



national
RIGHT TO LIFE
NEWS

January 2024

As we begin 2024, let us never forget...

LIFE

is precious



2023 Year in Review: Federal Government and Abortion

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

As Congress gets set to return in 2024, several challenges await them including the most immediate task of funding the Federal Government. National Right to Life and pro-life members of Congress continue to work to prevent taxpayer-funded abortion, and to push back on the radical Biden Administration abortion agenda.

The 118th Republican-controlled House of Representatives, one of the most closely divided in recent memory, has worked to adopt several measures aimed at

protecting life, and pushed back on the pro-abortion actions of the Biden Administration. The Democrat-controlled Senate has also taken several life-related votes. No pro-life measures have made it to the President's desk, where they would certainly face the threat of a veto. Several broad topics are detailed below.

You can see how your members of Congress voted here: <https://www.votervoice.net/NRLC/home>

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My husband and my father were both admitted to the hospital for different life-threatening medical conditions. The difference in care they received is a contrast in attitudes toward ability and age.

By Laura Echevarria, Director of Communications and Press Secretary

I'm sitting in the hospital waiting for hospital staff to do a walk test with my father. The goal is to try to send him home if he's able to walk with assistance. But after a frustrating week, it's probably not going to happen. He's too weak after spending several days in a hospital bed without physical therapy.

Last month, my husband and my father were both admitted to the hospital for different life-threatening medical conditions. Since then, my husband has recovered but my father has returned to the hospital twice.



The difference between my father's care and my husband's care is a contrast in attitudes toward ability and age.

My husband is fifty-six and has no risk factors for his condition—he has a healthy diet and works out routinely. His condition, while it is not rare, is considered unusual for someone in otherwise good health.

My father is eighty-six and has trauma-induced dementia caused by a severe concussion from a

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Editorials

What is NARAL Pro-Choice America trying to accomplish by yet another rebranding?

I wrote about this (belatedly, I must confess) last week. My lame excuse for not catching the latest name-change is that the abortion group now known as “Reproductive Justice for All” changes its name so often it almost makes your head spin.

For veterans like me, who’ve been around seemingly forever, we know that the original name was the National Association for the Repeal of Abortion Laws. Next its moniker was the National Abortion Rights Action League [NARAL] then the National Abortion and Reproductive Rights Action League—that became the NARAL Pro-Choice America in 2003 before settling in on “Reproductive Justice for All.”

The newest iteration became official, on September 20, 2023, according to Kimberlee Kruesi of the *Associated Press*. “The rebrand was needed to better

reflect how people think about abortion access little more than a year after the U.S. Supreme Court revoked the constitutional right to the procedure, according to the advocacy organization,” Kruesi wrote.

“The fight for abortion rights and access is at a critical moment. With the coalition of Americans who support reproductive freedom growing by the day, our leadership identified a clearer and more inclusive path forward to mobilize this new and expanded base of support,” said Mini Timmaraju, president of the group, in a statement.”

In truth what that really means is that abortion groups have expanded their outreach to include issues that have zero to do with abortion and lots and

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The Supreme Court will soon weigh in on the Fifth Circuit’s ruling on mifepristone—the “abortion pill”

On December 13, the Supreme Court agreed to hear the pro-abortion Biden Administration defend the new REMS put in place last January. These changes remove the required in-person visit to pick up the pills, thus authorizing mail order, but still keep certain provider certification qualifications and impose a certain set of requirements for pharmacy certification.

But the justices chose to hear the more limited 5th Circuit Court of Appeals’ decision, not that of the trial Judge Matthew J. Kacsmaryk.

The original lawsuit was brought by the Alliance Defending Freedom on behalf of pro-life medical organizations

and four doctors who say they have treated women with mifepristone. Judge Kacsmaryk held “that both the initial approval of the pills in 2000 as well as more recent FDA decisions allowing them to be prescribed via telemedicine, sent by mail and dispensed at retail pharmacies, are unlawful,” *Politico*’s Alice Miranda Ollstein wrote.

Judge Kacsmaryk stayed his decision to allow an appeal which came in short order. The case moved to the Fifth Circuit, an appellate court that oversees district courts in several states, including Texas.

“In August 2023, that court ruled that the statute of limitations on

challenging mifepristone’s FDA approval had passed,” Rachael Robertson reported for *MedPage*. “However, mifepristone was ruled back to pre-2016 restrictions.”

“The upshot,” Ryan Bangert wrote, “is that the Fifth Circuit’s decision will, if allowed to stand, reinstitute the same prescribing rules in place throughout all but the final year of the Obama administration.” Very much worth noting were the comments of Judge Ho, who was part of the 5th circuit court of appeals panel and would have gone much further. He wrote

By the applicant’s own admission, the FDA used an unlawful procedure when it approved

mifepristone. And the agency’s later regulations are likewise invalid—both under the APA as the majority outlines, and under the Comstock Act as well. In sum, the regulations are “not in accordance with law” and therefore must be set aside. Accordingly, we should affirm.

His biting conclusion?

Scientists have contributed an enormous amount

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From the President Carol Tobias

Keep on Keeping on with all the Wisdom that Experience has Instilled in us



At the beginning of each year, many people look back at the previous year with fond memories while others may be glad that it's over. With New Year's resolutions, we often try to think of things we want to do

better or differently in the new year.

Naturally, I wondered if the pro-life movement needed to consider some resolutions, thinking of things to do differently or better.

I think that's why a quote from author and journalist Hal Borland stuck out for me when I read it: "Year's end is neither an end nor a beginning but a going on, with all the wisdom that experience can instill in us."

That's certainly true of the pro-life movement. The calendar year has changed, but our efforts to save preborn babies and help their moms will go on unfailingly, just as they have year after year for many years.

Yes, new legislative sessions have begun or soon will; primary elections are almost upon us; and new opportunities to change hearts and minds will present themselves. But we will continue to educate about the humanity of the unborn child, appealing to both the head and heart. We will continue our fight to protect women who may, unknowingly, suffer physical or emotional consequences from their abortions. We will continue to expose the lie told by abortion activists and their allies in the media that women will die if state laws don't allow unrestricted abortion.

We will continue to oppose the Biden administration when it seeks to pull TANF (Temporary Assistance for Needy Families) funds from pregnancy resource centers. We work on behalf of women as the Biden administration continues its unrelenting campaign to tear down even minimal safety protocols surrounding the abortion pill.

We expect several states to have ballot measures which, if successful, would amend state constitutions to allow unlimited abortion, for any reason, through all nine months of pregnancy. It's an uphill fight—abortionist forces have access to a seemingly inexhaustible pool of funds—but our movement has learned

from previous experience and is better prepared to fight those battles.

A shorter, but similar, version of the Borland quote is simply "keep on keeping on."

We can try new ideas and activities and strategies even as our goal remains unchanged: We are determined to protect helpless unborn children. And while we work to convince our fellow human beings that these little human beings have a right to life, we will protect as many babies as we can as soon as we can.

I am under no illusion that 2024 will be an easy year. It won't. But we have gained wisdom from our experience.



The pro-abortion crowd has been energized by the *Dobbs* decision which thankfully overturned *Roe v. Wade*. We must, and we will, match them with our greatest asset: the dedication and determination of pro-life people to never give up.

Pro-life Rabbi Marc Gellman, who once spoke at our convention, summarized our motivation well. He reviewed a fascinating book that captures the essence of why pro-lifers do what they do.

Rabbi Gellman wrote in the journal "*First Things*" about the "righteous gentiles" — those men and women who put their lives on the line to hide Jews from the Nazis. He wrote,

In The Altruistic Personality, their book about Christians who saved Jews during the Holocaust, Samuel and Pearl Oliner asked what distinguished the rescuers from the majority who did nothing or were complicit. Their conclusion was that they were not distinguished by educational level or by political views or even by attitudes towards Jews. They were, however, different in two

critical respects: they were strongly connected to communities that had straightforward and unsophisticated understandings of right and wrong, and they had a powerful sense of moral agency and shame.

They said over and over again in interviews that they could not have lived with themselves — and many said they could not have answered before God — if they had not done what they had done.

The righteous gentiles of the Holocaust came from communities

and families that had prepared the way for their courage by teaching them how to feel shame and therefore virtue and courage.

It is that understanding of right and wrong—the knowledge that every preborn child is a member of the human family, deserving of protection—that keeps us going.

We can always find ways to improve our activities so that they are more effective. We are always open to new ways of communicating our message so it reaches new ears. But in the almost 50 years of *Roe v. Wade*, and the last 18 months since *Dobbs v. Jackson*, no one has found a "silver bullet" that will solve all our problems and win all our battles.

But the pro-life movement does consist of resolute, hard-working, salt-of-the-earth Americans fighting to make a critical difference in the lives of preborn babies and their mothers.

2023 wasn't an end; 2024 isn't a beginning. To quote Borland again, "Year's end is neither an end nor a beginning but a going on, with all the wisdom that experience can instill in us."

One, two, three: A simple and persuasive way to explain your pro-life view

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

IF SOMEONE asks what you think about abortion, or why you're pro-life, what do you say? How do you get supporters of abortion to rethink the issue—or even change their minds?

We can put forward our case clearly, concisely, and in a way that appeals to those who aren't already pro-life. Here are three key points to make when articulating your view.

1. Science

The first point is a scientific one: **The unborn child (i.e., the human embryo or fetus) is a living member of the species *Homo sapiens*.**

This isn't just something pro-lifers claim. It's a fact that the science of embryology demonstrates. The unborn child is *alive* (because she's growing), *human* (because she has human DNA), and an *organism*—not a mere part of someone else (like a kidney or a patch of tissue), but a whole individual developing herself through the various stages of life. **Each of us was once an embryo and fetus, just as we were once infants, toddlers, and teenagers.**

Take note, however, that this scientific point frequently gets confused with a philosophical one. When abortion supporters say things like “the early embryo isn't human yet because it can't think or feel,” do they mean the unborn child isn't *biologically* human? Probably not. (After all, the biology is clear). Instead, they're often talking about the *philosophical* question of how that young human being ought to

be treated. Is she “human” in the sense of *having value or rights like we do*?

That's where the next point comes into play.

2. Human rights

The second key point is a principle of justice (i.e., how we should treat each other): **All human beings have human**



rights. Everyone has value. Everyone counts.

It's true that human beings in the womb are different from other humans in many ways, but those differences don't determine our rights. Unborn humans look different from older humans, for example, but appearance has nothing to do with value. Unborn humans are less physically and mentally developed, but toddlers are less developed than teenagers, and we don't think they count any less. Unborn humans are highly dependent on someone else, but so are many people who are elderly or sick.

Suppose that characteristics like these do determine our value. Suppose, for instance, that mental functions like self-awareness are necessary in order to have rights (as many pro-abortion ethicists think). **That standard doesn't just exclude unborn children.** It excludes others as well—like infants, comatose patients, and people with advanced dementia.

everyone counts equally.

If the unborn child is a human being (a fact of science), and if all human beings have human rights (a principle of justice), then that unborn child has human rights too. She deserves our protection.

3. Love

But pregnancy isn't just about the baby. That's why this third point is so important: **Both the unborn child and her mother deserve our love and support.**

Too often, pregnant women face difficult and unfair circumstances. And too often, the life of a child is thought to come at the expense of the mother's personal autonomy and flourishing. But this either/or framework gets it wrong. Mother and child aren't competitors in a zero-sum game. They're mother and child, and they can flourish together.

We can help make it happen. **Pro-life advocates operate dozens of pregnancy resource centers and other programs across Minnesota.** These places provide women and their families with the practical help and hope that they need amid whatever challenges they encounter. But we need to do even more.

Indeed, this is at the heart of the pro-life perspective, and it should shape your conversations with others. **The pro-life view recognizes the empirical findings of science (point 1) and is committed to the equal human rights of all members of the human family (point 2).**

Above all, though, it must always be rooted in love.

It also means that none of us are equally valuable. Think about it: We have mental functions in varying degrees. Some of us have more of them and some of us have less of them. **If those characteristics give us rights, then some of us have greater rights than others.**

The pro-life view casts a different vision. It says that we matter simply because we are human beings—not because of what we can do, or what we look like, or what others think or feel about us, but rather because of *what we are*. **This is why everyone counts, and why**

Maternity Home Provides an Oasis of Caring for Pregnant Women in Challenging Circumstances

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

Imagine this: a young woman discovers she is unexpectedly pregnant. When her parents hear the news, they threaten to evict her from the family home. In such dire circumstances, who can the woman turn to for support and encouragement?

For decades in the Delaware Valley, the answer has been Saint Margaret of Castello (SMOC) Maternity Home in Bensalem, Pennsylvania. This residential facility has been offering compassionate, client-centered support since 1986, making it the region's oldest continually-active home for pregnant women.

All of the maternity home's services are offered free of charge. In addition to offering women a stable, loving environment, SMOC provides healthy nutrition, infant care and parenting skills training, maternity and baby clothes, and a host of services aimed at giving mothers and babies the best possible start in their lives together.

Sadly, SMOC lost a critical funding source when Governor Josh Shapiro unilaterally decided to end Pennsylvania's Pregnancy and Support Services program, an award-winning program which has been serving Pennsylvania women for the past 28 years. The program, which counted more than 350,000 women among its clients, had become a model for the rest of the nation.

Despite the Governor's decision, the need for housing

and support for pregnant women in the Commonwealth remains at critical levels. As a result, SMOC is turning to the community to make up for the shortfall caused by the elimination of state funding.



Scrolling through the Great Nonprofits website, you can find numerous stories about women who have been personally helped by the kind, compassionate assistance they have found at SMOC. As one client writes:

“I was 28 weeks pregnant and slightly overwhelmed but the staff let me know they were (here) for every

step of the way. While here I accomplished getting my license, setting up insurance and doctors, and I was able to pursue finishing high school. When my son was

everyday needs and allowed us to live worry-free lives knowing that we can depend on St. Margaret to meet our needs.”

The woman at the helm of SMOC, Executive Director Eileen Artysh, MA, points out that the women who come to the home are some of the hardest-working individuals she has ever met.

“What people do not realize is it takes one situation, one life change to completely change your world. A job layoff, having twins instead of one child, your landlord raising your rent significantly, a car accident, medical condition, etc. We have parents who come back to us years later to contribute or volunteer their time. We have met people in their teens and ‘20s who were able to have a stable home as a newborn because of us and want to visit to see where they ‘grew up,’” Artysh said.

SMOC's reach in the Delaware Valley is significant.

“We help over 220 parents a year in the community as well as the moms who reside in the home. As well as pregnancy/parenting education and material assistance, we provide moral support which can be priceless,” Artysh added.

To support SMOC's vital work, please visit their website at <https://smocmaternityhome.org/>. If you are pregnant and in need of assistance, you can contact them through their website or call them at 215-245-8039.

Another client noted:

“I have nothing but wonderful things to say about his organization. It met my son's and my

delivered I was given all the baby items I could possibly need, even a brand new car seat, swing, and pack and play.”

Biden's collapse continues its downward spiral

Picks up in 2024 where it left off in 2023

By Dave Andrusko

Like most of the legacy media, when they are not suggesting Biden withdraw, *CBS News* is frantically looking for good news for a Democratic president. That means underplaying the bad news—as *CBS News* executive director of elections and surveys Anthony Salvanto said people view the uptick in the economy as “less worse.”

Then there is this result—66% of the public thinks that “things are going badly.” No surprise then, that *CBS News* latest poll has pro-abortion President Joe Biden's approval rating 18 points underwater—that is, 59% disapprove of Biden, 41% approve.

What's interesting is not just the latest awful numbers but the extent to which his friends in the media continue to try to make lemonade out of lemons even as the bad news piles up.

Here's the headline and subhead in a story that ran last week in *USA Today* written by Susan Page, Savannah Kuchar, and Sudiksha Kochi:

A fraying coalition: Black, Hispanic, young voters abandon Biden as election year begins

In a new USA TODAY/Suffolk University Poll, Biden's failure to consolidate his victorious 2020 support has left him narrowly trailing Trump.

The story begins on this grim note. “President Joe Biden heads into the election year showing alarming weakness among stalwarts of the Democratic base, with Donald Trump leading among Hispanic voters and young people,” *USA Today* writes. “One in 5 Black voters now say they'll support a third-party candidate in November.”

It gets worse:

In a new USA TODAY/Suffolk University Poll, Biden's failure to consolidate support in key parts of the coalition that elected him in 2020



Pro-abortion President Joe Biden

has left him narrowly trailing Trump, the likely Republican nominee, 39%-37%; 17% support an unnamed third-party candidate.

When seven candidates are specified by name, Trump's lead inches up to 3 percentage points, 37%-34%, with independent Robert F. Kennedy Jr. at the top of the third-party candidates at 10%.

In the understatement of the year, the reporters tell us “The findings underscore the formidable political task the president faces this year to win a second term.”

I recall how dismissive my friends were when I pointed out that during this 2016 and 2020 campaigns, Trump made inroad in the Black community. Now Biden “claims the support of just 63% of Black voters, a precipitous decline from the 87% he carried

in 2020, according to the Roper Center.”

And a figure that so startling it snaps your head back: “He [Biden] trails among Hispanic voters by 5 percentage points, 39%-34%; in 2020 he had swamped Trump

CBS notes is the all-time low for the president on this question,” according to *The Hill's* Lauren Sforzas. “Overall, 68 percent in the new poll disapprove of how Biden is handling the border.”

Looking ahead, some things can only get worse for President Biden. President Biden is 81; two weeks past the election he turns 82. Should he win reelection President Biden would be 86 when his second term ends.

The British publication, *The Economist* talks about how all this is making Democrats very nervous.

“It is Mr. Biden's feeble polling that is seeding the angst. The Economist's poll tracker for the Republican primary puts Mr. Trump more than 50 percentage points ahead of his nearest rival, making him the prohibitive favourite. A polling average for the general election compiled by RealClearPolitics shows Mr. Trump ahead of Mr. Biden by a margin of 2.3 percentage points.

How and why is this different?

This is well above his showing in the past two presidential contests, in which he [Trump] consistently lagged in the polls. At this point in 2016 Mr. Trump's support was seven points lower: he trailed Hillary Clinton by a margin of five points. At this point in 2020 he trailed Mr. Biden by five points.

So, when someone says there's a long ways to go, that's true. But it is no less true that, judging by the polls, Mr. Trump is in a far better position than he was 4 and 8 years ago.

among that demographic group 2 to 1, 65%-32%.”

Gallup has Biden fighting strong headwinds, starting with “Only 3 in 10 Americans say the incumbent is giving enough attention to the issues most important to them, which is worse than for his predecessor.”

What about specific issues? Using the Real Clear Politics average of the most respected polls we find...

- *On inflation 32.4% approve, 64.4% disprove
- *On foreign policy 35% approve, 60% disapprove
- *On crime 36.5% approve, 57% disapprove

Then there is immigration.

“President Biden's approval rating on handling immigration has reached an all-time low, a new poll found. Just 32 percent of Americans said in the new *CBS News* poll released Sunday that they approved of Biden's handling of the border — a number that

Just Six Days until Official Start of 2024 Presidential Election

By National Right to Life Political Action Department

Can you believe it? The first votes in the 2024 presidential election are just six days away from being cast!

On January 15th, voters in Iowa will be the first to make their voices heard. Iowa Republicans will gather for the Iowa Caucuses and select who they want to be their party's presidential nominee.

Iowa Democrats will be able to gather for caucuses regarding party business (pursuant to state law), but they will not vote for president in-person on January 15th. In a controversial rules change by the Democratic National Committee (DNC), Iowa Democrats will cast delegate-determining votes exclusively by mail beginning January 15th until Super Tuesday (March 5th). The results for Democrats will not be announced until Super Tuesday.

For the Republican field, Iowa is where the rubber meets the road for those candidates looking to prove they can go toe to toe with former President Donald Trump, the undisputed frontrunner in the race. The latest Trafalgar poll of likely Republican voters in Iowa showed Trump ahead with 45%, followed by Florida Governor Ron DeSantis with 21.7%, former South Carolina Governor Nikki Haley with 19.4%, entrepreneur Vivek Ramaswamy with 4.7%, former New Jersey Governor Chris Christie with 4.1%, and former Arkansas Governor Asa Hutchinson with 1.3%.

While Trump leads the pack by roughly 20 points or more in most Iowa polls, he leads by even wider margins nationally. A new *Wall Street Journal* national poll finds Trump garnering 59% of the vote while Haley and DeSantis receive

15% and 14% respectively. No other candidate cracked double digits.

However, since there is such heavy speculation that Trump will finish first in Iowa, an upset win or an unexpectedly strong showing by one of the other Republican candidates could throw into question the perceived inevitability of Trump's nomination. An upset in Iowa could alter the trajectory of the race as it heads to New Hampshire and beyond. New Hampshire follows Iowa on the Republican nomination calendar with the first-in the-nation primary on January 23rd.

The Republican field has winnowed significantly in the leadup to Iowa. No longer in the running are former Vice President Mike Pence, South Carolina Senator Tim Scott, North Dakota Governor Doug Burgum, former Texas Congressman Will Hurd, radio host Larry Elder, businessman Perry Johnson, and Miami Mayor Francis Suarez.

On the Democratic side, incumbent President Joe Biden has two major primary challengers in Congressman Dean Phillips of Minnesota and author Marianne Williamson. As it stands, the RealClearPolitics national polling average has Biden up by 60 points over his rivals. Neither Phillips nor Williamson crack double digits.

In 2020, Biden came in an embarrassing fourth place in Iowa, finishing behind former South Bend, Indiana Mayor Pete Buttigieg, Sen. Bernie Sanders, and Sen. Elizabeth Warren. In order to avoid another potentially lackluster showing for Biden in

the first nominating contest of the cycle, the DNC switched up the calendar.

Instead of Iowa, South Carolina, the state that was instrumental in Biden securing the Democratic

primary after the state party submitted only Biden's name as a possible candidate. Congressman Dean Phillips responded by saying, "Americans would expect the absence of democracy in



nomination in 2020, will go first for Democrats. South Carolina Democrats will vote on February 3rd. As it stands, New Hampshire still plans to hold its first-in the-nation primary on January 23rd, in violation of DNC rules. However, Biden will not appear on the ballot and convention delegates will not be awarded for the winner.

Robert F. Kennedy, Jr., a lifelong Democrat, recently abandoned his bid for the Democratic nomination, instead opting to run as an Independent rather than fight an uphill battle against what many consider a nomination process rigged for Biden. Kennedy criticized the DNC for "fixing the process so it makes it almost impossible to have democracy function" and "disenfranchising the Democratic voters from having any choice in who becomes the Democratic nominee."

In Florida, Democratic voters may not even have a presidential

Tehran, not Tallahassee. The intentional disenfranchisement of voters runs counter to everything for which our Democratic Party and country stand. Our mission as Democrats is to defeat authoritarians, not become them."

Unfortunately, even with a level playing field for the three major Democratic presidential candidates, the party would still be on track to have a pro-abortion nominee. There is little daylight between Biden, Williamson, and Phillips on the issue of abortion. All three support a nationwide policy of unlimited abortion for any reason until birth and the use of tax dollars to pay for abortions. All three have pledged to sign the so-called *Women's Health Protection Act*, which would not only enshrine abortion on demand in federal law but also strike down virtually all existing state-level protections for unborn children and their mothers, including parental involvement measures.

South Carolina Citizens for Life 2023 Year in Review

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

To compare the 2023 South Carolina legislative year to the world's scariest roller coaster would be an understatement. In the end, the ride stopped with a life-protecting fetal heartbeat law. But it wasn't where we started, and it wasn't where we wanted to be one year after the U.S. Supreme Court returned the abortion issue to the states.

In January our General Assembly was well on its way to passing the National Right to Life model legislation, the Human Life Protection Act. On February 15, the Human Life Protection Act passed the S.C. House by an overwhelmingly decisive vote of 83-31 with mostly Republican support. Then the legislation hit a brick wall in the Republican-controlled South Carolina Senate. While the Senate may be Republican controlled, it is not pro-life Republican controlled.

The Human Life Protection Act chugged along in the Senate until April when the Senate gave it a second reading by a one-vote margin. But the roller coaster was about to careen downhill, plunging to defeat on third reading and leaving South Carolina as an abortion destination state.

Skyrocketing numbers of out-of-state women were seeking to kill their unborn children in our conservative, family-values state because Florida, Georgia, and North Carolina laws were more

protective of the unborn.

The data reported by the state Department of Health and Environmental Control was grim. In 2022 from January to March,

87 non-South Carolina residents aborted in our state. In 2023 from January to March 1,385 non-resident women received abortions in South Carolina, a 1,500 percent increase.

On April 27, 2023, with six legislative days remaining in the first year of the two-year session, six Republican senators joined the pro-abortion Democratic caucus to "park" the Human Life Protection Act until 2024. Meanwhile the abortion death toll was soaring and something had to be done.

The roller coaster was climbing again. In February the Senate passed a Fetal Heartbeat and Protection from Abortion Act, a far less protective law than the Human Life Protection Act. Now it was up to House and Senate leadership to decide what to do.

With 1,000 babies a month dying in South Carolina's three licensed, lucrative abortion businesses, the pro-life community regrouped from the disappointing loss of

the Human Life Protection Act and supported the Fetal Heartbeat and Protection from Abortion Act. From the beginning our strategy has always been to save

as many lives as we can save until legal protection is restored to all unborn children.

On Tuesday, May 16, in a special session called by Governor Henry McMaster, the House of Representative began at noon to pass a bill that would protect unborn children when the fetal heartbeat could be detected. Pro-abortion House members submitted 1,000 amendments intended to thwart final passage. House Speaker Murrell Smith made it clear that the House would stay in session for as long as it took to pass the Fetal Heartbeat Act.

The roller coaster was rollicking.

After nearly 24 hours of debate, the House passed the Fetal Heartbeat and Protection from Abortion Act by a decisive vote of 82-33. On May 23, the Senate approved the House amendments to strengthen the law. On May 25, Governor McMaster signed the

bill into law.

But the roller coaster didn't stop there.

Planned Parenthood sued to stop the Fetal Heartbeat Act from taking effect. The life-protecting law was immediately enjoined allowing abortions in South Carolina to continue up to 20 weeks post fertilization.

On August 23 the roller coaster ride finally stopped when the South Carolina Supreme Court in a 4-1 decision upheld the constitutionality of the Fetal Heartbeat and Protection from Abortion Act. The court said South Carolina lawmakers "found that the State has a compelling interest in protecting the lives of unborn children. That finding is indisputable and one we must respect."

The roller coaster is parked for now and the State Supreme Court has rejected Planned Parenthood's two attempts to have the court revisit issues. South Carolina Citizens for Life accepts the political reality of having to compromise on a bill that protects the unborn members of our human family once a heartbeat can be detected.

Now we must work to convert a Republican-controlled State Senate to a pro-life controlled State Senate that will pass the Human Life Protection Act and save our unborn brothers and sisters at all stages of their pre-birth development.



Abortion facility founder complains about fewer late abortion clients

By Cassy Fiano-Chesser

The founder of an ‘all-trimester’ Maryland abortion facility has complained that the business has been seeing fewer late abortion clients in recent months, which means it is committing fewer late abortions.

Morgan Nuzzo spoke to the NC Newsline about the facility, Partners in Abortion Care, which she opened last year with Diane Horvath. It was also last year that pro-abortion advocates predicted an increase in late abortion clients.

with the reality of what we were seeing. ...We aren’t booking out now for appointments — we have availability next week. Whereas before [the wait time] was two to three weeks on average, sometimes as much as five. We were getting a little worried about where the patients are.”

Nuzzo expressed concern that women might be choosing to keep their children instead of undergoing an abortion in the third trimester. “People don’t

week and patient ages range from age 10 to 53.

“We see a lot of kids. A lot of kids,” she said, adding, “We see folks up to 34 [weeks’ gestation], so we usually don’t turn those kids away. But sometimes they need to be seen in a hospital. And we’ve certainly consulted for people who are younger than people we’ve seen in clinic [meaning younger than 10 years old] who needed hospital-based care.”

Nuzzo did not acknowledge

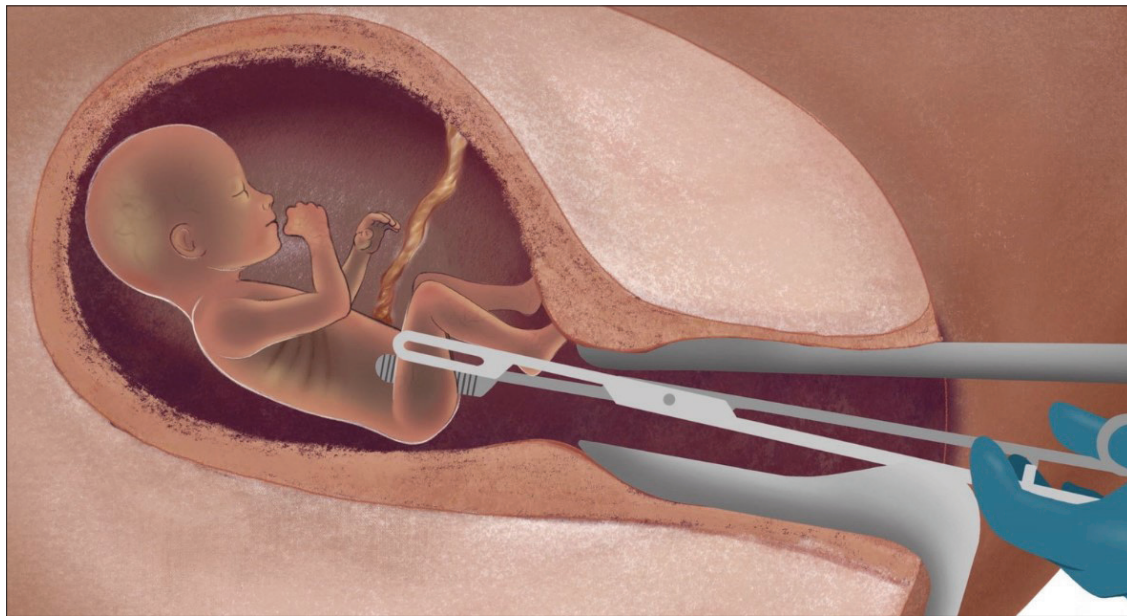
abortion facility isn’t able to commit abortions.

“The very worst thing to do is turn somebody away who wants an abortion,” she said. “It’s a terrible feeling to take someone’s choice from them. I’m not saying abortion is for everyone. Some people get here and they choose not to continue, and that’s wonderful. But to say, someone who wants to not be pregnant anymore, and to say, ‘You have no other options,’ is a terrible thing to have to do to somebody.”

What is not mentioned in the interview is how lucrative abortions committed in the second and third trimesters are; the background of the facility’s abortionist, Diane Horvath, was also not discussed. Horvath faced a malpractice suit after seriously injuring a patient in a dilation and evacuation (D&E) dismemberment abortion, which is most often committed in the second trimester. Horvath perforated the patient’s uterus and destroyed her right ovary and fallopian tube. The damage was so extensive that the patient had to be hospitalized and undergo corrective surgery to repair the lacerations and stop the bleeding; her appendix also had to be removed.

Moreover, doctors at the hospital also discovered that Horvath had not completed the abortion, leaving parts of the baby inside the woman’s uterus. Horvath has also applauded women for undergoing repeat abortions and using abortion as birth control.

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



However, Nuzzo explained, “We actually saw a decrease in later abortion patients from July until very recently. We were booked out several weeks in the spring and early summer. And then there was just this dramatic drop-off. Last year some advocacy folks did some data, and they were like, [the need for later abortion is] going to increase like a hundredfold. So I’m not really sure how to reconcile that

expect to need a later abortion, or an abortion after 28 weeks,” she said. “And so I think sometimes when people are told that they’re further along in pregnancy, it’s just like, well, that’s the end.”

Nuzzo said, however, that the facility is still committing roughly 10 abortions per week, with an average gestational age between 20 and 34 weeks. She also said the abortion business commits abortions on several children each

that a 10-year-old child who is pregnant is, in every circumstance, a victim of rape. The abortion industry has long been criticized for hiding abuse and covering for abusers, with documentation from multiple states showing that abortion facilities — and Planned Parenthood in particular — have been criticized for not reporting child sexual abuse.

In the interview, Nuzzo also bemoaned times when the

What you may not know: Independent Abortion Clinics Responsible for Majority of American Abortions

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

As the nation's largest abortion chain and the entity directly responsible for some 40% of the abortions performed in the United States, Planned Parenthood clearly earns and deserves all the negative attention it gets. But what about the other 60%? Who performs the rest of America's abortions? And how are they faring in the new post-*Dobbs* era?

A new report from the Abortion Care Network, something of a trade federation of independent abortion providers, has just issued its 2023 report, "Communities New Clinics: The Abortion Care Ecosystem Depends on Independent Clinics." Amid calls for greater appreciation, more donations, and fewer regulations, the report does contain some news of interest to pro-lifers: 139 of its abortion clinics have closed since 2018, 42 in 2022, the year *Dobbs* came down, and another 23 so far this year.

Who are these independent operators?

While that may be the most salient information for members of our community, the report does tell us a lot about the industry and particularly those "other" clinics that do most of the country's abortions.

Though officially made up of "independent providers," many of these clinics are part of their own smaller national or regional chains. "Whole Woman's Health" has clinics in Indiana, Maryland, Minnesota, New Mexico, and Virginia (and is apparently connected to a "virtual abortion provider" that sells abortion pills online). "A Woman's Choice" operates five clinics in the southeastern coastal states, one in Florida, three in North Carolina, one in Virginia.

The "high end" abortion

"provider" Carafem has brick and mortar clinics in 4 states – Georgia, Illinois, Maryland, Tennessee – and has a virtual presence that reaches ten states and DC (Connecticut, D.C., Georgia, Illinois, Maryland, Massachusetts, Nevada, New Jersey, Rhode Island, Vermont, Virginia).

This is also, of course, the association connected to some of the nation's most infamous

abortionists such as Warren Hearn, Curtis Boyd, Willie Parker, and the late LeRoy Carhart as well as some of the larger, notorious clinics like Women's Health Services of Brookline, MA, ParkMed NYC, Cherry Hill, NJ, Dupont Clinic in Washington, DC, Hope Clinic in Granite City, IL, and Cedar River Clinics in Washington state, all specializing in late abortions

The report makes these abortionists out to be heroes and champions, "bold advocates" who "fiercely defend each person's right to access abortion."

Continuing on this hero theme, they tell how "Indie providers listen to their patients, have built trusted community partnerships, and hold deep expertise in patient-centered care. These clinics often serve as the only source of health care for many individuals, including people who are uninsured or underinsured."

They even try to make much

of how, in light of new legal circumstances, some clinics have adapted and begun offering prenatal and birthing care, but this is one place for which the report offers no data. Some may be doing this to stay in business, but it clearly isn't because of any change of heart.

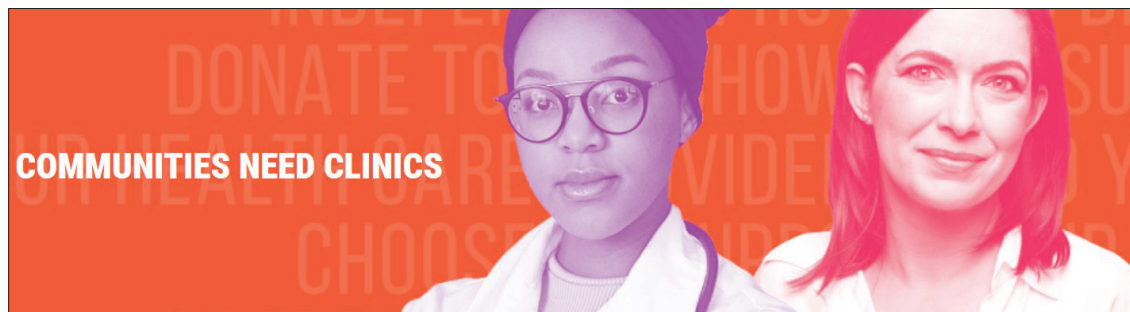
Affected disproportionately?

The report asserts that "indies [independent abortion clinics]

demand and heavier workloads for independent clinics in other states.

Performing late abortions

The report proudly trumpets the fact that their members are responsible for 61% of those abortions performed in the second trimester, 86% of those after 22 weeks, and 100% of those performed after 26 weeks. (They fail to note, however, that these



were disproportionately impacted by the U.S. Supreme Court's decision to overturn *Roe v. Wade* and the flood of abortion bans that followed. With over half the states in the U.S. banning or severely restricting abortion and fourteen states lacking a single abortion clinic, access to abortion care in many parts of the United States has been decimated."

The brick and mortar, standard surgical abortion clinics were some of those most affected, the report says. There were 510 of these brick and mortar clinics in 2012 when the Abortion Care Network did its first study. Even with a few new openings and the addition of virtual clinics, there were just 346 brick and mortar clinics overall in this most recent report, a drop of 32% in just a dozen years time.

While the closing of clinics obviously meant lost business for some of its members, the report claims that this meant increased

last abortions are clearly after the point that the baby is typically developed enough to survive outside the womb.)

Oddly enough, the authors seem anxious to pin responsibility for these later abortions on pro-life policies. They attribute second and third trimester abortion to elements such as "abortion restrictions, a lack of resources, increased clinic wait times, and factors related to health, safety, and viability." How "viability," or one supposes, the child's impending ability to survive outside the womb, factors in here goes unexplained.

Defending surgical abortion

The authors seem especially anxious to defend surgical abortion and the skills these abortionists have.



Memorials & Tributes

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

In Memory of

Edmund Shada Jr.
from Douglas Dean

Theresa Haas
from Loretta Haas

Dorothy Ferro
from Stephen Ferro

Helen Crager and Mable Jones
from Samuel Crager

Mary Roth
from Lori Ott

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from Denise Stinson

Mary Therese Henry
from Joanne Rawson

Raymie Marich
from Mitch Marich

*Dr. Richard Gulden Sr. and
Shirley Gulden*
from Richard Gulden

Mary Therese Henry
from Betty Elliott

Arden Gill
from Tim Gill

Dr. Mark Rollo
from Annette Rollo

In Honor of

Mary Ellen and Trish
from Carolyn Naughton

Pamela Rauscher
from Bernadette Hoppes

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from Cynthia Haller

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Kari Berthe
from Emily Ketrow

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from Richelle Brown

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from Kara Chippewa

Sam and Aida Piscitelli
from Thomas Piscitelli

Marilyn Colegrove
from Jonathan Colegrove

Grandbaby Youso
from Sarah Woeste

Anthony M. Dion
from Joseph Williams

January 2024

You can make your contribution in loving memory or in honor of someone online at donate.nrlc.org or by sending your contribution along with memorial and tribute information to the address below.



Memorials & Tributes

Contribution
amount



Your name _____

In memory of _____ In honor of _____

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**Send with a check payable to National Right to Life Committee to:
National Right to Life Development Office | 1446 Duke Street | Alexandria, Virginia 22314**

What if we took a “we-centered” approach to challenging pregnancies?

Problems can often be solved, but people cannot be brought back to life

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

In a discussion with friends, I heard one of my dearest confidants lament the fact that so many people are blinded by pro-abortion ideology. How can people stand for the “right” to abortion, when that policy results in the ending of a sacred life and, quite often, the wounding of a beloved mother?

It struck me in that moment that people are so focused on perceived problems that they fail to recognize, or honor, the person. In other words, they see the challenges before the pregnant woman: lack of emotional and material support, health issues, relationship troubles. But they are not taking into account the

humanity of the preborn child: the eyes that have formed, the heart that is beating. And they fail to take into consideration the aftermath of an abortion decision: the fact that a mother is left to grieve the child who is lost.

Problems can often be solved, but people cannot be brought back to life. When we concentrate solely on problems, we miss the divine spark within both mother and child. We need to honor both lives and suggest solutions that are life-affirming rather than death-dealing.

Ideally, family and friends come to the aid of the pregnant woman and her child, accompanying both of them on their journeys. But

when circumstances are not ideal, pregnancy resource centers can fill in the gap, providing support



for women so they can make loving decisions for themselves and their families.

Our society needs to take a “we-

centered” approach to challenging pregnancies. Mothers must know that there is concrete help available, for both themselves and their preborn children. Our culture must not dismiss the mother as “the other”—someone who must face trying circumstances solely on her own. Rather than looking at the pregnant woman as a stranger, we must welcome her and her child as irreplaceable members of our human family.

A pregnant woman is not a problem to be solved, but a person to be cherished and revered. When we approach challenging pregnancies in this fashion, miracles can be achieved.

Pro-Life Pregnancy Centers Provided a Record Number of Services in 2022

By Michael New

On December 16, the Charlotte Lozier Institute, Care Net, Heartbeat International, and the National Institute of Family and Life Advocates released a report entitled “Hope for a New Generation.” This report surveyed 2,750 pro-life pregnancy help centers in all 50 states and provides valuable data on clients, staff, volunteers, and services. Overall, this is the fifth national report detailing the lifesaving work done by pro-life pregnancy help centers across the country.

Importantly, “Hope for a New Generation” found impressive increases in the impact of pro-life pregnancy help centers. Specifically, in 2022, pregnancy help centers saw over 970,000

clients and provided over \$358 million worth of goods and services to women, youth,



and families. These included everything from strollers and cribs to ultrasounds and pregnancy tests. Even more impressively,

over 97 percent of people who sought assistance at pro-life pregnancy help centers reported a

positive experience.

Pro-life pregnancy help centers certainly faced some unique challenges in 2022. The *Dobbs*

decision placed additional demands on their resources. Furthermore, pro-abortion elected officials continue to promote legislation to hinder their efforts. Even worse, after the May 2022 leak of the *Dobbs* decision, some pregnancy help centers were even the targets of violence. However, “Hope for a New Generation” provides powerful evidence that pregnancy help centers succeeded in responding to all of these challenges. Excellent news as pro-lifers continue our efforts to build a culture of life.

Editor’s note. This appeared at National Review Online and reposted with the author’s permission.

National Right to Life's 2024 Pro-Life Essay Contest Deadline is January 21

By Jacki Ragan

Each year, National Right to Life sponsors a Pro-Life Essay Contest for students in grades 7-12.

For 2024 the essay should address the question, **Why are you pro-life?**

Essays should be submitted between January 1, 2024 and January 21, 2024. **Essays must be postmarked by January 21, 2024.**

This is an excellent way to educate young people to the true meaning of abortion and how many lives are lost each year. With almost 3,000 abortions a day, many of their peers are not in their classroom today because of abortion. It can help each individual pro-life student learn and understand not only what is at stake in abortion but how they can help.

There are two separate competitions. There is a Senior Essay Contest for grades 10 – 12; and a Junior Essay Contest for grades 7 – 9.

Essays will be read and judged on originality, content, and accuracy. The announcement of winners will be as soon as possible, but judging time depends on the numbers of entries received.

What follows is a brief “how-to” so that you know how to submit your essay properly.

The essay should be double spaced with pages numbered, between 300 to 500 words in length. The font must be no smaller than 12 pt.

Use a cover sheet that includes: full name, full address, phone number, grade level, student date of birth, parents' name, and word count. All sources used must be cited and please do not include any artwork, pictures, or plastic covers.

All essays must be mailed to Scott Fischbach, 1446 Duke Street, Alexandria, VA 22314.

Again, essays must be postmarked no later than January 21, 2024.

First place winners will receive \$400, Second place winners will receive \$300 and Third place winners will receive \$200. Prizes are awarded for both the Junior and Senior contests.

The two first-place essays will appear in the National Right to Life Committee Yearbook and in *National Right to Life News Today*.

If you need additional information on the National Right to Life 2024 Pro-Life Essay Contest, visit www.nrlc.org/students/essaycontest.



An Open Letter to a Pregnant Woman Who is Struggling *The little one inside of you is a gift*

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

The positive pregnancy test took you by surprise. You hoped to be pregnant someday, but not today. Definitely not today.

Thoughts swirl through your mind. Why is this happening right now—when so much in life, and in the world, is uncertain? What's to become of you, now that you are sure of your pregnancy? Could life get any more complicated?

At this particular moment, you may feel a jumble of emotions—fear, anxiety, worry, sadness. Or you may feel completely numb, not knowing where to turn.

The truth is, you are worthy. You are important. You are irreplaceable. You have a strength deep within you that you may not even recognize.



You are a gift to the world. And the little one inside of you is a gift as well.

Things may look a little blurry from your sleep-deprived perspective. Try to get some rest and take time to be good to yourself. For, in caring for yourself, you will be loving your little one.

Take a few minutes to imagine life three years from now, when your baby is a tow-haired toddler. Watch as he comes toward you to give you a hug. Know that there is a future beyond your present uncertainty and a light beaming at the end of the tunnel.

If you need help, please reach out to your local pregnancy resource center, where caring,

compassionate individuals stand ready to journey with you through your pregnancy. They will help you with everything from diapers to day care referrals and will be steady companions for you and your baby.

Trust that, in a universe of possibilities, pregnancy is the greatest possibility of all. For within that possibility rests the seeds of new life.

I am praying for you and your little one. I have faith in you and your ability to make the right decisions for you and your baby. Stand firm in the belief that you are strong, capable, and resilient.

And, in the end, that child of yours is so worth fighting for.

What you may not know: Independent Abortion Clinics Responsible for Majority of American Abortions

From Page 10

While nearly three quarters (73%) of the Abortion Care Network's members offer surgical and chemical abortions (contrasted to Planned Parenthood, where only 42% offer both), they make it a point to emphasize that chemical abortions aren't ideal for abortions after 10 to 12 weeks.

The U.S. Food & Drug Administration's protocol suggests a 10 week limit. After that point, women seeking generally have to go the surgical route, the report asserts, taking time off from work, factoring in additional time to travel and extra out of pocket costs.

Hinting at some of the known problems with chemical abortions that other abortion groups or "providers" have proven reluctant to mention, they say that certain women need or prefer the original surgical. "This is especially true for patients for whom it's not safe to end a pregnancy outside the clinic," they assert. This includes, they say, "those experiencing intimate partner violence, minors without support at home, people experiencing homelessness, and patients who cannot take time off from work or from caretaking."

While a handful of members are in fact online abortion pill providers, the report features these more traditional abortion practices. Having a brick and mortar presence gives abortionists legal standing to sue, the authors note, so that they can challenge state legislation that would put limits on abortion.

"Clinic closures also mean," the report claims, "the loss of trusted medical expertise, community-based jobs, comprehensive reproductive and sexual health services, and neighbors who have cared for each other with compassion, respect, and shared cultural knowledge."

As might be expected, the report asserts "closures and bans

disproportionately affect people who are already systemically marginalized, criminalized, and surveilled, including Black and Indigenous people and other people of color, immigrants, people with disabilities, LGBTQIA+ people, rural

of gardening that "All of these providers are necessary to cultivate and create a sustainable, accessible, and meaningful landscape of reproductive health care, including abortion."

The irony of using metaphors associated with new life, growth,

don't mean the unborn child, but suggest that the reader "take action" by "raising awareness," donating, supporting private abortion funds, volunteering, and working with "reproductive health, rights, and justice groups" (like theirs, presumably).

They beg readers not to criminalize but to support aborting women, assuming, despite evidence to the contrary, that abortion is what a desperate young mother needs and ignoring the long standing position of National Right to Life and other pro-life organizations of never prosecuting aborting women.

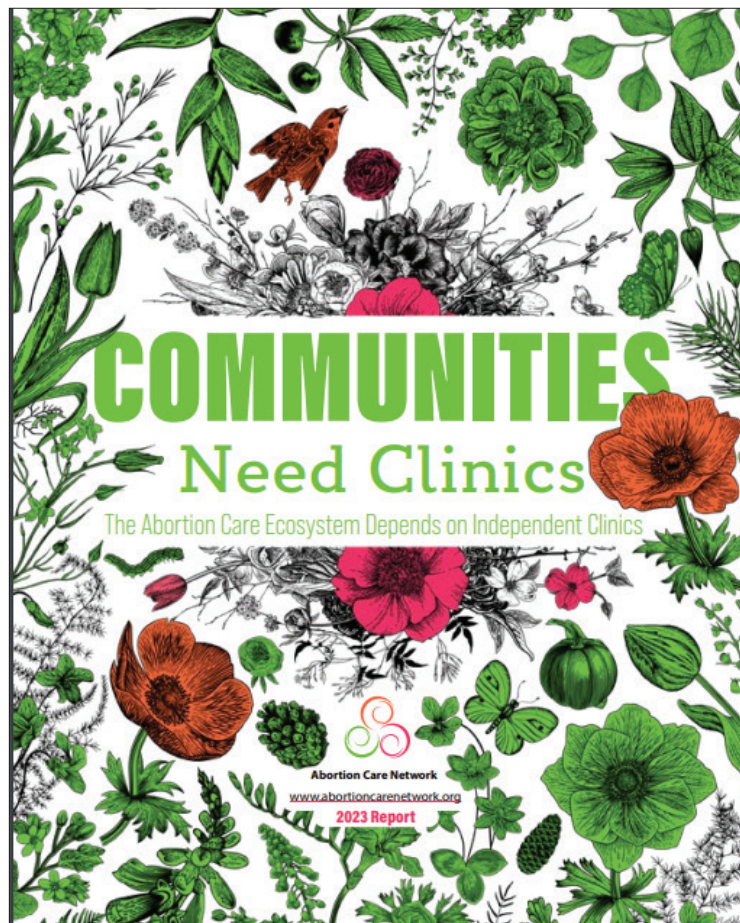
Unappreciated?

After going on about their performing the abortions no one else will, authors of the report relay again in this report something they've noted before: a complaint that they are not sufficiently appreciated or supported by their peers or the public at large.

The report says "independent abortion clinics remain under-resourced and are rarely centered in the public discourse on abortion care in the United States. Indies lack the institutional support, visibility, name recognition, and fundraising capacity of national health centers and hospitals, making it especially difficult for them to secure the resources needed to keep their doors open."

It never seems to occur to members of the Abortion Care Network that maybe it is their product that is the problem. One can't just wave a verbal magic wand and suddenly make the killing of an innocent unborn child an environmentally enhancing endeavor.

Abortion doesn't make the patient nor the planet better. All the birds and flowers, all the bees and butterflies in the world won't change that reality.



communities, young people, and people with low or no incomes."

Abortion as Environmentalism?

Torturing and twisting the English language to a near breaking point, the report tries to present this as some sort of environmental cause. The front page subtitle baldly declares that "The Abortion Care Ecosystem Depends on Independent Clinics." Employing environmental graphics like flowers, birds, butterflies throughout, the report asserts in the language

and beauty with killing, death, and bloody ugliness seems lost on the report's authors.

Later they explain that independent clinicians "are part of an ecosystem that includes other providers, abortion funds, practical support organizations, advocates and activists, researchers, policy experts, artists, and individual community members—all working to ensure that people can get the abortions they need."

Of course, says the report, "There is a place for everyone in this ecosystem." By that, they clearly

Appeals court upholds judge's decision that minor is not 'sufficiently mature' to have abortion without parental consent

By Dave Andrusko

On December 15 a Florida state appeals court handed down a decision that delighted pro-lifers.

According to Jim Saunders, reporting for the News Service of Florida

A state appeals court Friday upheld a Calhoun County circuit judge's ruling that blocked a minor from having an abortion without notification and consent of a parent or guardian.

The unanimous decision by a three-judge panel of the 1st District Court of Appeal did not detail the circumstances of the case, including the age of the minor, who was identified by the pseudonym Jane Doe.

In 2004, Florida voters "approved a constitutional amendment that cleared the way for the Legislature to pass a law requiring that parents or guardians be notified before minors have abortions" Saunders explained. "Lawmakers in 2020 added to that with the consent requirement."

Saunders reported that the appeals court accepted the reasoning of Circuit Judge Brandon Young, the trial judge, who found the minor "failed to demonstrate sufficient maturity" to receive a waiver of the notification and consent

favor of parental rights," Ingrid Duran, NRLC's Director of State Legislation. "It is our hope that now with the parents involved, they can help make a life affirming decision that will benefit their minor daughter and her preborn baby."



requirement, according to the appeals court.

"National Right to Life is grateful that instead of rubber stamping approval for a minor's abortion, the judges ruled in

determined, based on the non-adversarial presentation below, that Doe had not established by clear and convincing evidence that she was sufficiently mature to decide whether to terminate her pregnancy."

In her concurring opinion, Judge Thomas "indicated the case included an issue about appointing a guardian for the minor," Saunder wrote. "She wrote that the notice-and-consent waiver process is limited."

"It only asks whether the minor has demonstrated sufficient maturity to obtain an abortion without the knowledge and consent of her parents or legal guardian," Thomas wrote. "It is not the process by which a family member is appointed to act as the minor's legal guardian. To the extent that Doe and her loved ones wish to obtain a court order appointing a family member as Doe's legal guardian, they can file a guardianship petition with the circuit court. The record is devoid of any evidence that emergency legal action was taken to acquire temporary or permanent legal guardianship designation."

Decision explained

Judges Rachel Nordby, Robert Long, and M. Kemmerly Thomas wrote "In a detailed order, the circuit court [Judge Young]

We Asked, You Answered: New Year's Resolutions

By Kelsey Hazzard, Board President, Secular Pro-Life

We asked our social media followers about their pro-life new year's resolutions. Here are a few of our favorite responses for your inspiration!

Sarah L.: "Help out pregnant moms in my area, whether by donating maternity clothes, baby stuff, etc., or being there to support them or help with questions."

Becca R.: "Spread more awareness about abortion pill reversal in my hometown!"

Sparrow Women's Clinic: "Our pro-life New Year's Resolution is to bring high quality educational training opportunities directly to our staff, so that we are equipped to serve our community with confidence and accuracy!"

London Against Abortion: "Outreach! We'll show the truth about abortion's brutality and talk with people about the humanity of the pre-born."

Leah D.: "Leave an organization that has been pushing a pro-choice agenda."

Karen E.: "Continue to volunteer at the food pantry. Contribute to anti-hunger efforts."

Sarah F.: "Every year we plan to go through a series of age appropriate books discussing/educating healthy views of marriage, sex, pregnancy, and birth with our kiddos during our family read aloud time. We begin pretty young—our first year was this year with a two and five year old. Around Valentine's, we'll go through them again, with more age appropriate info being shared

as they age. The intentionality hopefully creates a safe place to ask questions, and to see that our bodies, marriage, sex, pregnancy, and children are all good. As

normalized, and not something to fear. My philosophy was 'I want to start these conversations before the world starts them for me.' Our discussions will most certainly

Julie D.: "Be brave. The truth is in the science of human biology and procreation. And support the pregnancy centers in my area as best as I can."



the years pass, I want them to be acquainted with basic fetal development, and to humanize the already human even in their earliest stages. I want them to see the physicality of pregnancy and childbirth and the humility of child rearing as entirely

be fixed in the presupposition that human value is intrinsic, and thus, begins in the womb. My resolution is to further train my kiddos to see what they already instinctively know—their life, and the lives of babies have value, and deserve to be protected."

Stephanie T.: "I'm going to donate more to the PRC in my city."

Crystal K.: "Raise \$1,000 for a child with severe disabilities who is waiting to be adopted."

Homeless man who applied for euthanasia is now the author of a book.

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

Earlier this year, Tyler Dunlop gained international attention for all the wrong reasons. He was the ‘Homeless, hopeless Orillia man’ who was seeking euthanasia. Now, he hopes to make a similar impact for all the right reasons. *Therefore Choose Life—My Journey from Hopelessness to Hope* was published on November 17, 2023.

“Therefore Choose Life” is available from the Euthanasia Prevention Coalition for \$20 for 1 book or \$50 for 3 books (+\$5 for shipping per book).

Order the book at <https://epcc.ca/product/therefore-choose-life/> or call the EPC office at: 1-877-439-3348.

Ali Al Ashoor interviewed Tyler Dunlop in an article that was published in the National Post on December 29, 2023 concerning his book.

Ashoor reported:

In January 2023, Tyler Dunlop was in the depths of despair.

He had been homeless on and off since 2010 and was walking around cold, hungry and sleepless. He decided to apply for medical assistance in dying (MAID).

The eligibility for assisted suicide was set to expand to include mental illness in March 2023. The government has since pushed that date back until March 2024.

Ashoor continues:

Dunlop never did go through with his assisted suicide. In January, he told his story to OrilliaMatters. This story, in turn, made its way to Tim den Bok, an author from Collingwood,

Ont., who has worked for years helping homeless people. His daughter Leah is a photographer who runs a project called Humanizing The Homeless.

“That’s the saddest story I’ve ever heard in my life, and I interviewed probably hundreds of people experiencing

from Hopelessness to Hope.

“It wasn’t very difficult, in part because Tyler was such a good writer to begin with,” said den Bok.

Ashoor reports that others have helped Tyler.

The other healing presence in Dunlop’s life

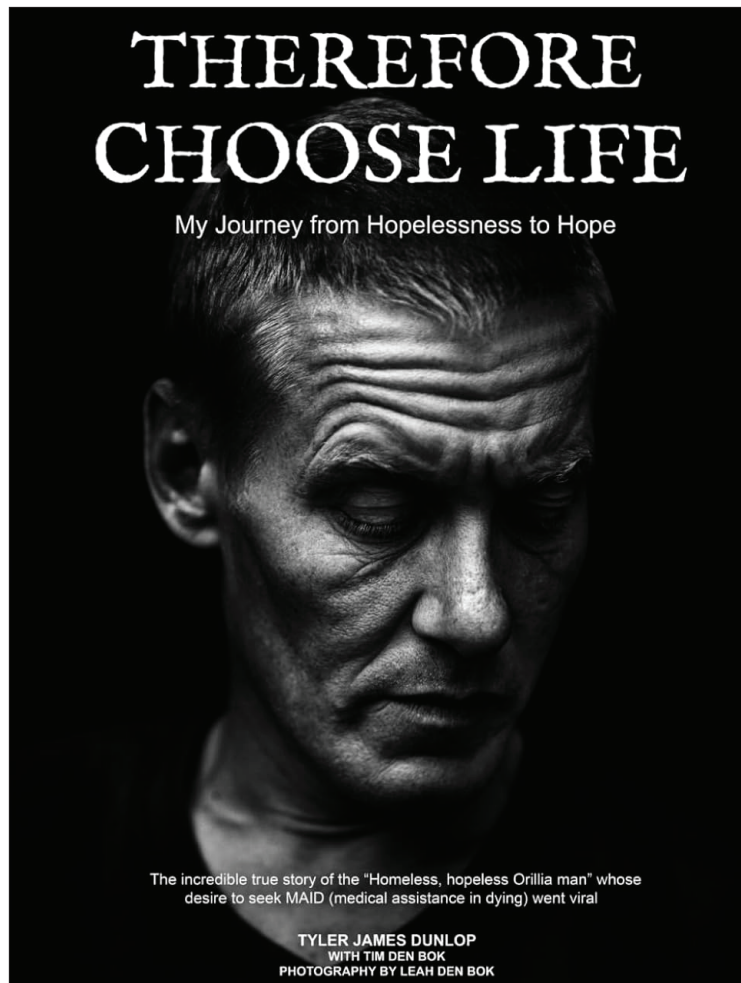
written the introduction to the book. These days, Dunlop refers to Fichette as his mom.

Ashoor asked Dunlop about his journey.

I came from a troubled background. It was a dysfunctional home. I grew up kind of on the edges of society, and I used to play in a rock band years ago for many years. However, it didn’t work out. Since that time, around 2007 or so, I started to self-medicate a mental illness that I was diagnosed with. After that, I began to experience homelessness. I’ve been coast-to-coast twice. I’ve been to countless cities and small towns. I’ve been struggling with my issues. I’ve been all over Canada and a lot of my book talks about what I’ve seen on the streets and the social conditions in Canada right now and how frightening they are.

Dunlop spoke about his experiences.

There’s a growing wall between the affluent and the poor. I have seen a lot of people on the streets that really didn’t deserve to be on the streets. Many years ago, when I first started experiencing couch surfing and kind of tramping around, you might say a lot of the people had a kind of common theme. They were addicted to drugs



homelessness. It really struck a nerve with me,” den Bok said.

Den Bok got in contact with Dunlop. The two have since become friends and together authored a book entitled Therefore Choose Life: My Journey

is Barbara Fichette. In November 2022, she met Dunlop at a Toronto park while taking her dog for a walk. He was drunk and hobbling. It was Fichette who helped Dunlop get clean and move to Orillia, and she has

The hallmark of the pro-life movement is the abundant love we show toward women who have suffered the tragedy and trauma of abortion

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

You can be of any faith tradition—or no faith at all—and still believe in the sanctity of innocent human life. That is because the sacredness of life is a universal principle written on the human heart.

On December 28, Catholics commemorated the Feast of the Holy Innocents. This recalls the event from Scripture where Herod orders the slaughter of baby boys. As it states in the second chapter of the Gospel of Matthew:

“When Herod realized that he had been deceived by the magi, he became furious.

He ordered the massacre of all the boys in Bethlehem and its vicinity two years old and under, in accordance with the time he had ascertained from the magi.

Then was fulfilled what had been said through

Jeremiah the prophet:

A voice was heard in Ramah, sobbing and loud lamentation;

Rachel weeping for her children, and she would not be consoled, since they were no more.

This has got to be one of the saddest days in the Catholic Church calendar. To think about the senseless slaughter of innocents brings us to a point of searing emotional pain.

I cannot help but think of all the mothers who grieve children lost to abortion. How great must be their mourning, knowing that they will never see their babies grow and thrive. As dedicated advocates for life, we must be ready to accompany them on their journey toward healing.

In fact, I believe that this is the hallmark of the pro-life movement: the abundant love we

show toward women who have suffered the tragedy and trauma of abortion. We see that they have been victimized by an abortion industry that ignores their pain, and we stand in solidarity with

them.

As we remember the innocents, let us tuck in a prayer for those who have been left behind, particularly the many Rachels weeping for their lost children.



Biden's collapse continues its downward spiral

From Page 6

the polls, Mr. Trump is in a far better position than he was 4 and 8 years ago.

I'd like to quote a long paragraph from *The Economist* because it nicely summarizes a great many variables:

Underpinning Mr. Trump's strength is a broad political shift. Partisan allegiance in America may seem hysterically entrenched, but in fact it is mutable. White working-class voters powered Mr. Trump to victory in 2016; in the years since, the non-white working class has begun to shift, too. Between 2016 and 2020 Hispanic Americans, once fairly loyal Democratic voters, moved 18 points towards the Republicans.

Black men are also slowly peeling away from the Democrats. Only the influx of white college graduates has kept the Democratic Party competitive nationally. These demographic trends are sizeable enough to determine the outcome of the election if they persist—and they do appear to be. The latest polls indicate higher support for Mr. Trump among African-American and Hispanic voters than he enjoyed in 2020. “It seems like the 2024 polls right now are 2020 trends carried forward,” says Patrick Ruffini, a Republican pollster.

We've written about all these

developments many times but it's encouraging to hear *The Economist* reach the same conclusion.

To make one final point I'd like to circle back to the age issue and how President Biden's approval ratings stack up against former President Trump at a comparable point in his presidency:

Secular trends aside, there is plainly a problem with Mr. Biden himself. The president's net approval rating is -16 points, according to several public polling averages. That is notably worse than Mr. Trump's at this point in his presidency. Voters are worried about his fitness for office. One of YouGov's weekly polls for *The Economist* in December found that 55% of Americans think

that the 81-year-old Mr. Biden's health and age “severely limit his ability to do the job” of president, including 25% of Democrats. Only 24% of Americans want him to run for president again. Fully 61% of them do not, including 38% of those who voted for him in 2020.

Adding to all this there is this particularly ominous note:

In the poll, 44% of Trump supporters describe themselves as a “10” on a thermometer measuring enthusiasm, the highest possible level. Among Biden supporters, fewer than half that number, 18%, call themselves a “10”.

Yikes!

Kentucky pro-abortion Governor says he wants lawmakers to be “empathetic” on “controversial issues like abortion”

By Dave Andrusko

When I read a December 20 interview pro-abortion Gov. Andy Beshear gave to Kentucky Health News, I was reminded once again how much the cause of life was set back when the incumbent defeated pro-life Attorney General Daniel Cameron.

In a headline only a pro-abortionist would accept at face value, Melissa Patrick’s story was titled, “Beshear wants lawmakers to be empathetic on controversial issues like abortion”.

In his four years as the state’s chief law enforcement officer, Cameron took every opportunity to defend Kentucky’s staunchly pro-life legislature. During the campaign, Cameron reminded the electorate what he had done on behalf of life just in the last year.

“Every life is worth protecting, and I will continue to be a voice for mothers, families, and unborn babies throughout our Commonwealth,” he said. “My office has spent the last year vigorously defending our state’s

pro-life legislation at every level of the judicial system. Despite baseless legal challenges by



*Pro-abortion Kentucky Gov.
Andy Beshear*

abortion activists, the right to life is winning in Kentucky. I look forward to a future that prioritizes real life-affirming options and support for everyone who needs

them.”

Meanwhile, Gov. Beshear did everything in his power to derail the legislature’s full-throttled pro-life campaign.

Beshear, the son of former Governor Steve Beshear, narrowly won the gubernatorial race in 2019 unseating pro-life incumbent Governor Matt Bevin (R) by just over 5,000 votes. Beshear was endorsed by pro-abortion lobby groups like NARAL Pro-Choice America and the nation’s largest chain of abortion clinics. Their support came as no surprise. Throughout his term as governor and previously while serving as the state’s attorney general, Beshear has opposed key measures to protect unborn children and their mothers.

So with this as a track record, what’s does Beshear’s call for “empathy” on “controversial issues like abortion” mean?

It comes at the very end of the interview:

When it comes to controversial health issues, like “red-flag” laws or abortion, Beshear said it’s important to approach these topics from a place of “basic human empathy” where people can find common ground.

“Common ground” implies there is some pro-life legislation Beshear would agree to, right? But his record is consistent. While he talks about some hypothetical restrictions he might support, meanwhile he has opposed everything the legislature has passed.

And, one might ask, how can a refusal to answer the fundamental question of how far into a pregnancy does his support for abortion go be an expression of “basic human empathy”?

Alas, Kentucky is stuck with Beshear for four more years.

Unplanned but never unwanted

By Ryan Scott Bomberger

The best birthday present I ever received was the gift of being able to adopt my oldest daughter.

I'll never forget sitting in the Historical Society parking lot, being hounded by busybodies who demanded to know why I was parked there. I explained that my wife was in the courthouse across the street, and I just needed a few more minutes to find out about the child support proceeding. My wife, Bethany, and I were praying and hoping for a God-sized miracle. Her biological daughter had only known me as her dad since she was a one-year-old. Against our highly-paid attorneys' opinion, we sought to ask the biological father if he'd be willing to relinquish his rights before the hearing.

We were told: "It's impossible... it's the wrong venue...the judge will never allow it...you'll have to share custody the rest of your lives...there's no way this will happen."

The God of the impossible made it happen.

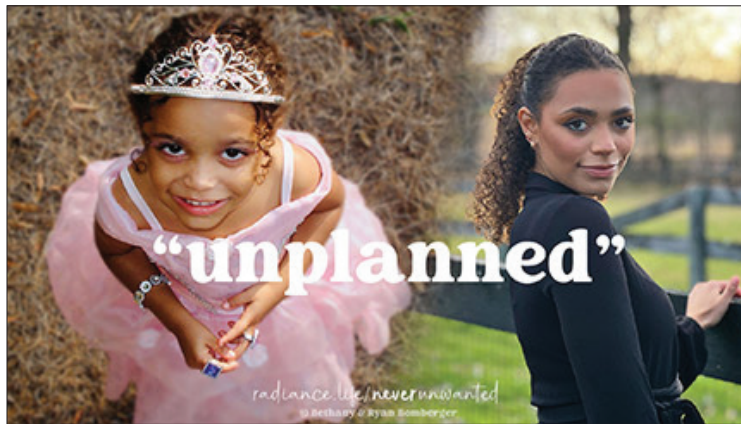
While I was sitting in the empty parking lot (clearly needed for all the people desperately trying to get some history), my wife was in the middle of a miracle unfolding. She called me, weeping, telling me that the biological "father" shockingly agreed to end his parental rights. The judge approved it, and my baby girl officially became a Bomberger! The four-year battle to free my daughter from confusion and chaos finally ended.

That precious baby girl wasn't exactly planned. Bethany, in her 20s, was a public school teacher in Philly. Her life had spiraled downward as she painfully distanced herself from her faith. She got involved with a guy who was emotionally abusive. She finally walked away from the toxic relationship only to discover

she was pregnant.

He didn't want the responsibility. When he found out the baby was a girl, he pushed Bethany to have an abortion. He even offered to pay for the violence.

Bethany never considered abortion. She rejected it. The pressure on her, though, was rather intense. Fellow teachers questioned how she would remain in her profession if she chose to



be a mother. So much of the rhetoric centered on the lie that an "unplanned" pregnancy is the end of your life.

There's always a plan in the unplanned.

When Bethany went, alone, to an ultrasound appointment, she felt God's love in the coldness of the exam room. Seeing the flickering rice-sized heart beating helped shake the suffocating fear she had felt for so many weeks. When she went home that evening, she opened up a journal to write down all of her emotions and newfound hope. In the margin of one of the pages were the pre-printed words: "I sought the Lord, and he relieved me of all my fears. Those who look to Him are radiant. Their faces will never be covered with shame (Psalm 34:4-5)."

That verse led her to name her unborn daughter, *Radiance*. She determined in her heart that, even if she had to be a single mom for

the rest of her life, that baby girl would never know any shame about how she came to be. She would never know anything other than being someone God meant to be.

Though Radiance's "father" didn't want her, she was not unwanted. I'm the only dad she's ever known. Bethany and I got married when Rai Rai was only one. I married the love of my life

and became an instant dad at the same time.

Back at the Historical Society parking lot, still being hounded by the staff who were ushering me to the exit, I'm reeling from the course of events that would change our family's life forever. As an adoptee, who was conceived in rape but adopted in love, I've lived a life that defies the myth of the "unwanted" child. And the day before my birthday, a God-sized miracle blessed me with the greatest birthday gift I could ever ask for.

Rai Rai would never know life without a loving father.

A few days ago, I watched my daughter speak with beautiful confidence at her graduation ceremony. Years of memories flooded my mind as tears raced down my face. She made people laugh and shout "Amen!", effortlessly letting her radiant personality shine. Big Sister. Athlete. Actress. Choir member.

Dancer. Teaching assistant. Artist. On-camera host. Leader. Child of God.

She exudes the strength and beauty of her mom. She knows who she is and whose she is. She thinks deeply and acts counter-culturally. Radiance is the tangible example of the beauty of possibility. When people insist "unplanned pregnancies" end in misery, I see nothing but victory.

Her mama shredded the lies of pro-abortion (fake) feminism as she balanced being a full-time teacher and a mother. Bethany became the homeschooling mama to four children (two of whom were adopted). She is the co-founder and Executive Director of The Radiance Foundation, a nationally acclaimed non-profit organization. She has modeled what it means to be a woman of God who will lay down her life for those she loves.

And now, the Class of 2023 has someone whose light shines brightly. Our college-bound Radiance aspires to be an elementary school teacher like her mama. She could've been a tragic statistic but instead is a triumphant statement: Life has purpose!

To those who face the fear of an unexpected pregnancy, you're not alone. You deserve much better than a culture of exploitation and defeatism. (See www.pregnancycenters.org for help and hope.) You are stronger than your circumstances.

An unplanned pregnancy isn't an obstacle. It's an opportunity for you to become more than you ever thought you could be.

Editor's note. Ryan Bomberger is the Cofounder and Chief Creative Officer of The Radiance Foundation where this first appeared on June 10th. Reposted with permission.

The office of an abortionist who retained the remains of over 2,400 aborted babies finally is sold; new owner wants the building “to become a sign of hope and positivity.”

By Dave Andrusko

Does the name Ulrich “George” Klopfer ring a bell? Likely it doesn’t, not just because his sordid career as an abortionist is “old news,” but because his obsession with retaining the remains of thousands of babies that he aborted is so depraved the temptation is to block it out of our memory banks.

His building in Ft. Wayne, Indiana, has been on the market for years and was just recently purchased by LTD Property Group, a property investment business that buys and sells homes. But who would want to purchase a property that has **any** connection to such demented behavior? More about LTD in a moment.

In January 2021, when then Indiana Attorney General Curtis Hill concluded his investigation into the thousands of fetal remains found on the properties of the notorious Klopfer, he concluded that since Klopfer had acted alone, no further charges would be filed because the 79-year-old Klopfer had passed away in September 2019.

“This horrific ordeal is exactly why we need strong laws to ensure the dignified disposition of fetal remains. I was humbled to provide these precious babies a proper burial in South Bend,” Attorney General Hill said. “We hope the results of our investigation provide much-needed closure to everyone who has been impacted by this gruesome case.”

As *National Right to Life News Today* reported in numerous stories, following Klopfer’s death on September 3, 2019, his family discovered medically preserved fetal remains in the garage next to his home in Will County, Illinois, close to Chicago. Local law enforcement were dispatched to search the premises and found the babies’ remains, along with thousands of health records from

Klopfer’s medical practice.

The remains, mostly found in molding boxes and old Styrofoam coolers containing large, red medical waste bags, were in various states of decay. Each remain appeared to have been



The late abortionist Ulrich “George” Klopfer

placed in a small, clear, plastic specimen bag for purposes of being medically preserved in a chemical suspected to be formalin, a formaldehyde derivative. However, many of the bags degraded over time and/or suffered damage, resulting in leakage from the individual bags into the outer bag, box, or cooler.

This ghastly discovery led to the search of multiple properties owned or rented by Dr. Klopfer and his related businesses. During these searches, authorities found additional fetal remains, including 165 in a trunk in a car he kept stored in Dolton, Illinois, along with hundreds of thousands of health records.

All told, authorities discovered 2,411 fetal remains, which appear to be from Klopfer’s medical practice in Indiana from 2000 to 2003. Because the remains were in poor condition and the health records were degraded, it was not possible to independently verify the identities of the individual fetal remains.

After his death, further details surfaced about a genuinely disturbed man.

To name just one, according to the *AP*’s Michael Tarm,

It was a 1978 Chicago Sun-Times story that first raised questions publicly about Klopfer, recounting the competition between him and another doctor. A nurse told the newspaper that the other doctor tallied each abortion in pencil on his pant leg. If Klopfer saw lots of marks, he would go “like wildfire to catch up,” she said.

According to Dan Carden of *The Times of Northwest Indiana*, after women learned of the initial discovery of the remains of thousands of aborted babies, many could not help torturing themselves with the thought that the remains of **their** baby might be among those or the additional 165 fetal remains found in the car trunk. The interviews with these women were exceeding painful to watch.

Nobody will likely ever understand Ulrich’s motivation for packing these poor babies’ remains inside airtight plastic bags, inside scores of cardboard boxes. His wife never had a clue until she went through their garage after Ulrich’s death. Tarm speculated

Was it a hoarding disorder? Was he was trying to save disposal costs as he racked up legal bills suing and being sued by abortion opponents? Was he hoping to torment his enemies from beyond the grave?

Something this sick probably defies even a semi-sane

explanation.

“You can speculate till hell freezes over,” said Kevin Bolger, a Chicago lawyer representing Klopfer’s widow. “You’re not going to know the answer. He took it with him.”

True, but is it all this that surprising coming from a man who was so twisted that (according to a story written by the *Chicago Sun Times*’ Stefano Esposito) he “often told people that, when he died, he expected to meet the likes of Hitler, Stalin and Mussolini.”

Klopfer “performed anywhere from 30,000 to 50,000 abortions in total,” according to *WANE 15*. “He started in Illinois in the 1970’s before eventually working in Indiana.”

Back to the recent purchase of Klopfer’s building at 2210 Inwood Drive. Interviewed by Rex Smith of *WANE 15*, CEO Dakota Bailey said he didn’t initially know the history of the building. But once he did know, that didn’t stop him from buying. Bailey said

“That’s where I feel like God really is using me and then using our company because I feel like I’m one of those people who really does have a belief in a more positive future and a better future, and the things that people kind of think are bad or they’ll go away from, I kind of run towards. I’m like OK let’s turn this into something better.”

Bailey said beside painting the exterior and completely renovating the inside, “they also intend to raise funds for a mural to be painted on the side of the building,” Smith reported. “He doesn’t have official plans but wants the mural to serve as a memorial and send a message of hope.”

My husband and my father were both admitted to the hospital for different life-threatening medical conditions.

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fall four years ago. Over time, his condition has deteriorated and his visits to the hospital have increased in the last few months. On New Year's Day, he had a type of seizure—not his first one—but it lasted for several minutes and my sister, who was with my parents at the time, called 911.

When my father first arrived at the ER of the local hospital, it was around 4:00 p.m. Over an hour later, the doctor appeared and ordered tests. Hours went by without any word on test results and the doctor didn't appear again for the rest of the night.

Contrast this with my husband. Because his doctor called ahead, someone was waiting for us in the emergency room. My husband was placed at the top of the list for a room in the ICU as soon as one was available.

Keep in mind that my husband's diagnosis was known, and emergency surgery was the treatment. Treating my father's latest issue has been a guessing game but delays in treatment or ignoring concerns are unacceptable.

On Monday, my father was held in the ER for nearly 24 hours—the floor he was assigned to didn't have space available and while that was understandable, I had to ask repeatedly to have an IV administered while we waited. My dad hadn't eaten or had much to drink since the day before and I was worried he would get dehydrated.

When my father was finally transferred to the floor, I had an argument with the nurse—again about the IV—who finally admitted that I was right about reconnecting it but at that point, my dad had gone a few hours without it.

Since then, several requests have turned into battles—at least until my sister contacted the nurse manager on my dad's floor.

It is not that staff are negligent or failing to provide care; several of them have been stellar. But there is a persistent feeling that if family members weren't there, my father would just lie in bed.

Today, I arrived to find my father alone, sitting in bed, and struggling to eat his breakfast. Two days ago, my mom and I expressed concern that he was getting dehydrated, and our fears

were dismissed. Overnight, my dad developed a fever and needed antibiotics for an infection caused by, and worsened by dehydration.

However, problems involving elder care are not confined to one patient and one hospital, a handful of hospitals, a region, or even a single country.

As people live longer, normal aging of the body can be complicated by challenging medical conditions such as Alzheimer's or dementia but regardless of age or disability, care for the elderly should always

involve compassion and our best efforts.

I don't know what the future holds for my dad. I think he may be in his final decline, but he shouldn't be subjected to conversations that dismiss the concerns of his wife or his children. And he, along with millions of other elderly Americans in similar situations, certainly shouldn't feel like an item on a list that doctors and nurses need to check off as they make their rounds.



 national
RIGHT TO LIFE

"I am a pro-lifer.

**I work to provide laws that will protect the elderly,
those who live with disabilities or chronic illness,
mothers, and their unborn children."**

-Olivia Gans Turner

Article laments baby boy born because of *Dobbs*

By Monica Snyder, Executive Director, Secular Pro-Life

[The following was one of Secular Pro-Life's "Top 10 Articles of 2023."]

On May 22, 2023, *In These Times* published "What It's Like to Have an Abortion Denied by Dobbs," which profiles Lationna and her newborn son, Kingsley. I came across the article because of this tweet:



The tweet already had a whole lot of quote tweets, many of them saying terrible things about Lationna herself, what she must think of Kingsley, and whether he should be placed in a different home. Most of these comments were from people who oppose abortion, although abortion advocates echo similar themes when they suggest abortion bans will lead to increased child abuse and an overcrowded foster care system.

These are huge missteps. The fact that a woman considers an abortion does not mean she won't love or properly care for her baby.

I read the article searching for a direct discussion of how Lationna feels about Kingsley. The closest

I found was this passage:

The only time Lationna was able to really rest was in the morning, when she let Kingsley sleep on her and she drifted off; if she tried to put him down, he immediately started crying. Most of the day he slept silently on her body, nestled on her shoulder or

curled against her forearm, tattooed with "Royalty" in big red lettering. She planned to get another tattoo with Kingsley's name, eventually. Every time she helped Kingsley shift to a new sleeping position, she showered his plump cheeks with kisses.—Bryce Covert, "What It's Like to Have an Abortion Denied by Dobbs," *In These Times*.

Author Bryce Covert paints a detailed picture of Lationna's difficult financial circumstances, implying (or outright stating) abortion would have resolved much of the problem. She quotes

Lationna talking about her fears and stresses and stating plainly "We were not ready to have a baby."

But it's not clear from the quotes that Lationna would have preferred abortion rather than having Kingsley with a better support system. Covert makes passing references to Lationna's "mixed feelings" about abortion, her desire to eventually give her older son, Royalty, a sibling, and her and her fiancé's resolve to view Kingsley as a "blessing."

Otherwise the questions of Lationna's feelings toward Kingsley, and toward whether she still wished she had aborted, appear unasked.

According to the Turnaway Study, women who give birth after being unable to get abortions *overwhelmingly* state they no longer wished they'd aborted. Covert's article makes no mention of this finding either, despite discussing the Turnaway Study specifically. The article does exaggerate the Study's findings on economics, though, neglecting to mention that most of the economic disadvantages (for women who couldn't abort compared to women who could) diminished or disappeared over time.

If anything, Covert's article implies the struggles of unintended pregnancy and birth are permanent, using a partial quote from Turnaway Study lead researcher Diana Greene Foster (emphasis added):

Most women who had wanted another child later in life, under different circumstances, didn't go on to have

another, because "when they have a child before they're ready," Greene Foster says, those better circumstances don't arrive.—Bryce Covert, "What It's Like to Have an Abortion Denied by Dobbs," *In These Times*

The most egregious omission, perhaps, is when Foster is talking about how the women denied abortion were doing years later, still not mentioning that, despite their economic struggles, they almost universally state they no longer wish they'd aborted. Instead she reduces their lives to downsides (emphasis added):

Greene Foster had initially asked her subjects why they wanted an abortion; years later, she found out: "Everything they were concerned about came true for the people who were denied."—Bryce Covert, "What It's Like to Have an Abortion Denied by Dobbs," *In These Times*

It's difficult to read an article like Covert's. She shows photos of a sweet newborn baby and his mama who loves him, yet spends nearly the whole word count essentially denouncing his birth and existence. I have to remind myself that most pro-choice people view abortion as a way to prevent Kingsley from coming into existence in the first place, not to kill him once he already exists. They're not hateful — they're just horribly wrong.

Debunking the most common argument for legalized abortion

By Dave Andrusko

National Review Online ran a power pro-life column titled “A Common Argument for Legalized Abortion is Wrong”. It’s written by Calum Miller whose bio reads “Calum Miller is a medical doctor and a research fellow at the University of Oxford, U.K., where his research focuses on abortion policy internationally.”

So, what is that “common argument”?

Perhaps the most powerful argument for legal abortion throughout history has been the threat of what happens when it is banned: Countless women will die from backstreet abortions, we are told, because that is what used to happen before it was legalized. Legalization, so the received wisdom goes, put an end to all that.

The ultimate in scaremongering wouldn’t you agree? This mainstay of the case for abortion carries a lot of weight which Miller systematically dismantles:

But the problem is, as my new research shows, it simply doesn’t work. Legalizing abortion does not cause fewer deaths from backstreet abortions — in fact, sometimes it causes more deaths.

I encourage you to read the piece for yourself. I’ll summarize a few of the highlights and quote extensively.

Miller begins by pointing out what seems to be counterintuitive: “Surely making something legal and allowing it to be performed in

sanitary conditions would make it safer and cause fewer deaths?”

He follows this up, writing that “Reality is, as usual, far more complex.”

Legalizing abortion might empower credible, skilled doctors — but it also often empowers quacks and reduces the perceived risk among women. Many women continue to seek less reputable sources

explain elsewhere, the legalization of abortion can cause increased maternal mortality in general for many other reasons: higher suicide rates, higher drug/alcohol use and smoking, more unintended pregnancies, and so on.

Miller focuses on sub-Saharan Africa—South Africa,

legalized. Maternal deaths in general doubled or tripled in the years following legalization, mostly because of the HIV/AIDS epidemic, but evidence shows that legalized abortion contributes significantly to STD transmission.”

Miller ends his post with this striking and convincing paragraph:

Every life lost to unsafe abortion is a tragedy, and



of abortion for reasons of privacy, finance, or simply because they are unaware of any legal change. This leads to far more abortions in general, many of which remain unsafe. Moreover, even abortions performed in sanitary conditions can easily become unsafe if there is poor access to emergency care in the — very common — event of complications. As I

Zambia, Rwanda, Ethiopia, and Mozambique—which have legalized abortion. To keep this post at a manageable length, I will focus largely on what Miller writes about South Africa.

What do the statistics show for a country “cited as a success story of legalized abortion”?

Miller writes, “the actual maternal-death statistics from South Africa show very clearly that maternal deaths from abortion have been steadily increasing since abortion was

we should make every effort to protect these women’s lives, in our own countries and abroad. But legalizing abortion on demand, the evidence increasingly shows, is only likely to worsen the problem.

Again, you can read Miller’s excellent post at: <https://www.nationalreview.com/2024/01/a-common-argument-for-legalizing-abortion-is-wrong/>

United for Life, Heartbeat looks toward 2024 Annual Conference

By Lisa Bourne

Preparations are in full swing for Heartbeat International's 2024 Annual Pregnancy Help Conference. Registration is open, keynote speakers have been announced, and innumerable arrangements are coming together as the date approaches for the largest annual gathering in pregnancy help.

Heartbeat is the largest network of pregnancy help organizations in the U.S. and globally. Building on the Conference themes of the last few years and the resilience of the pregnancy help movement during that time, Heartbeat decided upon the theme United for Life for 2024.

"As we worked through these years of dramatic change, it has become more and more evident that to truly become a culture that values life as a movement, we must be intentionally United for Life," said Heartbeat International President Jor-El Godsey.

"We were each called into the pregnancy help movement to save lives from the horrors of abortion," Godsey said. "While our methods may differ, our mission is the same. This movement is bigger than any one of us. We must work together and stand strong against those who work so hard to break us apart."

This year's Annual Conference is set for April 23 – April 26 in Salt Lake City, Utah.

Heartbeat's Conference offers unique, professional keynote sessions, distinctive, full-day in-depth training sessions, workshop presentations from ministry experts, and more. The Conference also provides the opportunity to meet, network, and have fellowship with 1,500+

frontline workers in the pregnancy help community.

Heartbeat's Annual Conference is designed for ministry leaders, staff, board members, and volunteers of life-affirming pregnancy help centers, medical clinics, maternity homes, and non-profit adoption agencies, as well as professionals in the areas

founder Amy Ford, cardiologist and President Emeritus of the Catholic Medical Association (UK) Dr. Dermot Kearney, pro-life strategic advisor, co-founder and former CEO of 40 Days for Life David Bereit, founder and Executive Director of Houston Pregnancy Help Centers Sylvia Johnson, *The Babylon Bee*

13 in-depth training opportunities on April 25, and access to the virtual conference for 21 days.

This year Heartbeat is also offering in-person attendees discounted virtual access for individuals from their organization who may not be able to make it to Salt Lake City. There are two options to choose



of medicine, counseling, social work, and education.

Heartbeat International is hosting its 2024 Pregnancy Help Conference both in person and virtually.

"We are committed to a Conference experience with both an in-person and a virtual aspect, as this allows us to reach a larger audience around the world," Godsey said. "People crave information, and our presenters have valuable insight that can help advance the pregnancy help movement."

The in-person Conference will be held at the Hyatt Regency Salt Lake City.

Keynote presenters for the 2024 Conference are Godsey, Embrace Grace Ministries President and co-

Editor-in-Chief Kyle Mann, and comedienne and actress Kerri Pomarolli.

International pregnancy help personnel can apply through January 15 for a scholarship to attend in person in Salt Lake City.

"Heartbeat International's ministry philosophy is intentionally grassroots, bottom-up, innovative, and entrepreneurial," said Godsey. "We'll be highlighting effective ministry efforts at our Annual Conference, while providing opportunities for fresh ideas and innovative solutions for long-standing, familiar issues."

In-person Conference attendees benefit from access to 120+ workshops, seven inspirational keynotes, product demonstrations,

from, basic virtual access that provides access to all virtual-only conference for 14 days, or expanded virtual access that provides access to all virtual-only conference content and select in-person recorded content for 21 days.

Godsey said the Heartbeat team is ready to welcome the international pregnancy help community to Salt Lake City for a fruitful and rewarding event, stating, "Our Annual conference provides the greatest opportunity for diverse training, broad networking, and inspirational encouragement."

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

What is NARAL Pro-Choice America trying to accomplish by yet another rebranding?

From Page 2

lots to do with potentially adding new members. The AP's Kruesi explains this in a typically evasive manner:

For decades, abortion-rights advocates used the term “pro-choice” while pushing for policies protecting reproductive rights and women’s health services. But when the nation’s highest court decided to overturn Roe v. Wade, supporters and opponents of abortion rights scrambled to adjust their messaging in a country where individual states now determine abortion laws.

Lisa Lerer of the *New York Times* is much blunter:

“NARAL is incredibly resonant for the political world, but we’re not necessarily in the business anymore of just winning political opinion

within elected officials and policymakers,” Ms. Timmaraju told the Times. “We are now in a much bigger fight for the heart and soul of the American people and those are folks who are brand-new to the abortion debate.”

According to Lerer

Along with the new name, the group plans to increase its focus on state organizing and to adopt a broader approach, joining causes like eliminating the Senate filibuster, supporting voting rights and expanding the Supreme Court.

So how does the new name fit the changing environment?

Kruesi writes elliptically

Reproductive Freedom for All reflects that abortion restrictions are

just another form of the government intruding on individual freedom — an argument activists have increasingly focused on

REPRODUCTIVE FREEDOM FOR ALL

— formerly NARAL Pro-Choice America —

over the past year, the group said.

Get it? The one thing that the pro-abortion heavyweights have learned is that the further away their name moves from telling people what they actually do—kill millions upon millions of helpless unborn babies—the better off they are. “Reproductive Freedom for All” is gauzy enough to persuade some people that they are not the awful people they truly, truly are.

Finally, ask yourself this. What is it that pro-abortionists want Reproductive Freedom from? They want freedom from responsibility. They created that

child; they seek a pass from caring for that helpless child.

They also want freedom from their own consciences which is why they insist we de-attach the stigma that comes from taking their own child’s life.

But to be that blunt puts them on much shakier grounds. Pro-abortionists don’t like being put on the defensive.

It’s our job to make them own up to what they are doing—and to whom—almost 900,000 times a year.

The Supreme Court will soon weigh in on the Fifth Circuit’s ruling on mifepristone—the “abortion pill”

From Page 2

to improving our lives. But scientists are human beings just like the rest of us. They’re not perfect. None of us are. We all make mistakes. And the F.D.A. has made plenty.

Robertson’s account was typical of the way the case has been reported. In addition to minimizing the weight of the plaintiffs’ argument, trotting out the pro-abortion-to-the-hilt Medical Establishment for support, interviewing only one pro-abortion law professor, there was not a whisper of one of the key complaints brought by the AHM and the physician plaintiffs, that challenged the soundbite that says “safer than Tylenol.”

But it isn’t safe for women!

Christina Francis is chair of the board of the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG). She has written extensively about

the real danger—that posed by mifepristone/misoprostol. One example:

One of the largest studies



to date, which analyzed high-quality registry data obtained from nearly 50,000 women in Finland, found that the overall incidence of immediate adverse events

is four-fold higher for medical abortions than for surgical abortions. The same study showed that

nearly 7% of women will need surgical intervention — a significant number when you consider there are nearly 900,000 abortions per year in the U.S., 40% of which are

medication abortions.

Dr. Randall K. O’Bannon, NRL Director of Education & Research, also noted,

Other studies, even some by abortion advocates, have found something similar — that chemical abortions have a much higher failure rate, that more of these women have complications, that more women show up in the emergency room needing surgical treatment for bleeding, to deal with “retained products of conception” — than what Dr. Rebecca Miller reports here.

[Dr. Miller is a fellow with Physicians for Reproductive Health.]

A lot is riding on this case. We will keep you up to date throughout the new year.

Arkansas AG rejects proposed ballot language for a constitutional amendment on abortion

By Dave Andrusko

For the second time Arkansas Attorney General Tim Griffin has rejected proposed ballot language for a constitutional amendment on abortion offered by Arkansans for Limited Government committee.

The attorney general “said in a three-page letter to Steven Nichols of Little Rock that he rejected the latest proposed popular name and ballot title for the proposed amendment, and he asked Nichols to redesign the proposed amendment,” according to Michael R. Wickline, writing for the Arkansas Democrat-Gazette. The Committee agreed to submit a third version.

“Certifying the popular name and ballot title would clear the way for the Arkansans for Limited Government committee to begin collecting signatures of registered voters to qualify the proposal for the 2024 general election ballot,” Wickline continued.

“Sponsors of proposed constitutional amendments are required to submit 90,704 signatures to the secretary of state’s office by July 5. The total must include signatures from at least 50 counties, according to the secretary of state’s office.”

In his letter Attorney General Griffin wrote that the defects in the first version were addressed in the second version except for one critical flaw. According to Wickline, in his letter dated Thursday to Steven Nichols, “Griffin said that several issues prevented him from certifying the proposed popular name and ballot title in the first proposal, and “[y]ou have now resolved all but one of those issues.”

The prior version of your

proposed text permitted abortion when, among other things, it was “needed to protect the pregnant female’s life or health.” I noted that the term “health” was unclear in this context because

3(B) of your proposed text defines “physical health” as “a physical disorder, physical illness, or physical injury... caused by or arising from the pregnancy itself, or when continuation of the

of “physical health” provided in Section 3(B) for the term “physical health” you use in Section 1. That sentence would read: “Abortion services” are permitted when, among other things, they “are needed to protect the pregnant female’s physical disorder, physical illness, or physical injury... caused by or arising from the pregnancy itself, or when continuation of the pregnancy will create a serious risk of substantial impairment of a major bodily function....” As the foregoing sentence indicates, it is readily apparent that what you likely intended to say is not what the text says. This problem in the text is imported directly into your proposed ballot title.

Rose Mimms, executive director of Arkansas Right to Life, said.

“The broadly written language is so extreme that even pro-choice voters will see it goes too far. It clearly allows abortions up to the moment of birth and mandates that even the most basic limits on the profit-driven abortion industry are removed. The proposed constitutional amendment is not about limited government, it’s about forcing no-limit abortion on the people of Arkansas.”



it could mean physical health, emotional health, etc. I concluded that this would need to be clarified to ensure a ballot title summarizing the measure would not mislead the voter in any way.

Your current proposed text attempts to address this by clarifying that abortion would be allowed when, among other things, it is “needed to protect the pregnant female’s life or physical health.” Section

pregnancy will create a serious risk of substantial impairment of a major bodily function....”

This definition is misleading because it defines “physical health,” not as the absence of disorder, illness, or injury, but as the presence of those things. That is the opposite of the common meaning of “health.” This confusion is compounded when, for the sake of analysis, one substitutes your definition

How much is a child's future worth? Every sacrifice

By Dave Andrusko

Editor's note. Mercatornet.com is an exceedingly helpful pro-life site. I peruse it every day. I've written before about "My dad's story: Dream for My Child," which Mercatornet links to. But this short video is so touching and says something so profound, I ask your indulgence to run the post again.

This was to be a short post which expanded as I thought more and more about "My dad's story: Dream for My Child," which is also dubbed "My Dad's A Liar! (A Child's Future Is Worth Every Sacrifice)."

I understand this YouTube video is a shamelessly heart-tugging ad for MetLife Hong Kong. But as I hope to demonstrate, it is well worth a few words—and most certainly worth the 3:26 it takes to watch the ad. (Alert: you don't have to be a particularly sentimental dad to choke up.)

The ad starts with the little girl's note, praising her dad

unconditionally: he is the most clever, the kindest—"he is my Superman"—who wants "her to do well at school."

*But.... "he lies"...
About having a job*



*About having money
That he's not tired
That he's not hungry...*

Her dad is bound and determined to provide his daughter with the best he can—and if that requires working monster hours at the

lowest of low-paying jobs so that he can provide for her, so be it.

The ad shows those simple moments that make it all worthwhile, everything from doing homework together to

A couple of people who posted trashed the ad for not showing a mom, as if there aren't already many, many, many videos rightly trumpeting the invaluable contributions of mothers. (We've written many times about those touching ads in this space.)

The ad is making a different point that resonates with pro-lifers in a profound way: that "A Child's future is worth every sacrifice."

When a woman (or teenager) is facing a crisis pregnancy, the men in her life—whether it be a husband, boyfriend, or the baby's grandfather—need to appreciate not only what the mom is going through—hugely important—but also stand by her in every way possible—even more important.

After all, sacrificing for our children—in our case for our unborn children—is not only a mom thing. It's an obligation the rest of those involved in her life ought to gladly assume and feel proud about.

hoisting her up on his shoulders.

At the end, when he is taking her to school and she turns around, I think we are to understand that it might be dawning on her dad that his daughter knows what he's been doing. Either way, when they embrace, well...



Pro-lifers not only raise but answer the central question pro-abortionists shun and avoid: “Who, then, is my neighbor?”

By Dave Andrusko

Editor’s note. The following is the conclusion to the opening essay, “An insatiable thirst for killing,” that appeared in “To Rescue the Future: the Pro-Life Movement in the 1980s,” a collection of first-rate essays assembled by NRLC. Although written many years ago, I believe the insights and applications are as relevant today as they were when first written.

This brief essay is an attempt to place in context a few of the enormous number of changes that have occurred in the politics of abortion. Much, much more could be said about the organizational maturity of the Movement, and the socio-political context in which we fight for life. The contributors to this volume will elaborate on most of the issues I barely touched on as well as many others.

But the bottom line is **you**. We can only contribute what ideas, insights, and energy we possess. It remains in your hands, the readers of this book, and the millions of other pro-life Americans to re-establish the protection of law for all God’s children.

Regardless of what “the media” insists, the battle for life is not between pro-lifers and pro-abortionists, traditionalists and

feminists, but rather between justice and injustice. Our opponents and their allies in the media know this deep down in their hearts, which is why they denounce us so bitterly.

The battlelines are clear: Either life is for everyone or the right to life is doled out at the whim of the powerful. Abortion represents in miniature a struggle that ultimately must result in the victory of one answer to this question or the other, for the principles at stake are absolutely irreconcilable.

If the partisans of “choice” win, what remains of our tattered sanctity of life ethic will be dismantled, piece by bloody piece. The pro-abortion position is at war with the core principles of our nation, because it is based on the right of the more powerful to oppress the less powerful,

They are so blinded by their own rhetoric that they hold “choice” to their bosoms as if it represented a kind of philosopher’s stone that magically converts cruelty into kindness, selfishness into altruism.

But barbarism with a smiley face is still barbarism.

What they will never understand is that if the pro-life approach to problem pregnancies wins the day, then everyone wins; no lives

are taken. Pro-lifers are just that: pro-life. We will do everything we can to help women facing unplanned pregnancies, or parents grappling with the birth of a child with handicaps.

What we will **not** do is promise a one-stop, once-and-for-all solution to the human condition. That is the province of the pro-abortionists. As great simplifiers, they promise what we cannot and would never promise: twenty-minute solutions to complex human problems. All we can offer is love, compassion, and a life-sustaining choice.

As pro-lifers, we toil for a cause that is just. No amount of money, no full-page ads in the *New York Times*, no stream of hate-filled editorials will ever convert the slaughter of defenseless children into a just act.

Fr. Richard Neuhaus famously told pro-lifers at the 1982 National Right to Life Convention that the pro-life movement is radical not because of how far it is, but by “virtue of how deep and central is the question we raise: Who, then, is my neighbor?”

Fr. Neuhaus said the abortion issue is one of the greatest tests the American experiment has ever undergone. He said we should not be discouraged if our hope of victory is delayed for “we

are recruited for the duration, we must be long-distance radicals – we must never give up.”

We... will...not... give... up... but, of course, you know that already.

What we must remember is that the local neighborhood abortion clinic did not just appear out of nowhere. It had a long and dishonorable lineage. Its origin is a cruel mentality, one that worships power. It represents a view of life that limits the quality of humanness to those who are powerful enough to throw off the chains of their oppressors.

Final thought. When you think about it, there is a fundamental irony at the heart of the battle to save the children. For it is the pro-life movement, scorned and ridiculed by the media as a “reactionary” force, that is the principal defender of the most revolutionary idea of the American experiment – the idea that **all** men and **all** women and **all** children, born and unborn, are created equal.

It is our duty and our privilege to keep that beacon of hope shining in a time of great darkness. When the inevitable discouragement sets in, just remember, as someone once wrote, that in the long sweep of history truly human victories are always upsets.

Parents of children with Trisomy 18 outraged over media's false reporting

By Cassy Fiano-Chesser

Parents of children with Trisomy 18 are outraged over the media's false reporting of the condition amid the headline-dominating case of a Texas woman who sued the state, claiming she needed a "medically necessary" abortion after her child with diagnosed with the genetic condition.

Kate Cox has been at the center of media headlines for weeks as she was pregnant with a child diagnosed with Trisomy 18, or Edward's syndrome, and chose to go out of state for an abortion after losing her lawsuit against Texas.

No longer 'incompatible with life'

Cox's child was declared "incompatible with life," simply because she had Trisomy 18 — often due to outdated studies from data at least 20 years old. Trisomy 18 has not been considered "incompatible with life" since 2019, and research is proving that children with Trisomy 18 can survive as long as they are given the medical care they need.

Research out of the University of Michigan's Mott Children's Hospital has revealed that by "taking an aggressive approach to treatment, 90% of babies born with Edwards syndrome can go home from the hospital, and their five-year survival rate can reach close to 77%." Trisomy 18 families in Michigan are frustrated at how Cox's story has been portrayed by the media.

Media reports have been 'hurtful'

In an article published by the *Detroit Free Press*, multiple families of children with Trisomy 18 have said the Cox case has been hurtful and has further perpetuated negative stereotypes

towards children with Trisomy 18 — who can live if they are given the chance.

"When I read the articles about the Kate Cox case, the language that was used to describe Trisomy 18 — 'not viable,' 'lethal,' 'fetal



anomaly with virtually no chance of survival' — it really impacted me," Jewel Calleja said. "Because it's false information."

Calleja's daughter, CC, is four years old, has Trisomy 18, and has begun walking with the help of a walker. *The Detroit Free Press* noted that, while Trisomy 18 can cause respiratory failure, heart defects, club feet, and intellectual impairment, it is no longer a presumed death sentence, as "[h]earts can be fixed; airways can be opened."

Pressure to abort

Yet moms are rarely given this information; to the contrary, they are often given worst-case scenarios and pressured to have an abortion, as Melissa Fox recounted. *The Detroit Free Press* reported, "That day, six years ago, the doctor told Fox that he'd never delivered a Trisomy 18 baby, but that one of his colleagues did once, and the child was born with

no bones. It just came out in a puddle, he said. A lie? An old wives' tale he actually believed?"

But the story got worse; after Fox said she did not want an abortion, she was called in for an "emergency appointment," at

everything was different. "There's a lot of misinformation about a lot of those outcomes," Dr. Collin Smith, a resident, said. Just five years ago, in medical school, Smith was told that babies with Trisomy 18 could not survive for longer than a year. "And I'm finding that that's not the case," he said. "We're finding that with the proper support early on in life, we can really give them a great quality of life after they make it through the acute period."

Another mom, Jennifer Lo Tiempo, was told her baby would not be able to breathe after birth; at birth, though, her son Danny was crying loudly. He's now in third grade and thriving. "We were told that he would never even know who we are, that he would never know love," Lo Tiempo said. "That is the most loving kid. He just knows love and he just knows happiness and I wouldn't trade a single second."

These families have begun fighting back, wanting to prove that the narrative — one perpetuated by Cox and the media — is wrong. Not only are their children capable of life, they are deserving of it.

"We're a community that has banded together and become a family," Lo Tiempo said. "I love the fact that we're able to give hope to these other families, and other families come to me and say that Danny inspired them to fight for their child. That is the best thing that anybody has ever said to me [in] my entire life. That my boy can inspire somebody else to give their kid a chance when all the doctors are saying don't bother."

which the consent paperwork for an abortion was printed and ready for her to sign. The papers were backdated by one day, to satisfy Michigan's 24-hour waiting period requirement, and the doctor had already signed them. "I got your golden ticket," he said. "This is my gift to you."

Fox still refused to go through with the abortion, and every doctor she saw refused to promise they would give her child medical care after birth. "I think it was probably 32 weeks when I finally realized they're not going to help me," she said. "They're not going to keep this baby alive." One neonatologist even told Fox it would be a waste of time and money; others, including a heart surgeon, said they weren't willing to do anything for a child who was "destined to die."

Fighting for life

Eventually, Fox made her way to Mott Children's, where

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

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Taxpayer Funded Abortion

Congress failed to pass year-long appropriations for 2024 as they were supposed to have done on September 30th, 2023. Instead, they are keeping the government funded and open using a continuing resolution or “CR”. The current CR runs out for several agencies on Jan. 19 and others on Feb. 2. This CR maintains the status quo on taxpayer-funded abortion, including the over four-decade old Hyde Amendment and numerous other similar provisions.

House leadership promised to hold votes on 12 individual spending bills to fund the government, rather than produce a large omnibus. While the majority of the 12 bills have been approved, work has stalled on the remaining bills while the clock runs on the temporary CR. The House, controlled narrowly by Republicans, has prioritized conservative items, while the Senate bills largely maintain the status quo. With the temporary CR keeping the government open, a deal will have to be struck to fund the government with the Democrat-controlled Senate.

With Chairwoman Kay Granger (R-Texas) at the helm of the House Appropriations Committee, multiple bills were written to retain long-standing pro-life protections and include a series of new pro-life provisions. Every appropriations bill that contains abortion policy has included language protecting life, whether it be retaining longstanding riders (Hyde and Hyde-like amendments) or by adding new language to stop the Biden Administration’s legally suspect expansion of taxpayer-funded elective abortion in a few agencies. In particular, both Veterans Affairs and the Department of Defense have been forced to expand abortion, likely in violation of existing law.

Those items are explained more fully below.

While it is expected that long-standing pro-life provisions will be maintained this Congress, few if any of the new provisions have sufficient support in the Democrat-controlled Senate but remain worth fighting for.

Pregnancy Centers Under Attack

In the time after the *Dobbs v. Jackson* U.S. Supreme Court decision was leaked up until today, there have been over 100 documented attacks on pregnancy care centers, pro-life groups, and churches. The Biden Administration has systematically failed to respond to these incidents.

On January 11, 2023, the House passed H. Con. Res. 3 which expressed the sense of the House of Representatives condemning the attacks on pro-life facilities, groups, and churches. The resolution, sponsored by now Speaker Mike Johnson (R-La.), passed 222-209.

Not only has the Biden Administration failed to respond to attacks, but they are currently attempting to stop federal funds from going to pregnancy centers in a number of states that direct funds to them through the TANF program.

National Right to Life and several affected states submitted official comments in opposition to a proposed Biden rule, “Strengthening Temporary Assistance for Needy Families (TANF) as a Safety Net and Work Program,” published on October 2, 2023 (the “Proposed Rule”). The Proposed Rule, among other things, targets pregnancy resource centers by threatening to strip them of millions of dollars of funding, claiming without evidence that pregnancy centers do not meet TANF criteria. This is funding that is currently being used to compassionately help

women and their unborn babies.

Nearly 3,000 pregnancy centers serve about 2 million clients annually, saving local communities millions of dollars by providing services at little to no cost. Many pregnancy centers provide limited obstetrical ultrasounds under a local doctor’s oversight as well as parenting classes. In addition, nearly all centers provide material assistance such as diapers, cribs, and car seats as well as practical help such as connecting a mother in need to local resources that can help her with housing or transportation.

The final rule has not yet gone into effect.

Protecting Children Born Alive in Attempted Abortions

In the wake of the *Dobbs v. Jackson* decision, several states are moving not only to fully legalize abortion up to the moment of birth but also going to great lengths to insulate abortion providers from even the most basic scrutiny. Against this backdrop, Congress felt a renewed urgency to pass the Born-Alive Abortion Survivors Protection Act.

The Born-Alive Abortion Survivors Protection Act requires that, when a baby is born alive following an abortion, health care practitioners must exercise the same degree of professional skill and care that would be offered to any other child born alive at the same gestational age. It also requires that, following appropriate care, health care workers must transport the living child immediately to a hospital. Current federal law does not sufficiently protect a child born following an abortion.

On January 11, 2023, the House passed the Born-Alive Abortion Survivors Protection Act (H.R. 26) sponsored by Rep. Ann Wagner by a vote of 220 to 210. This legislation has not been taken up by the Senate.

Abortions at Veterans Affairs

On September 9, 2022, the Biden Administration’s Department of Veterans Affairs (VA) issued a rule that provides abortion services through the taxpayer-funded VA health care system by providing for unlimited abortions for undefined “health reasons.”

This rule is being implemented now. If it takes full effect, it would turn the VA into abortion facilities, particularly if located in states that protect unborn children. The VA is currently performing abortions for health reasons.

S.J.Res. 10, sponsored by Sen. Tuberville (R-Al), employed the Congressional Review Act to nullify the rule. On April 19, 2023, the vote failed 48 -51. All Democrats voted no except for Sen. Manchin (D-Wv.).

Abortion in the Military

Federal law (10 U.S.C. § 1093) has long prevented the Department of Defense (DOD) from using funds to perform elective abortions and prevented the DOD from using its facilities to provide abortions.

On October 20, 2022, the Biden Administration’s DOD published a memorandum directing the DOD to pay the travel and transportation costs for military members and dependents to travel to obtain elective abortions. The federal prohibition against DOD funding elective abortion clearly extends to funding for any item related to the abortion, such as travel and transportation.

An amendment from Rep. Ronny Jackson (R-Texas) to prohibit the DOD from paying for or reimbursing expenses relating to elective abortion was added to the final National Defense Authorization Act (NDAA) package. On July 13, 2023, 221

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Republicans and 1 Democrat voted in favor of the resolution. 213 Democrats voted against the resolution. Six members did not vote.

On the Senate side, Sen. Tuberville (R-AL) was blocking military promotion on account of this policy for over a year. He withdrew the hold, and a vote to overturn the policy was held. During consideration of the NDAA, the Senate considered a procedural motion from Sen. Ernst (R-IA) to prohibit the Secretary of Defense from paying for or reimbursing expenses relating to elective abortion. On December 12, 2023, 47 Republicans voted in favor of the motion. 51 Democrats and 2 Republicans voted against the resolution.

The Equal Rights Amendment

S.J. Res. 4, sponsored by Senators Ben Cardin (D-Md.) and Lisa Murkowski (R-Ak.), purports to make the Equal Rights Amendment (ERA) submitted by Congress to the states in March, 1972, part of the U.S. Constitution, even though the 1972 ERA Resolution contained a seven-year ratification deadline that expired in March, 1979 and even though four state legislatures rescinded their ratifications prior to the deadline.

Pro-ERA lawmakers and groups now openly proclaim that they believe the 1972 ERA language should be construed to establish a federal constitutional “abortion right” more sweeping than even the now-nullified *Roe v. Wade*.

National Right to Life strongly opposed S.J.Res. 4, both on pro-life policy grounds and on constitutional process grounds. On this roll call on April 27, 2023, 51 senators voted to advance the measure (“invoke cloture”), and

47 senators voted to block it (the pro-life vote).

Because 60 votes were required to “invoke cloture,” the pro-abortion motion failed. Senator Charles Schumer (D-NY), although a supporter of S.J.Res. 4, switched his vote to “nay” in order to give him the right, under Senate rules, to force a repeat vote

Representatives is H.J. Res. 25 (sponsored by Rep. Ayanna Pressley).

Chemical Abortion Drugs

On January 3rd, 2023, the Food and Drug Administration (FDA) updated labeling for mifepristone (generic for Mifeprex) that would allow pharmacies to dispense the

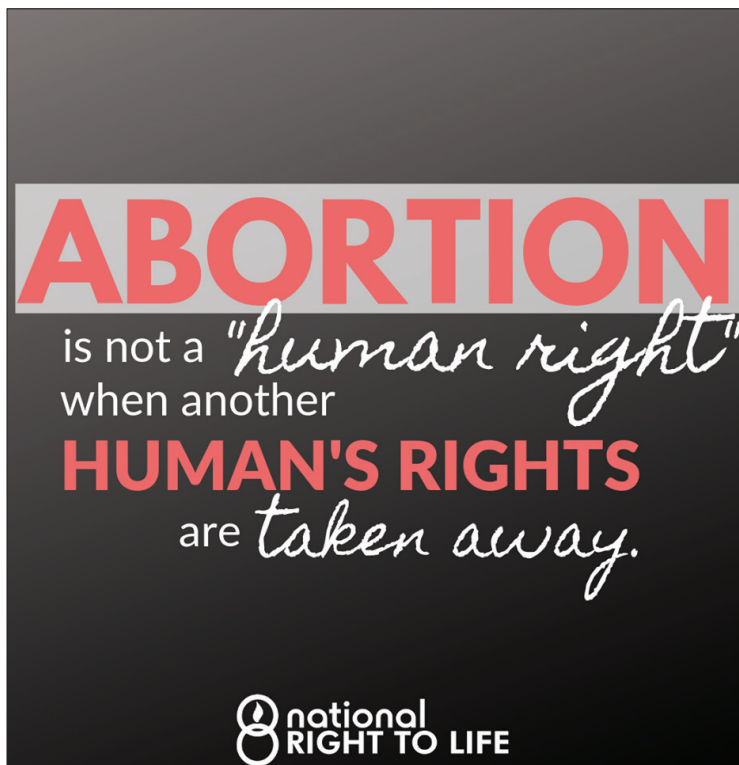
that it will hear arguments this term regarding the Food and Drug Administration’s decisions in 2016 and 2021 to loosen regulations of the abortion drug mifepristone and whether the challengers have standing to bring their case.

According to Carol Tobias, president of National Right to Life, “The Biden Administration has promoted unlimited abortion since Day 1. Bowing to pressure from pro-abortion groups, this administration has worked to make mifepristone widely available, regardless of the dangers to women and the deaths of preborn children.”

According to the U.S. Centers for Disease Control, the government agency that tracks the nation’s abortions, approximately 56% of all abortions are done using chemical abortion methods such as mifepristone and misoprostol.

Mifepristone is used in combination with misoprostol, a prostaglandin, to cause an abortion. Mifepristone blocks progesterone, leading to the death of the unborn baby, while the second drug, misoprostol, causes powerful, painful uterine contractions to expel the dead or dying baby. More on the cases and the effects of the drugs on women can be found here: <https://www.nrlc.org/wp-content/uploads/23-0906-What-the-Media-Missed-5th-Circuit-RU-PRINT-VERSION-Final.pdf>

As we look ahead to a divided Congress in 2024, National Right to Life and pro-life members of Congress will continue to work hard to prevent taxpayer-funded abortion, and to continue pushing back on the Biden Administration’s numerous actions to promote abortion.



at a time of his choosing.

Senator Dianne Feinstein (D-Ca.), a supporter of the ERA, and Senator Mike Lee (R-Utah), an opponent of the ERA, were absent. Therefore, if all senators had been present and voting, the tally would have been 53-47, or 7 votes short of the 60 votes required to advance the measure.

The measure is supported by all Democratic and independent senators, and by Republican Senators Murkowski and Susan Collins (Maine). The companion measure in the U.S. House of

drug.

At the same time, there have been ongoing court cases surrounding both the original drug approval and subsequent loosening of restrictions. The cases are *FDA, et al. v. Alliance Hippocratic Medicine, et al.* and *Danco Laboratories, L.L.C. v. Alliance Hippocratic Medicine, et al.* Well over a hundred pro-life members of Congress have signed on to various amicus briefs in support of these cases.

On December 13, 2023, the U.S. Supreme Court announced

Media critic says the press is missing the real reason President Biden's polling is so bad

By Dave Andrusko

Near the end of the year, Jack Shafer, POLITICO's senior media writer, wrote a story with this tantalizing headline: "The Media Is All Wrong About Biden's Poor Polling: The press is missing the most important fact."

Missing what? His abysmal job approval ratings? No, lots of stories about that 33%. His sinking popularity among Blacks and especially Hispanics? No, like a weed making its way up through the sideway, that truth is gradually seeing the light of day.

How about his awful numbers on specific policy issues ["Bidenomics" anyone?]; feelings about the direction of the country [can't hide the large negative there]; and, above all, concerns about his age [he'd be 86 if he won next year and served out his second term]? Etc., etc., etc.

So what IS it that the press is missing, according to Shafer, that leads them astray on Biden's poor polling numbers?

Ah...outside of Delaware, Biden has never been that popular to begin with!

The President bellyaches to his staff but...

What Biden overlooks — as does much of the press writing about Biden's unpopularity — is that he was never a wildly popular figure nationally, so why should he be now?

His instruction that the staff find a way to secure himself a place in the public's heart is probably as doable at this point as unscrambling an egg.

Ouch.

Shafer's offers lots of evidence to back his thesis up. To name just one

The signs of Biden's inherent unpopularity were present from the beginning of his presidency. Just two weeks into Biden's term, the New York Times was noting that while he had a broad positive approval rating, his didn't come close to that of Barack Obama on inauguration day, and his net approval rating was lower than any of his predecessors except Trump. Biden remained popular for the first six months of his presidency, the "honeymoon" presidents get, but then began the slide that now places him at 38 percent favorable in an average of 17 polls calculated by the Washington Post.

Yikes!

Come to think of it, one other data point. He won his party's nomination for President by

barely breaking 30% and more than likely prevailed only because of the endorsement of South

His only path to re-election? According to Shafer, Biden wins only if former President Trump



Pro-abortion President Joe Biden
Photo: Gage Skidmore

Carolina's Representative James Clyburn. Surely it was

not because he was popular but because he was running as a centrist in a field clogged with progressives. He also had the good political fortune to emerge as the last moderate candidate standing against socialist Sen. Bernie Sanders. Establishment Democrats didn't love Joe as much as they disliked Sanders and wanted a candidate around whom they could coalesce. and that in the end it

is the Republican nominee. "Biden's unpopularity might not matter as long as voters hate the other guy enough."

However

if he's looking for a guaranteed way to move his numbers up, he should do what President Lyndon Johnson did in 1968. Johnson dropped out of the presidential contest and by the time he exited the White House, he was close to regaining a 50 percent approval rating. Want to be liked? Try doing something likable.

UK scientists can't wait to get their hands on thousands of frozen human embryos

By Michael Cook

It's hard to find a better case study of how experts exploit the media and democratic procedures to advance unethical agendas than the push in the United Kingdom to create "embryo banks" for scientific research.

This might seem like a niche topic, but bear with us. Stupendously important issues concerning human dignity are at stake.

The story begins with an unexpected setback for stem cell scientists in the UK. According to a report in *The Guardian*, donations of "spare" IVF human embryos to scientific research have nosedived over the past 15 years. The latest available figures show that 17,925 embryos were donated in 2004, and only 675 in 2019.

The reasons for the decline are complex. *The Guardian* cites "increasing commercialisation of IVF, overstretched NHS [National Health Service] clinics and cumbersome paperwork."

Where do these embryos come from? When couples begin the IVF process, their clinics create a number of embryos. One or two are implanted and the "spares" are frozen. According to *The Times* (London), 100,000 embryos are created every year in the UK. A 2021 study estimated that half a million embryos are now in storage.

Let that sink in. There are half a million human beings at the most vulnerable stage of their life — frozen in canisters of liquid nitrogen. Do we uphold human dignity by assuming that the best use for them is to turn them into raw material for scientists to tinker with?

Why do scientists want them? Embryo research is heavily regulated in the UK, but they are in great demand for investigating human development, testing

drugs, and researching genetic disease. They are a valuable commodity.

Leading stem cell scientist Kathy Niakan, of the University of Cambridge, told *The Guardian* that she is frustrated at the waste of premier research material. "There are tens of thousands of

At the moment, couples must consent to specific research projects. It would be far easier for the scientists if they could just donate to an embryo bank which would allocate them as required.

This is creepy. Hundreds of thousands of frozen human embryos will be catalogued and



good quality embryos that are no longer needed by patients which could be incredibly valuable for research," she said.

Another reason is prestige. The UK's fertility watchdog, the Human Fertilisation and Embryology Authority, supports the country's science establishment. It is lobbying for changes to embryo regulation to make their work more productive. The HFEA says that "There is now a risk that the UK could lose its world-leading status in this area if changes are not considered."

Amongst the 15 changes proposed by the HFEA is the creation of an embryo bank — a kind of warehouse to which couples can donate embryos so that scientists won't risk losing their "world-leading status".

pigeonholed so that researchers can use them to further the UK's scientific prestige. Even the HFEA must realize that this will be a hard sell. Often the couples find the decision distressing and put it off as long as possible. Whatever their views on personhood, those embryos were part of their dreams for forming a family. So the scientists and HFEA have embarked upon a cynical public relations campaign with three strategies.

First, shameless schmalz in the media.

In *The Guardian* Professor Niakan painted a bleak picture of crippled research programs and emotionally traumatized patients. "Some [patients] had to go through counselling because it's taken so long for them to be able

to fulfil their wishes to donate to research. Some of them have paid extra storage fees just to give time for the whole process and all the paperwork to go through," she said. "They shouldn't be put in that position. Somebody needs to step in and make it a lot easier."

Unsurprisingly, the credulous journalist did not ask how many of these patients had been emotionally traumatized. Probably very few, if any. It's more likely that the scientists were because their research plans were frustrated. This is yellow journalism.

Second, a democratic fig leaf.

The HFEA conducted a major consultation to strengthen its case for an embryo bank. They asked people to comment on the proposal. A total of 5,860 responses was received.

Professor Niakan and the HFEA claimed that about half of embryo donors and medical professionals supported this. A summary cited encouragement from leading lobbyists for the science establishment — the Wellcome Trust, the Progress Educational Trust, the Medical Research Council, and an "award-winning" sperm bank. The HFEA concluded that: "Overall, there was some support for generic consent to research embryo banking due to the challenges of the current consent to research regime."

However, the consultation actually found that the public was by no means supportive; 86% were opposed to research embryo banking. A closer look at the HFEA's bar chart suggest that even support from medical professionals and patients was lukewarm — only about 50% supported it.

2023 Euthanasia Prevention Coalition Year in Review

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

The Euthanasia Prevention Coalition (EPC) blog had more than 1 million blog articles read in 2023. 2023 was also an active year for news related to euthanasia and assisted suicide. This article shares many of the most important stories.

In early January we reported that a Colorado man accidentally ingested lethal assisted suicide drugs while attending an assisted suicide death. This story emphasized the fact that there is no independent oversight for assisted suicide. In late January we reported that a Vancouver doctor euthanized a man who was deemed to be incapable of consenting. Dr Ellen Wiebe is Canada's most notorious euthanasia doctor. We also reported on Tyler Dunlop who was homeless and seeking death by euthanasia.

In early February we reported that the United Church approved a euthanasia prayer. Soon after, a Canadian Health expert issued a warning to Scotland's parliament concerning Canada's euthanasia law. In mid-February, Canada's Special Joint Committee on Medical Aid in Dying issued a report calling on parliament to extend euthanasia to "mature minors" and by advanced directive. According to the report, Canadian children would be able to be euthanized with or without parental consent.

In March we published the article – Where the Churches stand on euthanasia/

In April a court case was launched to declare California's

assisted suicide law as unconstitutional. The court case is continuing into 2024.

In early May an Ontario man was arrested for selling a suicide substance online. In mid-May Bill C-314, a bill that would have prohibited euthanasia for mental disorders, had its first hour of debate in Canada's parliament. We also reported that a Québec funeral home was offering euthanasia.

In June, the Uniform Law Commission came to stalemate on proposed changes to Brain Death protocols. In June we reported that a Canadian quadriplegic woman was approved to die by euthanasia as she waited for approval for disability benefits to enable her to live. In late June we reported how the Ontario government

hides the cost of euthanasia. We also reported that the euthanasia lobby had launched a campaign to force a Catholic hospital in BC to provide euthanasia. In December,

the BC government expropriated property from the Catholic hospital to build a killing center next to the Catholic hospital.

In early July the German Bundestag rejected bills to legalize assisted suicide. Later in July a Canadian military veteran slammed the Canadian government for the euthanasia deaths of veterans with PTSD. We also reported that a transgendered person, who was denied euthanasia, requested it based on post-surgical pain and regret.

In August we reported that a Canadian woman was offered euthanasia as a "treatment" during a mental health crisis/

In September we reported that a Belgian doctor completed a euthanasia death with a pillow. In

mid-September I wrote about my experience visiting the Memorial to the Victims of Euthanasia in Berlin.

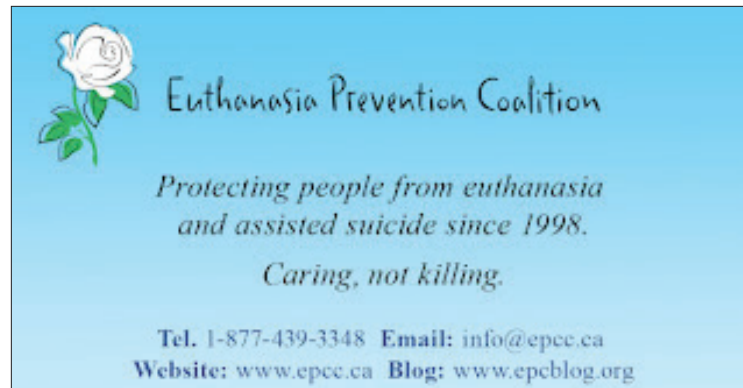
In mid-October, Bill C-314, that would have prevented euthanasia for mental illness, was defeated. In late-October Health Canada reported that there were 13,241 assisted deaths in 2022 representing 4.1% of all deaths.

In November I published an article titled: Canada's euthanasia law has gone "mad." This article was made into a pamphlet that can be ordered from EPC.

In December, Tyler Dunlop, who had applied to die by euthanasia, published a book titled: *Therefore Choose Life – My Journey from Hopelessness to Hope*. Order the book from EPC. We reported that a BC woman, who had cancer and offered euthanasia, was successfully treated in the US. Soon after we reported that a BC cancer patient died by euthanasia after BC Cancer couldn't provide him chemotherapy. Waiting lists for cancer treatment in Canada continues to get worse.

In late December Canada's Justice Minister announced that the government may "pause" its plan to extend euthanasia to people with mental illness. EPC launched a petition campaign to prevent the extension of euthanasia to people with mental illness.

Editor's note. This appeared at Mr. Schadenberg's blog and reposted with permission.



‘WE NEVER TELL’: Planned Parenthood Helps 13 Year Olds Get Abortions in Nearby States to Evade Law

By Project Veritas

Key Quotes from Lashauna, Managing Director of Planned Parenthood, Kansas City, Missouri

“We never tell the parents anything.”

“They will bypass without the parents. You just have to make sure you tell them that when you call.”

“And we can cut off our letterhead, so it doesn’t even say where she was.”

“Trust me, this is not our first rodeo.”

“We could give the doctor’s note to where the school, it doesn’t matter if the school agrees or not, we say that she was at the doctor. They have to take it.”

“They have people that’ll come pick them [minor] up. They have people that will pay for the whole thing.”

[KANSAS CITY, MISSOURI]

While abortion is prohibited by state law in Missouri, this has not stopped Planned Parenthood from providing every necessity for minor girls to be transported across state lines for an abortion in neighboring Kansas.

In a conversation with an investigative journalist, a Managing Director for Planned Parenthood in Kansas City, Missouri, explains how frequently clinics arrange inter-state abortion transport for minors without parental consent. “Every day,” she laughs.

Managing Director “Lashauna” describes the elaborate lengths the abortion giant will go to facilitate, and help conceal, abortions for minors. She describes their process of setting up hotels, arranging inter-state transport, providing doctor’s notes to the

assistance to terminate his niece’s pregnancy quickly and secretly. The clinic manager appears unphased by this scenario and extremely helpful.

‘She tells the journalist, “In Planned Parenthood, we consider you an

that Planned Parenthood has successfully created a “bypass” for young minors to acquire an abortion in another state without parental consent?

Are schools and



child’s school, and even paying for the abortion, as a common service they offer to minors without parental knowledge. She also references a “bypass” that is available to the minors – this bypass seems to also bypass parental knowledge.

The video also reveals the shocking ease with which an adult can facilitate a young person’s abortion, despite not being related to the child. In this investigation, the journalist poses as the older uncle of a thirteen-year-old child seeking Planned Parenthood’s

adult, you can make the decision then we’ve got you...We never tell the parents anything.”

The clinic’s casual admission of its willingness to perform secret abortions on minors and subvert parental consent raises concern for other ways Planned Parenthood’s “bypass” system could be utilized to exploit and conceal the sexual abuse of children.

Additional questions remain unanswered.

Are lawmakers aware

teachers cognizant of the fact that Planned Parenthood could be taking students out of school under deceitful pretenses to facilitate abortions without their parents’ knowledge?

If Planned Parenthood is doing this “every day” in one state, how many teenage girls across this nation have been transported between states for secret abortions?

Australia Human Rights Commission pushes assisted suicide for children

By Wesley J. Smith

Assisted suicide is being legalized all over Australia, and I feel the country is going to go the dark route Canada has after it legalized euthanasia. Case in point: There is a bill before the Australian Capital Territory (ACT) to legalize assisted suicide. The Human Rights Commission criticizes the proposal for restricting assisted suicide eligibility to adults:

Improvements to the proposed scheme

We detail below certain of our earlier recommendations that have not been incorporated into the Bill.

1. Access for Children and Young People under 18: the current scheme is limited to individuals over the age of 18 years old. Human rights principles require due consideration for the rights of children and young people, including their right to access health care without discrimination and their right to have

their views taken into account.

It is the Commission's view that this extends to



decisions for a child or young person to voluntarily end their life with dignity in the same circumstances as adults: namely where they have a condition that is advanced, progressive and expected to cause

their death, where they are suffering intolerably, where they are acting voluntarily, and where they have demonstrated

differ from the young person or from each other.

If adopted, this means that “mature” minors would be able to be made dead without their parents’ permission and children no matter how young could be put down.

Canada isn’t there yet, but the same approach has been seriously proposed in that country. Belgium and the Netherlands already permit euthanizing children, and the Netherlands allows infanticide under the “Groningen Protocol.”

It’s only logical. Once a society turns suicide/homicide into a “medical treatment,” how can it be restricted to the adult dying, or for that matter, people who have decisional capacity?

Once assisted suicide/euthanasia is legalized, its scope and breadth never stop expanding. Those with eyes to see, let them see.

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

maturity and capacity to make such a decision. We recognise that there may need to be additional steps and safeguards for children and young people, particularly where the views of parents and carers

How One Abortion Killed 10 Preborn Babies

Because of the abortion facility's negligence, she lost ten babies, not one.

By Sarah Terzo

Author Dawn Kellum wrote a short memoir about her abortion called *My Abortion and What NOBODY Told Me*. The book is free on Kindle, and you can read it via the Kindle app, on any phone or device.

A Grieving Woman's Warning

Kellum writes to other abortion-minded pregnant people, warning them about what might happen after their abortions. Here are some of her warnings:

You will need counseling after an abortion because it will affect you in every way imaginable. You will regret your decision for the rest of your life.

You will miss that child you aborted for the rest of your life.

It will be very hard to forgive yourself.

Having an Abortion is painful during and after... [Y]ou feel your insides literally being ripped out.

My bleeding was horrible and lasted many days.

Kellum experienced all these things.

Tragically, Kellum's abortion didn't just kill one baby; it led to the deaths of nine others —ten preborn babies total.

This is because Kellum, due to the abortion facility's negligence, developed a condition called RH incompatibility.

Medical Facts about RH Incompatibility

During birth, pregnancy, abortion, or miscarriage, red blood cells from the preborn baby can cross into the mother's bloodstream. In most pregnancies, this isn't a problem. But if the mother has blood that is Rh-

negative, and her baby has blood that is Rh-positive, the mother will develop antibodies against the child.

These antibodies will remain in the mother's body. In her next pregnancy, they will attack the red blood cells of the baby and destroy them. This can cause serious health problems in the baby. RH incompatibility can also cause miscarriages.

A shot of RhoGAM can prevent all of this. Routinely, when a pregnant person comes in for prenatal care or goes to the hospital after a miscarriage, they are given a blood test. If the blood test shows blood that is Rh-negative, doctors give them a shot of RhoGAM. The RhoGAM prevents the development of antibodies and protects future pregnancies.

The website Medline Plus says that a shot of RhoGAM should be given to every woman with a Rh-negative blood type "after a miscarriage or abortion."

However, because of shoddy medical care in abortion facilities, many Rh-negative pregnant people don't get a RhoGAM shot.

Medline Plus details some problems Rh incompatibility can cause in the baby:

- Brain damage because of high levels of bilirubin (kernicterus)
- Fluid buildup and swelling in the baby (hydrops fetalis)
- Problems with mental function, movement, hearing, speech, and seizures.

RH incompatibility can also cause miscarriages.

A Child with Serious Medical Problems

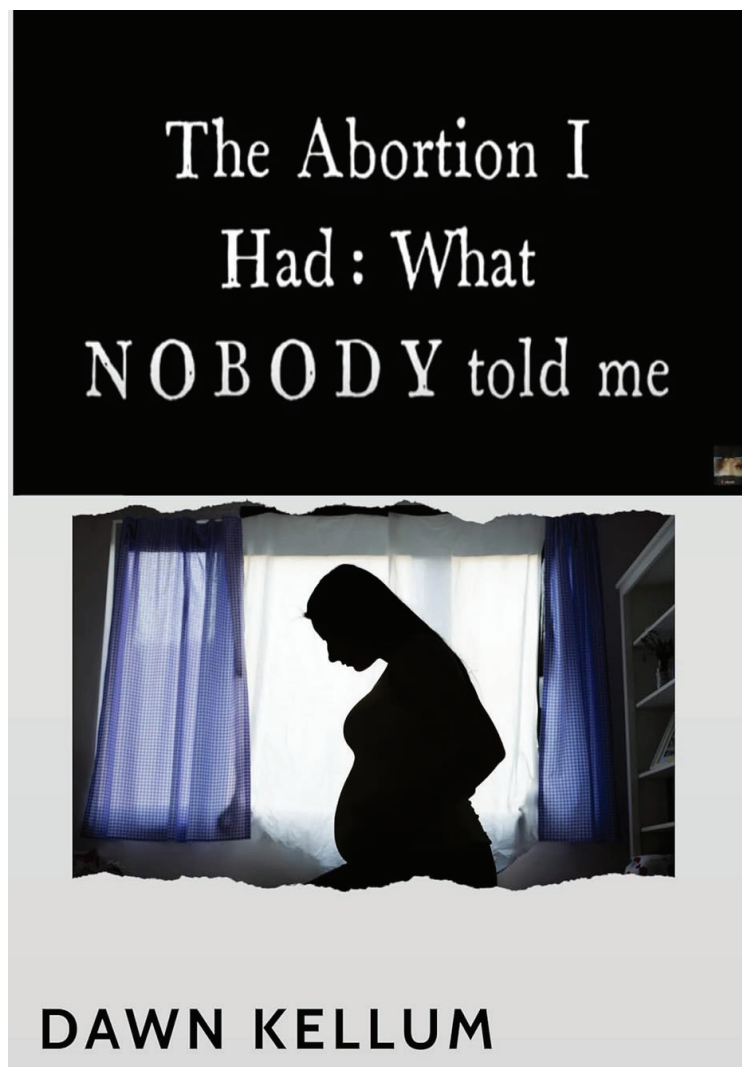
The abortion facility Kellum went to failed to give her a

RhoGAM shot, even though she needed one.

After her abortion, Kellum met a man, fell in love, and married him. They wanted to start a family and began trying to conceive.

Kellum's first child, though delivered alive, had serious health problems, including a condition

It wasn't until her 12th pregnancy that a physician realized she was a victim of Rh incompatibility. The doctor gave her a shot of RhoGAM, earlier in pregnancy than normally given, and she was able to have two more children who were both born healthy.



called hemihyperplasia. Because hemihyperplasia can be caused by several different underlying conditions, it's unclear if the Rh incompatibility was the cause.

Nine Miscarriages Following Her Abortion

However, after this baby was born, Kellum had nine miscarriages, one after the other.

Kellum writes about the emotional impact the miscarriages and abortion had on her:

As I raise my children, I think, 'What if?' What would my aborted child

STUDY from Syracuse: Just 3.4 Percent of American Journalists Are Republicans

By Tim Graham

Shocker! Isaac Schorr at Mediaite reported a new study from Syracuse University's Newhouse School of Public Communications found that just 3.4 percent of American journalists are Republicans. In the last ten years, the proportion of Democrats has increased to 36.4% and proportion of Independents has ticked upwards to 51.7%, while the already low Republican share has been cut in half.

The last study in 2013 pegged the proportion of Republican journalists in America at 7.1%, Democrats at 28.1%, and Independents at 50.2%.

It's fair to guess that journalists who choose "independent" are attempting to look nonpartisan, but we can safely guess a large share of them are Biden-Harris voters.

The study is based "on an online survey with 1,600 U.S. journalists conducted in early 2022" and is the latest in a series of studies stretching back to 1971 that take the temperature of the fourth estate's partisan lean, job

satisfaction, and professional attitudes.

When the first iteration of the study came out over 50 years ago, 35.5% of respondents said they

were Democrats, 25.7% said they were Republicans, and 32.5% said they were Independents. The percentage that call themselves Democrats or independents have bounced around over the years, with the proportion of Democrats

reaching a high of 44.1% in 1992.

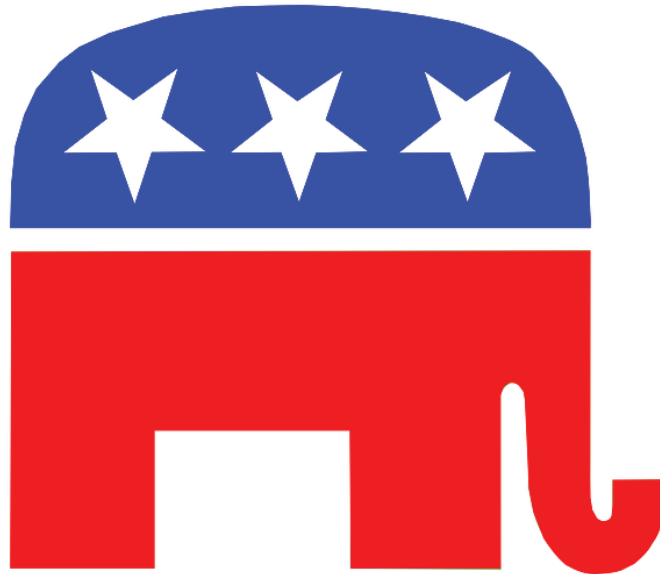
Surveys of journalists across the country in local newsrooms used to provide a more bipartisan picture, but the national media

1964 and over 80 percent picked Hubert Humphrey over Richard Nixon in 1968.

According to a Gallup poll from November, today's newsrooms are wildly out of step with the general public. Independents do make up the largest proportion of the population at 40%, but the same proportion of Americans (29%) are Republicans as Democrats.

In another Gallup poll in October, the 32% of Americans who say they trust the mass media "a great deal" or "a fair amount" to report the news in a full, fair and accurate way ties Gallup's lowest historical reading, previously recorded in 2016. While 58% of Democrats and 29% of Independents have a "great deal" or "fair amount" of confidence in the media, just 11% of Republicans feel the same way. Given all the tilted reporting we expose at NewsBusters, that's also not a shocker.

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



Homeless man who applied for euthanasia is now the author of a book.

From Page 17

or alcohol, or they had an unmanageable mental illness. In recent years, however, what I've seen has been alarming. I've seen senior citizens, veterans, working professionals, and students on the street because of the prices of housing. It's become so astronomical. Just nobody can afford it. There are people living together with strangers just to make the rent. I think it's a big crisis that needs to get addressed.

Dunlop explains the reality of homelessness.

The homeless life is far from charming. There are shelters in Canada, but the shelters are so saturated in drug use and violence that a lot of street people don't want to stay in them. So, they ended up using emergency services, trying to get into detoxes and treatment centres, or basically anywhere where they could get away from the cold. It's a hard life and it's getting harder. A lot of homeless people resort to panhandling and crimes of desperation. Wherever I go in Canada now I see a lot of tent cities springing up in various communities. It is getting worse and the leaders of Canada don't seem to be paying much attention. I don't think that's entirely their fault. I think there's just nobody has an easy answer to what the

homeless life is like.

The worst-case scenario is in the winter. The first thing a homeless person will do is they'll try to find a warm shelter, usually a hospital emergency room or a bus shelter. Then they wait for things to open until people start coming around and hoping for generosity and maybe some change. Many people will find a spot where they can panhandle, hoping to get through the day or get something to eat or maybe a coffee.

Most people try hard not to see you, and you might get a few insults during the day. Some of them are harassed by law enforcement. Many homeless try to panhandle in front of a business they'll be asked to leave. They'll just basically do the rounds and go to various spots within their community where they can get anything to eat.

You have the belligerent homeless people and the nonbelligerent homeless people. It's very hard to blend in. It's very hard to not look homeless. It's very hard to strike up a conversation with them because there's this unspoken kind of rule that poverty and homelessness are like an airborne virus. Nobody wants to deal with you. It's a very lonely experience. There's a lot of walking. Oftentimes your feet will be so sore

that you'll sit anywhere just to rest. If you go into a business, you're oftentimes treated as a thief or a problem of some kind.

In the warmer months if I had a guitar, because I've been playing for 32 years, I would set myself up on the street corner and would just play music.

Ashoor then asked Dunlop why he was seeking death.

What caused me to want to end my life was, once I was walking around in the cold, no family or so-called friends could put me up. I hadn't slept in over three weeks. I was dirty. I was hungry. But one thing I've always had is my faith. I've always been Christian.

What persuaded me was my talks with Tim den Bok. That kind of philosophical conversation helped me see the light, so to speak. We had a lot of long discussions. He's very well versed in philosophy and I'm quite familiar with it myself. So last winter, we did a lot of talking together and some arguments got pretty heated. Eventually, he helped me see why life is fundamentally worth living. It was a good experience that brought me back to my senses. When I chose MAID I was in a state of complete brokenness and hopelessness. My hope was restored and

my faith in humanity was restored by the kindness I received from many people.

Dunlop explains why his favourite chapter is "Welcome to My Nightmare":

It shows what I have struggled with in terms of mental illness and alcoholism. It takes the reader through a typical cycle of addicted, mentally ill, chaos and struggling to find housing that I went through. It also takes the reader through the many hoops that you have to jump through to try to access services whether they be homeless services, treatment services, or mental-health services. It speaks for a lot of Canadians.

The article concludes with Dunlop explaining what home means to him.

A home is a place where you stay permanently, and hopefully you're surrounded by loved ones and support and encouragement. That's a word that I haven't been able to use as much in the last 14 years. It's something I eagerly hope for and am trying to obtain one day. Yeah, home is a permanent place that I can afford.

"Therefore Choose Life" is available from the Euthanasia Prevention Coalition for \$20 for 1 book or \$50 for 3 books (+\$5 for shipping per book).

How One Abortion Killed 10 Preborn Babies

From Page 38

or miscarried babies have looked like?...

Would they have looked more like me or their dad or maybe their grandma or granddad? ...

How would they have interacted with their siblings? What would their first bike look like? What would have been their favorite food? What type of personality would they have had? ...

There is not a single day that goes by that I don't miss my baby that I aborted and the other 9 children who miscarried in my womb.2

Former Planned Parenthood Worker Reveals Neglect

Sadly, Kellum's situation is not an isolated one. In a webcast sponsored by the group And Then There Were None, a former Planned Parenthood worker confessed that patients at the Planned Parenthood center where she used to work sometimes didn't get the RhoGAM shots they needed.

Moreover, even when Planned Parenthood knew that post-abortive people left without a needed RhoGAM shot, they didn't call them to come back. Planned Parenthood never followed up and contacted them. Instead, they left them with a ticking time bomb in their blood. These post-abortive people went on their way, never knowing that their future babies were in danger.

Why did this happen?

Rushing Pregnant People through the Clinic

Former abortion worker Jayne described how her Planned Parenthood center rushed patients through their abortions, trying to fit as many in each day as they could. The more abortions they could commit, the more money they would make.

Jayne describes the situation:

[A]t Planned Parenthood, because of the high volume and high-speed... you only have 45 minutes to see a patient...

So, if you're in charge and you have your 10 patients, there's no way that you're going to—things are going to get missed. And in this case, many cases, many times these patients were leaving, and not being given that shot—the RhoGAM.

Faulty bloodwork Could Have Led to Tragedy

She tells the story of one woman. The woman had had her abortion and was leaving. Jayne handed her medicine and dismissed her. On her way out, the woman said that during a previous pregnancy, her doctor had told her she would always need a RhoGAM shot.

To Jayne's credit, she didn't simply dismiss the woman. Instead, she double checked the woman's bloodwork. The bloodwork showed that

the woman's blood was Rh-positive—that she didn't need the shot.

Fortunately, Jayne took the woman's word over the faulty bloodwork. She repeated the test, running it correctly this time, and it verified that the woman needed RhoGAM. She got her shot. But if she hadn't spoken up at the last minute, she wouldn't have.

Jayne says, "You're not even getting bloodwork that's reliable."

How many more women had faulty bloodwork and left without a RhoGAM shot? How many others had paperwork saying they needed the shot, but it was overlooked in the rush to get them out the door so the next abortion could be done?

No Contact, No Shot, No Warning

Jayne admits that Planned Parenthood frequently neglected to give Rh-negative people their RhoGAM shots. However, Planned Parenthood's policy was not to call these people and tell them to come back in for a shot. Jayne says:

As soon as I saw those couple women going out without that shot, I was like, well we need to call them. They need to come back. They have to have that shot. And it was like, we can't, because everything is kept kind of on the down low, so to speak, and so you can't just call them back.... We can't call them because, you know, it was a secret kind of thing. So, you don't call them, and these patients go out.

Planned Parenthood willfully neglected to inform post-abortive people that they needed a RhoGAM shot and allowed them to go without one. They didn't care about the preborn baby they just aborted—and they didn't care about future preborn babies, even ones who would be wanted.

Pro-Abortion Not Pro-Choice

Planned Parenthood's negligence in this matter is shocking. They knew these patients would suffer miscarriages and future disabled or dying children due to their oversight but didn't try to correct their mistake – allowing women and their future children to suffer.

"Pro-choice" implies that one values either choice, abortion or birth. This was clearly not the case at Planned Parenthood. Just more proof that they are, in fact, pro-abortion.

Other Planned Parenthood workers (as well as former abortion workers from centers not affiliated with Planned Parenthood) have also spoken out about how they rushed pregnant people in and out of the facility.

Therefore, it's possible, if not likely, that this problem is widespread in the abortion industry.

Source: Dawn Kellum My Abortion and What NOBODY Told Me (2022) 2, 3

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