG to Heartbeat Conference: New commitment needed to “cycles of life” in post-Dobbs era

By Karen Ingle

“First, every life deserves to live. And second, every mother deserves to be loved,” Daniel Cameron, Attorney General for the Commonwealth of Kentucky, said Wednesday.

Cameron, an active champion of pro-life legislation locally and nationally, presented the keynote address that officially opened the 2023 Heartbeat International Annual Conference in Louisville, Ky. Heartbeat’s 52nd pregnancy help conference had the theme of “Breakthrough,” with a special nod to pregnancy help following the Dobbs ruling that overturned Roe v. Wade.

Speaking to the crowd of over 1,000 pregnancy help workers, Cameron said, “We now live in... the Dobbs era. And a new era requires a renewed commitment from all of us.” He added, “We must commit to the notion that every mother and family deserves to be loved. We must commit the same energy and devotion that for the last 50 years we’ve dedicated to protecting the unborn babies.”

“Not only because of the work of our office, but because of the work of so many of you here in this room, a culture of life is evident. A culture of life is palpable,” he said.

Cameron praised pregnancy centers responsible for bringing ultrasound into widespread use to “reveal the truth... that a child’s story has begun well before a child is born.”

He also said his team finds encouragement in a local news report, posted around their office, that Kentucky’s largest abortion provider canceled all 20 of its appointments the day the Dobbs decision came down.

Further, he said, all abortion facilities in the Commonwealth have been shuttered “indefinitely.”

But victories like these are only part of creating a culture of life. Even Kentucky’s first Baby Boxes—safe places to anonymously leave newborns—come with a downside, Cameron noted.

“It is a double-edged sword,” he said. “Of course, we are excited a baby was placed in a box, but life illustrates the ripple effect of a culture of life.

Pregnant as a result of violent sexual assault, Crystal’s mother considered aborting her due to tremendous emotional and financial distress. But she chose life instead. Years later, when Crystal’s teenage daughter became pregnant out of wedlock, she made the same life-affirming decision her grandmother did.

Cycles of life

Cameron shared the story of Crystal York Brown, whose own life illustrates the ripple effect of a culture of life.

But the conference crowd, that has “no place in a just and humane society.”

He challenged the conference attendees to resist responding to opponents’ hurtful attacks in kind. “Let us show them the love of Christ in our response,” he said.

“Empathy and understanding should govern our reactions just as they govern our relationships with families in crisis,” Cameron said. “If we do this, if we meet this commitment, we will bind up the wounds Roe has caused, and help heal those who carry the scars from that misguided ruling.”

Heartbeat’s Conference ran from April 24-26.

Editor’s note: Heartbeat International manages Pregnancy Help News and is reposted with permission.
A substantial pro-life win at the fifty-sixth annual UN Commission on Population and Development

By Rai Rojas

“They refused millions and millions of children their right to education because they only focused on Comprehensive Sexual Education.”


The fifty-sixth annual United Nations Commission on Population and Development ended abruptly on Friday, April 14, in New York City. The Commission ended with a thud, not a bang, and turned the entire weeks-long process into an exercise in futility.

Why?

There was not enough sex and abortion in the plan of action’s draft document, and the EU, USA, and Canada inserted radical and never before agreed upon language to begin making Comprehensive Sexual Education (CSE) a human right. National Right to Life vehemently opposes CSE because it would allow minor children to seek abortion providers without their parent’s knowledge or consent.

Once this far-reaching pro-abortion language was added, twenty-two countries, representing over 1 billion people, withdrew their support of the document. The negotiations then spiraled into chaos – if the plan of action is to move forward, the United Nations requires total consensus of all voting member states.

At one point, the Pakistani delegation stated that the largest crisis children are currently facing is that because of the fallout from COVID, nearly 100 million children worldwide are not being schooled. That statement was immediately followed by a retort from the Dutch delegation claiming that the REAL crisis is the lack of Comprehensive Sexual Education.

You can’t make this up.

A United Nations Department of Economic and Social Affairs representative lamented that too many babies in Sub-Saharan Africa are detrimental to education. Only to then be outdone by the delegate from Argentina who claimed that all UN language regarding so-called “Sexual and Reproductive Health and Rights” is akin to post-Vatican II Catholic teaching.

By the end of the last week, lines had been drawn, and positions were hardened. So much so that no outcome document or plan of action was produced.

And that’s a good thing.

This was a substantial pro-life win. It has become increasingly difficult, if not impossible, to include protective language in any UN document. It takes all we have to hold back new hysterical pro-abortion language from the far left.

National Right to Life was there to support the courageous members representing the twenty-two countries who took on the rest of the world. Many countries contacted Austin Cherry, who was in the NGO Gallery, to thank NRLC for our assistance and encouragement.

The battle continues, and the international fight is not won – but we will always be there to defend those who most need us.
Dozens of speakers. Two days. One mission:

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May 31 - discounted room rate ends | June 6 - early registration ends

Cost increases when you register upon arrival
Pro-life group wins Med school approval over objections from pro-abortion students

By Dave Andrusko

*The College Fix* describes its mission as “working with college-aged writers with the purpose of identifying and supporting young people who seek to improve campus journalism, explore careers in the media, and commit themselves to the principles of a free society.” Most importantly for us, it is a passionately pro-life site.

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

The university confirmed that it has approved Medical Students for Life.

I was impressed by Ryan Lindner-Tamu’s account which began “A new chapter of the student organization Medical Students for Life will be allowed at Midwestern University Arizona College of Osteopathic Medicine after university administrators overrode resistance from the student government association and others on campus.”

According to *Ms. Magazine*, “The student government said it was dangerous to establish an organization notorious for disseminating medical misinformation” and Medical Students for Choice told the administration the club ‘contradicts what we are taught in our curriculum and … could directly put patients in our community at risk as students are on rotations and enter residency.’”

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

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

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

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

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

“The University and College administration met with students on both sides of this issue, explaining the guidelines and sharing their reasons for the decision to approve this new club, while assuring the students...
What to make of all the talk about using misoprostol alone for abortion if mifepristone is limited

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

Editor’s note. It’s uncanny how well Dr. O’Bannon anticipated what the Abortion Industry and its friends in the media would say about the “abortion pill.” This ran a few days before Niha Masih of the Washington Post conceded misoprostol used alone was less effective and “can be more painful and take more time.”

Ushma Upadhyay, “a reproductive health and abortion safety expert,” told Masih “Misoprostol alone also results in greater side effects, specifically nausea, vomiting and diarrhea. Patients can also expect longer days of bleeding, so the abortion process may be prolonged.”

When the U.S. Food and Drug Administration (FDA) approved the abortion pill mifepristone for sale in September of 2000, it did so with a protocol that included another drug, misoprostol. Mifepristone was taken the first day to block the pregnancy hormone progesterone and essentially starve the baby to death, and then, a day or so later, women were to take the prostaglandin misoprostol to stimulate powerful contractions to expel the dying or dead child.

Misoprostol had been approved by the FDA a dozen years earlier, not for abortion, but as an effective anti-ulcer medication for people taking lots of NSAIDS (non-steroidal anti-inflammatory drugs). Because of its effect on the uterus, misoprostol has always carried the FDA’s “black box warning” on its official label, advising pregnant women that use of the drug could threaten their pregnancies.

It was cheap and widely available, so physicians and others who were aware of its abortifacient properties began to secretly prescribe or sell these to women who were seeking to chemically end their pregnancies. This seems to have occurred frequently in countries where abortion was not legal or mifepristone was not readily available.

With abortion now illegal in some U.S. states and national access to mifepristone being challenged in federal court, many in the abortion industry are threatening to turn to misoprostol as a way of getting around the law.

Some have already done so. Carafem, a high end abortion chain with four brick and mortar locations (Chicago, Washington, DC, Atlanta, Nashville) and a brisk online abortion business, began offering misoprostol only abortions as an option in 2020. This was during the pandemic when cases were proceeding through the courts challenging the requirement that mifepristone pills had to be dispensed in person (rather than mailed). Carafem says that while this restriction was in place, 80 percent of its patients opted just to have misoprostol mailed to them for use by itself rather than come to the clinic for the two-drug combo.

Governors in California and New York both announced plans to stockpile misoprostol in case the supply of mifepristone is interrupted. New York Governor Kathy Hochul said her state planned to buy a five year supply, while California Governor Gavin Newsom said his administration planned to stock up to 2 million pills of the drug.

Here’s what you should know about abortion with misoprostol alone:

Does misoprostol work as an abortifacient? Is it safe?

Of course, it strains logic and language to call any pill that regularly and intentionally kills human beings “safe.” But if someone is asking whether misoprostol “successfully” aborts an unborn child without killing his or her mother, the answer is it “works” to give a complete abortion maybe 76-78% of the time and most of the women do not die or suffer permanent physical injury (Ngoc, Contraception, 2011; E. Raymond, ObstetGynecol, 2019).

This makes misoprostol considerably less “effective” than the 93-97% rate claimed by the mifepristone-misoprostol combination, but it is still effective enough for an abortion industry looking for a cheap workaround where mifepristone supply is limited.

This does not mean that these abortions are easy, comfortable, or without risk. Painful cramps and bleeding are still standard parts of the package, but may last longer for women using misoprostol by itself. Patients using misoprostol to abort are also likely to experience more nausea, vomiting, and diarrhea. There is a greater likelihood of failure or incomplete abortion.

All of these side effects are known to have put some women in the hospital. Chemical abortions are never easy or comfortable, but may be even less so with misoprostol alone.

Are misoprostol abortions legal?

As mentioned above, the FDA gave misoprostol (under the trade name Cytotec), approval in 1988 as an anti-ulcer drug for patients who take a lot of NSAIDS. That is the only purpose for which this drug, on its own, has ever been officially approved by the FDA.*

Once a drug has FDA approval, however, it is available on the market and any licensed physician can legally prescribe that medication for any purpose or application he or she sees fit. So it can and has been legally prescribed by some abortionists for this deadly purpose.

But this does not necessarily mean that the prescriber can avoid legal or financial consequences.

Prescribing a pill outside its designated boundaries exposes the doctor to charges of malpractice when something goes wrong, when the drug fails or triggers serious complications, as the abortionist does not have the FDA’s backing as to the
drug’s safety or efficacy for that particularly use.

State or federal laws protecting unborn children or otherwise prohibiting chemical abortions would also make the prescription or mailing of misoprostol for this purpose illegal. Under such circumstances, a physician could not legally dispense misoprostol for abortion and a pharmacy receiving a prescription specifying its use for this purpose could not legally fill it.

**Are misoprostol abortions cheaper, easier to get?**

Misoprostol, available at less than a dollar a pill, is considerably cheaper than mifepristone. Good Rx says the generic for mifepristone can be bought at an average retail price of just over $83 a pill.

Because it is a proven anti-ulcer drug which has been on the market for a number of years and is regularly stocked in pharmacies, misoprostol is more familiar and more widely available, even in states or in countries where the abortifacient mifepristone is not legal or publicly sold.

Abortion advocates know this and have counseled women and doctors on ways to exploit cracks in the system. They suggest pregnant women seeking chemical abortions find doctors to write prescriptions for them to get pills to help with their “ulcers”; they recommend these women try and persuade pharmacists to give her a few pills for “a visiting aunt who forgot her prescription.” They tell women how to order these pills online or just advise them to pick up these misoprostol pills on the black market.

**Can anything be done to stop the use of misoprostol for abortion?**

Because misoprostol’s official approval is only as a legitimate anti-ulcer drug, and not as a stand-alone abortifacient, there is no reason for the FDA to rescind that approval and pull the drug from the market.

However, that does not mean that nothing can be done.

In states where abortion is legal, doctors could still probably prescribe these drugs off label for abortion, whether mifepristone is still available or not (due to as yet unresolved issues currently winding their ways through the courts). But again, those who do so could face legal liability if something goes wrong and the woman suffers injury, since the prescriber lacks the FDA’s authorization for this use.

The encouragement of these lawsuits could be a real disincentive for those considering prescribing misoprostol for abortion.

States passing blanket protections for unborn children or with laws generally prohibiting the prescription, sale, or use of chemical abortifacients would also give the state the authority to prosecute those prescribing mifepristone, misoprostol or any other drug for the purpose of aborting unborn children. (NRLC does not support any laws that would prosecute women for using these pills.)

While use or prescription of any of these medications for legitimate (non-abortifacient) medical purposes would continue to be allowed, evidence that misoprostol or any other drugs were being prescribed to chemically induce abortion would, at a minimum, prompt an investigation and give pharmacies reason to deny filling these prescriptions.

It might be useful, under these circumstances, for states to pass laws or regulations requiring that prescribers indicate the intended purpose for the drugs on their prescription forms. This would put physicians prescribing these for abortion in the position of having to officially declare their intentions, making them either own up to the true abortifacient intent of their prescription or risk being held criminally liable for falsifying their orders.

None of this would conclusively stop the abuse of these drugs for these deadly purposes, but it could make an abortionists think twice before writing out one of these prescriptions.

*Misoprostol was, of course, included in the protocol the FDA approved for mifepristone in 2000, but the FDA did not make any change reflecting that on misoprostol’s own label.*
Mother of conjoined unborn twins refuses an abortion, God will “be in control of the situation”

By Dave Andrusko

Sometimes you’re left almost speechless by a couple’s rock solid faith in the face of a very difficult prognosis for their unborn twins.

Nicole and Austin LeBlanc learned she was pregnant with their first child last year. However, after just 10 weeks, Nicole said doctors discovered that she was pregnant with twins — and they were conjoined, according to the Catholic News Agency.

“Nothing ever would’ve prepared me for the ultrasound technician saying, ‘Your twins are very special because they are conjoined and they share a heart,’” Nicole, who is now 29 weeks pregnant, told Francesca Pollio Fenton.

Doctors immediately deemed the pregnancy high-risk and suggested termination.

“They definitely pushed an abortion agenda on us and on our babies,” she said. “That is something that we were not okay with and something we are totally, completely against because even though I couldn’t feel them moving at 10 weeks, I could see them clearly jumping together off the side of my womb, jumping together, so it’s a human life.”

Nicole, who is 24, took to social media to share her experience. Her initial post was beautiful:

Hello if you’re new to my Instagram page!
My name is Nicole Duque LeBlanc and I am pregnant with conjoined twins. This is my first pregnancy and my husband and I are so blessed to have been chosen by God to have special twins! Our twins are special because they share 1 heart, 1 liver, diaphragm, bowels and umbilical cord. My babies are measuring 24 weeks this week and despite sharing a malformed heart, they are growing appropriately! Praise God!
We don’t know how much time we will have with our babies, but as of now, I will have a c section at 35 weeks and letting God be in control of the situation.

Nicole said she has been showered with prayers and support from pro-lifers.

“We get together every night and we pray the rosary. That’s one of the biggest things … and just knowing that God has a plan for everything and there’s always a purpose for everything,” he told the Catholic News Agency.

Several saints and biblical figures have also impacted the couples’ faith and inspired the names they chose for their twin girls — Maria Therese and Rachel Claire.

“We definitely want to have our babies be gifts to our Blessed Mother so, Maria, the Latin name for Mary,” Nicole explained. “And I’ve always had a special connection with the Old Testament story of Rachel so, Maria Therese and Rachel Claire.”

Nicole added, “I really think that the pro-life community is growing and I know that our testimony will be part of that, and I hope to do more work in the future as well.”
Research shows women are coerced into abortion, and this leads to emotional trauma

By Sarah Terzo

Many women have described being pressured into abortions. One study found that up to 64% of women having abortions were coerced. According to another researcher, 45% of men interviewed at an abortion facility admitted to having urged their partners to have an abortion and justified being the primary decision maker.

A Norway study on post-abortion women found that “[T]he strongest predictor of [post-abortion] emotional distress was “pressure from [the] male partner.” In the study, coerced women were the group most likely to suffer post-abortion trauma in the two years following their abortions.

Coerced into an abortion they both regretted

Paula wanted her baby but agreed to an abortion after her boyfriend insisted: “Jerry and I were having terrible fights. He’d say, “It’s not a baby. It’s only this big.”

She regretted the abortion immediately: “I knew right away I could never love him. There were even times when I wanted to hurt him back in the same way he hurt me.”

Jerry also came to regret the abortion.

Paula and Jerry got married, but the abortion led to conflict. Paula says, “There were times when I’ve thought, “I did this all for Jerry,” and I’ve almost hated him. There were even times when I wanted to hurt him back in the same way he hurt me.”

She cried frequently, often when she saw a pregnant woman, a baby, or even a diaper commercial on television.

When she had her son, she felt even worse:

After I saw him, I could only think that he had a brother or sister somewhere who was only two years older than he was. How could I have done that? That never went away… We had two more children, little girls. With each new baby, the grief would start up all over again.

She says to others who are considering abortion: “Don’t do it. You will regret it in some way for the rest of your life. The thought will always be there that you’ve done this to that little baby, and those babies are real.”

He drove her to an abortion, then went out on a date with someone else

When Rhonda found out she was unexpectedly pregnant, she says, “I was kind of shocked in a way, yet also, in a sense, happy. I’ve always loved children; I’ve always wanted children.”

But when she told her boyfriend, he insisted on an abortion. Rhonda says:

His response was to bring up the fact again of what my parents and our church would say. He sort of fed into my fears. He looked at it that I could have one or the other — him or the baby — but not both.

I had to make a decision about which one I wanted… He said that, if I went through with the pregnancy, I wouldn’t be able to go to school, and if my parents kicked me out, he wouldn’t be able to take me in.

Rhonda was 18, and there was no requirement to tell her parents. Today she wishes she’d been forced to tell them. Years later, when she did tell them about her abortion, they were devastated. They would’ve supported her and helped her have her baby.

Rhonda recalls that even the abortionist seemed to realize she was suffering emotionally:

He asked if my boyfriend was with me. I said he was, and the doctor said, “When you see him, walk up to him, push him on the floor, and kick him in the stomach. Then tell him that he doesn’t begin to feel what you feel.” I will never forget that as long as I live.

The abortionist recognized the trauma abortion could cause, but still committed abortions.

After Rhonda’s boyfriend drove her home, he left her and went out on a date with someone else. The relationship ended.

Rhonda was filled with anger. Her hostility damaged her relationships with friends and family. She says, “There was a lot of tension in my family. I was impossible to talk to. They wanted to help me, but I wouldn’t let them.”

Rhonda had a four-year-old godchild. After the abortion, she said, “I can’t enjoy her because every time I see her it drags me back into a depression.”

Today, Rhonda is alone and childless. She says, “I denied myself the one thing that really would make me happy. To this day, I would like to have that child.”

She felt she had nowhere to turn

Penney got pregnant while living with a man named Bart. Her mother struggled with mental illness, and they had a very troubled relationship. She couldn’t live at home. Bart said he’d leave her if she didn’t abort.

She says, “I felt at the time that I didn’t have a choice. I couldn’t go to my parents. I couldn’t stay with him. So where does a pregnant 18-year-old go?”

A pregnancy resource center would have given Penney support to keep her baby. Many of these centers regularly find housing for pregnant women. There are places all over the country for pregnant women to go and stay. But Penney didn’t know about them. After the abortion:

Although she stayed with Bart, they fought constantly. Eventually, she became a Christian and found healing, but still says:

I don’t think I’ll ever say I’m past the scars. I don’t think you can ever say that. You can’t take back killing your own baby. After you’ve had children and developed that bond with them, you realize that’s a scar that will always remain.

All these women suffered post-abortion trauma.


Editor’s note. This appeared at Live Action News and is reposted with permission.
Court case launched to declare assisted suicide unlawful and unconstitutional in the US.

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

This is my first analysis of the court case that was launched on April 25, 2023, to have the California assisted suicide law declared unlawful and unconstitutional. Future articles will further explain the case. Euthanasia Prevention Coalition–USA supports this initiative.

The United Spinal Association, Not Dead Yet, Institute for Patients’ Rights, Communities Actively Living Independent and Free, Lonnie VanHook, and Ingrid Tischer have launched a lawsuit in California to strike down the California assisted suicide law with the goal of the case going to the United States Supreme Court to strike down assisted laws throughout the US.

Plaintiffs are all organizations with members who have disabilities, individual persons with disabilities, and/or organizations that advocate for persons with disabilities.

The case states that the assisted suicide act is a discriminatory scheme, which creates a two-tiered medical system in which people who are suicidal receive radically different treatment responses by their physicians and protections from the State depending on whether the person has what the physician deems to be a “terminal disease”—which, by definition, is a disability under the Americans with Disabilities Act.

The lawsuit states that the assisted suicide law violates the Due Process Clause of the Fourteenth Amendment. The law fails to include sufficient safeguards to ensure that a judgment-impaired or unduly influenced person does not receive and/or ingest lethal physician-assisted suicide drugs without adequate due process in waiving their fundamental right to live. The Act’s failure to require an exhaustive or at least evidence of an informed rejection, of less restrictive alternatives to assisted suicide—including suicide prevention services, palliative care, hospice care, and other personal support services currently provided by the State—also violates the Due Process Clause of the Fourteenth Amendment.

The case is asking the court to declare the California assisted suicide act unlawful and unconstitutional.

Editor’s note. This appears on Mr. Schadenberg’s blog and is reposted with permission.
Still sharing the pro-life message into her golden years

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

You never know what gift you might receive when you pick up the phone at a National Right to Life affiliate.

I happened to field a call recently that warmed my heart and demonstrated the abundant love of advocates for life.

At first, it seemed like a routine call—a woman was inquiring about the stands of candidates on the life issues. In the course of the conversation, she explained that she was 93 years old and had served as a teacher for 37 years. She viewed the life issues as the business of discussing when filling out her ballot.

After we concluded the business of discussing candidates’ stands, she asked me if she could read for me a kind of artistic work that could move a person to tears. Here is a woman in her ‘90s, still fighting the good fight for dignity and value of human life. She was born in the midst of the Great Depression, but she is still going strong.

She is just one of the many individuals I know personally who are sharing the pro-life message into their golden years. They are an inspiration for all of us who work in the vineyards for the right-to-life cause.

The point is, it doesn’t matter what your age or station in life—your talents can be used to advance the cause of life. You never know what lives you may help to save as a result of your efforts.

The pro-life movement welcomes all people of good will—from the very young to those in the twilight of life—who treasure and revere the gift of life. Working together, we are rebuilding a culture of life—one heart at a time.

One year and one day after the Dobbs opinion that would overturn Roe v. Wade was leaked

From Page 2

good idea who is responsible” for leaking his draft of the Dobbs opinion.” More stunning was why they leaked the draft.

“It was part of an effort to prevent the Dobbs draft . . . from becoming the decision of the court,” Alito said, adding that it was “part of the campaign to try to intimidate the court.”

As the Journal noted, “It was done to set off exactly what happened – a round of threats and intimidation aimed at the conservative justices.” I didn’t realize how seriously Justice Alito took the “logic” of what is, after all, domestic terrorism until I read the interview conducted by James Taranto and David Rivkin.

“‘It was rational for people to believe that they might be able to stop the decision . . . by killing one of us,’” Alito said.

As Taranto and Rivkin wrote “As we know, a would-be assassin did travel to Washington, D.C., planning to kill three justices. Fortunately, he was stopped outside of Justice Brett Kavanaugh’s home.”

Justice Alito told the Journal

“I don’t feel physically unsafe, because we now have a lot of protection.” He is “driven around in basically a tank, and I’m not really supposed to go anywhere by myself without the tank and my members of the police force.”

The attacks on the court’s “legitimacy” are widespread and calculated. The Democrats have set the narrative and the media happily amplified every misbegotten charge. The Washington Examiner put it this way:

“Democrats and the Left have engaged in a cynical ploy to gain power by delegitimizing a constitutionally mandated branch of government that they no longer control. This has been going on since three staunch originalist and textualist justices were confirmed during the last administration, creating a 6-3 conservative majority”

Justice Alito said

“This type of concerted attack on the court and on individual justices" is "new during my lifetime. . . . We are being hammered daily, and I think quite unfairly in a lot of instances. And nobody, practically nobody, is defending us. The idea has always been that judges are not supposed to respond to criticisms, but if the courts are being unfairly attacked, the organized bar will come to their defense." Instead, "if anything, they've participated to some degree in these attacks."

One other extensive quote from the Wall Street Journal. It captures perfectly the bind the conservative justices find themselves in. The mud slingers joyful pile on and then turn around and insist it’s the justices who are playing dirty.

"We're being bombarded with this," Justice Alito says, "and then those who are attacking us say, 'Look how unpopular they are. Look how low their approval rating has sunk.' Well, yeah, what do you expect when you're—day in and day out, 'They're illegitimate. They're engaging in all sorts of unethical conduct. They're doing this, they're doing that?'"

It "undermines confidence in the government," Justice Alito says. "It's one thing to say the court is wrong; it's another thing to say it's an illegitimate institution. You could say the same thing about Congress and the president. . . . When you say that they're illegitimate, any of the three branches of government, you're really striking at something that's essential to self-government."

Please take the time to read the interview with Justice Alito which appeared at https://www.msn.com/en-us/news/us/justice-samuel-alito-this-made-us-targets-of-assassination/ar-AA1auuLb. It will explain a great deal.
From the toughest choices to incredible joy – APRN tops 4,500 lives saved

By Christa Brown

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

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

And then in April of 2023, we heard more great news! “Aloha APRN team. Yesterday our baby girl was born 7 pounds 10 oz and 21” long. She is perfect.” Like thousands of others, we rejoiced for them and with them!

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

The Abortion Pill Rescue Network has beacon of hope since 2012, when the founder of the APR Network, Dr. George Delgado, respond to the increasing need for reversal of mifepristone. The protocol was developed in response to women who wanted options for reversal of mifepristone. The APRN protocol has had much success—progesterone has been used to prevent miscarriage and preterm labor for the better part of the last century. Prescribed commonly in pregnancy, this natural hormone, the same as made by the mother’s body, safely and effectively reverses the effects of mifepristone. Simple but powerful. These children, each first counted among the abortion data with the millions of lives destroyed by chemical abortion, are instead alive and thriving thanks to this bioidientical progesterone.

Ashley Vance, one of the Healthcare Team Managers who oversees the APR Network, said today, “These are more than just numbers; these are precious babies so wanted by women who made decisions immediately regretted.”

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

Despite the testimonies of thousands of women like Katelyn and this young woman in Colorado, there remains some blind prejudice against APR from those who wish to use political means to remove this option from women.

Once the first abortion pill is swallowed, some believe that women must be forced to finish their abortions – abortions they no longer desire. Whichever side we stand on the abortion question, we should all agree on a mother’s right to choose against abortion. These “abortion cheerleaders,” fueled by Big Abortion, ignore that autonomy in healthcare means that patients have a right to make decisions about their own health care. It also indicates that decisions should be respected by health care providers.

Despite angry cries of opposition by Big Abortion, the discrimination waged against us by Big Tech, and the hateful rhetoric Big Media throws our way, we know that all women should have the option of continuing a pregnancy.

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

As each of these calls is answered and the pleas for help are heard time and time again, we know without any doubt the work is needed and appreciated by those in crisis. APRN is the network that provides a second chance at life and how blessed we are to do that!

Editor’s note. This appeared at Pregnancy Help News and is reposted with permission.
This year, the Vermont Legislature passed two pieces of legislation (S.37 and H.89) that: shield providers of “legally protected health care” (defined as “reproductive health care” and “gender-affirming care”) from out-of-state lawsuits and professional discipline; single out Pregnancy Resource Centers for harassment; and define “providing or claiming to provide services or medications that are purported to reverse the effects of a medication abortion” as unprofessional conduct for licensed health care providers.

The bills, written and designed with the influence of national and local abortion giant, Planned Parenthood, passed by wide margins and are expected to be signed by Vermont’s Republican Governor Phil Scott.

Scott aligned himself with Planned Parenthood in 2019 signing H.57 (Act 47) into law guaranteeing unrestricted abortion throughout pregnancy. Governor Scott is now poised to sign S.37 and H.89, which could result in them being sanctioned by the state or having their medical licenses revoked.

Neither bill provides for parental involvement or consent. “By legally shielding providers who treat minors without parental knowledge or consent, Governor Scott will betray parents who hope to help their minor child through the difficult decisions they could be facing without parental guidance,” stated Mary Hahn Beerworth, Executive Director, Vermont Right to Life Committee. “New Hampshire lawmakers enacted a parental involvement law for minors, but under S.37 and H.89, minor children can simply cross the border into Vermont or set up a telehealth call with Planned Parenthood of Vermont, leaving parents in the dark.”

Vermont’s soon-to-be signed bills will undermine pro-life laws in other states who have passed laws banning late term abortions, as well as other states’ laws regarding medical licensing, and more.

When enacted, Vermont will join with a few other states that have “shield laws” in place protecting providers from legal action for providing services that are “legally protected” in Vermont, but not protected in other states that have restricted such practices. For example, if a person brings a child to Vermont for an abortion, circumventing another state’s parental notice law, and the parents try to sue either the abortion provider or the person who took their child for the abortion, the State of Vermont would not cooperate with the investigation. The State would even allow the abortionist to file a countersuit!

Further, the bill enables Vermont providers of so-called “legally protected health care” to reach into other states to provide services via telehealth in violation of other states’ laws by exempting them from the normal standards of medical practice, which require providers to be licensed in the state where the patient resides. Whether the patient comes to Vermont or receives services from a Vermont provider via telehealth while residing in another state, they can access abortion throughout pregnancy, chemical abortion drugs, “gender-affirming therapy,” and other services.

Vermont Right to Life testified against both bills decrying the special protections given to “politically favored services.”

“While co-pays and deductibles would no longer apply to abortion services, young girls and women who wish to carry their baby to term will not be afforded the same benefit,” continued VRLC’s Mary Beerworth.

Vermont’s proposals, soon to be law, also include provisions that are a direct and unconstitutional attack on Pregnancy Resource Centers (PRCs) by singling them out and making them subject to special regulations. Planned Parenthood’s lobbyist referred to the clinics as “dangerous” and “basically playing doctor and they’re not doctors.”

In fact, each of the six Pregnancy Resource Centers in Vermont has their own Medical Director along with licensed nurses and trained ultrasound technicians. In addition, not a single Pregnancy Resource Center has had a complaint filed against their practices or their clinics.

Furthermore, if medical personnel at the PRC’s inform clients about Abortion Pill Reversal or discuss the possibility with a client, under the new law, they risk being charged with “unprofessional conduct,” which could result in them being sanctioned by the state or having their medical licenses revoked.
Senate Republicans Push Back on Biden Administration Rule Funding Abortion at the VA

From Page 1

with an emergency situation or life-threatening complication. Because there is nothing in the Interim Final Rule which defines health, the health exception is not limited in any way. This means the VA is now providing abortion on demand, with no limits.

Congressional Republicans, led by pro-life Sen. Tommy Tuberville, have been attempting to fight back.

In one of the few tools available to the minority, Sen. Tuberville led a vote using the Congressional Review Act to bring a vote to the floor, not needing the permission of the Democrat Leader pro-abortion Sen. Charles Schumer. Senator Joe Manchin (D-W.V.) who voted for it. Sens. Collins (R-Maine) and Murkowski (R-Alaska) voted against the measure.

In the vote on Wednesday April 19, the Democrat-controlled U.S. Senate defeated the Republican effort to nullify the VA rule that provides abortion services through the taxpayer-funded VA health care system.

The resolution failed by a vote of 48-51. All Democrats voted against the resolution except for Sens. Collins and Murkowski. The resolution failed by a vote of 51-48. All Democrats voted against the resolution except for Sens. Collins and Murkowski. However, Sen. Tuberville continues the fight, attempting to seek answers.

In it, Tuberville explains that he remains "deeply concerned about implementation of the Department of Veterans Affairs (VA) interim final rule (IFR) on abortion services, published on September 9, 2022" and outlined his numerous requests that have gone unanswered.

- On September 21, 2022, Tuberville submitted a question for the record about the VA. rule’s implementation.
- On February 15, 2023, Tuberville again asked for information about the rule.
- On March 15, 2023, Tuberville again asked for information about the rule.

"As of today, I still have not received answers to my questions,” Tuberville emphasized.
A Biden Second Term Threatens Freedom of Religion

By Wesley J. Smith

President Biden is running for reelection. His video announcement claims that the primary issue before the country is whether “there will be more or less freedom.” I agree with him. Only, he is the candidate of less freedom.

The Biden administration has been an implacable foe of freedom of religion. That “first liberty” — as it is sometimes called — is a fundamental human right. It is explicitly protected in the First Amendment’s protection of “the free exercise” of religion.

International human-rights accords also protect it. Article 18 of the United Nations Universal Declaration of Human Rights (1948) similarly provides:

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

At this point in the discussion, someone usually brings up extreme cases. For example, would the free-exercise clause allow modern-day Aztecs to practice human sacrifice?

No. Even fundamental liberties are not absolute. The law properly prohibits religious practice when there is a compelling government interest. For example, the state can compel a Jehovah’s Witness child to be given life-saving blood transfusions even though doing so violates Witness dogma.

Under Biden, such restrictions would become far broader and more general, withering freedom of religion to a mere “freedom of worship.” In other words, Catholics would be free to believe the Eucharist is the literal body and blood of Christ, Muslims could believe Jesus was a great prophet but not the Son of God, and atheists would be permitted to disbelieve. Worship, or the option to demur, is important, too, of course. But it is inadequate. If people must violate their faith as the cost of full participation in the public square and civic life, to say the least, they are less free.

Here’s the bottom line: If the freedom of religion is reduced to mere freedom of worship, creed-motivated philanthropic and service organizations such as the Salvation Army, Catholic Charities USA, and religiously sponsored schools, hospitals, nursing homes, pregnancy counseling centers, etc., will be forced to choose between acting contrary to their faith and closing their doors. Cake designers will be forced to “bake the cake!” or close. Medical professionals will be required to perform services against their faith as the cost of licensure.

This would not only make our society more authoritarian but would also negatively materially affect the millions of men, women, and children whose lives are benefited by faithful people acting in accordance with their religious convictions while providing goods and services.

Editor’s note. Wesley’s great columns appear at National Review Online and are reposted with permission.
A Pro-Life Consensus for 12-15 Week Abortion Bans...Why and Why Not

Probably fearing that the High Court might uphold these “Pain Capable” laws, the abortion establishment chose not to risk taking them to the Supreme Court and they were in effect in 16 states at the time of Dobbs. By the time of the Dobbs decision, handed down June 24, 2022, new data showed the likelihood of unborn children feeling pain as early as 15 weeks. However, it was never the intention of National Right to Life to establish such laws as any kind of “consensus” goal once Roe was reversed.

Another pre-Dobbs strategy involved the Mississippi 15 week ban which reached the Supreme Court and did result in overturning Roe.

Again, this was specifically initiated for the purpose of testing Roe, not as a consensus goal for the pro-life movement. Now that it has served its purpose Mississippi has in place strong protections for the unborn, both from heartbeat and throughout pregnancy.

But those pre-Dobbs strategies were then, post-Dobbs is now, almost eleven months later. As a tool to save lives, a 15-week ban is very, very weak. Using data from the Centers for Disease Control (CDC) and/or the Guttmacher Institute, about 95% of abortions occur by 15 weeks and of the remaining 5% many are for life of mother or medical emergency reasons.

Nor is a ban at 12 weeks very protective since about 90% of abortions are performed by then.

So why pursue such a consensus now? That’s a good question with no apparent good answer.

There is certainly nothing to be gained politically by accepting a 12 to 15 week consensus. Abortion advocates will label anything that would save even one baby as “extreme, extreme, extreme.” Just look at their opposition to even protecting abortion survivors!

Further, in passing a 12- or 15-week ban there is a great danger that it could mark the end of meaningful results to protect the unborn.

There are many in the political realm and among the public at large who may not actually be pro-abortion, and perhaps even consider themselves pro-life, who would love to see the issue “solved.”

And a 12- or 15-week limit seems like such a reasonable solution...for everyone but the baby.

The Dobbs decision radically changed the environment for the pro-life movement. We can now focus on what can actually save as many lives as possible in each individual state, rather than only on what Roe would allow. In doing so bans based on 12 or 15 weeks are not the way to go, rather the focus should be on reasons for abortion.

National Right to Life’s most recent McLaughlin poll does show overwhelming public support (ranging from 81% to 88%) for exceptions for life of mother, rape, incest, or medical emergency, reasons which constitute only about 5% of all abortions. But the same poll shows strong majority support (72%) for allowing abortion only for these reasons, which would eliminate up to 95% of abortions. This can be compared to a report of a recent NPR/PBS Marist poll which found that 66% would allow abortion only in the first three months of pregnancy, but that would eliminate only about 10% of abortions.

Time based bans are not generally where our movement should go. There may be rare exceptions such as possibly in a state where there is need to test a state supreme court decision that has found a right to abortion. And a state law that allows abortion only before a detectable heartbeat with the popular exceptions can potentially stop nearly half of abortions based on CDC figures and the Texas pre-Dobbs experience.

The Dobbs decision has given us great opportunities to save children’s lives and many strategic choices to make. For their sake lets choose carefully and wisely: 12- or 15-week bans are neither.
Around 120,000 people attended a pro-life march in Peru where abortion is not allowed in most circumstances.

The country has held a national March for Life each year since 2013, with over 750,000 attending the march in 2016. There are also regional shows of support for the right to life, one of which took place two weeks ago on April 15, in the district capital Arequipa in the south of the country.

A spokesperson for the pro-life group Corso por la Vida y la Familia (CORVIDA), which hosted the event, said the parade is a “celebration that … seeks to affirm, promote and protect the value of every person and every human life.”

Abortion introduced in Argentina and Colombia in recent years

Pro-lifers in Peru will be mindful of the introduction of abortion in other countries in South America including Argentina and Colombia in recent years.

At the end of December last year, Argentina’s Senate voted through a bill to introduce abortion on demand to Argentina with 38 votes in favour, 29 against and one abstention.

The abortion Bill in Argentina has come into law despite widespread opposition. Before the vote in the Senate, in November, thousands joined in pro-life demonstrations across more than 500 cities in Argentina in opposition to the proposed abortion law.

Abortion was introduced in Colombia in February last year after a decision of the Constitutional Court. Right To Life UK spokesperson Catherine Robinson said “The situation in any country can change so quickly. It’s important and encouraging to constantly let our elected leaders know that we do not want abortion. In countries like Peru, these local pro-life marches are an excellent way to ensure the political class know what voters think.”
Legislature Overrides Gov. Kelly on Three KFL Legislative Priorities
First Successful Pro-Life Override Victories in Kansas History

(Topeka, KS – April 27, 2023) – Earlier today, the Kansas Legislature successfully overrode Governor Kelly’s vetoes of the Abortion Pill Reversal Informed Consent Requirements and the Alternatives to Abortion Funding Program, which now becomes law. This comes just one day after bipartisan supermajorities in the Kansas Senate and House overrode Governor Kelly’s heartless veto of the Born-Alive Infants Protection Act.

KFL Director of Government Relations, Jeanne Gawdun, released the following statement about the successful passage of these compassionate, life-affirming policies:

“For the first time in state history, a bipartisan group of legislators came together to override a Governor’s veto of pro-life policies. Not only did they have the courage to stand against the Governor’s extremist views on abortion and infanticide, but ensured women are provided with potentially life-saving information and compassionate abortion alternatives.”

The following are additional statements regarding each of the new Kansas laws:

**Abortion Pill Reversal Informed Consent:**
“We’re grateful for the bipartisan coalition of Kansas Legislators who overrode the governor’s extreme veto of Abortion Pill Reversal Informed Consent legislation. Kansans thank these legislators for refusing to allow the abortion industry to withhold this potentially lifesaving information, thereby forcing women to have abortions they no longer want if they change their minds before the process is complete.”

**Alternatives to Abortion Program Funding:**
“Governor Kelly vetoed a bill denying help for women facing unexpected pregnancies, but with bipartisan support, Kansas legislators stood for women and babies. We thank legislators for increasing resources for women who make the choice to parent or place their child for adoption.”

The Senate also passed SB8 earlier today, which includes provisions to allow tax credits for donations made to pregnancy resource centers and a generation-changing increase of the adoption tax credit. It now heads to the Governor’s desk and awaits action.

**Born-Alive Infants Protection Act:**
“We applaud the Kansas legislators from both sides of the aisle who stood together for compassion and basic human decency by repudiating Governor Kelly’s heartless veto of the Born-Alive Infants Protection Act. Born-Alive protections proved to be the very definition of a “middle-of-the-road” position, with 96% of Kansans in agreement that babies born alive after attempted abortions deserve the same degree of medical care as any newborn of the same gestational age. Any legislator who failed to vote to override HB 2313 made themselves subservient to one of the most extreme abortion positions possible, effectively endorsing infanticide.”
Tell CVS, Walgreens, and Rite Aid
STOP DISPENSING DEADLY ABORTION PILLS

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

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

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

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

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

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

Please return immediately to National Right to Life.
For more copies, visit www.prolifepetition.com or email stateod@nrlc.org.
For more information on the abortion pill, visit lifeatrisk.org.
National Right to Life News

May 2023

National Right to Life Lauds Defeat of Sham Measure Purporting to Put the Equal Rights Amendment into the U.S. Constitution

A measure pretending to revive the long-expired Equal Rights Amendment has failed in the U.S. Senate, falling 9 votes short of the level of support necessary to allow it to advance to the House of Representatives, where it would have died anyway. The vote to advance S.J. Res. 4 was 51-47, with 60 votes required.

“While some ERA true-believers will assert that today’s vote was a mystical victory for the ERA, they further delude themselves,” said Douglas Johnson, director of the ERA Project of the National Right to Life Committee. “ERA-revival advocates continue to deflect news media attention away from the fact that the federal courts have consistently rejected legal claims that the 1972 Equal Rights Amendment remains viable. The most recent such ruling was by the U.S. Court of Appeals for the District of Columbia on February 28, rejecting the claim of Illinois and Nevada that the ERA has been ratified—a unanimous ruling by a panel made up of judges appointed by Presidents Obama, Biden, and Trump.”

Johnson also noted that a White House State of Administration Policy issued today on S.J. Res. 4 “conspicuously avoided language asserting that the resolution would have a legal effect, but instead merely observed that the resolution ‘would declare’ the ERA to be part of the Constitution.”

“Every time the issue has been litigated in federal court, most recently in 2021, the pro-ERA side has lost, no matter whether the judge was appointed by a Democrat or a Republican,” wrote the *Washington Post* Fact Checker in February 2022, awarding “Four Pinocchios” to claims by then-Rep. Carolyn Maloney (D-NY) that the Archivist was obligated to certify the ERA as part of the Constitution.

Earlier this week, NRLC sent a letter to the U.S. Senate, urging a nay vote on the unconstitutional ERA-revival measure. The recent history of judicial, executive, and legislative actions on the Equal Rights Amendment is documented in detail in the NRLC Special Report on the Equal Rights Amendment (January 23, 2023).

Mr. Johnson can be reached at djohnson@nrlc.org or (202) 626-8825.

As he announces his bid for a second term, Biden’s job approval reaches new low—37%. No longer “bridge to a new generation of Democrats”

Jones observes The latest poll finds 83% of Democrats, 31% of independents and 4% of Republicans approving of the way Biden is handling his job. The reading among independents ties as his lowest for that group and represents a nine-point decline since February. Biden’s chances of winning a second term will depend heavily on his ability to win independents’ votes. [Underlining added.]

Of course the economy, as always, looms large. As Americans confidence in the economy—and Biden’s ability to deal with it—has plummeted, it’s reflected in his job approval number which dropped below 40% for just the second time in Biden’s presidency.

Specifically, according to Jones, 19% say the economy is getting better and 75% worse, compared with ratings of 23% and 72%, respectively, in March.

The Economic Confidence Index has been mostly in negative territory during Biden’s presidency, except for registering +2 in April 2021 and +1 in June 2021. It fell to as low as -58 last June amid record-high gas prices and inflation.

We’ll keep an eye on this for you.
Biden makes it official: he’s running for a second term

By Dave Andrusko

“The Administration employed a whole-of-government approach to promoting abortion, using every lever of power at its disposal to make abortions more available and more common, with no thought of the innocent unborn children who would die.” -- NRLC response to President Biden’s announcement that he would seek a second term.

“The announcement comes four years to the day from the launch of Biden’s 2020 campaign — which he also declared via video. But unlike 2020, when there were 19 other candidates already in the crowded race, Biden is not expected to face any serious Democratic contenders this time around.” -- NPR’s story about President Biden’s announcement.

“Politics ain’t beanbag”-- “Mr. Dooley,” -- the fictional cartoon character created by Finley Peter Dunne, humorist, journalist and writer from Chicago.

“Biden: I’m in, and so is my demagoguery.” -- Ed Morrissey.

President Biden’s announcement of a run for a second term—one filled with appeals to core Democrat constituencies and the same tiresome demagoguery flung against his opponents—got me to thinking back to how Biden opened his January 20, 2021 Inaugural Address:

“This is America’s day. This is democracy’s day.”

There would have been a chance for this to be true if his actions bore out this promise: “I will be a President for all Americans. I promise I will fight as hard for those who did not support me as those who did.”

But even a cursory glance at the way Biden acted during the campaign (when he largely campaigned from his basement)

and even more so since, testifies that he lashes out when someone (including reporters) dares to ask a tough question, let alone disagree. It’s no secret that the self-described “scrappy kid from Scranton” angers easily.

The president has sharp elbows which he uses with gusto. As “Mr. Dooley” said, “Politics ain’t beanbag.”

Mr. Biden also said in his Inaugural Address:

“And so today, at this time, in this place, let’s start afresh, all of us. Let’s begin to listen to one another again, hear one another, see one another, show respect to one another. Politics doesn’t have to be a raging fire destroying everything in its path.

Would anyone, does anyone, could anyone have believed that a man who sold his political soul for a mess of pottage—his party’s nomination—would listen “afresh” when pro-lifers in Congress explain that except for rabidly pro-abortion

the job’ which means the killing of more unborn children,” said Tobias. “If Joe Biden wins, babies will lose.” His appalling record on abortion is laid out in full.

I would suggest you also read Ed Morrissey column in HotAir.com. Here are two telling observations:

“This is not a time to be complacent,” says the president who doesn’t have much to say about his first two-years-plus. Instead, he talks about “battling for the soul of America,” and goes on to mutter platitudes and clichés after cliché. There isn’t an original thought in the entire three minutes, and ends by using the same hoary message that every first-termer uses in a re-election campaign — “Let’s finish the job.” ...

Remarkably, Biden and his team managed to produce a three-minute pitch without any substance at all. Biden doesn’t mention a specific policy at all, choosing instead to attack his opposition while offering hazy bons mots about America, as though Biden hadn’t even started the job he now asks voters to allow him to finish.

The Biden Administration is into symbolism. OK. What does it say that tonight—on the very day of Biden’s re-election bid—that Vice President Kamala Harris is headlining a pro-abortion rally with the Trifecta (EMILY’s List, Planned Parenthood, NARAL) and the ACLU?
Babies force us to call upon the better angels of our nature…to respond to the world with compassion and love

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

The importance of a single life — specifically, a baby’s life — to change the world can never be underestimated.

I was reminded of this critical truth this past weekend, when I was watching an interview on a cable television news program.

The interviewee was a man who had served time in prison, had reformed his life, and was now working to help other men behind bars find renewed hope and meaning.

The man, who had been raised in a gang-driven culture, credited his daughter for turning his life around. When he held her in his arms, something changed inside of him — and that change led to his redemption.

This is just one example of how the presence of a baby can dramatically alter the course of history — for the better. Babies force us to call upon the better angels of our nature...to respond to the world with compassion and love.

Even a hardened criminal can see the spark of the divine in his child’s eyes.

In this Easter season may we redouble our efforts to defend the most vulnerable among us — those who teach us lessons that help to make us better people.

For every single life is valuable and precious in the cosmic scheme of things. When the life of a preborn child is snuffed out through abortion, something (or, more appropriately, someone) is missing from the universe.

And that loss impoverishes us all.

One year ago, a Supreme Court decision leak led to an avalanche of pro-abortion rage and misinformation

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you can do, and they said no,” Zurawski explained in a pro-abortion video she participated in. “I couldn’t make the decision for myself, we couldn’t make the decision for our daughter, our doctors couldn’t make the decision. They were just as furious as we were because their hands were tied. Had they acted, they would have been charged with a felony.” (emphasis added)

This is untrue. When doctors finally did act — after Zurawski was already suffering a dangerous sepsis infection — the procedure they carried out was a “premature delivery” for a child who was too young to survive, not an induced abortion with the intent to end a life. That said, induced abortion is legal in Texas in cases of a life-threatening medical emergency.

Pro-life laws didn’t put Zurawski’s life at risk — incompetent medical professionals did. Zurawski isn’t the only pregnant patient to suffer at the hands of doctors who don’t understand the difference between delivering a child prematurely and dismembering a preborn child and delivering her in pieces.

According to stories shared by the Associated Press and NPR, doctors have also refused to provide “needed medical care” to pregnant women in emergencies in Tennessee (possible preeclampsia) and Ohio (missed miscarriage) where pro-life laws are in effect. As previously reported by Live Action News, each of these women should have been helped through the use of completely legal medical procedures, not induced abortions.

“Instead, in Tennessee, a doctor sent a woman suspected of having preeclampsia on a six-hour ambulance ride to get an abortion rather than treating her with standard care, which according to the Mayo Clinic includes medications to lower blood pressure or an emergency delivery of the baby in extreme cases,” wrote Live Action News’ Cassy Fiano-Chesser. “And in both Texas and Ohio, women facing serious health concerns were sent home instead of being given proper, timely, and legal medical care specific to their medical situations.”

Roe v. Wade reigned for nearly 50 years, and in that time, doctors rose through medical school wrongly believing that abortion is health care and failing to understand the difference between abortion and standard medical practices in emergencies like ectopic pregnancy treatment and preterm labor.

Ending a pregnancy is not the equivalent of committing an induced abortion. A pregnancy comes to a natural end with the delivery of a child. In an emergency situation, doctors can perform valid medical procedures to deliver that baby alive and attempt to save both mother and child. In such a case, the pregnancy was ended but the child was not intentionally killed. No doctor is expected to wait until a patient is seconds from death before trying to save her — and delivering her child prematurely while attempting to save both lives is not an abortion.

The only procedures prohibited by pro-life laws are the ones that involve intentionally killing the child before delivery.

Editor’s note. This appears at Live Action News and is reposted with permission.
Supreme Court stays lower court ruling, returns abortion pill controversy to the 5th Circuit

By Dave Andrusko

On April 21, just after 6:30 on a Friday evening, the Supreme Court issued a one-paragraph unsigned order granting an emergency application from the Biden administration to maintain FDA approval of mifepristone after the 5th U.S. Court of Appeals placed limitations on the first of two drugs that make up the chemical abortion regimen.

At the request of the Justice Department and Danco, mifepristone’s manufacturer, the high court placed a hold (a stay) on the lower court rulings while the appeals process plays out.

Justice Alito and Justice Thomas dissented. While Thomas did not explain his reasons, Alito did in terse and pointed four-pages.

The lower court wanted to re-impose protective restrictions dropped by the FDA in recent years. Agreeing to restore them would not harm the administration or the public, Alito insisted.

“It would simply restore the circumstances that existed (and that the Government defended) from 2000 to 2016 under three Presidential administrations,” Alito wrote. “Contrary to the impression that may be held by many, that disposition would not express any view on the merits of the question whether the FDA acted lawfully in any of its actions regarding mifepristone.”

The case now returns to another (and probably different) panel of the Court of Appeals which will weigh the underlying issues raised in Alliance for Hippocratic Medicine v. U.S. Food and Drug Administration (FDA). “Its decision on the merits of the case will likely be appealed to the Supreme Court, and Friday’s order will remain in place until the Supreme Court decides whether to hear such an appeal,” the Washington Post reported.

National Right to Life quickly responded later Friday evening. “We are hopeful that when the court takes up the expedited hearing on May 17 that it will confirm the fact that these drugs are dangerous to women,” said NRLC President Carol Tobias.

“The U.S. Supreme Court gives the 5th Circuit the opportunity to evaluate the case on its merits and review the materials presented to them in a timely fashion,” said Tobias. “What the courts will see is a drug that does not cure a disease or alleviate the symptoms of a disease. It was developed to take the life of an unborn child and always has the potential to harm the mother.”

Erik Baptist, senior counsel for Alliance Defending Freedom that is defending the Alliance for Hippocratic Medicine, said “As is common practice, the Supreme Court has decided to maintain the status quo that existed prior to our lawsuit while our challenge to the FDA’s illegal approval of chemical abortion drugs and its removal of critical safeguards for those drugs moves forward.”

But as Baptist made clear, “The F.D.A. must answer for the damage it has caused to the health of countless women and girls and the rule of law by failing to study how dangerous the chemical abortion drug regimen is and unlawfully removing every meaningful safeguard, even allowing for mail-order abortions.” Moreover, “We look forward to a final outcome in this case that will hold the FDA accountable.”

Baptist argued that the F.D.A. had not only improperly approved the abortion pill in 2000, he said that mifepristone is also unsafe for women. Dr. Randall K. O’Bannon, Ph.D., director of Education and Research for National Right to Life, concurred. “When hundreds of thousands of women take these pills, even a couple of percentage points of women hemorrhaging, dealing with infections, or ectopic pregnancy, represents thousands of women desperately seeking treatment, which may or may not be nearby,” Dr. O’Bannon remarked. “Mifepristone has been connected to more than two dozen maternal deaths and thousands of maternal injuries and ‘adverse events.’”

The FDA weakened the Risk Evaluation and Mitigation Strategy (REMS) requirements for the drug to allow it to be dispensed and even mailed by pharmacies. Prior to those 2023 changes, the 5th Circuit wrote, the FDA had sapped the protocols for mifepristone by

1. increasing the maximum gestational age at which a woman can use the drug from 49 to 70 days;
2. reducing the number of required in-person office visits from three to one;
3. allowing non-doctors to prescribe and administer the chemical abortions drugs; and
4. eliminating the requirement for prescribers to report non-fatal adverse events from chemical abortion

The immediate impetus for the fast-moving case was U.S. District Judge Matthew Kacsmaryk’s April 7 decision to suspend FDA approval of mifepristone. He issued a one week temporary stay to allow the government to appeal. Within hours, the Biden administration did so. On Monday the Justice Department appealed to the 5th Circuit.

The following Wednesday, April 12, a three-judge panel of the 5th Circuit Court of Appeals granted a partial stay, pending appeal. The 5th Circuit kept in place the portion of Judge Kacsmaryk’s order requiring the FDA to restore previous safeguards for chemical abortion drugs. The Biden administration appealed to the Supreme Court and on Friday the Supreme Court ordered a pause.

In the very first paragraph of his opinion, Judge Kacsmaryk wrote

Over twenty years ago, the United States Food and Drug Administration (“FDA”) approved chemical abortion. The legality of the 2000 Approval is now before this Court. Why did it take two decades for judicial review in federal court? After all, Plaintiffs’ petitions challenging the 2000 Approval date back to the year 2002, right? Simply put, FDA stonewalled judicial review — until now. Before Plaintiffs filed this case, FDA ignored their petitions for over sixteen years, even though the law requires an agency response within “180 days of receipt of the petition.” But FDA waited 4,971 days to adjudicate Plaintiffs’ first petition and 994 days to adjudicate the second. Had FDA responded to Plaintiffs’ petitions within the 360 total days allotted, this case would have been in federal court decades earlier. Instead, FDA postponed and procrastinated for nearly 6,000 days.

On April 5, National Right to Life released a white paper about the myths involving the Food and Drug Administration’s (FDA) approval and management of mifepristone (generic for Mifeprex).

Abortionist nonchalantly describes aborting a baby at 37 weeks

By Sarah Terzo

In an article, in the Irish Independent, Dr. Susan Robinson, who does abortions in the third trimester, says that in the state of New Mexico (where she works) there are no restrictions on late term abortions.

She says:

“So there is nothing legal to stop me from doing any abortion that I think is appropriate.”

The article describes how Robinson uses ultrasound to date the ages of babies in the third trimester. However, this is unreliable:

“For pregnancies above 30 weeks Robinson relies on an ultrasound to check the age of the fetus but admits that this method, combined with the often hazy conception dates provided by the women, can produce a window of error of plus or minus three weeks.”

Robinson gives an example:

“Let’s say the woman is at 31 weeks, well, given the inaccuracy of the ultrasound she could perfectly be 34 weeks. How would I feel if that happened?”

She gives an example where this happened:

“Robinson still recalls the shock she felt when she terminated the pregnancy of a fetus she thought was approximately 32 weeks. But when she saw the aborted body she realised that it was more like 37 weeks. She was devastated. “It was quite a moment,” she remembers”

Although the author of the article claims Robinson was shocked at seeing the 37 week old (full term) baby, there is not much difference between a 32 week baby and a 37 week one. Both are well beyond viability— the age when a baby can survive outside her mother’s womb.

Caitriona Palmer, “There is no limit on when we can carry out abortions.” Irish Independent December 5, 2016.

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

Senate Vote on ERA-- a Stark Reminder of Democrats’ Extremism on Abortion

From Page 4

Many have even cosponsored legislation that could effectively shutter thousands of pregnancy help centers for declining to promote or refer for abortions.

Pro-abortion Democrats also demonstrate their extremism when they deny basic scientific truths about human development like the fact that unborn babies have detectable heartbeats and brainwaves by six weeks gestation, the ability to kick and swim by seven weeks, the capacity to feel pain by fifteen weeks, and can enter REM sleep (dream) by seventeen weeks.

And perhaps most heartless of all, pro-abortion Democrats even oppose legislation to ensure infants who are born alive in the course of botched abortions are afforded the same degree of medical care as any other baby born at the same gestational age. That is the extreme position. And voters should take them to task for it.

Senate Democrats are eager to run ads, give speeches, and publish mailers touting their support for the ERA. But they are forgetting (or willfully ignoring) something. Nearly omitted from the ERA debate entirely is the fact that abortion annually takes the lives of thousands of unborn baby girls and harms an untold number of their mothers. Abortion is violence—not equality for women.

If Senate Democrats were truly committed to “equal rights,” they would support protections for mothers AND their children. They would see that unlimited abortion flies in the face of “equal rights” because it deprives another human being of his or her rights. After all, the most fundamental right endowed to every human being, regardless of sex, is the right to life itself.

Without the right to life, no other rights are possible.
The “little things” that help an abortion-minded woman choose life

By Dave Andrusko

Like many of you, along with contributing to National Right to Life, I also donate to women-helping centers, also known as pregnancy centers. My middle daughter was president of one of these life-affirming alternatives to abortion in Virginia for a number of years which makes the linkage even more personal.

On their webpage they tell young girls and women they are “a non-profit organization committed to empowering women facing unplanned pregnancies.” Emphasis on “empowering.”

Read their email newsletters and you instantly realize that they operate on a shoestring budget relying entirely on the graciousness and generosity of people who will never know the babies whose lives they have helped save. Each time I read about their “judgement-free confidential” services (“provided free”), I am reminded of the truth that no matter how deeply pro-lifers might be immersed in the battle between the Culture of Life and the Culture of Death, we (meaning, in this case, me) can easily miss something that is hugely important.

Alongside with news about a “Layettes for Love” drive and the polite plea for more volunteers, often we read the wonderfully encouraging news of a mom who chose life. However, one issue awhile back added this hugely important detail: “at least five of our moms who had previously had abortions chose life for their new pregnancies.”

Pro-lifers are overjoyed that the number of abortions, the abortion rate, and the abortion ratio are at the lowest numbers since Roe v. Wade opened the floodgates. Buried in that encouraging news, however, is that 60% of the little over 925,000 abortions performed in 2014 were repeat abortions, meaning the woman has had undergone at least one prior abortion.

I wouldn’t pretend to make global generalizations about repeat abortions. The reasons why a woman would have another abortion are enormously complex, as anyone who has worked at a pregnancy center will quickly tell you.

But you can say with confidence that there will be a tipping point—a hinge, if you will—where the decision for life or death will be made. Something as “small” as the assurance that the mom will have a car seat for her new baby, or a stock of diapers, or a few sets of clothes for a newborn can and do make all the difference in the world.

This is quadruply true if the woman (or girl) also has living children.

Like many churches, ours periodically conducts a drive to collect just such items. Kudos and gratitude to all those who generosity helps women and girls in extreme distress, particularly the saintly volunteers at women helping centers.
Mary Rose Doe ~ April 28, 1983
“A perfect little bud ~ clipped before she blossomed.”
In memory of those lives lost through abortion

By Jacki Ragan, Director, State Organizational Development Department

On April 28, 1983, a baby girl was found, “legally aborted,” and tossed into a drainage ditch off Cantrell Road in Little Rock, Arkansas. She weighed 5 pounds, was 7 months gestation, 16 inches long, had a full head of auburn hair, brown eyes, and ivory skin.

She was beautiful, and she was perfect. Her life had been cut short by abortion. Forty years later, I often wonder how many Mary Rose Does died without ever being acknowledged as having lived. But her abruptly and cruelly ended life changed my life forever.

At that time, I was the President of North Pulaski Pro-Life which morphed into Arkansas Right to Life. Having gotten involved in 1975, there were moments that I naively thought I had witnessed it all.

I should never have underestimated the depths to which abortion will drag us. I learned of Mary’s death on Mother’s Day, May 8, 1983, from a newspaper article that Mike Masterson wrote. In 1983 Mike was an Investigative Reporter and today he is an Independent Columnist and Correspondent at the Arkansas Democrat-Gazette. I contacted North Pulaski Pro-Life and asked if we could work together to provide a Christian burial for her. Everyone immediately got on board.

As I learned more about Mary’s short life, her sweet grip on my heart tightened, and the more I felt I had to make sure someone realized she was here, however briefly.

Mike’s story explained that Mary was found by an 8-year-old boy playing near his yard. Her little body was wedged between two large rocks with lots of trash, paper sacks, beer cans and other garbage. a few days after she was found, and we managed to get what we needed for her burial donated.

Little Rock police officer Jim McDaniel was first on the scene. He sadly speculated that she might have been tossed into the ditch somewhere upstream and washed down along with the other castoffs. Officer McDaniel also said it was the toughest call he had ever received to that point.

The Medical Examiner said she was still warm when he received her.

When North Pulaski Pro-Life decided to arrange a burial for this child of God, things just seemed to fall into place. We assumed guardianship of Mary’s remains along with a pair of infant socks. Our treasurer, Mark Reilly, and his wife Judy donated a dress for Mary. This was an especially poignant gift for it was the dress that all four of their daughters had worn home from the hospital after their deliveries.

The Catholic Diocese of Little Rock provided the burial plot for Mary and the North Little Rock Funeral Home donated her coffin. It was lined with pink rosebuds and daisies. Each item donated for Mary’s burial was not only special in a significant way, but meaningful to the person who had donated it.

And on Saturday afternoon, May 16, 1983, about 100 people gathered at a graveside service for Mary Rose Doe at Calvary Cemetery in Little Rock. There were two ministers, men and women who came to pay their respects to this tiny baby girl, and lots of children.

That day, we were given the privilege and honor of naming her and providing her with a Christian burial.

Mary Rose touched our hearts. None of us will ever forget her. She made abortion a very personal, a very real issue. She represents all the babies that the right to life movement continues to this day to work so hard to protect. She was not refuse. Mary Rose was a gift of everlasting significance.

Arkansas Right to Life created the Mary Rose Doe Award that has been given to a few dozen wonderful and deserving men and women.

Her tombstone reads:

Mary Rose Doe ~ April 28, 1983
“A perfect little bud ~ clipped before she blossomed.”
In memory of those lives lost through abortion

It is not likely anyone will ever know her real story, except for her mom. But Mary, your life mattered. We are so sorry you were not allowed to grow up and help change the world.

Your 40th birthday is today. You are still remembered, you are still thought about, and you are still loved.

Your sweet little life mattered.
Secrets Surrendered, Hearts Healed

By Bonnie Finnerty

It’s the babies. Always the babies. Every time I set up an educational display, it’s the fetal models that draw people to our table like moth to flame. And that was the case at Creation Music Festival, a Christian music event attended by tens of thousands of people each year.

It’s become a predictable pattern. The babies are spotted from a distance. People approach, touch them, hold them, marvel at them. A conversation ensues. Information is shared. Stories are told. Many different stories.

Like the woman told to abort her child twenty-four years ago, after a sonogram revealed that her child had no brain. She refused and instead prayed that a future test would show a different result. It did. Her daughter was born perfectly healthy.

Two different women told me their stories of getting pregnant as teens and being pressured to abort by their families. Despite feeling alone and unsupported by those closest to them, both women refused abortion, choosing open adoption instead. Both have a beautiful, loving relationship with the children who once grew within their bodies. One even shared the picture of her six-year-old biological son who is thriving with his adoptive family.

Over four days, I talked with hundreds of people and listened to dozens of stories. Many young children delighted in holding our babies and posing for pictures. The one group I did not anticipate the babies attracting, however, were those who were post-abortive.

Never before had so many people disclosed to me that they had one or more abortions. All of them said they silently bore shame and grief for years afterward.

One woman came to our table with her teenage son. She was pregnant and looking to start a Respect Life ministry in her church, hoping to use some of the literature we had on our table. She told me that she had an abortion many years ago.

Anytime abortion was brought up at church, she would inwardly panic, thinking her body language would reveal to everyone the secret she carried for so long.

There were several others who disclosed their abortions. They didn’t have to. They could have walked by. They could have stopped and not shared that piece of themselves. But they did stop. Did share. They want others to know. Not just their woundedness, but their redemption. Not just their hurt, but their hope.

As we enter a post-Roe America, let’s remember that so many have been wounded by abortion. Some are healed. Many are not. They sit at our tables, in our pews, and on the other side of our computer screens.

Let us love them into the truth. Let us pray for their healing. Let them feel our acceptance, not judgment. Let us be bridges, not walls.

It’s often said that the church is not so much a museum for saints, but a hospital for sinners. Let us say the same for the pro-life movement.
New York passes bill requiring state universities to offer chemical abortions on campus

By Bettina di Fiore

The New York State Assembly and Senate have passed bill A01395C/S01213-B, which would require State University of New York (SUNY) and City University of New York (CUNY) campuses to provide the abortion pill to students. Governor Kathy Hochul is expected to sign the bill into law.

Advocates for Youth, a pro-abortion, pro-contraception organization behind much of the public school sex education in the U.S., praised the passage of the bill in a press release. Niharika Rao, New York Campus Co-Coordinator for Abortion Access with Advocates for Youth and lead organizer with Reproductive Justice Collective was quoted in the press release as saying:

“Students worked incredibly hard for this victory for over three years. I’m proud that New York is moving closer to reproductive justice and to abortion access for all.”

Similarly, Reproductive Justice Collective stated on their Instagram: “We are so grateful for the passage of this legislation and the work by allies. We’ve been advocating for access to abortion pills on campus for three years now, and we know this bill reduces barriers to abortion access for students across New York.”

Not everyone is delighted with the bill, however. The New York State Catholic Conference, for example, issued a memorandum of opposition in March, prior to the bill’s passage. “The New York State Catholic Conference strongly opposes this dangerous of harmful substances combine to make campus a wholly inappropriate place to offer dangerous medication to young women, some as young as 17.

Despite claims to the contrary, the abortion pill is not “one of the safest and most effective medications.” The bill’s cavalier approach in providing the pill to college students does nothing to address many potential problems: What about girls who go on to have severe complications alone in their dorm room? What about girls who are on their own for the first time, and pressured by an abusive partner? What about girls who are misdiagnosed or unsure about the timing of their pregnancy? What about girls with ectopic pregnancies, for which the pill could prove fatal?

As with so many bills that expand abortion, the sponsors claim to support women. The lack of safeguards or true consideration for women’s health within this provision would do the opposite. The potential for harm to young women if this bill were to pass is unconscionable.

The move to bring the abortion pill onto New York state university campuses follows the passage of a similar bill in the State of California in 2019, implemented earlier this year.

Editor’s note. This appeared at Live Action News and reposted with permission.
Woman having abortion finds out she was pregnant with twins

By Sarah Terzo

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

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

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

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

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

Blithely, I drove in the direction of Corpus Christi, Texas. There abortion a mindless practice for women with a pregnancy…

I went without much thought about what I was doing or what was going to happen; all I knew was that it was going to cost $45 to get the abortion. Amazingly, it took less than one year to make

Not until that very moment, did I realize I was killing life, my child, actually two children, and my mind was racing. How can I stop this? But I just allowed one to be removed and now they were removing the second. There was consternation afterwards… Soon after, I saw my old boyfriend at the restaurant where I worked, sitting with a girl who looked a lot like me, and I instantly ran to the restroom and spontaneously threw up. I didn’t throw up because I was “hurt.” No, all feelings were gone; I threw up because I saw the whole picture and knew the error of my ways.

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

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

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

Teresa LeGault, 2020

Editor’s note. This appeared at Clinic Quotes and is reposted with permission. Sarah Terzo is offering a short, free pro-life eBook that exposes the pro-choice movement. Click here to get it--www.subscribepage.com/sarahterzo
Almost as if she has a built-in timer, *The View*’s co-host Whoopi Goldberg periodically lashes out at pro-lifers with ferocity that has to be seen to be fully appreciated. Such was the case April 20, according to the *U.S. Sun*.

What triggered her latest outburst was SB 300, Florida’s Heartbeat Protection Act, which pro-life governor Ron DeSantis signed into law April 13. SB 300 will protect unborn children from elective abortion after 6 weeks of pregnancy—a time at which the unborn child has a beating heart. The law allows abortion later in pregnancy to save the life of the mother or in cases of reported rape, incest, medical emergency, or when the child has a fatal condition.

The vast majority of abortions are performed on healthy babies of healthy mothers who are conceived consensually. Almost half of these elective abortions take place after 6 weeks—after the baby has a beating heart.

“We are proud to support life and family in the state of Florida,” Gov. DeSantis said. “I applaud the Legislature for passing the Heartbeat Protection Act that expands pro-life protections and provides additional resources for young mothers and families.”

Whoopi’s co-host Joy Behar started *The View* off on the wrong foot, insisting that Gov. DeSantis signed the protective legislation “very quietly and very sneakily.” However, truth be told, DeSantis was surrounded by pro-life and pro-family advocates at a signing ceremony. *The View* trotted out the oldest explanation known to man. Behar said, “We don’t like people telling us what to do with our bodies,” to which Goldberg responded, “Well, part of the problem is, if you don’t know how a woman’s body works, don’t make decisions for her.”

“I had no idea what that refers to but her point is “they” (whoever “they” are) are motivated exclusively by a desire to “control women’s bodies.” But Goldberg quickly cleared that up for the audience:

“If you don’t know that women don’t know if they’re pregnant at six weeks... there is information you should have if you’re making these decisions, you’re not doctors!”

Since when were “doctors” reinserted back into the abortion debate?

In any event, with today’s early and accurate pregnancy tests, women can easily know if they are pregnant before 6 weeks.

A better—and more accurate take—comes from Lynda Bell, president of Florida Right to Life, who said

“This bill will help protect babies and their mothers. It will keep Florida from becoming an ‘abortion tourism’ state and follows in the footsteps of surrounding states that have passed similar laws. Florida’s bill also provides needed support for pregnant women. This is a great day for babies and their mothers.”
Under the guise of “increased access,” abortion industry is undermining a basic safety net

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

I was scrolling through the Twitterverse when a particular post caught my eye. It was an invitation to a Zoom call on the effort to eliminate Pennsylvania’s doctor-only abortion law. The tweet came from the Pennsylvania lobbying branch of Planned Parenthood, the nation’s largest abortion chain.

It is difficult for the abortion industry to argue that it truly cares about the health and safety of women when it is determined to do away with the bare minimum of safeguards. We need only look at the case of abortionist Kermit Gosnell, who famously employed non-licensed personnel to perform abortions. Gosnell ultimately was convicted of murdering three newborn babies and involuntary manslaughter in connection with the death of a female immigrant patient, Karnamaya Mongar.

No abortion is safe, because it results in the death of an innocent unborn child. Meanwhile, serious complications can arise for a woman who undergoes an abortion. You would expect that a physician would be present to handle those numerous complications—but not in the world envisioned by Planned Parenthood.

We owe it to women to protect them from the harm of the abortion industry, which is becoming all the more harmful by trying to eliminate health and safety standards. Under the guise of “increased access,” abortion operations are attempting to undermine a basic safety net.

That should concern all of us who care about the well-being of women in Pennsylvania.
This may be a first but, whether it is or not, the decision by the state of Colorado not to enforce its newly passed ban on abortion pill reversal is aptly characterized by this headline from National Review Online: “Colorado Runs Away From Enforcing Its Own Ban on Abortion-Pill Reversal.”

The law – SB 23-190 – was passed on April 14 and taken to court the same day by Bella Health represented by the Becket Fund for Religious Liberty. Abortion Pill Reversal can save an unborn baby’s life if his or her mother does not take the second of two drugs (misoprostol) and instead takes progesterone to counteract the effects of the first drug (mifepristone).

According to Jeff Zymeri of National Review Bella Health’s complaint is that it sincerely believe that they are religiously obligated to assist any woman facing a threat of miscarriage who requests their help. By putting those who work there at risk of losing their licenses and of facing crushing financial penalties, Bella’s free exercise rights are violated. Similarly, by targeting the speech of a pro-life provider, the law “constitutes an egregious form of viewpoint discrimination,” argued the complaint.

U.S. District Judge Daniel D. Domenico initially issued a temporary restraining order and held a preliminary injunction hearing last week. Rebekah Ricketts, counsel for Bella Health, told Zymeri “We filed suit alleging a long list of constitutional problems with the statute, but the key claims are First Amendment claims: that the statute targets religious actors, that it regulates speech based on content and viewpoint, and also that it forces women to continue abortions that they want to stop.”

The court “grants that motion, sets everything for briefing, schedule, and hearing,” Ricketts told Zmeri. “The state when it files its response to the motion for a temporary restraining order does not defend the constitutionality of the law. They come into court and say we promise to act like the law doesn’t exist. We promise not to enforce against Bella or against any other licensee pending these rule makings by the medical boards in the fall.”

As a result, Judge Domenico denied the request for a preliminary injunction last Friday “because the Colorado Attorney General’s Office has pledged not to enforce a new law until the state medical board has weighed in on whether abortion reversal treatment meets professional standards of practice,” according to Amanda Pampuro of Court House News.

Judge Domenico trusted the state’s promise.

“A preliminary injunction is not necessary, and therefore not appropriate, at this time because the defendants have represented to the court that they are treating SB 23-190 as if it were not yet in effect and has not changed preexisting law,” Judge Domenico wrote in a 7-page order.

“While there is room for lawyerly quibbling with some of the language used in the defendants’ declarations, I am satisfied that the defendants’ intent and commitment to the court is that they will preserve the status quo ante SB 23-190 at least until the rulemaking process contemplated by the bill takes place,” Domenico wrote. “Since the sole purpose of the plaintiffs’ requested preliminary injunction is to preserve that status quo, it is not warranted.”

The state’s actions probably reflect their confidence that they have an ace in the hole. “The issue will now go to the state’s medical, nursing, and pharmacy boards in the fall. The statute considers abortion-pill reversal unprofessional conduct unless these state boards agree it’s a generally accepted practice,” Zmeri wrote.

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