



National RIGHT TO LIFE NEWS

October 2026



National
RIGHT TO LIFE

OCTOBER IS RESPECT LIFE MONTH



PROTECT, DEFEND, AND CELEBRATE LIFE



October 2026

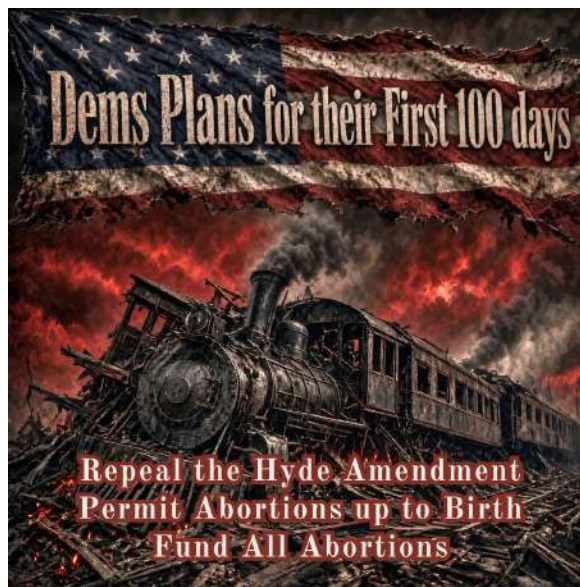
The First 100 Hours: A House Blueprint to Federalize Abortion

By Raimundo Rojas, National Right to Life Outreach & Events Director

On September 1, 2026, House Democrats' Cost-of-Living Healthcare Working Group (headed by Democrat Socialist Alexandria Ocasio-Cortez and others) sent Leader Hakeem Jeffries a governing memo, not a campaign flyer. After 93 meetings with 139 members and 145 outside groups, the group laid out what it wants done in the first 100 hours, first 100 days, and first year of the 120th Congress.

Buried in the language of premiums and monopolies is an explicit instruction on abortion: restore a nationwide statutory right to abortion, and end the Hyde Amendment so federal programs pay for it.

If voters who defend unborn children stay home in November, that is the agenda waiting in



January. Chaos and death.

The memo is explicit. "Restore reproductive freedom nationwide," it says: "Reestablish a federal right to abortion care

and end restrictions that prevent people covered through federal health programs from receiving abortion coverage." The bills named for the opening days and the opening salvos are H.R. 12,

the Women's Health Protection Act, and H.R. 4611, the Equal Access to Abortion Coverage in Health Insurance (EACH) Act.

H.R. 12 is not *Roe v. Wade* restored as a court opinion. It is an attempt to do by statute what *Dobbs* returned to the people: create a federal right for patients to obtain abortion and for providers to perform it, "free from state and local restrictions." The addendum specifies the purpose without embarrassment—to override "the patchwork of state bans" that followed the overturning of *Roe*. States that enacted protections after 15 weeks, after a heartbeat, or after viability would be told those laws do not matter.

H.R. 4611 is the funding half. The

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On the 50th Anniversary of the Hyde Amendment, We Renew Our Commitment to End Taxpayer-Funded Abortion



Rep. Chris Smith (right) with Rep. Henry Hyde (middle)
photo from the early 1980s

By Rep. Chris Smith (R-NJ)

Fifty years ago—on September 30th, 1976—Congress first enacted an amendment offered by Rep. Henry Hyde (R-IL) to protect federal Medicaid funds from being used to subsidize killing unborn children by abortion.

Beginning in 1981, I had the honor of serving alongside Henry Hyde in the U.S. House of Representatives. He was a brilliant, one-of-a-kind lawmaker—who, to this day, remains the great defender of unborn children and their mothers.

When he first offered his amendment, Rep. Hyde said, "An innocent, defenseless human life, in a caring and humane society deserves better than to be flushed down a toilet or burned in an incinerator. The promise of America is that life is not just for the privileged, the planned, or the perfect."

Today, **more than 2.7 million** people are alive because of Henry Hyde's amendment. In other

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A Clarion Call Pro-Lifers Must Heed

Its timing was perfect. Last Thursday, on the 50th anniversary of the life-saving Hyde Amendment, National Right to Life's Rai Rojas wrote a story for *NRL News Today* that laid out in painful detail what the abortion-loving Democrats proposed to do in the "first 100 hours, first 100 days, and first year of the 120th Congress."

Rai's first two paragraphs told pro-lifers what's at stake on November 3. In "A House Blueprint to Federalize Abortion," we read

On September 1, 2026, House Democrats' Cost-of-Living Healthcare Working Group (headed by Democrat Socialist Alexandria Ocasio-Cortez and others) sent Leader Hakeem Jeffries a governing memo, not a campaign flyer. After 93 meetings with 139 members and 145 outside groups, the group laid out what it wants done in the first 100 hours, first 100 days, and first year of the 120th Congress.

Buried in the language of premiums and monopolies is an explicit instruction on abortion: restore a nationwide statutory right to abortion, and end the Hyde Amendment so federal programs pay for it.

That's only part of the pro-death wish list for Democrats. Read Rai's story in this October *National Right to Life News* and you'll get the full flavor of Democrats' insatiable hunger for more and more and more abortions.

What is my response? Righteous anger? Fierce indignation? Unwavering resolve? You bet, and more.



But none of that makes a difference if I don't do something about it: spread the word about the magnitude of what's at stake, volunteer my time, and vote!

The Abortion Media Complex has one overriding job in the next 29 days. And that's to convince you that your vote doesn't matter; to discourage you and your family; and to turn a blind eye to what Democrats will do if they control Congress.

It is not being pollyannish to talk about the positives. It is to act like adults and realize that while the specialty of pro-abortion Democrats and their allies in the media is spreading gloom and doom, there are genuinely encouraging developments.

Drawing from journalist David Catron's analysis, we see that Democrats' are witnessing a "serious funding shortfall in their vaunted turnout operation this year." The reliably pro-Democrat PBS all but panicked.

Democrat strategists are increasingly alarmed by anemic

funding for their get-out-the-vote (GOTV) operation: "They are worried that many grassroots groups will not be able to mount effective registration and get-out-the-vote efforts."

The impact on the ground caused by these financial shortages will be profound. Field teams will be drastically reduced. Consequently, operations aimed at low-propensity voters—including younger and minority voters—will be fewer in number and more sparsely manned than in the last two midterms. Democrat strategists are right to fear that, without their usually strong field operations, their final turnout numbers will be depressed. This will prevent Democrats from fully capitalizing on their favorable position in generic congressional ballot polling.

Impact elsewhere?

The damage caused by the lack of funding won't be limited to the Democrat ground game. The shortfall in cash will also have

a seriously negative effect on their ability to mount successful advertising campaigns.

On September 21 the *New York Times* reported, "The Republican National Committee entered this month with about \$126 million on hand. The Democratic National Committee, which has faced internal chaos and struggled badly to raise money, was \$750,000 in debt."

Catron added

This Republican advantage is augmented by \$416 million in cash on hand in President Trump's super PAC, MAGA, Inc. According to the Times, no Democrat super PAC has close to that much cash. Consequently, the GOP will outspend the Democrats in all but one of the competitive Senate races.

The Republicans' advantage in resources is real. The ability of President Trump to engage and rally his voters should never, ever be underestimated.

The question for us will be whether we do everything we can to thwart pro-abortion Democrats and elect pro-life Republicans.

As Rai wrote

Unborn children do not get a ballot. The people who speak for them do. The first 100 hours will belong to whoever shows up in November.

From the President Carol Tobias



By Carol Tobias, President,
National Right to Life

On September 30, 1976, Congress enacted the Hyde Amendment. Sponsored by Henry Hyde, a freshman congressman from Illinois, the amendment declared that no tax dollars could be used to fund abortion.

To add a little history, the federal Medicaid program was established in 1965, to provide financial assistance to those who needed medical treatment. After the Supreme Court issued its 1973 *Roe v. Wade* decision, the program started paying for abortions as a "medical procedure." The pro-abortion Guttmacher Institute estimated that roughly 300,000 abortions were paid for each year and the body count was growing.

Then came Henry Hyde. This tall, eloquent orator, from the suburbs of Chicago, was elected to Congress in 1974. Hyde approached National Right to Life and said he wanted to end tax-funding of abortion.

In June of 1976, as the US House of Representatives was working on the Departments of Labor and Health, Education, and Welfare Appropriation Act, Hyde submitted a provision to prohibit tax-funding of abortion through the Medicaid program.

The House accepted the language and sent the bill to the Senate for approval. The Senate passed the bill with some changes not related to the Hyde Amendment and sent it back to the House for final approval.

The House accepted the changes and sent the bill to President Gerald Ford. Ford vetoed the bill for reasons other than abortion, but both the House and Senate voted to override the veto. Voila! The Hyde amendment had been enacted into law as part of the bigger bill!

Reflections on 50 Years of the Hyde Amendment

What is amazing, from this vantage point in time, is that Democrats had large majorities in both the House and the Senate. Democrats had 61 of 100 senators and 291 of 435 representatives. And a large share of them voted for life. It's sad, and shameful, to see the way the party has flipped to be so rabidly anti-life.

However, the next four years were contentious as court challenges were pursued and pro-abortion legislators fought to add exceptions to the Hyde language if not kill it altogether. It all came to a head when, in 1980, the US Supreme Court ruled, in *Harris v. McRae*, that the federal government did, indeed, have the right to limit federal funding of abortion.

The Hyde language has been modified several times over the years, sometimes limited to life-of-mother-only language or including pregnancies that result from rape or incest, reported to law enforcement.

Prior to Hyde, our tax dollars were paying to end the lives of 300,000 unborn children each year. But now, because of the Hyde amendment, an estimate from the Charlotte Lozier Institute says that, over those 50 years, approximately 2.7 million babies have been saved because of it.

The Democrat party, now pro-abortion down to the soles of their feet, has consistently tried to end "the greatest domestic abortion-reduction measure ever enacted by Congress." They have failed.

One man with conviction impacted every corner of our country. Henry Hyde provided moral clarity to a government that was trying to find its way in the wake of an appalling 1973 Supreme Court decision on abortion. Millions of babies are alive because he didn't give up, fighting year after year, for innocent children. His dedication and spirit are an awesome example for all of us.

Henry Hyde left us in 2007, but he will not be forgotten. Many of you are very familiar with this quote from Henry, but it's encouraging to read it again.



When the time comes as it surely will, when we face that awesome moment, the final judgment, I've often thought, as Fulton Sheen wrote, that it is a terrible moment of loneliness. You have no advocates, you are there alone standing before God and a terror will rip through your soul like nothing you can imagine. But I really think that those in the pro-life movement will not be alone. I think there will be a chorus of voices that have never been heard in this world but are heard beautifully and clearly in the next world and they will plead for everyone who has been in this movement. They will say to God, "Spare him because he loved us," and God will look at you and say not, "Did you succeed?" but "Did you try?"

Thank you, Congressman Hyde.

Charlotte Stands for Life: An Unforgettable Night in the Queen City

By Anne Carmichael, National Right to Life Senior Fundraising Strategist

On September 17, in Charlotte, a ballroom became something more.

It became a gathering place for a movement.

Pro-life leaders, families, physicians, clergy and supporters from North Carolina and across the country filled the Hilton Charlotte Uptown for National Right to Life and North Carolina Right to Life's Proudly Pro-Life Gala—an evening celebrating lives saved, extraordinary courage, and the work still ahead.

From the opening moments, one message echoed throughout the ballroom: History changes when ordinary people decide they will not stand on the sidelines.

National Right to Life President Carol Tobias reflected on more than five decades of work and the three pillars that have guided the organization: education, legislation and political action.

But she made clear that the evening was not simply about looking back.

“What we do matters,” Tobias told the crowd. “And National Right to Life cannot do this work from Washington alone. Our strength

has always come from the partnership between the national organization and strong state affiliates.”

That brought the evening's focus directly to North Carolina.

Dr. Bill Pincus, president of North Carolina Right to Life, highlighted the organization's educational and outreach efforts, including Camp Joshua, leadership scholarships, state fair outreach, the annual North Carolina March for Life, and its longstanding Prayer Breakfast.

He also addressed the changing abortion landscape in North Carolina and NCRTL's efforts to respond, including a billboard campaign directing women to information and resources concerning chemical abortion.

“North Carolina Right to Life has built a network of advocates, churches, volunteers and community leaders who refuse to surrender the next generation,” Pincus said. “Lives are being touched. Families are being strengthened. The culture is being challenged.”

Pincus also challenged members of the Knights of Columbus to help expand those efforts across the state. As Knights throughout the ballroom stood to be recognized, the moment reinforced a central theme of the evening:

No organization does this work alone. And no generation can leave the work to the next.



Carol Tobias, president
National Right to Life



Dr. Bill Pincus, president
North Carolina Right to Life

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A Doctor, a Mother, and an Unforgettable Tribute

Perhaps the most emotional moment of the night came with the presentation of the Proudly Pro-Life Award to Dr. Matthew Harrison.

Nearly two decades ago, Harrison received a desperate call from a young woman who had begun a chemical abortion, changed her mind and wanted to save her baby.

She needed a doctor willing to try to help.

Dr. Harrison said yes.

His use of progesterone resulted in the first documented successful abortion pill reversal and helped open the door to an effort that has since offered hope to women facing similar circumstances.

The award also recognized a broader life of service. Harrison has provided prenatal care to women in need, served pregnancy help organizations, taught future physicians, and participated in medical missions around the world.



Dr. Matthew Harrison
Proudly Pro-Life Honoree



Dr. Matthew Harrison and his wife, Kathleen, with their son, Fr. Matthew, who recently became a priest and gave the benediction to close the Gala

But after accepting the honor, Harrison did something few in the ballroom expected. He dedicated the award to his mother. Then he walked off the stage, made his way to where she was sitting and placed the award in her hands.

The symbolism was unmistakable: a physician being honored for helping save a child's life gave that honor to the woman who had given him his.

A son. A mother. An award

honoring lives saved. It became one of the defining moments of the night.

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Pro-Life Gala From Page 5

Rachel Campos-Duffy: Faith, Family and Life

Keynote speaker Rachel Campos-Duffy, a wife, mother of nine, author and co-host of *FOX & Friends Weekend*, spoke about faith, family, motherhood and the dignity of human life.

She also recognized National Right to Life’s longstanding role in the movement, telling the audience that National Right to Life “has been the leader for decades.”

For Campos-Duffy, the subject is deeply personal.

Her youngest daughter, Valentina, was born with Down syndrome. Campos-Duffy has spoken publicly about the joy Valentina has brought to their family and about the value and dignity of children with disabilities.



Rachel Campos-Duffy
Keynote speaker, author and *Fox & Friends* weekend co-host

Her message brought the evening’s larger themes down to their most personal level: Every life has a face. Every child has a story.

Three Generations, One Powerful Ending

Then, near the end of the evening, the Harrison story came full circle.

The physician who had been honored earlier—and who had placed his award into his own mother’s hands—watched as his son walked to the stage.

Father Matthew Harrison, one of Dr. Harrison’s and his wife Kathleen’s seven children, was ordained to the priesthood just over a year ago and now ministers to college students in North Carolina.

On a night celebrating his father’s commitment to life, Father Harrison offered the closing benediction.

The image captured the evening in a way no speech could.

A mother honored by her son.

A physician honored for saving life.

And his son closing the evening in prayer.

Three generations.

One family.

And a reminder that the influence of one life can reach farther than we may ever know.

Throughout the evening, that truth appeared again and again. Sometimes history turns on a

court decision or a vote. But sometimes it begins much more quietly.

A doctor answers a telephone.

A mother asks for help.

A young person decides to lead.

A volunteer shows up.

A donor gives.

Someone chooses to speak when remaining silent would be easier.

One person acts—and one life touches another.

The Proudly Pro-Life Gala was a celebration of what has been

accomplished, but it was also a challenge to carry the work forward.

For more than half a century, others have answered that call.

Now it is our turn.

Last night, in the heart of the Queen City, Charlotte answered:

Life is worth defending.

Life is worth celebrating.

Life is worth showing up for.

And Charlotte showed up.

Later Abortions are Not Safer than Pregnancy

By Dr. Sharai Amaya

Editor's Note:

The following guest column was written by Dr. Sharai Amaya, president of Arkansas Right to Life, and appeared September 18 in the Arkansas Democrat-Gazette. It was in response to an op-ed written for the Arkansas Democrat-Gazette by Gwen Faulkenberry. Dr. Amaya is a board-certified OB-GYN with experience in academic teaching and gynecologic surgery whose practice is in Little Rock.

I don't pretend to know what Danielle Williamson and her husband felt when they learned that their five-month-old preborn child did not have a functioning kidney or bladder. Their grief must have been enormous, knowing that the child they'd joyfully anticipated for months might not survive past birth.

As an OB-GYN who has spent the past 21 years working with women experiencing similar tragedies, I have seen up close the pain of parents enduring these nightmares and know all too well the pressure that they experience to prematurely end their precious child's life.

Tragically, medical professionals have convinced many Americans that abortion is the easiest, safest, and most merciful option for heartbreaking situations like these. In reality, it does irreparable harm to both mother and child.

For years now, pro-abortion activists have convinced American women of something patently untrue: that continuing pregnancy

is more dangerous than having an abortion. Yet abortion is far more dangerous for women physically and emotionally—especially starting in the second trimester, when the risks of later abortions grow exponentially each day.

Abortions in the second trimester typically involve invasive, painful procedures. For example, a second trimester dilation and evacuation (D&E) abortion requires the use of forceps to dismember an unborn child limb by limb. By 15 weeks gestation, unborn children can feel and respond to this pain.

In many cases, D&Es can also be riskier than continuing to term and lead to bleeding, perforation of the uterus, laceration to the cervix, retained fetal tissue, and even infection. Some women may even need an emergency hysterectomy, leaving them unable to fulfill their dream of raising a child. Yet medical professionals encourage them to take the risk anyway.

Second-trimester abortions can also involve the use of the drug misoprostol to induce labor. This lengthy process can take one to two days, and in this scenario, the child is delivered intact—at a gestational point in which some children have been able to survive outside the womb with support. This method often involves a surgical suction and curettage to remove the placenta because a second-trimester placenta is not designed to detach from the uterus the way a full-term placenta does. This can cause

scarring and, in some cases, has caused severe infections in women if abortionists do not properly remove all the contents of her uterus.

Another of the many tragedies in these cases, however, is that the baby's diagnosis is not usually dangerous to the mother.

What's more, if at any time during the pregnancy a mother's physical health becomes endangered, under Arkansas law physicians could intervene as medically necessary. In fact, when a medical emergency threatens a mother's life, medical professionals are legally able and required to provide lifesaving care in all 50 states.

Carrying a pregnancy to term in these cases gives parents time to process their grief, to hold their child, and give her both kisses and the comfort of knowing her parents were protecting her in their final moments. This practice is extremely common and has become known as perinatal hospice.

Numerous studies have shown that perinatal hospice also helps protect a mother's long-term mental health. Compared to an abortion, the limited precious time that a mother can spend with her baby has been found to bring healing and closure.

Women facing painful diagnoses like Danielle deserve compassion, truthful information, time, and support that endures beyond



Dr. Sharai Amaya

a procedure. Instead, medical professionals tell them that abortion is the more merciful choice due to unconfirmed fears that their child may be in pain. But what place can be safer and more comforting for a child than in her mother's womb?

I feel for the physical and emotional loss women like Danielle experience.

In a recent op-ed for the *Arkansas Democrat-Gazette*, Gwen Faulkenberry used Danielle's choice as evidence that Arkansas should adopt more permissive abortion policies. Gwen wrote that she'd never forget the weeping of a friend who'd lost a child, as if women's pain and loss can be cured by more abortion.

I've sat with many weeping women too. And I can attest that abortion was neither safer for them than pregnancy, nor did it provide the emotional and physical healing they so desperately needed.

I Work with Pregnant Women and I'm Voting No on Prop 1

By Heather Lawless

This opinion piece appeared in The Lewiston Tribune and is reposted with the author's permission.

I read Dr. Becky Uranga's recent commentary (*Tribune Opinion*) about Proposition 1 carefully. I respect her years of caring for Idaho women, and I don't doubt that she sincerely believes Prop 1 will make Idaho better.

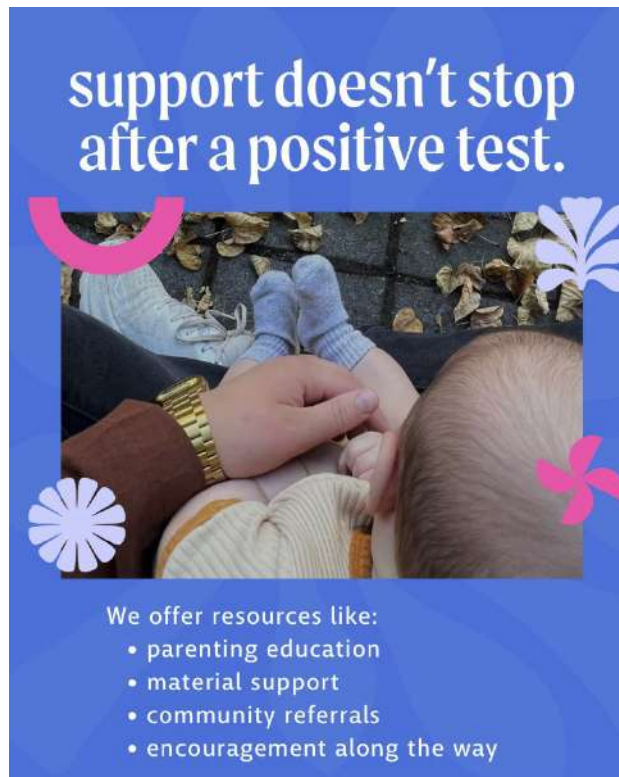
But I work with pregnant women, too. For more than a decade, I have sat knee-to-knee with women facing unexpected pregnancies, complicated pregnancies, abortion decisions, miscarriage, trauma and circumstances they never imagined facing. I founded Reliance Ministries because I believe women deserve compassionate, excellent care when life gets complicated. And that is exactly why I am voting no on Proposition 1.

Dr. Uranga describes Prop 1 as restoring doctors' ability to use their medical judgment. But Idahoans need to read what Proposition 1 actually says, not simply what either side says about it. This proposal is not merely a narrow fix for physicians treating pregnancy complications.

Prop 1 creates a protected right to make and carry out decisions about "reproductive health care," including abortion. Its language applies to "every person." Idahoans should understand

exactly what that language could mean before fundamentally reshaping our laws. It especially matters to parents. If a 15-year-old daughter is pregnant, her parents should not be treated as obstacles standing between her

and good medical care. They should be part of protecting her. We require parental involvement in countless serious decisions involving minors because children are vulnerable. Yet when the subject becomes abortion, an



I also reject the claim that Idaho's current law prevents women from receiving lifesaving medical care. It does not prohibit treatment for ectopic pregnancy or miscarriage, and the Idaho Supreme Court has confirmed that ectopic and nonviable pregnancies do not fall within the definition of abortion prohibited by the state's total abortion ban.

incredibly consequential medical decision, we're suddenly supposed to believe parents shouldn't have a voice. We shouldn't buy it.

Dr. Uranga also writes about heartbreaking pregnancies involving severe fetal diagnoses. Those families deserve enormous compassion. But a devastating diagnosis does not make a child disposable. Families receiving terrible prenatal diagnoses deserve exceptional medical care, perinatal hospice when appropriate, mental health support, practical resources and physicians willing to walk through the suffering with them. Compassion does not require intentionally ending another human life.

I also reject the claim that Idaho's current law prevents women from receiving lifesaving medical care. It does not prohibit treatment for ectopic pregnancy or miscarriage, and the Idaho Supreme Court has confirmed that ectopic and nonviable pregnancies do not fall within the definition of abortion prohibited by the state's total abortion ban. Doctors may treat an ectopic pregnancy, including through a salpingectomy when medically appropriate. They may provide miscarriage care after an unborn child has died. They may treat infection, hemorrhage

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and other dangerous pregnancy complications. When continuing a pregnancy threatens a woman's life, physicians can intervene and deliver the baby through induction of labor or a C-section when medically appropriate. Those treatments are not the same as intentionally causing the death of a living child before delivery. Sometimes a baby is tragically too young or too sick to survive an emergency delivery, but there is a profound difference between being unable to save a child and intentionally killing that child before he or she is delivered.

Treat the mother. Stabilize her condition. Deliver the baby when necessary. Provide every medically appropriate intervention and make every reasonable effort to save both lives. Nothing in Idaho's law requires physicians to stand by while a woman dies, and protecting unborn children does not prevent doctors from providing genuine emergency care.

Women deserve excellent medicine, and doctors should be able to provide it. But intentionally ending the life of an unborn child and treating a pregnancy complication are not interchangeable concepts. We

Women deserve excellent healthcare.
Doctors deserve clarity. Parents deserve a voice.
Unborn children deserve protection.
Voting NO means insisting that Idaho protect
all of them,
not choosing which lives are worthy
of our compassion.

do not need Prop 1's sweeping new legal right in order to ensure that women receive lifesaving care. This is why voting no is so important. A no vote does not mean ignoring women, abandoning doctors or denying that heartbreaking medical circumstances exist. It means refusing to create a sweeping legal right when narrower, clearer solutions can address legitimate medical concerns without stripping away protections for unborn children, vulnerable minors and the role of parents.

Prop 1 would establish a broad legal standard that future courts, lawmakers and medical boards would be required to apply. Once that standard is in place, Idahoans will not live under campaign promises or reassuring talking points. We will live under the

actual language of the law, and its consequences. That is why we cannot vote on this measure based only on the hardest stories used to promote it. We must ask what the full policy authorizes, what protections it could weaken and who may be left vulnerable after the campaign signs come down.

I've spent years listening to women who believed abortion was their only realistic option. I've heard the fear. I've seen the panic. I've watched women walk through circumstances most of us would consider impossible. And I've also watched what happens when someone looks a terrified woman in the eyes and says, "You don't have to choose between your life and your baby's life. We will fight for both of you."

That is the Idaho I want: an

Idaho where physicians can save women's lives, where parents remain involved in protecting their minor daughters, where families facing devastating diagnoses receive extraordinary care, where doctors practice excellent medicine and where unborn children are not excluded from our compassion.

Dr. Uranga says she is staying in Idaho because she loves her patients. I believe her. I'm staying in this fight for the same reason. I love the women we serve, and I love their babies. I refuse to accept the premise that protecting one requires abandoning the other.

Women deserve excellent healthcare. Doctors deserve clarity. Parents deserve a voice. Unborn children deserve protection. Voting no means insisting that Idaho protect all of them, not choosing which lives are worthy of our compassion.

We can fight for them all. Vote no on Proposition 1.

Heather Lawless is Executive Director of the Reliance Center in Lewiston, Idaho.

The Geneva Consensus Pushes Back on Decades of UN Abortion Pressure

By Raimundo Rojas, National Right to Life Outreach & Events Director

If you spend enough time around the United Nations, you begin to recognize how an argument becomes accepted without ever actually being won.

A phrase enters a resolution. It turns up again the following year. Then it appears in a report from a UN agency, followed by a recommendation from a treaty body. After a while, advocates point to all that repetition and announce that the world has reached a consensus.

Abortion provides one of the clearest examples.

For decades, pro-abortion zealots have tried to establish abortion as an international human right. They have used phrases such as “sexual and reproductive health and rights” and increasingly describe abortion as an essential part of health care. But the underlying international agreements tell a more complicated story.

This was the status quo the Geneva Consensus Declaration tries to clarify, and where we were when it entered in 2020.

Its full name is the Geneva Consensus Declaration on Promoting Women’s Health and Strengthening the Family. The United States launched the initiative with Brazil, Egypt, Hungary, Indonesia, and Uganda.



Thirty-four countries originally signed it.

The declaration rests on four basic objectives: improving health and development for women, protecting human life at every stage, strengthening the family as the fundamental unit of society, and preserving the sovereign authority of nations to make their own laws and policies.

Notice what is missing. The document does not create a new treaty. It does not establish an international organization. It cannot force a legislature to change an abortion law. Instead, it returns repeatedly to agreements governments have already negotiated.

That includes the 1994

International Conference on Population and Development in Cairo, one of the most frequently cited documents in battles over abortion at the UN.

Cairo did not create an international right to abortion. Its Programme of Action said that “in no case should abortion be promoted as a method of family planning.” It also left changes concerning abortion to national or local legislative processes.

The Geneva Consensus takes those words seriously.

That becomes particularly important because the meaning attached to “reproductive health” has changed dramatically in international debates. Language once negotiated without an international abortion right now

regularly appears in arguments for expanded abortion access.

The declaration pushes back against that reinterpretation. Current HHS materials describing the Geneva Consensus state directly that there is no international right to abortion or obligation on countries to finance one, while affirming the authority of sovereign nations to establish their own policies.

As such, the Biden administration withdrew the United States from the declaration in January 2021 but the coalition continued without Washington. Hungary eventually assumed responsibility for the secretariat and continued working with other participating governments. And then the United States rejoined in January 2025.

This year brought another major change. In June 2026, the United States assumed the secretariat from Hungary. HHS and the State Department formally announced the transition on August 12. The secretariat now operates through the HHS Office of Global Affairs, with both departments participating in the effort. HHS says the coalition has grown to more than 40 signatories.

Two days before that public announcement, Argentina

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formally joined the declaration in Buenos Aires and became the first country to accede after the United States assumed the secretariat. HHS described the signing as part of a renewed effort to build cooperation around women's health, protection of life, the family and national sovereignty.

Then, on September 15, President Trump marked the coalition's annual commemoration with a written message reaffirming American leadership of the secretariat and calling for continued cooperation among participating nations.

None of this means that the Geneva Consensus suddenly controls what happens inside the UN.

It does not.

UN agencies will continue promoting their own interpretations of reproductive health. Treaty-monitoring bodies will continue issuing recommendations. Governments that favor broad abortion access will continue pressing their position in negotiations.

The Geneva Consensus has already done something significant. It has put a group of governments on the record saying that the debate remains open, international law has not created a universal right to abortion, and nations retain the authority to protect unborn life under their own laws.

The Geneva Consensus gives countries that disagree something they often lack in multilateral negotiations: agreed language and a visible coalition. And that can become very important very quickly.

Anyone who has watched or followed a UN negotiation knows how easily a handful of words can become the entire fight. Delegates debate whether to accept "sexual and reproductive health," whether to add "rights," whether previously negotiated language should return, and whether references to health services quietly carry policy implications governments never agreed to.

One country objecting can find

itself isolated. Forty countries objecting are harder to dismiss.

For pro-life advocates, that is probably the declaration's most practical significance. It gives governments a common text to cite when someone claims that abortion has already become an internationally recognized human right. It reminds negotiators that Cairo left abortion law to sovereign governments. And it challenges the idea that improving women's health requires countries to accept abortion policies created elsewhere.

The declaration also forces a question that often disappears beneath diplomatic terminology. What do we mean when we talk

about women's health?

Maternal health means preventing women from dying during pregnancy and childbirth. It means prenatal care, nutrition, trained medical personnel, safe delivery, treatment for complications and serious investment in health systems that too many women still cannot reach.

A debate about abortion cannot substitute for any of that.

The Geneva Consensus will not settle the argument over abortion at the United Nations. Nothing suggests that argument is close to disappearing.

But it has already done something significant. It has put a group of governments on the record saying that the debate remains open, international law has not created a universal right to abortion, and nations retain the authority to protect unborn life under their own laws.

After years of hearing otherwise in conference rooms from New York to Geneva, that is a statement worth reading carefully.

Pro-lifers in Massachusetts Scurry to Obtain Signatures to Suspend Wide-Open Abortion Law until 2028 State Election

By Dave Andrusko, Editor, National Right to Life News

What would be an understandable, even likely response if you're dealt a crushing blow? If you are ordinary folk, you might be angry, very angry, but then resign yourself: it is what it is.

Not so for pro-lifers in Massachusetts. No siree.

Myrna Maloney Flynn is the President of Massachusetts Citizens for Life and Vice Chair of the Compassionate Care Coalition and she wrote supporters last week that "We are well on our way to restoring power to Massachusetts voters."

What is she talking about?

You'll remember the joyful smirk on the faces of pro-abortion Governor Laura Healey and her audience of assorted pro-abortion lunatics when "she signed away Massachusetts' gestational limits on abortion, making the deep-blue state the tenth to permit the procedure up to birth," according to reporter Catherine Mills.

As she signed the bill into law, Healey happily anticipated the elimination of all—all—limitations on abortion. Whether in reality there were any "restrictions" in the old law—the ROE Act of 2020—it was a point of honor, in a manner of speaking, that abortionists were now unleashed to do their worst on mammoth babies.

Healey slyly took pot shots at Republicans and reminded her

cheering audience that "We've already taken steps to stockpile mifepristone [the "abortion pill"] here in Massachusetts." Best guesses are that Massachusetts has hoarded 15,000 doses of mifepristone.

However, Wes Cipolla of the *Boston Pilot* tells us that "According to the state constitution, a petition can suspend an incoming law and turn it into a ballot measure for voters to decide on in the next election."

Wasting no time, Massachusetts Citizens for Life and the Compassionate Care Coalition sprang into action. "And your courage is starting to pay off," Flynn wrote.

For example, less than a month ago, the attorney general approved the Compassionate Care Coalition's (CCC) petition to repeal Chapter 188 of the Acts of 2026.

What's been accomplished so far?

1. Repeal188.com designed, launched and functioning as the statewide hub, featuring volunteer signup forms and critical "dos and don'ts" that every person needs to read BEFORE getting involved.
2. Coalition partners added.
3. Hundreds of volunteers vetted and assigned.

Also, there is an ongoing series

RESTORE SAFETY STANDARDS AND MEDICAL OVERSIGHT

The petition drive is now underway!

Governor Healey just signed a bill into law which removes all safety restrictions and ethical oversight for late-term abortions.

While previous law provided exceptions for maternal health and fetal abnormalities, Chapter 188 removes these boundaries entirely, compromising maternal safety and viable infants.

A statewide effort is now underway to suspend and repeal this new law. Continue reading to find petition-signing locations near you, give to the effort, or learn how else you can support the cause!

of virtual training sessions and signature sheets have been printed and distributed statewide. In addition, all four Massachusetts Catholic bishops have granted parish priests permission to host on-site signature collections.

Flynn told Cipolla of the *Boston Pilot*

that even people who have never interacted with the pro-life movement before want to mobilize against the new law. She encouraged Catholics to "be courageous" and make their opposition to the law known on social media.

We're really blessed to have the momentum on our side, she said. And if the Catholic communities get involved, church by church, there's no way we can't win.

There is tight deadline—October 23—to secure the 49,716 signatures needed to suspend the law and leave it up to voters to decide in 2028. In reality, they need many more signatures. "Mistakes, like a smudged name or a coffee stain, can result in an entire page of signatures being thrown out," according to Cipolla.

But enthusiasm is the order of the day because, as Flynn wrote, "even the majority of people who consider themselves 'pro-choice' do not support late-term abortion. It's up to each of us to encourage participation from every registered voter."

In short, Flynn concluded, "the petition drive is underway and gains momentum by the minute!"

When “Access” Conceals the Question: Access to What?

By Laura Echevarria, Director of Communications and Press Secretary

Before a reader reaches the second paragraph of a news story about abortion, the language often has established who deserves sympathy and whose concerns may safely be ignored.

One side is defending “reproductive freedom.” The other is imposing “restrictions.” Abortion is described as “care,” while laws protecting unborn children are presented primarily as “obstacles.”

These choices of language fundamentally shape how readers understand the issue.

In communications, we know that “framing” matters. The words that are used also determine which questions people ask—and which they never consider.

Mainstream news coverage often adopts language that reinforces the Democratic Party’s perspective on abortion. Democrats describe their agenda as “protecting freedom” and “access.” When reporters use those same concepts as their story’s organizing framework, it can amplify their message, even without explicitly endorsing a candidate.

Consider an Associated Press story carried by PBS during the 2024 campaign. It described Republicans as belonging to a party that had worked for decades to restrict “reproductive care.” That phrase folds opposition to abortion into opposition to

much broader, deliberately vague, language.

Abortion, prenatal care, and miscarriage treatment are not interchangeable.

Framing a disagreement over abortion as a disagreement over “reproductive care” not only obscures what is actually being debated, it also ensures that the unborn child disappears from the discussion.

A story may examine a candidate’s electoral prospects, a woman’s circumstances, and an abortionist’s objections to a law without giving comparable attention to the child whose life is at stake or explaining the purpose of a protective law. Result? Often, the unborn child is lost in the trappings of language.

What is our task? Clearly it is to bring the child into the conversation while showing compassion for the mother. Our circle of care has ample room for both.



So, when someone says, “Women need access to abortion care,” a truthful response is

Women deserve compassionate medical care and practical support. But abortion takes the life of an unborn child. We need to do more for mother and child.

When a headline describes legislation as protecting “reproductive freedom,” ask for details. Does it remove parental involvement requirements? Require taxpayer funding of abortion? Override protections for unborn children?

Those are specific policy decisions. A broad slogan should not substitute for explaining them.

A practical response might be

Before we agree about this proposal, let’s look at which laws it would change and how those changes would affect mothers and their unborn children.

We should also resist allowing a political frame to dictate every

answer. If asked whether abortion hurts a party’s election prospects, explain the human stakes before discussing political strategy.

The first question is how we protect unborn children and help their mothers. That is why these policies matter.

Compassion requires listening as well as clarity. If someone fears that a pregnant woman will lose her job, housing, or family support, address that concern directly. Explain why practical assistance matters. Avoid minimizing her difficulties or promising an easy solution. That’s what pro-abortionists do.

And when speaking with reporters, ask them to describe the actual policy, include the pro-life rationale, and distinguish abortion from genuine medical care such as miscarriage treatment.

We cannot control every headline but we can make our own words accurate, humane, and clear.

The next time you encounter “access,” “freedom,” or “care,” ask what those words mean in the story before you.

Then bring the discussion back to the mother, the unborn child, and the policy being proposed.

Both lives deserve to be seen.

Blessed Fulton Sheen and the Sacredness of Human Life

By Raimundo Rojas, National Right to Life Outreach & Events Director

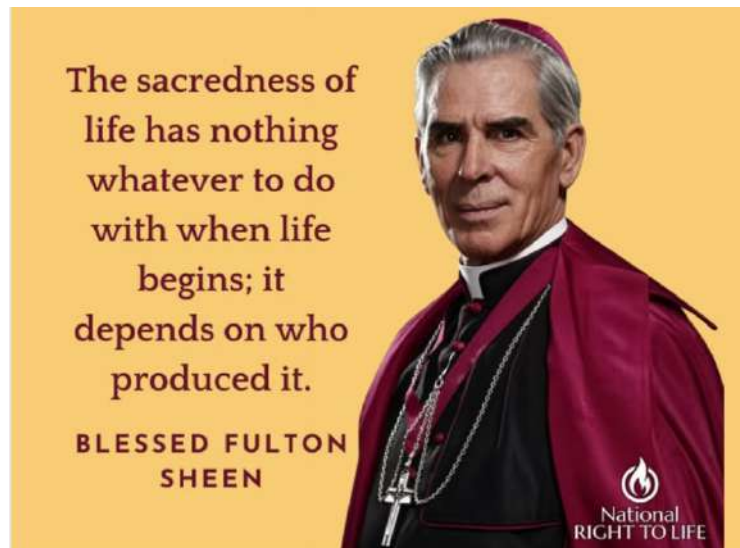
On a warm early fall day along the west bank of the Mississippi, inside a football stadium transformed for worship, the Catholic Church named Archbishop Fulton J. Sheen Blessed.

The Dome at America's Center in St. Louis is the same building where St. John Paul II told Americans in 1999 to "resist the culture of death and stand firmly on the side of life." The September 24 procession began at 1:30 p.m. Central, with bishops in magenta, priests in vestments marked with Sheen's familiar JMJ, and tens of thousands of pilgrims from 48 states and a dozen countries filling the stadium.

After the Kyrie, Bishop Louis Tylka of Peoria formally asked that the cause proceed. Paul Cunningham, Sheen's great-nephew, read a short account of his uncle's life. Then Cardinal Luis Antonio Tagle, Pro-Prefect of the Dicastery for Evangelization and papal legate of Pope Leo XIV, proclaimed the apostolic letter in Latin, and Bishop Tylka repeated it in English.

With those words, Fulton John Sheen, a priest, bishop, television preacher, missionary director, and uncompromising defender of the unborn from El Paso, Illinois, became Blessed.

Cardinal Tagle preached the Mass and called Sheen a "son of Illinois," a "son of the United States of America," and a "son of the



world." He said Pope Leo, himself an Illinois native who grew up watching Sheen, "rejoices."

He closed with a line that carries particular weight for those who work for the smallest and most defenseless among us: "Blessed is the evangelizer converted by beholding and touching the wounds of the risen Christ in wounded brothers and sisters. Blessed is the missionary who digs deep into the heart of the poor to meet Jesus there. Blessed Fulton J. Sheen."

One of those wounded brothers Sheen refused to let America forget was the child in the womb. He did not wait for the pro-life movement to develop its institutions, its marches, its political organizations, or its legislative machinery. He understood the argument before

much of the country understood the battle.

In a mid-1970s address, Sheen asked why civilization had suddenly found it necessary to speak of a "right to life." His answer went directly to the philosophical fracture beneath abortion. Once freedom means "the right to do whatever you please," the individual accepts no limit.

"Then abortion follows."

Sheen understood that abortion does not begin with medicine. It begins with a corrupted understanding of freedom. He also understood that the central question was not the one abortion advocates wanted society to ask. "The problem is not when human life begins. The problem is who made it. Who produced it."

In January 1975, he made the point even more directly: "The sacredness of life has nothing whatever to do with when life begins; it depends on who produced it." Humans beget humans. Fulton Sheen's response stripped the pro-abortion argument of euphemism and evasion.

Sheen warned that calling the embryo non-human was the opening of a terrible door. He reminded us of the horrible historic consequences of what happens when some decide that other humans do not qualify for protection.

Sheen imagined what he called a Clock of Life, and its first stroke was "the killing of human persons in the womb." He had no patience for the language used to conceal what abortion does. He mocked the claim that abortion merely removed "scar tissue," and he understood long before the culture was willing to admit it that women would carry the wounds of abortion long after the procedure ended.

He also gave ordinary Catholics something they could do. He wrote a prayer for the spiritual adoption of a child in danger of abortion: "Jesus, Mary and Joseph, I love you very much. I beg you to spare the life of the unborn baby that I have spiritually adopted." That prayer has been repeated

See *Blessed Fulton Sheen*, Page 15

Blessed Fulton Sheen From Page 14

in Catholic homes, schools, and parishes for decades, and the miracle that opened the way for Sheen's beatification brought that prayer into flesh and blood.

On September 16, 2010, James Fulton Engstrom was born at home in Goodfield, Illinois, with a knotted umbilical cord and no pulse. For 61 minutes, medical personnel worked to revive him. His parents had already named him for Fulton Sheen, and they begged Sheen to intercede.

Then James's heart began to beat. Sixty-one minutes was one minute longer than the Holy Hour Sheen kept every day throughout his priesthood.

James is now 16 years old, and Thursday afternoon his family walked through that stadium carrying Sheen's relic toward the altar. A child who had no pulse became part of the reason the Church may now call Fulton Sheen Blessed. The image was striking in its simplicity: a living boy, the relic of a bishop who defended life, an altar, and a stadium full of Catholics.

For the Catholic faithful, beatification tells the Church

that the man on the old black-and-white television screen is not simply a figure from another age. It says that his witness still speaks, and it tells a pregnancy center volunteer, a sidewalk counselor, a mother in crisis, a priest in a confessional, and a pro-life advocate sitting late at night reading another abortion bill that the truths Sheen defended did not expire when he died.

National Right to Life does not confer titles, but we recognize pro-life champions. Sheen used a blackboard and a television camera the way this movement uses legislatures, courtrooms, pregnancy centers, sidewalks, newspapers, and social media.

He refused the soft words and the argument that economics can determine whether another human being deserves to live. He once mocked the idea that a family unable to afford another hat for another child could solve the problem by cutting off a head. A husband who cannot afford his wife, Sheen said in substance, does not acquire the right to shoot her.

The reasoning is uncomfortable because the truth is

uncomfortable. Human worth does not depend on convenience, income, whether someone is wanted, or whether the powerful find someone burdensome. Sheen said that plainly in 1975, and it remains true in 2026.

The White House issued a statement this morning quoting an old Sheen broadcast in which he told Americans to stop crying "Down" and begin saying "Up." Up from filth. Up from violence. Up to God.

In St. Louis, his image went up, incense rose around the jawbone that once carried his words to millions, and a living boy who once had no pulse stood with the faithful as the Church declared the man his family had prayed to Blessed.

For Catholics, the scene carried a deep and unmistakable coherence. For the pro-life movement, it carried consolation as well.

Fulton Sheen never accepted the lie that the unborn child was merely tissue, a problem, or a private inconvenience. He knew what the child was: One of us.

Then Archbishop Fulton Sheen addressed one of National Right to Life's earliest conferences held in Boston in 1976.

Back in the '70s Archbishop Sheen and others clearly saw that the mentality that supports abortion would inexorably lead to infanticide and euthanasia. "We must also be careful if we give to mothers the right to destroy a child because it may have 'defective traits,'" he warned in 1975, "that someday a child may claim the right to destroy the mother because she has the 'defective trait' of poverty or senility."

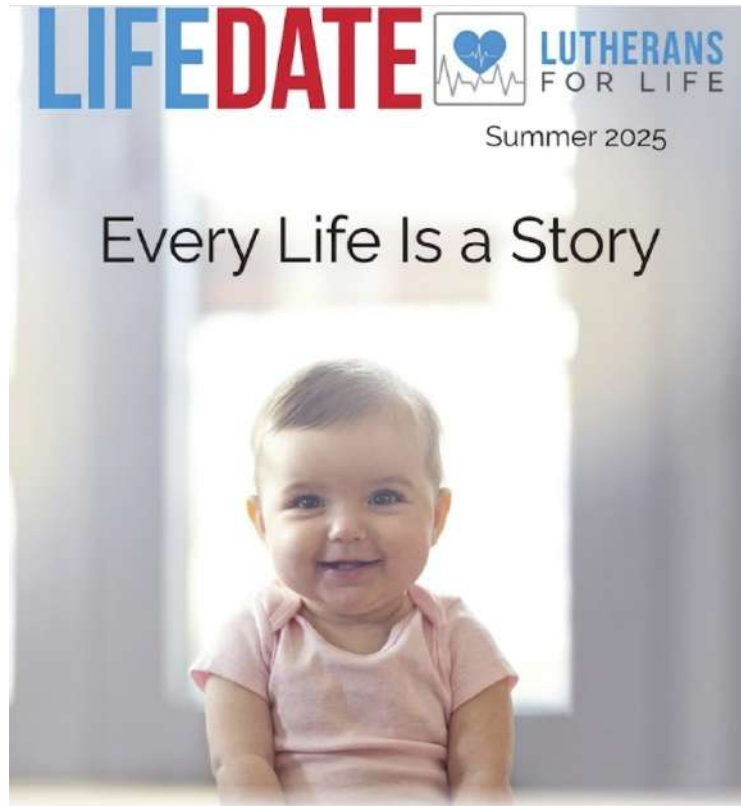
Every Life Is A Story

By Pastor Michael Salemink

The Holy Scriptures consist of more than one letter. Almighty God speaks creation in entire sentences. Human beings never occupy just a single moment. Every life is a story.

Every neighbor we encounter—no matter how that individual gets here—this one has meaning. Everything that person has done or won't do, however old or young, it has meaning. Whatever size and shape, she makes a difference, he brings blessings. Each of us amounts to more than assorted cells, isolated fluids, and random spasms. Human means—in every case—a character, with an emerging identity, disclosing a history, developing toward an intended destiny. Every life is a story.

Of course, all narratives have conflict. In fact, those complications give them their significance and their message. But none of us reduce to a mere impediment or obstacle. Not one of our kind represents just an accident or a condition or a threat. We all come—from the very first



scribble (always a capital!) to the absolute last punctuation mark—as the handiwork and masterpiece of an Author in divine pride and delight. Every life is a story.

The disruptions and surprises actually testify to the intent. Even the earliest embryo carries trajectory, and even the most advanced ages embody

momentum. Episodes become experiences and lessons. Mysteries blossom into discoveries and wonders. Interruptions turn out as transitions, seasons, and relationships. Always another page remains, one more chapter, and the circumstance that seems final in reality simply introduces the next possibility and the better opportunity. How sweet the inevitable resolution—after all, Christ is risen!—that more than makes up for the temporary troubles. Every life is a story.

We get to take part. We get to play roles. We get to witness front row and participate firsthand.

Life issues constitute invitations.

Come share. Come belong.

When the lights go out, get ready for the show to start.

Every life is a story!

This appeared at Lutherans for Life's "LifeDate." Pastor Salemink is the immediate past executive director of Lutherans for Life.

Court in India Authorizes an Abortion of a 29-Week-Old Baby

By Dave Andrusko, Editor, National Right to Life News

A two-judge panel of the Bombay High Court, sitting in Nagpur, has ruled that a 17-year-old girl may abort her 28-week-and-six-day-old baby.

The girl was described as the victim of a sexual assault, but the legal ruling would appear to be much more expansive.

“A woman alone who has full right over her body and is the ultimate decision-maker on the question of whether she wants to undergo abortion,” the panel ruled.

Reporting for the *Times of India*, Vaibhav Ganjapure added

A division bench comprising Justices Anil Kilor and Rajnish Vyas said an unwanted or incidental pregnancy becomes a burden for the pregnant woman.

The assault was reported at the Koradi police station on September 6, according to the *Times of India*. It is not clear exactly when the court appointed Sweetie Bhatia as counsel to represent the minor girl.

Ganjapure writes

The bench had initially referred

the girl to [the] Medical Termination of Pregnancy Board on September 10. The Board’s first report, submitted on September 11, stated that she was not medically fit to undergo the procedure.

After Bhatia submitted that she could be re-examined after a week, the court directed that the matter be listed again on September 17. A fresh report submitted that day stated that the girl was medically and physically fit to undergo termination of pregnancy.

The text of the order was unavailable, thus we can only guess at why the Medical Termination of Pregnancy Board would deem the girl “not medically fit” to undergo an abortion at 27 weeks but a week later she’d be “medically and physically fit to undergo termination of pregnancy.”

Justices Kilor and Vyas wrote

Considering the fact that there is no life threat to the petitioner and the opinion given by the Medical Board, we deem it appropriate to direct dean of Govt Medical College and Hospital (GMCH) here, to permit her to undergo



The face of an unborn child at 20 weeks

the medical termination of pregnancy at the earliest by taking recourse of safety protocols and by complying with our observations.

What technique is used to “terminate” the baby is not mentioned in the story, But the “risk” that a baby this advanced would be born alive means that the abortionists will most likely kill the baby in utero typically by injecting potassium chloride directly into the heart. (An

“induction abortion.”)

“The woman’s cervix is dilated over a period of days and she eventually experiences labor, giving birth to a stillborn baby,” *Live Action News’s* Carole Novelli writes.

“This is well past the time a preborn child can survive outside the womb with medical assistance.”

Arkansas Right to Life Applauds Lawsuit Targeting Illegal Abortion Pill Distribution

Arkansas Right to Life applauds lawsuit targeting illegal abortion pill distribution

A lawsuit filed on behalf of three states to hold abortion pill providers accountable for illegal distribution to pro-life states is being applauded by Amber Singleton, executive director of Arkansas Right to Life.

Arkansas Attorney General Tim Griffin announced Sept. 30 that Arkansas is taking a leading role alongside Louisiana and Alabama in a pair of legal challenges aimed at out-of-state abortion-pill providers and the state laws that protect them.

"I am grateful that our attorney general has joined with Louisiana and Alabama in taking bold action on this issue," Singleton said.

"These states would be coming after us if we were illegally shipping firearms into their states, like they are illegally mailing these pills into ours," Singleton added. "The government officials in these states have made it clear that they intend to continue disrespecting our laws. Our laws protect both mom and baby from these unregulated and potentially dangerous pills, which is why



Arkansas Attorney General Tim Griffin

"For Arkansas and for me in my office, it's about protecting Arkansas women and Arkansas babies."

the law should be vigorously defended."

Speaking at a joint news conference with Louisiana Attorney General Liz Murrill and Alabama Attorney General Steve Marshall, Griffin said Arkansas' participation is an effort to preserve the state's authority to enforce its abortion laws following the U.S. Supreme Court's 2022 *Dobbs* decision.

"For Arkansas and for me in my office, it's about protecting Arkansas women and Arkansas babies," Griffin said. "This is not about health care."

The three states have filed an original action in the U.S. Supreme Court against New York, California and Massachusetts, challenging abortion-provider shield laws that the attorneys general say interfere with the enforcement of their states' laws.

They also announced a separate lawsuit in the U.S. District Court for the Western District of Louisiana against 30 individuals and organizations accused of advertising, prescribing, dispensing and shipping abortion drugs into Louisiana and other states with abortion restrictions.

Arkansas is not merely supporting the litigation from the sidelines, Griffin said. His office is a co-plaintiff in the multi-state effort, which he described as a years-long undertaking built on coordination among the three attorneys general's offices.

"We're a pro-life state. We protect life. We choose life in Arkansas. And our laws reflect that," Griffin said. "Our original action in the Supreme Court ... is all about making sure that Arkansas can enforce Arkansas law without the interference" of other states' shield laws.

The Arkansas attorney general said his office estimates that about 300 abortion pills are shipped into Arkansas each month, though the news conference did not identify the source or methodology for that estimate.

Cease-and-desist letters have been sent by the attorney general's office to out-of-state abortion providers who mail abortion drugs into Arkansas, repeatedly warning that their actions violate Arkansas law and that enforcement would follow if they continued.

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Arkansas RTL From Page 18

Griffin repeatedly emphasized the importance of the three-state alliance. He said cooperation among Arkansas, Louisiana and Alabama has allowed the offices to pool investigative work, legal expertise and long-standing staff relationships.

“There’s so much that we can do in our state within our borders,” Griffin said. “But when we can cooperate across state lines, we’re able to do even bigger things like this.”

Griffin argued that the dispute turns on the balance of authority between states after *Dobbs* which returned abortion policy to elected state governments. In his view, Arkansas should be able to enforce its laws within its own borders even when providers

During the news conference, Griffin criticized what he described as mail-order abortion-pill distribution without an in-person medical examination or direct provider-patient relationship. He also raised concerns about drugs obtained from unknown sources, saying pills arriving without clear labeling or sourcing create additional risks.

elsewhere rely on their states’ protections.

Louisiana Attorney General Liz Murrill said Louisiana, Arkansas and Alabama are seeking declarations that the defendants’ conduct constitutes a public nuisance and violates state consumer-protection laws. The states are also seeking injunctions,

damages, civil penalties, statutory damages, attorney fees and costs.

During the news conference, Griffin criticized what he described as mail-order abortion-pill distribution without an in-person medical examination or direct provider-patient relationship. He also raised concerns about drugs obtained from unknown sources,

saying pills arriving without clear labeling or sourcing create additional risks.

The Supreme Court is not required automatically to take up the states’ original action, Murrill said, and the court may decide whether to exercise jurisdiction. The separate federal lawsuit in Louisiana remains pending.

The litigation is part of a broader legal fight over state abortion restrictions, interstate shield laws and access to medication abortion following *Dobbs*. Arkansas’ participation places the state at the center of an effort to test how far one state may go in enforcing its abortion laws when prescriptions and providers are located elsewhere.

What Happens After the Syringe Goes In?

By Raimundo Rojas, National Right to Life Outreach & Events Director

There is something about the language of “medical assistance in dying” that makes the whole thing sound almost antiseptic.

Quiet room. Relatives and friends gathered around. A doctor or nurse practitioner. A few medications. Someone closes his eyes. Everyone says goodbye. Then death.

That is the picture Canada’s euthanasia advocates want the public to see and the narrative they have been promulgating for decades.

But there is another question that deserves far more attention: What actually happens inside the body after those drugs enter the bloodstream? I have written about this before, and National Right to Life has created and provides fact sheets on this topic. (You can find them at nrlc.org)

That question becomes especially important because of testimony given before the Canadian Senate by Dr. Joel Zivot, an anesthesiologist and critical-care physician who has studied what happens during lethal injection in the United States.

That testimony is chilling, and after five years, it is finally getting the attention it deserves.

What Dr. Zivot found should make every American following

the expansion of assisted suicide deeply uncomfortable and downright terrified.

Zivot and other researchers examined autopsy reports from prisoners executed by lethal injection. In one later analysis of 43 executions, pulmonary edema appeared in 33 cases, about 77 percent. Among executions using midazolam, it appeared in more than 82 percent. Pulmonary edema means fluid accumulates in the lungs. In severe cases, researchers reported froth filling the airways.

Earlier examinations of a larger collection of execution autopsies reported evidence of pulmonary edema in roughly 84 percent of cases. Experts have compared the resulting sensation, if the prisoner remains conscious, to suffocation, drowning, or waterboarding.

That’s right. Drowning. Waterboarding.

We recognize those words immediately because we understand what they mean. We know why waterboarding became synonymous with torture. The terror comes from the sensation that you cannot breathe and cannot escape.

Now comes the part that should stop us cold.

Dr. Zivot then argued that

What Dr. Zivot found should make every American following the expansion of assisted suicide deeply uncomfortable and downright terrified.



Dr. Joel Zivot

Canadian assisted suicide pharmacology is similar enough that the same lung injury is plausible, and that a paralytic can hide distress. Those who promote and profit from the Canadian plan say the propofol produces a deep coma before the paralytic arrives and therefore prevents awareness or suffering.

But consider what happens next.

Rocuronium paralyzes the muscles.

That includes the muscles required to breathe.

Dying With Dignity Canada describes the sequence plainly. Midazolam relaxes the person. Propofol induces a deep coma.

Rocuronium then paralyzes the muscles, and if respiration has not already stopped, it stops. Without breathing, oxygen no longer reaches the organs. The organs shut down. The heart eventually stops.

Dr. Zivot challenged claims that because the person dying seems peaceful, they are internally experiencing a peaceful death.

During the Canadian Senate debate, his argument received serious attention precisely because a paralytic eliminates visible movement. A person whose muscles cannot move cannot sit up, struggle, gesture, or gasp normally. What observers

See Dr. Joel Zivot, Page 21

Dr. Joel Zivot From Page 20

see from outside cannot, by itself, reveal everything occurring inside.

The science indicates that the person is drowning.

But the Canadian government and those who support the country's assisted suicide program insist that these deaths are peaceful, and they deny the one test that could prove it. Dr. Joel Zivot told the Senate that U.S. lethal-injection autopsies often showed fluid-filled lungs, which he compared to drowning, and warned that paralytics can hide outward signs of distress. He said autopsies of at least 200 Canadian assisted suicide victims could settle the question.

That study has never been done.

What's worse is that families who question an assisted suicide death can find themselves on the wrong side of the bureaucracy. After Donna Duncan was killed by assisted suicide, her daughters spent years trying to access the records regarding their mother's death. They are not alone. Other families have raised similar concerns about access to charts, coroner reviews, and proof of consent.

During the Canadian Senate debate, [Dr. Zivot's] argument received serious attention precisely because a paralytic eliminates visible movement. A person whose muscles cannot move cannot sit up, struggle, gesture, or gasp normally. What observers see from outside cannot, by itself, reveal everything occurring inside.

The science indicates that the person is drowning.

Without autopsies and full records, claims that these deaths are peaceful cannot be fully verified, and warnings of hidden suffering cannot simply be brushed aside.

Canada legalized assisted euthanasia in 2016. The eligibility framework later expanded beyond people whose natural deaths were reasonably foreseeable. Canadian law now allows assisted suicide for some people with serious disabilities or illnesses who satisfy statutory requirements even when death is not imminent. Eligibility when mental illness is the sole underlying condition remains

delayed until at least March 17, 2027, and a 2026 parliamentary committee recommended excluding it indefinitely.

Americans should pay close attention. Two states this year, New York and Illinois, enacted similar laws. This debate no longer belongs to another country.

Today, in America, laws similar to Canada's are in effect in California, Colorado, Oregon, Washington, New Jersey, New Mexico, Delaware, Illinois, New York, and the District of Columbia, among others. Additional states also considered this type of legislation

during 2026. American laws generally differ from Canada's system, particularly because U.S. statutes typically involve self-administered medication for terminally ill adults rather than clinician-administered euthanasia.

But Canada still gives America something worth examining closely. Canada has taught us that words can make death sound gentle. Words like assistance, dignity, choice, and compassion. The poison ingested knows none of these words.

The drugs enter the bloodstream. Consciousness disappears. Muscles stop working. Breathing stops. The body loses oxygen. The heart stops.

And a human being who entered that room alive leaves it dead, and in many instances having experienced the same effects of waterboarding.

When medicine intentionally stops a person from breathing and calls the result care, Americans contemplating assisted-death laws deserve to know exactly what happens after the poison is ingested.

This is Our Moment: 15 Days and Counting

Amber Roseboom, President, Right to Life of Michigan

Movies with alternate endings have always intrigued me: the “what if” society went this or that direction. What if the United States and the Allied Powers had lost World War II? What if the terrorists succeeded in destroying our society in the days and years following 9/11?

The impact of every decisive “yes” to engage on and off the battlefield, in and out of public service, to help wherever needed, matters immeasurably. By the grace of God, it has shaped the course of human history.

Have you ever thought about what modern American society would be like without a pro-life movement? Much darker. The light of life infuses our culture with hope that reaches far beyond what we can see or measure. Our work in every arena, day by day and moment by moment, is transformational and furthers our life-saving mission.

This includes our work in the political sphere—elections matter. We are now **XX** days from October 24, the start of statewide early in-person voting in the consequential November 3 election.

Every two years, we hear how important the election we’re facing is—that it is the most important election. There is truth to that. This election is more important than any election because it is the one we can impact now.

Each year, the stakes grow



**Please visit rtl.org/election2026,
and print your pro-life ballot at rtl.org/vote**

higher. The distinctions between candidates grow starker.

Whoever wins the election this year will impact everything from life issues to the price of groceries and gas and the very notion of freedom. The election results will impact who we are as a nation. There are growing forces within our country that reject American ideals under the guise of tolerance. They will shout you down if you show dissent, charging you with small-mindedness.

Being anti-life is their tip of the iceberg. Their policies stifle freedom, hope and prosperity.

Planned Parenthood announced they will spend \$47 million to defeat pro-life Republicans

in key target states, including Michigan. Planned Parenthood Votes announced they will spend \$800,000 to defeat U.S. Senate candidate Mike Rogers, and they’ve endorsed Jocelyn Benson for Governor and Abdul El-Sayed for U.S. Senate.

Planned Parenthood is the nation’s biggest, most dangerous abortion provider, responsible for more than 400,000 abortions annually, nearly 40% of the more than 1 million abortions that take place in our country every single year.

Abortion advocates and many in the press are attacking every pro-life Republican candidate for office in our state. It is ruthless, and their attacks are filled with lies.

They can only succeed if we fail to act—to vote—at this moment in time.

Political pollsters and consultants tell us that this election will come down to who turns out—who votes. If pro-lifers vote at the level we did two years ago, we will win. Our candidates, our cause, need us now more than ever.

We must show up and vote for life! This is our moment.

Join me in voting for John James for Governor, and vote to take back our U.S. Senate seat, send pro-life Congressmen and women back to Washington, D.C., maintain our pro-life majority in the state House, gain seats in the state Senate, elect rule-of-law judges and achieve victory for our candidates down the ballot!

Every “yes” to engage matters. It takes each and every one of us. **To learn more, please visit rtl.org/election2026, and print your pro-life ballot at rtl.org/vote.** Most importantly, please vote and encourage your pro-life friends and family, people who care about the future of our state and nation, to vote in the November 3 General Election. Early in-person voting starts October 24!

Let’s get to it! God bless.

The Miracle that Secured Archbishop Fulton J. Sheen's Position as a "Blessed" within the Catholic Church

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

The recent beatification of Catholic Archbishop Fulton J. Sheen has attracted international attention. Less well known, though, is the miracle that secured his position as a "Blessed" within the Catholic Church.

Back in 2010, in central Illinois, Bonnie Engstrom gave birth to a boy without a heartbeat. The Engstrom family then began to pray for the intercession of Fulton Sheen in the hopes that their son James Fulton might be saved.

For sixty-one harrowing minutes, the family watched and waited. Just before a doctor was going to declare James dead, his heart miraculously began to beat. After a thorough investigation, then Pope Francis determined that there was no medical explanation for James' survival—that it was, indeed, a miracle.

The boy, now a healthy teenager, was present at Sheen's beatification ceremony.

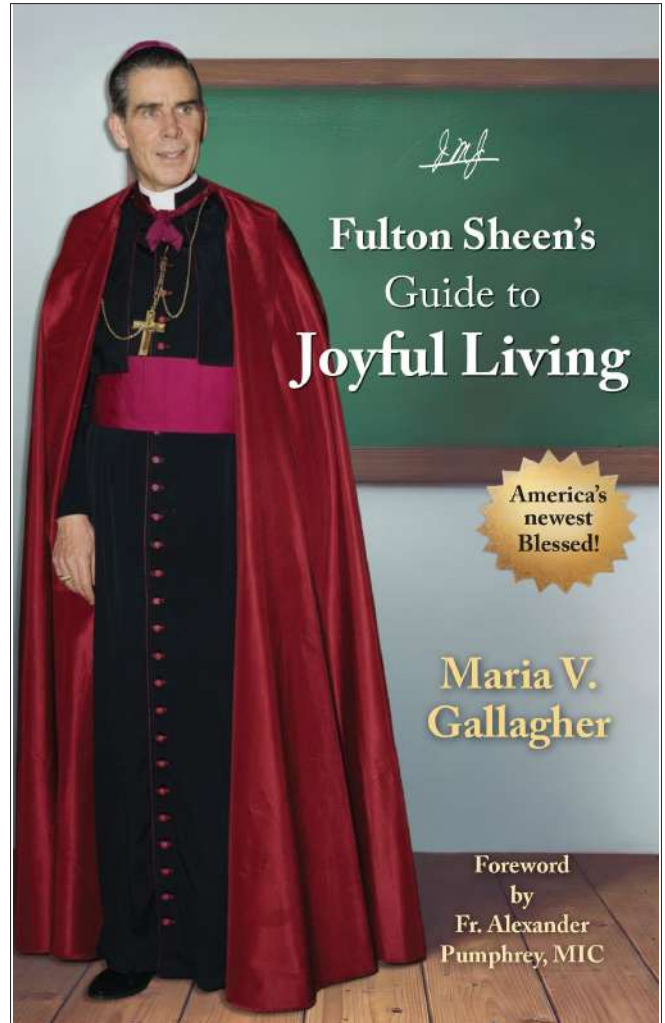
Once another miracle is

determined, Sheen can be officially recognized as a saint. Published reports indicate that several possible miracles associated with the world's first televangelist are now under review.

It is altogether fitting that a baby boy's survival is attributed to Fulton Sheen. He was a pro-life pioneer, preaching against the evil of abortion long before many others had recognized its devastating impact upon society. He also encouraged people to "spiritually adopt" an unborn baby in danger of abortion, asking them to pray every day for nine months that the child's life might be spared.

As a result of all this, it is likely that, in the event that Sheen is declared a saint, he will be known as a patron for the pro-life cause.

To learn more about Sheen, read my new book, Fulton Sheen's Guide to Joyful Living, available from Marian Press <https://shopmercy.org/fulton-sheen-39-s-guide-to-joyful-living.html>.



Governor Henry McMaster Signs Pro-Life Tax Credit Act

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

COLUMBIA, S.C.— Governor Henry McMaster held a formal signing ceremony in his office last Wednesday for a strong, principled pro-life law offering state tax credits to individuals and businesses that support pregnancy resource centers, adoption agencies and maternity homes, among other non-profit pro-life and pro-family organizations in South Carolina.

Surrounded by leaders of the state's pro-life and pro-family organization, the Governor praised the bill that supports the unborn, their mothers, adoption, foster care, and children's shelters. The bill has been in effect since May 15, 2026, the day the Governor signed the bill. Wednesday's event was a ceremonial signing to which supporters of the bill were invited.

Initially introduced by chief sponsor Senator Larry Grooms, R-Berkeley, the Pregnancy Resource Act (S. 32) passed the Senate unanimously on April 15, 2025. Notably, it passed the House exactly one year later. Standing beside the Governor, Senator Grooms said, "Without life, no other rights matter." He called those gathered for the ceremony "our pro-life coalition who understands the value of life."

South Carolina Citizens for Life President Lisa Van Riper commended members of the General Assembly for their support of the bipartisan measure. "We are encouraged that our elected officials are continuing to build a culture of life by



South Carolina Citizens for Life representatives joined S.C. Senator Larry Grooms, chief sponsor of the Pregnancy Resource Act (S. 32), and Governor Henry McMaster for the ceremonial bill signing. Pictured from left are Kahliyah Griffin, SCCL Communications and Donor Relations Associate; Isabella DoCabo, SCCL Communications and Donor Relations Associate; Senator Larry Grooms; Governor Henry McMaster; Holly Gatling, SCCL Executive Director; and Sally Zaleski, SCCL Executive Office Manager.

promoting resources that assist women in choosing life for their unborn children," she said.

Cathy Leeke, State Director of Lifeline Children's Services, noted that there are 18 eligible charitable organizations in South Carolina to which the tax credit funding can go. "We're already just a few weeks in and already we see increased donations to these organizations who are in the midst of their budgeting seasons," she said. "They are feeling ready to make decisions about increasing care, increasing hours, hiring additional employees." Mrs. Leeke said an "extra \$10,000

and \$20,000 that's coming in to some of the organizations in the first few weeks is allowing them to make commitments next year so that they can have more hours open to women in unexpected pregnancies and they can have more beds available in their maternity homes."

In addition to SCCL and Lifeline Children's Services, organizations supporting the Pregnancy Resource Tax Credit Bill include the South Carolina Association of Pregnancy Care Centers, Palmetto Family, A Moment of Hope, the South Carolina Baptist Convention, the Catholic Diocese

of Charleston, and Alliance Defending Freedom (ADF).

A tax credit reduces the amount of taxes owed on a dollar-for-dollar basis. While donors to federally recognized charitable organizations may receive tax deductions, which reduce taxable income, tax credits can generate greater giving by allowing taxpayers to direct a portion of their tax liability. For example, a business owing \$10,000 in state income taxes could designate up to 50 percent of that amount to a qualified organization under S. 32.

South Carolina Citizens for Life supports this legislation as part of its Visioning A Way Forward: From *Dobbs* to a Culture of Life, which promotes policies that provide care for both unborn children and their mothers. Although SCCL does not directly benefit from the tax credit because SCCL does not provide direct services, the organization strongly supports laws that fund and protect charitable organizations offering adoption services, preventing abuse, neglect, abandonment, exploitation, or trafficking of children, and assisting women in carrying pregnancies to term while promoting healthy childbirth.

The law requires eligible organizations to certify in writing to the South Carolina Department of Revenue that they "do not provide, pay for, or provide coverage of abortion."

Hyde Amendment From Page 1

words, this critical protection saves about 60,000 children from the violence of abortion **each year**. Thanks to Henry Hyde, 2.7 million people—who would have otherwise been aborted—were able to enjoy the first and most basic of all human rights: the right to life. They experienced the ability to grow, thrive, and eventually have families of their own—all because public funds were unavailable to effectuate their violent deaths.

Polling data consistently reflects what the 2026 Marist Poll found in January 2026: the majority of Americans do not support taxpayer funding for abortion.

However, the billion-dollar abortion industry continues to cleverly market the cheap sophistry of choice, while going to extraordinary lengths to downplay the suffering and pain experienced by the battered baby victims in the womb—as well as the coercion or pressure exerted on the mother to end the life of her unborn child.

As pro-life Americans work to replace abortion violence with compassion and empathy for women and the children in the womb, the Hyde Amendment continues to stand as one of the most important human rights advances of the past 50 years.



My pro-life colleagues and I are committed to continuing this essential work and ensuring that taxpayer dollars support both mother and child and do not fund the destruction of children through abortion.

We continue to oppose the Hyde violations in the so-called Affordable Care Act (ACA)—Obamacare—which created taxpayer-funded ACA health insurance plans that include coverage for elective abortion. According to a GAO report released earlier this month, these plans that violate the Hyde Amendment covered 4.4 million individuals this year alone.

For the above reasons—and many

more—Congress must make permanent the life-saving Hyde Amendment by passing the No Taxpayer Funding for Abortion Act (HR 7), legislation I've introduced to:

- Make the Hyde Amendment and other current abortion funding prohibitions permanent and government-wide (Soon after enactment of Hyde in 1976, other abortion funding “riders” were enacted into law. In 1983, for example, I authored the ban on funding abortion in the Federal Employees Health Benefits program. Most must be legislatively renewed each year. Again, HR 7 makes the funding restrictions permanent); and

- Ensure the ACA, until repeal, conforms with the Hyde Amendment.

Someday, future generations of Americans will look back and wonder how and why such a seemingly smart and enlightened society could have permitted and perpetrated the violent deaths of more than 66 million children [RD1] by abortion, often with government enabling and subsidy.

History will note, however, the struggle of Henry Hyde and the millions of pro-life Americans who joined him in his unrelenting quest to protect and defend the rights of unborn children.

The Hyde Amendment, one of Henry Hyde's lasting legacies, reaffirms the fundamental truth that every life is precious and irreplaceable. It is well past time that we make it permanent law.

Chris Smith, New Jersey Republican, is the Co-Chairman of the Congressional Pro-Life Caucus.

[RD1]This is a conservative estimate that comes from NRLC's estimate last year. They did not put out a new estimate this year because mifepristone makes it difficult to be precise regarding how many lives are lost now.

Baby Boy Born at Only 25 Weeks Goes Home from the Hospital After 135 Days

By Right to Life UK

A tiny, premature baby boy, born at only 25 weeks and weighing less than 2lbs, has finally left the hospital after 135 days.

Baby Levi was born at only 25 weeks and six days' gestation after his mother, Taytum, was diagnosed with a subchorionic hemorrhage, which occurs when blood collects between the uterine wall and the fetus's amniotic sac.

While doctors initially expected this hemorrhage to resolve itself by the second trimester, it continued to grow and a second hemorrhage developed, increasing the likelihood that Taytum would experience a preterm labour.

Taytum went into early labour, but her placenta abruptly separated from the uterus, requiring an emergency caesarean section.

Nick, Levi's father, could not believe how quickly the baby was born after Taytum went into labour, saying, "I just saw a baby and had no idea. I couldn't imagine that they got him out that fast".

Taytum was taken into surgery to stop the bleeding, while her newborn baby was brought to the neonatal intensive care unit (NICU) and intubated.

"I was in shock from seeing my wife go under and meeting my son for the first time all within 30 minutes", Nick said.



Baby Levi would remain in the NICU for the next 135 days, with both parents visiting their son separately and together at various times throughout each day.

"The first day we left the hospital and left him there was a really weird empty feeling", Levi's father revealed, adding, "You feel guilty for leaving him. He's so innocent, you wanna help him, but there's nothing you can really do".

After spending such a long time in the NICU, Taytum recalled that the doctors and nurses now "know us better than our family and friends".

"They've seen us at this level that no one else ever has", she said.

Life in the NICU is "a rollercoaster", baby's family says

The first months of baby Levi's life were not plain sailing. He experienced several complications while in the NICU, including bradycardia, a slower-than-normal heartbeat, which required additional monitoring periods.

Nick said, "The NICU, you'll hear, it's kind of cliché at this point, but everyone says there's ups and downs, it's a roller coaster".

"We found [...] it's even more of a rollercoaster. It can change hour to hour", he said.

Taytum's goal was for her baby boy to be home with her for Mother's Day, revealing that she felt like the family "missed out on so many holidays and just spent them in the walls of the hospital".

Eventually, after over four months

in hospital, Levi was able to go home, and it was Mother's Day the very next day; Taytum described the day as "amazing".

Now, baby Levi is growing well at home, marking a distinct milestone in his development. Previously, the baby boy was barely registering on the growth chart, but has recently reached the third percentile.

Spokesperson for Right To Life UK, Catherine Robinson, said

"Baby Levi's story shows the true strength of all premature infants, and his development is a testament to the dedication of his family, and all the doctors and nurses who cared for him.

"We hope the family continues to enjoy their time together at home".

First 100 Hours From Page 1

Working Group's own write-up says the bill would make certain that every person who receives care or insurance through the federal government could receive abortion "at no cost to the patient," and that it "ends the Hyde Amendment."

Hyde has been the most important federal protection for unborn children in half a century. It has kept Medicaid, the military, the VA, federal employees, and other taxpayer programs from becoming a national abortion entitlement. Repealing it would put the Treasury behind the procedure in every state, including those whose voters have chosen otherwise.

That package is scheduled for the first 100 hours, the same window as repealing H.R. 1 and locking in other health rules. The design is political: move the most contested life issues while a new majority still has maximum discipline.

The memo does not stop at abortion. Section V treats "abortion, contraception, and fertility care as core components of comprehensive health care." H.R. 999, the Right to Contraception Act, would create a federal right to obtain and provide contraceptives, with the Justice Department, providers, and patients empowered to sue. National Right to Life takes no position on contraception, but this addendum flags pharmacist refusal laws and parental-consent rules for minors as obstacles. And

National Right to Life has spent more than half a century making a simple explicit statement: the law should protect children before birth, and public money should not pay for their destruction.

This Democrat plan will nationalize the opposite.

It treats pro-life laws as a problem to be erased in the first days of a new Congress.

And it considers the Hyde Amendment as an anachronism.

The first 100 hours will belong to whoever shows up in November.

equally concerning is that the body of the memo names Planned Parenthood as a Title X participant whose federal support the current administration restricted.

On the end-of-life issues, the demands are chilling. The memo never uses the words euthanasia, assisted suicide, or so-called MAiD. Instead, it proposes a much larger federal health apparatus that includes permanent ACA subsidies, Medicaid expansions, Traditional Medicare add-ons, a study of Medicare for All and public-option models, mandatory home- and community-based services, and a new federal long-term care benefit.

All are policies used by other governments to facilitate assisted suicide. These coverage rules written in Washington become the default for pregnancy, disability, and aging. When the same document that would repeal the Hyde Amendment also centralizes payment for the rest of medicine, pro-life citizens should notice the architecture, not only

the chapter headings.

National Right to Life has spent more than half a century making a simple explicit statement: the law should protect children before birth, and public money should not pay for their destruction. This Democrat plan will nationalize the opposite. It treats pro-life laws as a problem to be erased in the first days of a new Congress. And it considers the Hyde Amendment as an anachronism.

That is why this election is so critically important.

Pro-life voters are often told their issue is settled, or that they should sit out because the rest of the ticket is imperfect. The Jeffries memo is an answer to that temptation.

The other side is not sitting out. It has sequenced abortion into the opening hours of a legislative calendar and paired it with taxpayer funding. It has the stakeholder lists ready, abortion funds, the Center for Reproductive Rights, Guttmacher,

and the rest. It has the vote counts from prior Congresses: 208 cosponsors on H.R. 12, 188 on EACH in the 119th Congress, as the memo records them.

This is our clarion call to defend life.

Register. Confirm your polling place. Request a ballot if you vote absentee. Take someone with you who has never voted on the life issue. Ask every candidate, federal first, then the state, whether they will vote against a federal abortion statute and against Hyde repeal. Do not accept "trust me" in place of a recorded position.

The Working Group did not hide its position. Neither should anyone asking for your vote.

Unborn children do not get a ballot. The people who speak for them do. The first 100 hours will belong to whoever shows up in November.

Mama Bear Care Founder Talks Choosing Life for ‘Joyful’ Daughter After Prenatal Diagnosis

By Oregon Right to Life Staff

Beverly Jacobson was heartbroken when the doctor told her that her unborn baby girl had a condition that made her “incompatible with life.” But she knew she had to give her daughter a chance at life. Today, against all the odds, her daughter Verity is alive and thriving, surrounded by a loving family. Scroll down to watch the video.

“My joke is that Verity never got the memo that she is ‘incompatible with life,’” Beverly Jacobson says at the beginning of a video posted to YouTube chronicling her family’s story.

Jacobson received a prenatal diagnosis of Trisomy 18 (Edwards syndrome) while pregnant with her ninth baby.

“I got a phone call from my doctor. I thought we were just going to schedule our regular 20-week ultrasound,” she recalled. “And instead of a happy phone call, I heard words that I’ve never heard of before: Edwards syndrome, and genetic anomalies.”

“A few days later we were in the doctor’s office to have a diagnostic ultrasound,” she said. “The doctor,



“Who are we to say that a person is or isn’t ‘compatible with life’?

when she was speaking to us, her demeanor was very cold, very detached and clinical. She saw our baby as a problem to be solved, not a life to be cherished.”

In a later conversation with her neonatologist, Jacobson said she was told her daughter’s life would be “futile”— if she even survived at all. But there was no question in Jacobson’s mind that she would carry her daughter to term, hoping at least to simply meet her before she passed.

Nine years later, her daughter Verity has beaten the odds, and is living a happy life loved and cherished by her parents and her eight brothers and sisters.

“Who are we to say that a person is or isn’t ‘compatible with life’? Jacobson said. “That’s up to God. If I were to describe Verity to someone who never met her, I would invite you to come to our home and see her. I would want you to see that she is a nine-year-old girl that loves her life. That she

is joyful, she smiles, she giggles... I love it when I come up to her to give her a kiss and she just lights up. It rocks my world, it really does.”

Jacobson has since established a nonprofit called Mama Bear Care, which provides free support, community, and connection for moms facing challenging prenatal diagnosis.

This appeared at Oregon Right to Life and is reposted with permission.

Clay Travis Gives Moving Speech at Pennsylvania Pro-Life Federation's 2026 Celebrate Life Banquet

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

Hundreds of people from across Pennsylvania gathered September 17 for the 2026 Celebrate Life Banquet. The annual event benefits the life-saving, life-changing work of the Pennsylvania Pro-Life Federation Education Fund.

Cable news contributor and radio talk show host Clay Travis gave a moving speech about the decay of moral standards in the U.S. He decried the passage of the Massachusetts law which allows abortion throughout pregnancy up to the moment of birth.

He also spoke about the serious health challenges his children faced during their deliveries.

During the inspirational event, nurse Maryann Lawhon received the prestigious Pennsylvania Pro-Life Lifetime Achievement

Award for her decades of service to the pro-life cause. Maryann is the founder of the Voice of John ministry, named for a baby born from a botched abortion whom she discovered during her nursing shift. Maryann worked to comfort the baby as he breathed his last breath and vowed that she would preserve his memory.

The banquet, held at the Hershey Lodge in beautiful Hershey, Pennsylvania, attracted people of all ages and walks of life who share a common goal: to make abortion unthinkable. Funds raised will support the Federation's groundbreaking educational outreach efforts.

To learn more about the work of the Pennsylvania Pro-Life Federation, please visit www.paprolife.org



Maria Gallagher with radio talk show host Clay Travis

Woman Sentenced to 13 Years for Accidentally Placing One-Month-Old Baby Girl in Oven Instead of Her Crib

By Dave Andrusko, Editor, National Right to Life News

On February 9, 2024, Kansas City police were dispatched to a home in the 4100 block of Forest Avenue after a report of an infant who was not breathing.

The Kansas City Star reported that *There, officers found Za'Riah with burn marks on her body and melted clothing, according to court documents. Members of the Kansas City Fire Department responded and declared the child dead at the scene. ...*

She was clothed in a "bodysuit" over a diaper, and the clothing appeared to have melted to the diaper.

KMBC news producer Nick Sloan added

Court documents filed at the time said Mariah Thomas told family members she was putting her daughter down for a nap and accidentally put the baby in the oven instead of her crib.

As part of Tuesday's plea agreement, the murder charged against her was dropped.

On Tuesday, September 22, Thomas pleaded guilty to first-degree endangering the welfare of a child resulting in death. "She

did not receive probation but will get credit for time already served." *The Kansas City Star* wrote, "The plea came two weeks before Thomas was scheduled to face a jury trial on Oct.5."

Thursday, September 24, the Jackson County Prosecutor's Office issued this statement:

This is a heartbreaking case involving the tragic death of a child, and our thoughts remain with everyone who loved and mourns this child.

As is our duty, we advocated for a resolution recognizing the

seriousness of what happened, holding Ms. Thomas accountable and addressing her documented severe mental health issues.

What has been underreported is our office advocated for Ms. Thomas to plead not guilty by reason of insanity, which would have resulted in her placement in a secure mental health treatment facility. Instead, she chose to plead guilty to 1st Degree Endangerment of a Child-Death of a Child and serve 13 years in prison.

Mental illness does not erase

accountability, but neither should our justice system ignore a serious, diagnosed mental health condition when determining an appropriate outcome.

Ms. Thomas will now serve a significant prison sentence, and we hope she will continue to receive the psychiatric treatment her medical history demonstrates she needs while in the custody of the Missouri Department of Corrections.



“We have to see these as jobs” – Ob-Gyn Proposes New Pregnancy Help Medical Director Model

By Chaney Mullins Gooley

Without life-affirming medical providers to serve as medical directors, pregnancy centers can't offer medical services such as ultrasound or STD testing. But physicians are often busy with their own medical practices and find it difficult to find time to volunteer for the pregnancy center.

The demand is there, evidenced by AAPLOG (American Association of Pro-Life OB/GYNs) stating that one of the most frequent requests it receives from pregnancy centers is for help finding a medical director.

Dr. Susan Bane, board-certified OB-GYN and AAPLOG member, offered one new solution, to move from a volunteer model to paying medical directors.

Bane believes that more involved medical professionals might be the next step in strengthening pregnancy help and raising more public awareness that pregnancy clinics are the go-to resource for a woman who gets a positive pregnancy test, especially one that's unplanned.

“We have to see these as jobs,” Bane said.

Bane likens this approach to how other roles at pregnancy centers were once primarily staffed by volunteers but are now paid positions, such as the nurse manager.



Bane herself once served as a volunteer medical director who read scans and reviewed policies. When she started volunteering weekly on-site, she realized she wanted to be doing pregnancy help work all the time.

“I fell in love with the patients,” she explained.

Bane asked the center director if she'd consider putting her on a contract so she could come in on a regular basis. From there, Bane eventually became a full-time paid medical director of multiple centers, now employed by four independent pregnancy clinics in North Carolina. Overseeing only one clinic wouldn't be a full-time job, but overseeing four of them certainly is.

Each of the four pregnancy clinics

pays Bane monthly on contract. Because the cost is shared among four centers, it is affordable for each one. And because she's being paid by multiple centers, Bane can focus on pregnancy help work without having to have a separate private medical practice for primary income.

Paige Greco is the RN Clinic Manager of Pregnancy Support Services in Chapel Hill, one of those four centers.

“This model enhances efficiency [and] promotes consistency in care,” she said.

Among the advantages of this model is shorter ultrasound scan review turnaround times. It also became easier for clinics to have the option of adding expanded medical services like a

prenatal education and screening appointment or in-house Abortion Pill Reversal. More access to the medical director increases the clinical staff's confidence and scope.

“We all feel informed, protected, and educated every day,” said WaterLife Pregnancy Care Center Executive Director Nancy Ballentine, a thought that is echoed by Kate Turner, nurse manager of the Nag's Head center.

Another advantage of Bane working for pregnancy clinics full time has been real-time consults. Bane is essentially on-call for when the trained nurse sonographers or RDMS needs her medical opinion.

“[Dr. Bane] is available virtually during our operating hours to provide medical guidance and support when needed, ensuring our patients receive the best possible care and that our team has the wisdom and guidance of our Medical Director,” said Rachel Kelser, the director of Operations at Queen City Pregnancy Resource Center in Charlotte.

More on-site presence of the medical director is also a way to foster more immediate assessment of potential emergencies such as ectopic pregnancy.

See Medical Director, Page 32

Medical Director From Page 31

Besides quick individualized consults, sharing the same medical director has also grown the collaborative relationship between the independent pregnancy centers.

“Collaboration among four pregnancy centers has strengthened communication, standardized policies, and fostered a supportive network for sharing best practices,” Greco said.

That sentiment is shared by WaterLife Pregnancy Care Center’s team.

“We have helped each other greatly in sharing experiences and resources,” Ballentine said. “We are also able to bounce ideas off one another for what works best with our patients and their families.”

“There is great strength in togetherness, and it shows through the outcomes of our patients,” she added.

In addition to serving her four

centers, Bane sees her role as encouraging other doctors to take this leap into more full-time life-affirming medical care. In addition to serving on AAPLOGs board she has started a networking group for existing pregnancy clinic medical directors.

Bane acknowledged that joining the pregnancy help full time likely won’t work for every OB/GYN fresh out of school. Many desire to work at hospitals, perform surgeries, or deliver babies, and need jobs that can help pay student debt.

But there are other possibilities for filling this kind of position. There may be philanthropists eager to help eliminate school debt so a young doctor can join missional pregnancy clinic medicine.

Bane has also identified two main populations where medical directors might be found.

The first is physicians on the edge of retirement. The second are physicians, especially mothers, actively looking to have a more balanced career path during

“I want [my legacy] to be where we have transitioned from [mainly a] volunteer model to [where] medical directors [can] have jobs in pregnancy centers.”

~Dr. Susan Bane



childrearing years. Bane said that both age groups often end up taking hospitalist shifts, working at health departments, or joining federally funded community health clinics.

“But we don’t invite them to come to us and that has to change,” she said. “We have to invite that group to see, when they’re thinking about transitioning to the next season of their careers what pregnancy centers are hiring medical directors. We don’t have that – yet.”

Bane imagines a future where AAPLOG still helps pregnancy centers find medical directors, but in this new way.

“I want [my legacy] to be where we have transitioned from [mainly a] volunteer model to [where] medical directors [can] have jobs in pregnancy centers,” she said.

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

Vote on Bill C-218 Scheduled for October 7.

Supporters say, “Our answer to suffering should be care,” not assisted suicide

By Dave Andrusko, Editor, National Right to Life News

Far more than their American counterparts, members of the Canadian parliamentary rarely stray from the wishes of party leadership. David Kilgour and John Kirsner write “Representative democracy in Canada is so dominated by political parties that some experts believe the party discipline exerted on most votes in our House of Commons and provincial legislatures is the tightest in the democratic world.”

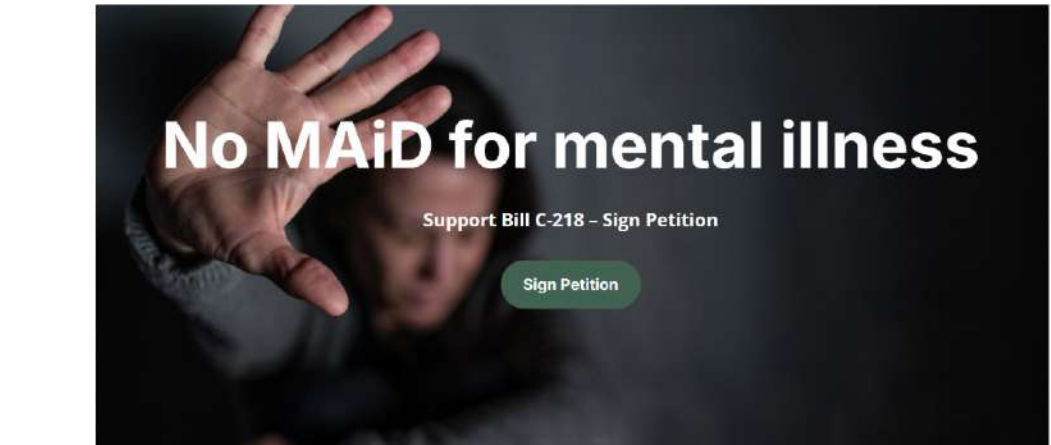
Bill C-218, if passed, would permanently ban doctors and nurse practitioners from providing medically assisted dying (MAiD) to anyone whose only medical issue is a mental illness. (The legal term is “mental disorder.”)

C-218 is a Private Members’ Bills (PMBs) meaning it is not supported by the government. Chances of C-218 passing through the legislative process are daunting, but not impossible for several reasons.

The coalition supporting C-218—the “Right to Recover Act”—is very broad, including disability rights organizations, faith organizations, and prominent conservative politicians, such as its sponsor MP Tamara Jansen.

In addition, as Jonathon Van Maren writes,

A public campaign encouraging



The measure of a compassionate society is not how efficiently it helps people die. It is whether, in the moment when someone can no longer see the value of their own life, the rest of us are prepared to see it for them.

Canadians to tell their own stories of mental illness and recovery has been launched, with Andrew Lawton sharing his own filmed testimony and urging parliamentarians to vote in defense of the vulnerable.

And is vitally important that *the recommendation to indefinitely pause and exclude MAiD for individuals whose sole underlying condition is a mental illness came from the Special Joint Committee on Medical Assistance in Dying (commonly known as the AMAD Committee).*

Alex Schadenberg, the executive

director of the Euthanasia Prevention Coalition, posted a very comprehensive overview of the September 24 debate on C-218 which was reposted in the September 25 NRL News Today.

The remarks were extraordinarily powerful. Jansen concluded hers with this:

The measure of a compassionate society is not how efficiently it helps people die. It is whether, in the moment when someone can no longer see the value of their own life, the rest of us are prepared to see it for them.

Our answer to suffering should be care. Our answer to despair

should be hope. And when someone believes there is no possibility of recovery, Canada should never be the one to agree with them.

That is why I am asking my colleagues to vote for Bill C-218.

Give Canadians the time, the care and the hope they need.

Give them the right to recover.

The vote on Bill C-218 is scheduled for October 7.

On That Day....

By Dave Andrusko, Editor, National Right to Life News

September 28, what a day it was. Two awful “commemorations.”

On that day, 26 years before, prodded by pro-abortion President Bill Clinton, the FDA approved RU-486 for use in first-trimester abortion.

September 28 was also (ugh) “International Safe Abortion Day.” More about that in a second.

The official chemical/generic name on FDA regulatory filings was and is mifepristone. It is marketed in the U.S. under the brand name Mifeprex. In the early days it was dubbed the “French abortion pill” because “RU-486” was an abbreviation for Roussel Uclaf 38486, the French pharmaceutical company that developed the compound.

President Clinton, who took the egregiously dishonest and two-faced position on abortion that it should be “safe, legal and rare,” took exactly two days after being inaugurated to reverse the position of President George H.W. Bush, issuing an executive memorandum instructing HHS to lift the FDA ban on importing RU-486 for “personal use.”

That was 1993.

Seven years later, under heavy political pressure from the outgoing Clinton administration, the FDA authorized the full-blown domestic manufacturing,



marketing, and commercial sale of mifepristone. Reflecting continuing agency safety concerns, though, the FDA authorized prescription only under certain limits—gestational limits (49 days measured from the first day of the last menstrual period) a safety protocol (5 requirements including only doctors could prescribe and women would need to come in for a visit), and labeling standards (including a warning that highlighted severe potential risks).

From Day One—actually before Day One—the Abortion Industry fought all these safety requirements, trying to pare them down during each Democrat administration. By the end of the Biden Administration, only a few of the “Risk Evaluation and Mitigation Strategy (REMS)” remained. The FDA now allowed use of misoprostol at home via the mail; usage for pregnancies up to 10 weeks; and eliminated the in-person dispensing requirement.

But to the Abortion Industry and its legion of supporters in academic, even these minimal

safeguards were too onerous. Speaking for the medical community, and the media, Carafe, the upscale abortion chain, declared “Now is the time to leave outdated restrictions in history.”

“Since then [2011], the word has spread. September 28th has become an internationally recognized day for grassroots activism in support of safe abortion. It engages advocates from around the world in a united call to countries and health services to respect, protect, and fulfill the right to safe abortion.”

National Right to Life has written countless stories, mostly by Dr. Randall K. O'Bannon, documenting that mifepristone is not safe—certainly not for unborn children but not for their mothers as well.

The first American study that challenged the “safety” of mifepristone came in April 2025 with the release of The Ethics and Public Policy Center report. Authored by Jamie Bryan Hall

and Ryan T. Anderson, the EPPC report found that 10.93% of women who took mifepristone experienced a “serious adverse event” within 45 days.

Other large studies from Finland and Canada have shown similar results.

But backed by the resolutely pro-abortion American College of Obstetricians and Gynecologists, the lie that chemical abortions are “safer than Tylenol” will be hard to dislodge.

Dr. O'Bannon put it best:

26 years. Has abortion gotten safer, easier? No. But they've been able to recast the image of abortion to make it seem different enough to convince many women to order and take a pill who otherwise would never have darkened the door of an abortion clinic for a traditional surgical procedure. Only after do they find out that these are still very much abortions, just bloodier, more painful, and often as dehumanizing and destructive to mothers as they are to their babies.

Led by Dr. O'Bannon, National Right to Life will continue to counter the disinformation campaign with truth—truth that empowers women and saves unborn children.