National RIGHT TO LIFE NEWS

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Florida's Unborn Child Wrongful Death Bill: Affirming the Value of Every Human Life

By Lynda Bell, President, Florida Right to Life

In a state still navigating the profound shifts following the overturning of Roe v. Wade, Florida lawmakers are taking a courageous stand for the most vulnerable among us. Senate Bill 164, sponsored by Sen. Erin Grall (R-Fort Pierce), seeks to amend the state's Wrongful Death Act to explicitly recognize the loss of an unborn child as a compensable tragedy.

Advanced by a narrow 5-4 vote in the Senate Judiciary Committee on November 4, 2025, this legislation doesn't just update outdated statutes, it reaffirms a fundamental truth: every human life, from the moment of conception, deserves legal protection and justice when wrongfully taken.

Under current Florida law, families grieving the loss of a preborn child due to negligence—such as a car accident or medical malpractice—face heartbreaking limitations. While a 1997 Florida Supreme Court ruling allows limited recovery for "negligent stillbirth" (covering only mental anguish and pregnancy-related medical expenses), the state's Wrongful Death Act offers no broader recourse for damages like funeral costs, lost future support, or the full pain and suffering endured by parents.

SB 164 changes that by defining an "unborn child" as "a member of the species Homo sapiens, at any stage of development, who is carried in the womb." This means parents could pursue full wrongful death claims for their child's loss, treating it with the gravity it deserves—equal to that of any born family member.

From a pro-life perspective, this bill is a beacon of progress in a post-Dobbs world. Sen. Grall, who also championed Florida's landmark six-week heartbeat protection law in 2024, articulated the moral imperative during committee hearings:

"Roe has been thrown out as the basis for determining when a life deserves the protection of the state. And in the state of



Florida state Sen. Erin Grall (R-Fort Pierce)

Sen. Grall is working to amend Florida's Wrongful Death Act to recognize the loss of an unborn child as a compensable tragedy.

See *Wrongful Death Bill,* Page 22

Babies Born Alive After Abortions in New Zealand Reveal a Global Pattern of Injustice

By Melissa Ohden, Founder & CEO of the Abortion Survivors Network



A new report from Family First New Zealand exposes a deeply troubling reality. Since 2020, an average of one baby every month in New Zealand has survived an attempted abortion—yet is denied life-sustaining care.

Official government data obtained under the nation's Official Information Act reveal that approximately 80 such infants were born alive after abortion attempts between 2020 and 2025, at gestations ranging from 20 to 30 weeks.

Even more alarming are the policies behind those numbers. Some health districts only consider resuscitation for "wanted babies" after 22 weeks and 5 days, while others defer to parental discretion on whether the child should be treated at all.

Family First reports that in one district, the practice has been to "wrap the baby in a blanket and hold it until it passes."

These cases are not isolated tragedies—they mirror a global pattern of failed abortions and infants left without protection. As documented on abortionsurvivors.org, data from around the world show similar outcomes.

A 2024 peer-reviewed study in Swiss Medical Weekly analyzing Canadian health data found that among 13,777 second-trimester terminations (15–29 weeks), 11.2 percent resulted in live births—a

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Abortion clinics compete for how far into pregnancy they'll abort preborn babies

Talk about a race to the bottom, the contest to be the most "liberal" in greasing the skids for the deaths of huge unborn babies. What, you say? I must be exaggerating? Surely, I making this up, right?

I only wish I were conjuring up this nightmarish scenario, but it's not only unholy but 200% true. By the time I finish writing this, some other blue state—i.e., an abortion-loving state in the thrall of manically pro-abortion Democrats—will throw its hat in the ring. Or, more accurately put, throw the hands and feet and torsos of pain-capably preborn babies in the abortion clinic's "trash" or send the bloodied and battered remains off to the local municipal solid waste landfill.

Last week, I posted about New Jersey's forthcoming Luminosas Wellness Collective. Thanks, so to speak, to Dana DiFilippo's story for the *New Jersey Monitor* we know a critical need will soon be satisfied.

Whereas she tells us that

Abortion foes often criticize New Jersey for allowing abortion "up until the moment of birth," because the state is one of just nine nationally that sets no limit on when someone can end their pregnancy.

But, in fact

[C]linics here don't provide abortions past the second trimester, which means people who seek abortions after then must head to other states.

Well, thankfully, that gap's about to be filled!

That's expected to change next year, when a nonprofit aims to open an all-trimester clinic in Hudson County that will provide abortion up to 34 weeks…

But, not to be outdone in their depravity, "New Colorado clinic offers third-trimester abortions for 'any reason you have.'"

Valerie Richardson, writing for *The Washington Times*

DENVER — Pro-life groups rejoiced when Dr. Warren Hern retired after 50 years of performing late-term abortions in Boulder, Colorado, but now another all-trimester clinic is stepping in to fill the void.

The RISE Collective began scheduling appointments two weeks ago for late-stage abortions, six months after the Boulder Abortion Clinic closed its doors with Dr. Hern's retirement.

Of course, there must be reasons for such a stomach-turning "procedure," right? Ah, no.

Patients don't need to justify or explain their decision to seek a late-term procedure.

"At RISE Collective, we believe that any reason you have for needing abortion care is yours, and it is the right one," the video says.

"RISE is one of only a handful of clinics in the country trained to provide abortion care in all trimesters," the announcement said. "Our medical staff have been doing this work with skill, compassion and dedication for more than two decades."

Secular Pro-Life's Monica Snyder explains what RISE means:

These very late abortion procedures usually involve injecting poison into the child's heart, or sometimes they'll cut the umbilical cord and wait for the baby to bleed out, and then they'll induce a stillbirth delivery, or sometimes they'll bring the baby out in pieces.

That's the work they mean when they talk about "doing this work with skill, compassion and dedication."

Lord, have mercy on their dark souls.

Nancy Pelosi, a pro-abortion leader in the House of Representatives for nearly four decades, announces she is retiring

Rep. Nancy Pelosi announced last week that she will retire at the end of this term, ending a career that spanned nearly 40 years. Pro-abortion to the core, Pelosi, 85, made her intentions (long rumored) official in a video released to her constituents in San Francisco.

Reproductive Freedom for All (formerly NARAL), described Pelosi as "a 'once-in-a-lifetime' leader and a champion for reproductive freedom." President and CEO Mini Timmaraju said of Pelosi

As a longtime advocate for the reproductive freedom movement, she has championed legislation to protect access to abortion on the House floor and has made abortion a salient issue for voters nationwide. As Speaker, she led the first proactive vote on abortion access in 30 years in the U.S. House of Representatives.

The tributes in the Legacy Media recognized Pelosi, leader of House Democrats for 20 years, eight of which she spent as speaker, as an ultra-effective leader who used intimidation and her ability to raise prodigious amount of money to run the House with an iron-fist. [Pelosi has "raised more than $1.3 billion for Democratic campaigns, according to her aides."]

As the *Washington Post*'s Paul Kane wrote

The first speaker to serve multiple terms since the 1950s, Pelosi was known for bending the chamber to her will through brute strength and keeping her often narrow majority in line through a combination of persuasion and fear of punishment.

A prominent theme in the stories is the ongoing battle to replace an aging Democrat leadership—" soul-searching," according to Heather Knight of the New York Times. Even Pelosi, while insisting she would have won if she had chosen to run for another term, had competition from Scott Wiener, a Democratic state senator from San Francisco, and Saikat Chakrabarti—who said they would run "with or without Ms. Pelosi on the ballot," Knight writes.



Pro-lifers have many bitter memories of Pelosi trading on her Catholic faith to ward off hugely justified criticisms.

In 2021, Salvatore J. Cordileone of San Francisco, Pelosi's own Archbishop, responded to some of Pelosi's blathering:

To begin with the obvious: Nancy Pelosi does not speak for the Catholic Church. She speaks as a high-level important government leader, and as a private citizen. And on the question of the equal dignity of human life in the womb, she also speaks in direct contradiction to a fundamental human right that Catholic teaching has consistently championed for 2,000 years.

See *Pelosi,* Page 22

From the President
Carol Tobias

This Tug of War Isn't a Game



According to Merriam-Webster dictionary, "tug of war" is a contest in which two teams pull against each other at opposite ends of a rope with the object of pulling the middle of the rope over a mark on the ground.

The activity is found more often in group fun-time activities and goes back thousands of years. Get several people on either end of the rope and see who has more muscle, more pull, more determination to bring the opponents across the middle line.

Merriam-Webster also says a tug-of-war is a struggle for supremacy or control usually involving two antagonists. For much of the last 50 years, the fight over protecting unborn babies has been a tug of war. It still is.



At one end are those—you! —who want to protect our smallest, most vulnerable, brothers and sisters. You've been tugging on that rope, doing what you can to save as many lives as possible.

At the other end is our opposition, those who think preborn children have no value, and those who don't care that women are hurt physically, mentally, or emotionally by abortion. They tug in the other direction, with the American public in the middle, pulled back and forth between the two positions.

While in the mid-to-late 1960s, a handful of states legalized abortion, it wasn't nearly as widespread as the abortion movement would have you believe.

In response, in 1972, Michigan and North Dakota voters soundly rejected, at the ballot box, an effort to legalize abortion in their state. Yet, in 1973, the U.S. Supreme Court ignored the will of the people and legalized abortion on demand nationwide by judicial fiat.

The next almost-50 years produced one of the biggest national tug-of-war matches the country had ever seen.

As the pro-life movement grew, so did Planned Parenthood and judicial intervention to protect abortion.National Right to Life was in the forefront, creating new laws and new arguments to wake up the national conscience. Our message was (and is) that babies are being killed! Women are being injured!

Part of that effort was carefully constructed legislation to protect unborn babies and their mothers. Our task was (and remains) alerting the public as to the horrors that were happening within our very own country.

That legislation included: informed consent laws, also known as A Woman's Right to Know laws; Parental Consent laws; Partial-Birth Abortion bans; The Pain-Capable Unborn Child Protection Act; The Born-Alive Abortion Survivors Protection Act; Prenatal Life Education; Conscience Protection for Medical Providers; and a Six Week Heartbeat Protection Act.

While we were tugging on the American public to look at the humanity of the unborn child, the opposition was going to court, seeking judges who would overturn as many laws as possible. They used pro-abortion presidential administrations to undermine pro-life laws and enact new anti-life policies.

In June 2022, we finally succeeded in overturning *Roe v Wade*, opening more opportunities to protect babies and their mothers.

But the Biden administration, all-in for abortion on demand, followed in the footsteps of the Clinton and Obama administrations before and did its utmost to remove all restrictions on abortion.

For 50+ years, the pro-life movement has fought the good fight, not only for the babies and their moms but also for the heart and soul of the American public. I'm proud to say that the pro-life movement continues to fight on all fronts.

For example, new programs have been enacted in many states to not only protect preborn children but also to help moms through a difficult time in her life. Pregnancy centers outnumber abortion facilities by more than three to one, which is why they are so hated.

Our state affiliates are introducing new ideas to change hearts and minds, to persuade local communities to see these young, new lives as valuable members of our society, worthy of protection.

More efforts are being made to promote abortion pill reversal—making women aware of the window of opportunity that exists to potentially reverse the effects of the first abortion pill (mifepristone) by using progesterone therapy.

More localities are installing safe-haven baby boxes so that, if a woman does decide she can't care for her child, she can anonymously and safely release the child into the care of someone who will love and raise that child.

As the tug-of-war continues for the heart and soul of the country, the pro-life movement is meeting the challenge. While tug of war can be a fun game, when it comes to the lives of women and children, it's a deadly serious matter.

The more hands pulling on the rope, the more lives we can save. Every hand on that rope makes a difference.

Is your hand on the rope?

When reporters trade skepticism for advocacy, the result is pro-abortion propaganda disguised as health reporting

By Laura Echevarria, Director of Communications and Press Secretary

When the FDA approved mifepristone twenty-five years ago, it did so with full awareness that the drug carried serious risks—risks significant enough to warrant a special safety program known as a Risk Evaluation and Mitigation Strategy (REMS). Yet reading recent headlines, one might think the abortion pill had achieved something close to sainthood.

In late September, *STAT News* marked the anniversary by calling mifepristone a "hero" of modern abortion care—safer, they claimed, than Viagra or even pregnancy itself. Within days, *The Guardian*, *NPR*, *PBS NewsHour*, and *Scientific American* joined the chorus, publishing nearly interchangeable pieces that hailed the drug's "exceptional safety" and dismissed any dissent as "junk science" or "conservative backlash."

Not one of these outlets seriously engaged with the growing evidence—or the real experiences of women—that challenge this carefully curated narrative. Rather than functioning as skeptics, which is what reporters are supposed to do, too many journalists have become defenders of the abortion industry's narrative.



The Obama administration weakened the FDA's reporting requirements, instructing prescribers to report only deaths—not injuries, infections, or hospitalizations.

The Myth of Risk-Free Abortion Pills

If these stories are to be believed, mifepristone is virtually without risk. But what these glowing portrayals leave out is more telling than what they include.

After two decades of data, the FDA lists hemorrhage, infection, and undiagnosed ectopic pregnancy as serious complications. Women can and do end up in emergency rooms with heavy bleeding or incomplete abortions.

Yet none of these recent articles makes mention of a fundamental change.

In 2016, the Obama administration weakened the FDA's reporting requirements, instructing prescribers to report only deaths—not injuries, infections, or hospitalizations. That single policy change made it nearly impossible to know the true number of women harmed.

Relying on the absence of reported complications as proof of safety isn't just misleading—it's like saying a crime never happened because no one filed a police report.

When the Press Acts as the PR Arm of the Abortion Industry

Let's take three examples of these scrutiny-free stories.

- *Scientific American* criticized the FDA's current review of mifepristone as "politically motivated," ignoring the legitimate concerns about mail-order distribution and a lack of patient oversight.
- *The Guardian* dismissed pro-life medical research as "non-peer-reviewed" while quoting sources and studies authored or funded by abortion advocates.
- *NPR* and *PBS NewsHour*, both publicly funded, described the FDA's approval of a generic version as a "routine win for affordable access" but said nothing about the fact that expanding the market also multiplies the risks for women left without proper care.

These outlets failed to ask even the most basic journalistic questions.

Who profits from these pills? How are complications tracked when women are told to conceal their abortions? What happens when complications arise far from a clinic—or when emergency doctors don't know what drug a woman has taken? And perhaps most importantly, what ethical line is crossed when a drug that ends one human life and endangers another is described as "care"?

Safety Without Oversight Is a Dangerous Illusion

Every American—regardless of where they stand on abortion—should be concerned when major media outlets treat pharmaceutical marketing as unquestionable truth. Mifepristone's promoters often claim it is "safer than pregnancy," but that comparison distorts reality. Pregnancy is not a disease. It is a natural, biological process.

Abortion, by contrast, deliberately disrupts that process through powerful drugs designed to end a life and expel the developing child from the womb. Calling that "safer" isn't science—it's spin.

This kind of journalism erodes public trust. When reporters trade skepticism for advocacy, the result is propaganda disguised as health reporting.

Women Deserve Truth, Not Talking Points

Mifepristone is not a "hero." It is a drug that carries real risks and has benefited from years of political protection and weak oversight. The women who suffer complications aren't statistics—they are real people: daughters, sisters, friends, and mothers whose experiences rarely make headlines because they don't fit the preferred narrative.

Instead of uncritically repeating talking points from abortion advocates, reporters should be asking why the FDA no longer collects complete safety data, how telehealth abortions are being monitored, and what happens when something goes wrong.

Until those questions are asked and answered honestly, these glowing features about mifepristone's "safety" are not journalism. They are public relations for an industry that profits from death and risk and calls it empowerment.

Women deserve far better than that.

Looking to the States

By Peter Northcott, Director for State Strategies

Since the Supreme Court's *Dobbs v. Jackson* decision returned the issue of abortion to the people and their elected representatives, action in the states has been at the forefront of the pro-life movement. With affiliates in all 50 states, National Right to Life and its affiliates continue their decades-long work on the ground—in communities, legislatures, and courts—leading the charge for life.

In **Nevada**, Nevada Right to Life won a hard-fought court victory restoring the state's parental notification law, ensuring parents are informed before abortions are performed on their minor daughters. This long-awaited victory highlights the importance of perseverance and leadership in protecting families and young women.

In **Massachusetts**, **New Jersey**, and **Washington**, our affiliates—Massachusetts Citizens for Life, New Jersey Right to Life, and Human Life of Washington—have courageously stood up to governors who are using taxpayer funds to attack pregnancy resource centers. Their advocacy helped inspire the Let Pregnancy Centers Serve Act in Congress, which seeks to protect and empower these centers that provide real help and hope to women and families.



No matter where you live—red state or blue—National Right to Life is there, building a culture where every mother and child is protected in law and cared for in life.

In **Texas**, Texas Right to Life helped pass strong new legislation empowering law enforcement to stop out-of-state traffickers from mailing dangerous abortion pills into the state. The law also gives families legal recourse when loved ones are harmed by these illegal pills.

Several states have worked hard to secure hundreds of millions of dollars in state grants and tax credits to strengthen the lifesaving work of pregnancy resource centers. Affiliates in **Arkansas**, **Idaho**, **Indiana**, and **Kansas** are also celebrating new local policies requiring middle and high school health classes to show scientifically accurate fetal development videos, helping students understand the dignity and humanity of every preborn child.

Meanwhile, attorneys general from 17 pro-life states, with strong support from their National Right to Life affiliates, are speaking out against so-called "shield laws" that protect abortionists who ship abortion pills into pro-life states in violation of state law. Their leadership sends a clear message that women and babies deserve protection, not exploitation.

No matter where you live—red state or blue—National Right to Life is there, building a culture where every mother and child is protected in law and cared for in life.

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rate that rose sharply with gestational age.

Another 2025 analysis published in JAMA revealed that survival rates for infants born at 22 weeks who receive active treatment have climbed from 25.7 percent in 2014 to 41 percent in 2023. These findings confirm what many clinicians and survivors already know: viability is increasing, and the line between "abortion" and "infanticide" grows thinner with every year that care is withheld.

Despite that reality, a 2020 amendment to New Zealand's abortion law—which would have required life-sustaining treatment for babies born alive—was rejected by nearly two-thirds of MPs. "This is not about politics—it's about having a heart," said Family First NZ CEO Bob McCoskrie. He called for new legislation that mandates equal medical care for all newborns, regardless of the circumstances of birth.

At The Abortion Survivors Network, we know these children exist—because we serve them. Their stories, and those of their mothers, testify that life can and does survive abortion.

What happens next is up to us: will governments and medical professionals acknowledge these lives as worthy of protection, or continue to look away?

The New Zealand findings join a growing body of international evidence demanding transparency, compassion, and accountability. When a baby survives abortion, the question should never be whether that life deserves care—it should be how quickly we can provide it.

"This is not about politics—it's about having a heart."

Bob McCoskrie.
Family First NZ CEO



The unborn baby shown here is at 20 weeks gestation

President Trump signs bill ending the longest government shutdown in U.S. history

By Madison LaClare, Director of Federal Government Affairs

On Wednesday, November 12, President Trump signed a bill passed by both houses of Congress that reopened the government.

Earlier in the evening, the House of Representatives voted 222 to 209 to give final passage to a spending package that ended the longest government shutdown in U.S. history.

After weeks of stalemate, on Monday night, the Senate took critical steps to reopen the government. After nearly six weeks of a shutdown, eight Senate Democrats crossed party lines in a procedural vote that will open the door for the government to resume operations. Their votes came with a promise from leadership to permit a future vote on extending the Affordable Care Act (ACA) subsidies, which are set to expire soon and continue to reimburse insurance plans covering abortions

Many Democrats had resisted reopening the government until the ACA subsidies were extended. The insistence on prolonging a shutdown over this issue revealed how far some in Congress are willing to go to protect federal funding streams that benefit abortion providers. For weeks, the American people watched as lawmakers refused to compromise, leaving government employees without pay and critical services suspended.



The shutdown revealed how far some in Congress are willing to go to protect federal funding streams that benefit abortion providers.

The few members who reached across the aisle demonstrated that cooperation is still possible. Their willingness to prioritize the country over partisan demands offers a much-needed reminder that the government can work when leaders put the people first.

The character of our leaders is revealed by what they refuse to compromise and where their convictions truly lie. Our government cannot function without compromise, but some values must never be surrendered. Using taxpayer dollars to fund abortion is one of them. No member of Congress should ever be asked—or willing—to sacrifice that principle.

Last week, National Right to Life sent a letter to every member of Congress affirming our opposition to any extension of the ACA subsidies without Hyde protections. Taxpayer funding of abortion is a conviction we cannot compromise. Leaders from both parties have fulfilled their responsibility to restore government operations. Now, it falls to every member of Congress to ensure that reopening the government does not come at the expense of American taxpayers' moral convictions.

How Babies Heal the World

By Remil Teny, Education Director, Pennsylvania Pro-Life Federation

We just had my two-and-a-half-month-old son's christening party over the weekend where we had close to eighty friends and family that gathered to celebrate with us.

And, possibly, for the first time in my life, my eyes were truly opened to how babies heal the world.

At no other stage of human development do people feel so free, so unguarded, with another human being as they do with a baby.

And witnessing that made me realize the quiet, transformative effect that these little ones have on our communities.

I saw the comfort my son brought to my single and childless friends as they cuddled with him.

I saw the joy in the faces of young children—and adults too—but especially the children, who seemed captivated simply by his presence.



In the faces of the adults, I saw maternal and paternal love awaken again — for a child they were seeing for the first time.

I saw heroic love in those who had lost children to miscarriages. That, in particular, was deeply moving.

I watched people who've never met before share a moment of unified admiration for my boy. And I saw the freedom everyone felt in gazing at his face—without prejudice, fear of judgment, or shame. That same freedom appears even among strangers at everyday places, like the grocery store, the coffee shop, or while returning packages at Amazon.

What I saw firsthand was how healing it is for communities to have babies. The little ones capacity to take away the pain and sorrow of mundane life, even if for just a moment, is amazing.

And this is true not just for the immediate family and friends but for everyone who encounters them. And to me that's a profound confirmation that babies belong to this world - and the world needs babies in order to heal.

Babies, in every circumstance, are a gift. Why? Because they evoke the best in us and in so doing help to heal the world.

Research shows growth of mailed abortion pills in U.S.

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

A couple of recent reports show that mailing abortion pills—mifepristone—is up. That increase is not just in pro-life states where abortionists from "shield law" states are shipping them in defiance of state laws, but even in states where abortion is still fully legal and the industry appears to be thriving post *Dobbs*. This means that, despite welcome news of many clinic closures across the country, the lives of more unborn babies will be taken and more women will be injured from mailed abortion pills.

The latest piece is a "research letter" from *JAMA Network Open* (10/20/25) saying orders for mailed pills nearly doubled in abortion-friendly states after *Dobbs*. This followed on the heels of another article in *JAMA* (8/11/25) about increases in other states. That article used the same data source to show large numbers of abortion pills were mailed into states which, post-**Dobbs**, had passed protections for unborn children and outlawed sale and use of mifepristone

Both papers are short on big-picture details, showing only data on pills ordered in different 15 or 16 month periods over the past few years in different sets of states. Though there are other active online abortion pill sellers, the authors exclusively used order data from Aid Access, the group founded by Rebecca Gomperts former Greenpeace activist.

Gomperts launched the "Abortion Ship" in the early 2000s to promote abortion pills in countries where they were not legal. She brought her campaign to America in 2018 with Aid Access to "help" women get access to abortion pills wherever she thought they were locally difficult to obtain.



The Biden administration's FDA, on January 3, 2023, publicly formalized new rules that scrubbed virtually all protective requirements. The new rules allowed online abortion sales, pharmacy pickup, and the mailing of pills to women's homes without an in-person visit.

Eliminating protective requirements was certainly part of the large spike in "requests" seen for January

Growth in Abortion-Friendly States

According to the October 20, 2025, *JAMA Network Open* research letter, there were 16,154 "telehealth medication abortion" requests in these 18 abortion friendly states during the study period covering the eight months prior to, and the eight months immediately after the June 2022 *Dobbs* decision. The accompanying map shows West Coast states WA, OR, CA; Western States NV, CO, and NM; East Coast states from VA up through ME; and Midwest states IL, MN.

These are in addition to whatever abortions, surgical or chemical, were performed at clinics or private doctors' offices in those states during that time. Clinics were open and abortions were fully legal in those states throughout that time frame.

The key finding of the research was that the rate of "requests" (women seeking to order the pills from Aid Access) nearly doubled after *Dobbs*. They rose from 2.4 to 4.5 requests per 100,000 women of reproductive age (15-44) across those two time periods.

In raw numbers, there were 4,545 requests in the eight months before *Dobbs* and 11,609 in the eight months after Dobbs in those same states.

This growth is not surprising, given the heavy promotion of these pills. However, it is instructive nonetheless, reflecting the changing abortion landscape in the country, even where brick-and-mortar abortion clinics are still open and in use.

The authors use this, and cite data to try to prove, that most of this was driven by distance—that is, how far women in those states would have to travel to get to the nearest abortion clinic. According to the authors, the farther a woman had to travel, the more likely to she was to order her pills from groups like Aid Access rather than drive to her nearest clinic.

But the JAMA report fails to mention that there was a major decision by the Biden administration during that second statistical window (the eight months post-*Dobbs)*. On January 3, 2023, Biden's FDA publicly formalized new rules that scrubbed virtually all protective requirements. The new rules allowed online abortion sales, pharmacy pickup, and the mailing of pills to women's homes without an in-person visit.

This was certainly part of the large spike in "requests" seen for January 2023 in the chart accompanying the researcher's letter.

Regardless of what might be the main contributing factor, the clear implication is this: Thanks to heavy promotion and new government policies, the mailing of abortion pills has been increasing exponentially over the past several years, and not just in states where new laws have shut down traditional abortion clinics.

Sales of Mailed Mifepristone to Other States

Gomperts and researchers working with Aid Access recently reported (*JAMA*, August 11, 2025) on sales of Aid Access pills to women in states where sale and use of abortion pills are illegal. They claimed to have provided 99,293 pill packs to women in 24 states with "near-total or telemedicine bans" (it does not specify, but these include states

See *Abortion Pills Mail,* Page 8

Ready to grow? Let's do it. National Right to Life Chapter Building Tool Now Available.

By Dave Andrusko, Editor, National Right to Life News

With more than 50 years of experience under our corporate belt, National Right to Life has long since earned the description bestowed on us by the great pro-life champion Rep. Chris Smith, long-time Co-Chair of the Congressional Pro-Life Caucus:

> *The National Right to Life Committee is the flagship, the largest and most effective action oriented voice, among an eclectic, dedicated group of pro-lifers. Your Washington leadership isn't just talented and committed; it is seasoned, mature and tested.*

But it was the next sentence that has long stayed with me:

> *At the state level, you constitute the backbone of our movement and put troops in the field, in a selfless expression of love for the disenfranchised and powerless, absolutely based on the core principles of nonviolence and malice towards none.*

Yet it is the individual chapters that make up the 50 state affiliates that powers the greatest movement for social justice of our time. What we can do at National Right to Life is to offer you a manual to make your life easier.

That's what Rai Rojas, Outreach & Events Director for NRLC, has done in great but easily digestible detail. Last Friday (and repeated in our "Best of the Week" stories on Sunday), Rai outlined, step by step, how the National Right to Life Chapter Manual "is the single most essential tool we offer for grassroots leaders, and it only costs ten bucks. That's two fancy coffees for a field-tested playbook that builds chapters, wins hearts, and changes."



By all means. please read Rai's story at *https://nrlc.org/nrlnewstoday/2025/10/national-right-to-life-chapter-manual-makes-grassroots-organizing-easier.*

You'll be awfully glad you did!

Let me end with Rai's concluding two paragraphs:

> *Get your copy today. Email outreach@nrlc.org. Bulk pricing available for state affiliates and training events.*
>
> *Ready to grow? Let's do it. Because saving lives starts at the local level, and this manual shows you how.*

Abortion Pills Mail, from Page 7

like TX, LA, OK, MS, TN, IN, etc.) between July 2023 and September of 2024.

Besides showing higher sales of abortion pills in southern states where protections for unborn children were generally stronger, the authors said data also showed more sales in areas where poverty rates were higher and there was better broadband access.

Data Limitations

None of the numbers cited here or earlier can be used to make any precise calculation of the numbers of abortion performed in the United States in 2022, 2023, or 2024. For example, in addition to the time-scales not aligning, and data from some states not falling in either category (not the 18 abortion friendly states nor the 24 with "bans"), all these researchers count only orders, not uses.

Women may order the pills, change their minds and not use them. Women may use the pills and the pills may not work (2-7% of the time, according to the FDA). Pills may be ordered by parents, boyfriends, or phony buyers planning to force their teen to take them, or to surreptitiously slip into a pregnant girlfriend's smoothie, or to resell on the black market.

Gomperts and Aid Access have at times suggested that women order the pills and keep them in the medicine cabinet for later use "as needed." Consequently, one has no way of knowing how many were ordered and used right away

Quarter of Abortions Now by Mail?

Clearly, though, more abortion pills are being mailed in the U.S. than ever, in both states protecting life and those protecting abortion. The most recent report from the Society of Family Planning's "*We Count*" survey is that even though "in-person" or clinic abortions are dropping, 25% of all abortions are now provided by mail or "telehealth" (SFP, 6/23/25).

It is a clear sign that chemical abortion and relaxed government regulations related to their delivery have transformed the abortion landscape. By allowing mifepristone to be sold online and shipped to women's homes, more and more American women all across the country think about abortion pills when faced with unanticipated pregnancies.

Making Strategic Adjustments

If this trend continues, legal measures and market conditions that closed brick-and-mortar clinics will ultimately have less and less of an impact. It will then become more critical to pass laws ensuring the public knows how risky these chemical abortions are for both mothers and their unborn children, and how especially dangerous those from mailed abortion pills are. Why?

Without the in-person screening, distribution, and monitoring, there is no direct estimation of gestational age ("efficacy" tails off as the child develops), or determination of ectopic pregnancy (abortion pills don't work in these conditions). That also means there is no one directly responsible for ensuring the abortion is complete, that the woman has avoided infection, or the bleeding has not gotten out of hand.

The more abortion pills are mailed, the more women are going to be injured and the more babies are going to die.

Florida's "New" End-of-Life Bill Is Just the Same Old Threat to Life

By Raimundo Rojas, Outreach & Events Director

On October 31, 2025, Senator Ana Maria Rodriguez prefiled Senate Bill 312 for the upcoming 2026 legislative session. It is an almost word-for-word resurrection of SB 566, a failed attempt from the previous session that deserved to die in committee.

Yet here it is again, dressed up as compassionate reform, pushing the same dangerous framework that would make it easier to withdraw life-saving care from vulnerable Floridians. SB 312 isn't new, and it certainly isn't improved. It's the same loser bill with the same high risk of normalizing passive euthanasia through state-sanctioned directives.

Florida Senate Bill 312 appears to be a compassionate step forward, but, in all reality, it is a dangerous move that threatens to normalize passive euthanasia under the bureaucratic label of "patient-directed medical orders."

This bill would allow adults and their designated proxies to authorize the withdrawal of life-sustaining care without requiring a terminal diagnosis. That shift alone should raise an alarm. The bill's language now includes "progressive illnesses," a vague category that can be stretched to cover anything from early-stage dementia to manageable chronic conditions.

Instead of narrowing end-of-life options to those who are actively dying, it expands them to people who are simply declining. The result is a quiet redefinition of what kind of life is considered worth sustaining.

The bill permits the removal of care if a treatment merely "prolongs artificially the process of dying." That phrase is undefined. It offers no requirement for a second opinion, no ethics review, and no standardized medical threshold. It leaves the judgment entirely to individual providers who may interpret "artificial" in ways that fit the pressures of their environment—pressures that include staffing shortages, insurance limits, or institutional preferences.



The state should never make it easier to die than to live. But that is precisely what SB 312 does. Removing feeding tubes, fluids, or antibiotics under this bill would no longer be questioned. It would be policy.

Removing feeding tubes, fluids, or antibiotics under this bill would no longer be questioned. It would be policy.

These decisions could also be made over telehealth. A person nearing the end of life, or someone mentally compromised, could be presented with death-authorizing paperwork by a stranger on a screen. A family member off-camera could influence the conversation without anyone knowing. The supposed consent would be legal, but the process would be riddled with risk.

On top of that, this bill gives non-physician providers—physician assistants and advanced practice registered nurses—the authority to sign off on life-ending directives. This weakens oversight and pushes serious medical decisions into the hands of less qualified personnel.

To make matters worse, the bill protects everyone involved from any civil, criminal, or professional accountability. Hospitals, doctors, and staff would be shielded from consequences even in cases of mistaken identity, inaccurate diagnoses, or family disputes.

The only people with no power in this arrangement are the vulnerable patients whose lives are on the line.

All of this will be logged in a centralized state-run database. The intention may be access across facilities, but it raises serious privacy concerns as well. It opens the door to insurers or institutions to use these records to guide decisions about who receives care and who does not. It also leaves room for medical decisions to be made automatically, without context or updated information. A directive uploaded in one moment of despair could follow a person into every care setting, locking in a decision they may have changed their mind about.

This bill affects everyone but will hurt the vulnerable the most.

Low-income patients, minority populations, the elderly, and those in rural areas are more likely to face systemic pressure to opt out of care. They are also less likely to have advocates who can navigate the fine print or challenge decisions made on their behalf. The state should never make it easier to die than to live. But that is precisely what SB 312 does.

Florida has clear pro-life laws and a tradition of protecting life at every stage. SB 312 undermines those protections. It trades patient dignity for system efficiency. It opens the door to a cultural shift where death is not a last resort but an easily authorized form. This is not how a society that values life should treat its people.

Lawmakers must reject SB 312 and push for clear, ethical safeguards that prioritize care, dignity, and life.

Standing for Life in Compassion and Love this Holiday Season

By Amber Roseboom, President, Right to Life of Michigan

It has finally arrived! The glorious holiday season from Thanksgiving preparation to Christmas and New Year. This is my favorite time of the year!

Pumpkin bread with cream cheese frosting, hot cider on a brisk afternoon, the warm glow of Christmas lights and classic holiday films all await us just around the corner. It's wonderful not just for what it is but for what it points to – a triumphant celebration of our Savior's birth.

Yet, for many, the holidays test us in new and old ways. I often hear people sigh in dreadful anticipation of a family gathering with relatives who share strong beliefs and convictions different from their own. Decades ago, these discussions seemed easier to avoid, but now they beckon us to engage. And engage we do… all too often, under the guise of standing up for ourselves or for truth!

Studies show that anger is a powerful motivator to action. It increases partisan loyalty and turnout for elections. That explains the shouting matches on-screen and our increased polarization.

But anger also suppresses reasoning and makes camaraderie so very difficult. Efforts to fan the flames of rage are both short-sighted and harmful to our families, communities and our country.

The wisdom of our Founding Fathers points to a path forward, one worthy of our cause and great nation.

To render us again one people, acting as one nation, should be the object of every man really a patriot. I am satisfied it can be done, and I own that the day which should convince me of the contrary would be the bitterest of my life.

~ Thomas Jefferson, July 1801



The implications of our work truly are boundless. Not just what we do but how we do it.

A spirit of unity, compassion and understanding are necessary, not optional, values as Americans. As we look to the holiday season and beyond, how we engage in discussions about life and our values matter. May we remember to:

1)Pray. Pray for the Holy Spirit's guidance and timing. That He would give us wisdom, courage and the opportunity to share the truth about life with the hearer, and that we have the sensitivity to avoid forcing a conversation at an inopportune time.

2)Listen. Start by patiently listening to the other person. This can, at times, be difficult. But only when we listen can we hear the heart of a person and meet them where they are as opposed to where we are.

3)Love. Thomas Aquinas tells us that "to love is to will the good of the other." If we truly will the good of the other person, the conversation takes on a very different tone. It is not about proving we are right but about serving the other person by compassionately sharing the truth, even if and when they seek to belittle us. We must reach them in compassion and love with words they are open to hearing.

This, of course, is the beauty and power of "Life. The Other Choice." While abortion is legal through all nine months of pregnancy for any reason, women deserve the opportunity to choose life. For "choice" to be more than a slogan, women must have every opportunity to make a hopeful, courageous choice for life. That's our message. That's the thrust of our work and resources. We are standing with women and saving lives, one choice at a time.

4)Have Patience. Avoid the temptation to attempt to change someone's mind by the end of the evening. Allow the person time to ponder the discussion with space and freedom, without force.

5)Pray Again. Pray that the Holy Spirit would bless those with whom we disagree and agree. Pray that He would bless the conversation and open their minds and hearts to the truth about life.

With that, I want to share a story from a recent Christmas that I hope inspires you as much as it does me.

Every Christmas, my entire family gathers at my parents' home. I'm blessed both of my parents are still with us on this earth. Their home is always welcoming to anyone who wants to join us.

A couple of Christmases ago, a cousin of mine came over. Late in the night, as people were getting ready for bed and leaving, my cousin started asking my dad about abortion, saying, "I'm not sure I ever want to be a dad." My dad patiently explained that the unborn child is alive and growing, that abortion is never the best choice, and he talked about the beauty of being a parent. My tired dad stayed up talking until my cousin went to sleep.

Fast forward, and none of us had heard from my cousin for over a year. A few months ago, we invited him to come over again. This time, he responded.

Days later, he drove up with his girlfriend and a young boy, months from his first birthday, in tow. He told my dad the conversation they had two Christmases ago was about this young boy, who his girlfriend was five months pregnant with at the time.

How consequential our conversations are. That beautiful young boy is alive today, in part, because of my dad's willingness to listen and share truth even when it was inconvenient.

The implications of our work truly are boundless. Not just what we do but how we do it. It is up to each of us, particularly this holiday season, to choose the better way, to choose the life-giving way in our conversations and interactions.

Thank you for all you do to stand for life! Happy Thanksgiving and Merry Christmas!

We are Becoming a Suicide Nation as Illinois Legislature Passes Assisted Suicide

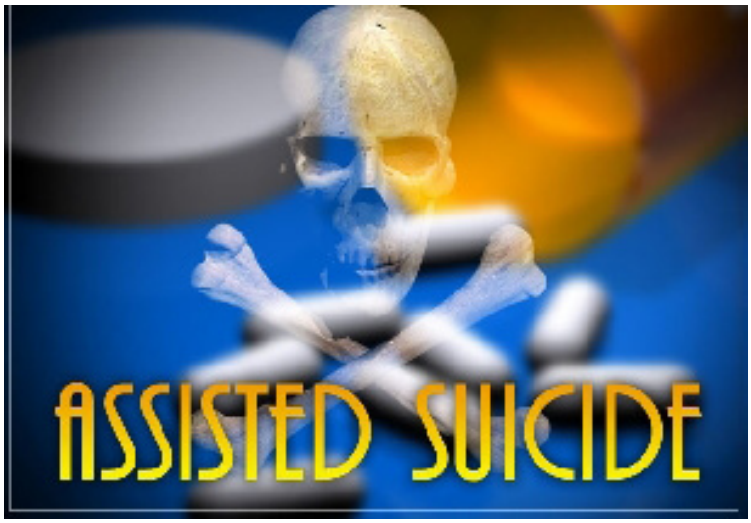
By Wesley J. Smith, J.D.

The Illinois Legislature just has passed an assisted suicide legalization bill, tying a black bow along with New York's legalization bill passed a few months ago. Both measures still await signing by the states' respective governors, which I fear is quite likely as the death agenda is firmly ensconced in blue state liberal/progressive policy on assisted suicide.

Should the bills get signed into law, more people will live in jurisdictions (including three of our most populous: California, New York, and Illinois) that validate some suicides and allow doctors to facilitate such deaths than live in states where assisted suicide remains illegal.

The states are nationalizing assisted suicide as well. New York's bill has no residency requirement. Vermont and Oregon did away with theirs. And the Illinois bill's residency requirement is so weak that one could become a resident in a day by, say, renting an apartment and registering to vote.

This is so disheartening. Suicide is being redefined into a medical treatment. Which is odd because legalization is a vote of no confidence in the medical profession's ability to care for people with serious illnesses. Hippocrates would not stop throwing up (to steal a Woody Allen line).



We have seen that once these bills pass, they are soon expanded to allow more people to be grasped by the suicide maw.

We have seen that once these bills pass, they are soon expanded to allow more people to be grasped by the suicide maw. So we are well on the way now to becoming more like Canada, where we have seen how the euthanasia virus leads to terrible abuses once people accept it as normal.

We are no longer an anti-suicide nation. Deploying gooey euphemisms like "MAID" (medical assistance in dying) doesn't change the factual nature of what it is that much of liberal society seems to want.

Once again Canadian journalist Andrew Coyne's observation is germane:

> *A society that believes in nothing can offer no argument even against death. A culture that has lost its faith in life cannot comprehend why it should be endured.*

Is he wrong? It seems to me that for millions of us, getting people dead has a greater emotional hold than ensuring that people receive proper care.

Post script: Convicted attempted Trump assassin Ryan Routh has asked to be imprisoned in a state where assisted suicide is legal. Whether or not that's germane, I leave to the reader.

Editor's note:
Wesley Smith is a pro-life bioethicist. His great columns appear at *National Review Online* and reposted with permission.

How did you go from a latent to an activated pro-lifer?

By Monica Snyder, Executive Director, Secular Pro-Life

What moves someone from being quietly pro-life to actively speaking out?

Hundreds of people have now taken SPL's survey of non-traditional pro-lifers, and you are invited to take it as well. One section of our survey explores stories of becoming pro-life, especially from those who weren't always actively opposed to abortion.

Usually when we think of people becoming pro-life, we picture those who used to be pro-choice. But our survey also highlights another group: people who were "latent pro-life." These individuals believed abortion was generally immoral but didn't usually speak out or get involved—until something changed.

So we asked these formerly latent pro-lifers what moved them to become active in opposing abortion. Below is a selection of their powerful answers.

My little sister got pregnant with my niece or nephew, my children's only hope at a cousin. She aborted because she wanted to continue a carefree lifestyle. I grieve the loss of this baby, and I truly believe he or she was a complete person, however small. My sister was supposed to keep him or her safe.

~AB, very liberal atheist man

Paying attention in biology class.



Remember that people change their minds all the time. Be patient and relentless.

Talking with pro-life friends. Following social media pages for both Planned Parenthood and people like Secular Pro-Life to compare their views consistently.

~Anonymous, slightly liberal Catholic woman

I saw people talking about it on videos and it made me look more into it and discover facts I didn't know.

~Mickayla G., young* bisexual non-religious woman

I was opposed to abortion, then became liberal and felt like I had to abandon my principles, then returned to my original principles with my wife's support.

~AJP, young liberal Catholic man

There were a million turning points that led me to the pro-life stance, but if I had to choose the biggest one, it would be the Gosnell case and the collective burst-of-shock-and-then-shrug-and-then-forget reaction it received from the media and most of the public.

~Anonymous, politically moderate agnostic woman

Interaction with pro-life orgs across the political and religious/non-religious spectrum.

~Paul H., somewhat liberal Christian man

Learning biology and having my own children.

~Olga Romanov, politically moderate bisexual agnostic woman

Thought-provoking comments or remarks by people around me.

~AB, politically independent Catholic woman

My own experiences with pregnancy loss, and two friends' experiences with abortion.

~KB, very liberal bisexual atheist

Notice how many people say they got involved in pro-life work after hearing pro-life arguments online or from someone they knew. Those of us who speak out against abortion can sometimes feel as if we're screaming into the wind. Remember that people change their minds all the time. Be patient and relentless.

DKT International: The Global Network for Abortion Pills

By Carlos Polo

In recent months, the Population Research Institute (PRI) has documented, with significant amounts of evidence, the activities of three major abortion networks: FIGO, CLACAI, and FP2030. Each of these has played a specific role in the international expansion of abortion.

Now, we have turned our attention to another key player: DKT International.

Founded in 1989, this organization presents itself as a promoter of "sexual and reproductive health," but in reality, it has become the world's largest distributor of abortion pills, using sophisticated social marketing networks specifically designed to evade pharmaceutical regulations.

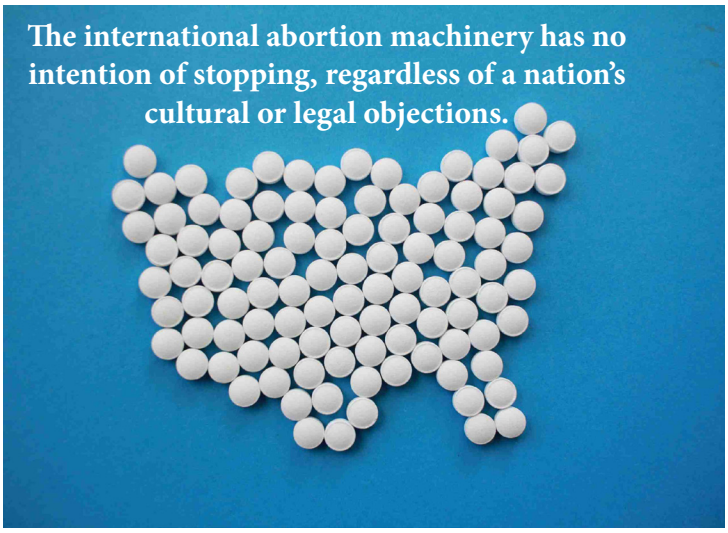
On September 2, 2025, DKT announced that it would double its commitment to Family Planning 2030 (FP2030), pledging a total of $2 billion by 2030.

This announcement not only revealed DKT's financial power, but also its intent to fill the void left by the Trump Administration, which, under the Mexico City Policy, prohibited the use of U.S. federal funds to finance organizations that promote or perform abortions.

DKT's press release hinted at a carefully crafted strategy:

- *Shielding the FP2030 network to ensure abortion remains an essential component disguised as "family planning."*
- *Replacing traditional donors, from government agencies to private foundations, that have reduced their political exposure in this area.*
- *Expanding aggressively into emerging markets, particularly in Africa and Latin America, where cultural and legal resistance to abortion remains strong.*

In short, this $2 billion pledge is not philanthropy, it is an investment to sustain and scale



abortion by pills on a global level.

A "Glocal" Network: Global Thinking, Local Execution

What makes DKT unique is its operational model.

Unlike traditional pharmaceutical companies, DKT combines multinational logistics with localized social marketing.

This means youth-focused campaigns, parallel distribution networks, and covert sales of dangerous abortifacients, such as misoprostol and mifepristone.

Under deceptive labels like "safe options" or "reproductive rights," DKT promotes self-managed home abortions, even in countries where abortion is illegal.

The consequences are severe:

Erosion of national sovereignty: National health frameworks become subordinate to foreign agendas.

Normalization of illegality: The line between clinical and clandestine abortion blurs.

Overburdened healthcare systems: Local hospitals are forced to treat post-abortion complications without additional resources.

Manipulation of public opinion: The language of "reproductive health" weakens cultural resistance to abortion.

The Peru Case: A Look Inside the Machinery

Peru provides a concrete example.

There, DKT operates as DKT Perú S.A.C., registered as a pharmaceutical company in Lima with authorization from the General Directorate of Medicines, Supplies, and Drugs (DIGEMID), Peru's equivalent of the U.S. FDA.

Under this license, it imports misoprostol from India, manufactured by Naari Pharma, a strategic partner that has also obtained health registrations for misoprostol in Colombia and Ecuador.

Although abortion in Peru is illegal except when the mother's life is at risk, investigations show that these products often end up in clandestine networks, facilitating self-managed abortions.

The strategy is the same everywhere: register the products, import them legally, and then promote them as part of a "rights package," regardless of national law.

Yet Peru also stands as a symbol of pro-life resistance.

Through the Ibero-America Office of the Population Research Institute, support is being given to the Padres Peruanos (Peruvian Parents) citizen platform, which is running a signature campaign demanding that DIGEMID conduct a thorough audit of DKT Perú's imports and sales.

Peruvians understand the urgency of stopping the spread of abortion pills and defending the life and health of women and their unborn children.

A Direct Challenge to the Trump Administration's Funding Restrictions

DKT International is no minor actor, it is the global giant of chemical abortion.

With operations in more than 100 countries, strategic alliances in India, and a narrative that presents abortion as a supposed "right," this network seeks to impose a model in which the cultural and legal objections of nations are subordinated to the abortion industry.

Far from being deterred by U.S. funding restrictions, DKT has chosen to circumvent them through private commitments and a dense international financing network.

Its decision to invest $2 billion in FP2030 is a direct and defiant message: the abortion machinery has no intention of stopping.

Our response must be even stronger and more resolute.

It is essential to support the Trump Administration, which not only reinstated the Mexico City Policy but expanded it, ensuring that American taxpayers' money will not, directly or indirectly, fund organizations that promote or perform abortions.

It is our duty to expose and resist this agenda, and to defend, with conviction, that the resources of U.S. citizens must never sustain a network seeking to expand abortion under the guise of "reproductive health."

Editor's note: This appeared at The Population Research Institute and reposted with permission.

Courage, hope, and inspiration define effort to bring moms and babies to Congress

By Lisa Bourne

Four moms and their children traveled to Washington D.C. to share the powerful message from their own personal perspective on Capitol Hill that pregnancy centers are good for America.

Heartbeat International hosted the moms and their children along with pregnancy help personnel for Babies Go to Congress. Heartbeat is the largest network of pregnancy help organizations in the U.S. and globally.

More than 180 moms and babies have gone to D.C. and told their stories in nearly 400 Congressional offices since Heartbeat's Babies Go to Congress initiative began in 2009. Each of the moms and their babies provides living proof of the power of pregnancy help.

One of the moms attending this latest chapter of Babies Go to Congress is Valencia.

When she first called the Confidential Care Mobile Ministry hotline, Valencia thought she was scheduling an abortion. What she didn't realize was that that one phone call would change her life. Within a week of talking and visiting with the team at CCMM, Valencia made a courageous choice for life.

What began as a call to end a pregnancy became a call that brought hope and life.

On July 27, 2022, Valencia welcomed her daughter Kennedi.

Today, Valencia and Kennedi share their story to encourage others, hoping to shine the same light that CCMM once shared with them.

"The call to end life turned into the call that gave life," Valencia said. "And it's a light we now want to pass on."



When Katee first found out she was pregnant, she was just a sophomore in high school. Unsure of what to do and afraid to tell her parents, she carried the secret for months before finally opening up. That moment of honesty began a journey that would change her life.

Her mom brought her to Bella Vita Pregnancy Center, where Katee found compassion, encouragement, and the strength to face her fears. Surrounded by support, she began taking classes at the center and learned she didn't have to walk this road alone.

"They didn't make me feel less of a mom because I was so young," she said.

Just two weeks after telling her parents, Katee went into preterm labor and delivered her son, Greyson, at only 25 weeks. The months that followed were filled with long nights in the NICU, but also with faith and perseverance. Through it all, Katee grew closer to God and discovered a new kind of bravery that would shape her as both a mom and a young woman.

Katee is now a senior in high school and is thriving. She's continued her education, reached the state tournament in girls' wrestling, and is preparing for another season. Most importantly, she's raising a happy, healthy little boy who inspires her every day.

Katee wants other young women to know that life doesn't end with an unexpected pregnancy – it's just beginning.

"I have learned so much and have become stronger because of Greyson, my son," she said. "My goals have pretty much stayed the same. The only difference is … I have Greyson."

In 2013, Shawnte found herself facing one of the hardest moments of her life; she was pregnant with her third child and abandoned by the baby's father when she refused to have an abortion. Feeling lost and unsure of where to turn, she didn't know that hope and help were available just around the corner.

Her mother had unknowingly scheduled what she thought was an abortion appointment, but instead, Shawnte met someone who offered a different path, one that saved both her baby's life and her own. Through that encounter, she was introduced to Mary's Shelter, a maternity home that surrounded her with love, stability, and faith when she needed it most.

On July 27, 2014, Shawnte welcomed her daughter Bella.

Today, Shawnte is an ordained minister whose experience at Mary's Shelter continues to inspire her work. Now contracted through the court system, she helps women in similar situations as hers find the support and strength they need to keep their children. What began as a moment of fear became a powerful testimony of redemption and courage.

Samantha once pictured a perfect life – girl meets boy, they fall in love, get married, and raise a family behind a white picket fence. But her story took a different turn.

After leaving an abusive relationship and struggling with alcohol, she moved back home to start over. A month later, she found herself on the bathroom floor, staring at the two pink lines of a pregnancy test in disbelief. Within an hour, her parents knew. While they reassured her, she could only think, "This can't be happening."

A week later, her mother brought her to Hand of Hope Pregnancy Center.

Samantha walked in with her head down, wishing it were all a mistake. But Stacey greeted her with warmth and reminded her that even if she didn't feel okay now, one day she would. Stacey patiently talked and prayed with her until Samantha found the courage to see her baby on the ultrasound for the first time, a moment that began to change everything.

Through the women at Hand of Hope, Samantha rediscovered faith, peace, and purpose. They didn't promise that motherhood would be easy; instead, they promised to walk beside her. Their love redefined strength for her, not in control or survival but in surrender and trust in God.

On April 4, 2025, Samantha welcomed her daughter Zoey Grace – "a new life by grace."

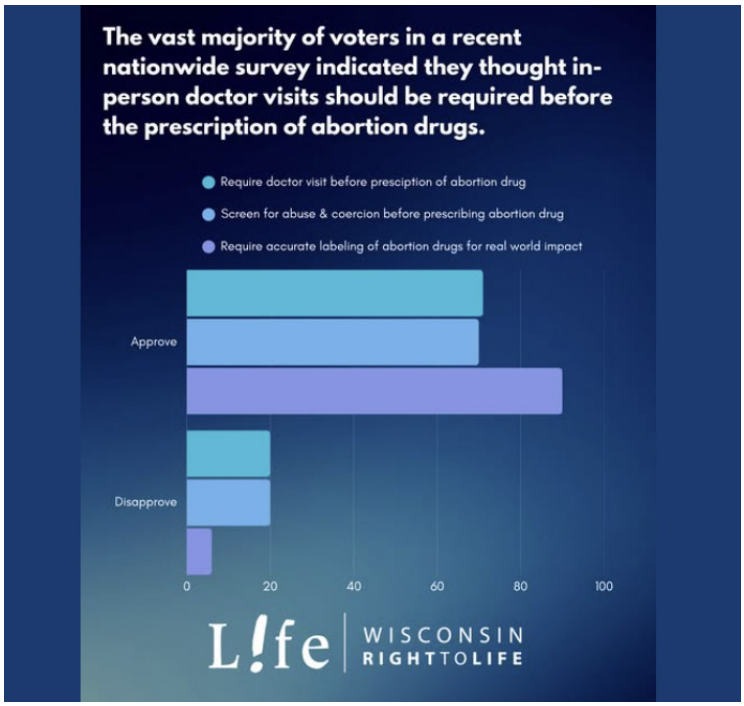
Now a year sober, she continues visiting Hand of Hope each week, grateful for the family and faith that helped her turn fear into hope and pain into purpose.

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

Voters side with women's safety in the prescription of chemical abortion drugs

By Wisconsin Right to Life

In a recent national poll of likely 2026 voters, an overwhelming majority (71%) supported requiring a doctor's visit before the prescription of a chemical abortion bill to terminate a pregnancy. Respondents to the survey also supported requiring doctors to screen for coercion or abuse before prescribing an abortion drug (70%) and requiring accurate FDA labels for the drugs, indicating the real-world impact on women who take it (90%).



The survey drilled down on what voters objected to in the Biden, COVID-era FDA policy that removed the requirement for a doctor's visit to receive a chemical abortion drug prescription. Over 7 out of 10 voters (72%) agreed that manufacturers have pressured the FDA to lower safety standards, and pharmaceutical companies' bottom line should not take precedence over women's safety.

Confidence in the safety of abortion drugs is split, with 41% saying it is somewhat or very safe, and almost 60% saying it is unsafe or they don't know if it's safe. The survey's results underscore a growing body of evidence of the abortion pills' dangers, the significant demand for advanced provision abortion drugs (abortion drugs received "ahead of time" in anticipation of the need for them), and the growing use of mail-order abortions.

Earlier this month, in response to the FDA's approval of a generic version of the abortion drug, mifepristone, Heather Weininger, Executive Director of Wisconsin Right to Life urged the FDA to

"Reinstate the reasonable safety restrictions that existed during President Trump's first term for mifepristone and its generic counterpart. Whether brand-name or generic, these abortion drugs — without proper medical oversight — will harm women. Women deserve real healthcare, real compassion, and real support — not a pill that ends one life and endangers another."

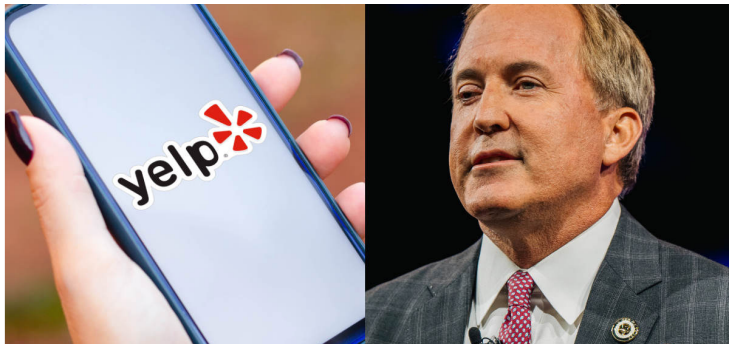
The majority of respondents to the McLaughlin & Associates survey (57%) identified as pro-choice, with 36% identifying as strongly pro-choice. Women were slightly overrepresented in the survey of 1,600 voters nationwide: 52% to 48% male. About 3 out of 5 voters (59%) had a favorable view of Planned Parenthood.

Editor's note: This appeared at Wisconsin Right to Life

Texas AG Ken Paxton Secures Major Victory Against Yelp for Pushing Pro-abortion Agenda Misleading Texans About Pro-Life Resources

Attorney General Ken Paxton secured an appellate court victory against Yelp, Inc. ("Yelp") in litigation regarding the company's attempt to steer Texas users away from pro-life pregnancy centers and resources.

"Yelp tried to play politics and steer users away from pro-life resources, but being based in the criminal-loving state of California will not shield them from accountability," said Attorney General Paxton. "I will continue to defend pro-life organizations that serve Texans and make sure that women and families are receiving accurate information about our state's resources."



"Yelp tried to play politics and steer users away from pro-life resources."

Attorney General Paxton filed suit against Yelp after it was revealed that the company added misleading notices to the pages of crisis pregnancy centers in an attempt to divert Texans from pro-life providers. Yelp, however, persuaded a trial court to dismiss the suit, arguing that Texas lacked jurisdiction over the California-based company.

Yelp's attempt to avoid accountability was rejected when the Fifteenth Court of Appeals reversed the dismissal and held that businesses, including online businesses, that target Texas consumers cannot escape accountability merely because they are headquartered outside of the State.

The Office of the Attorney General will continue to hold Yelp accountable under Texas law and ensure that Texans receive accurate information when seeking help and pro-life services.

Help Her: Why Compassion, Not Criminal Charges, Saves Lives

By Raimundo Rojas, Outreach & Events Director

For years, some state-level voices have floated the idea of punishing women for having abortions. And in recent months, a few national pro-life leaders have started calling for it more openly. They believe that arresting women might stop abortions from happening.

That thinking is deeply flawed because it ignores the pain and fear that lead so many women to that decision. It turns our movement away from compassion and toward control. And it forgets what we're really here to do: walk with women, not weaponize their desperation.

I've been in this movement long enough to remember what that cost. In the late '80s and early '90s, I stood and sat outside abortion centers and blocked entry into those pits of hell with my body. I risked arrest and was arrested because I believed someone had to speak for the child who couldn't. Those were tense, complicated days.

But even then, none of us ever called for jailing the women. We prayed with them. We pleaded. We took their hands. We knew the enemy wasn't the woman in crisis; it was the lie that abortion would solve her problems.

That hasn't changed.

Abortion doesn't begin in courtrooms. It begins in fear, in the young mom staring at a pink line on a stick and feeling like she has no one.



Pro-lifers need to love scared women out of seeking abortion with radical compassion, real alternatives, and relentless presence.

It starts in kitchens with unpaid bills.

It begins with boyfriends who disappear, or employers who don't understand, or healthcare systems that treat pregnancy like a liability.

It begins in isolation. When we argue to punish the woman, we exponentially double that isolation.

So, we as pro-lifers need to face some honest questions. If a woman believes abortion is her only option, have we truly met her in her moment of need? If she ends up at an abortion business instead of a pregnancy help center, what barriers kept her from finding us?

What did we miss?

We must resist the temptation to look for "quick fixes" in the criminal code. Arresting the woman might feel like a show of strength, but what it truly reveals is a weakness in our compassion. And worse, it will drive women away from the very places built to help them: our pregnancy resource centers.

Do we understand what that means? A woman in crisis may fear that walking into a pregnancy resource center puts her at risk of being reported, judged, or jailed. She might seek out one of the dangerous abortion options now available in states that have built their border economies around ending unborn life. Compassionate care becomes collateral damage in the rush to "get tough."

That's not pro-life. That's just punitive.

Real pro-life advocacy means meeting women at the intersection of crisis and grace. It means offering ultrasounds, diapers, car seats, housing help, job support, counseling—yes, even forgiveness. It means welcoming women with tears on their cheeks and fear in their voices. It means turning our pregnancy resource centers into sanctuaries, not surveillance hubs.

Let's not trade away our moral clarity for the illusion of control. We must remain the movement that offers help, not handcuffs. The movement that lifts up, not locks away, because abortion ends when support begins. Our movement's job is not to scare women away from abortion with threats.

It's to love them out of it with radical compassion, real alternatives, and relentless presence.

‘Chosen’: Oregon Woman Shares Powerful Adoption Story

Telling her story, Nancy Jones said, is about celebrating the generosity of her adoptive parents and the courage of her birth mother

By Ashley Sadler, Communications Director, Oregon Right to Life

An Oregon woman who was adopted as a baby and reconnected with her birth mother – decades later and halfway across the country – shared her incredible story of family and identity with Oregon Right to Life. Throughout, she emphasized the generosity of her adoptive parents, the sense of connectedness upon meeting her biological family, and the guiding light of her Christian faith.

Nancy Jones (name changed for privacy) was born on October 12, 1958, in Portland, Oregon, to an eighteen-year-old young woman from the Midwest. At the behest of her parents, the young mom agreed to place her baby girl for adoption.

“She wanted to keep me,” Jones told Oregon Right to Life in a phone interview. “And her mom said ‘no, you’re not keeping her…’ Back then you didn’t challenge your parents. You didn’t say ‘no.’”

Jones was adopted less than two months after her birth and raised by her adoptive parents, Newberg-based educators who had been unable to have their own biological children. The couple also adopted a boy, not biologically related to Nancy, whom she would grow up with as her older brother.



‘A Very Loving Home’

Jones’ childhood was a happy one.

“I had a great life,” she said. “I had a very loving home… My parents, oh my gosh, they gave me everything. They were the best people to have been my parents.”

Jones told Oregon Right to Life she always knew she was adopted – her adoptive parents never sought to keep it from her. Still, the question of her identity nagged at her. She shared a vivid memory of picking berries in the summertime as a third grader and “wrestling with this rejection” by her biological family.

About a year later, while watching television with her parents and grandparents, she burst out with a comment that shook the family: “You’re not my real parents and you’re not my real grandparents.”

Her adoptive parents assured her that they were truly her parents because they adopted her and loved her. But the problem of her identity would continue to bother her as she grew up.

‘You Were Chosen’

Several key moments helped Jones begin to see her adoption in a new way.

Though she had gone to church throughout her life, Jones’ faith in Jesus Christ became stronger and more personal in her early twenties. But when she was twenty-five, she underwent a deep trauma that called on all her resources of faith and prayer when her adoptive father, a source of quiet “strength and stability” in her life – a school principal beloved by parents and children alike – was diagnosed with aggressive cancer. His passing left Jones reeling. She told Oregon Right to Life she had prayed “like crazy” for his healing, and was devastated when he passed, sinking into a deep depression.

But it was this loss, and her spiritual and emotional healing on the other side, that Jones felt God was using to strengthen her conviction about the inherent value of every human life: and the incredible gift that adoption can be.

A few years later, a conversation at a Christian women’s retreat with an acquaintance who had several adopted children further triggered in Jones an appreciation of her own adoption, upending her earlier sense of “rejection.”

“You were not rejected,” the woman told her. “You were chosen.”

These were healing moments for Jones. Understanding the truth about adoption gave her a strong foundation from which to move forward in her life.

Fortified with a stronger sense of her own chosenness, she would later begin to tentatively explore reconnecting with her birth parents.

The Search

For Jones, as for many who were adopted, understanding that she was loved and chosen was powerful – but it did not extinguish her desire to reconnect with the mother who bore her and the extended family members to whom she could trace her biological line.

Finding them wouldn’t be a quick or easy process, but Jones wasn’t daunted. Now married to a loving husband and working as a teacher, she set about to solve the puzzle of her identity.

“I’m a little detective, actually,” she joked. “I put pieces together.” At work, she said, colleagues used to call her “Nancy Drew.”

Jones put herself on national adoption registries and worked to sleuth out what information she could. Ultimately, she successfully submitted a request to the state of Oregon for her original pre-adoption birth certificate.

“Here it came in the mail, and oh my goodness my heart was quivering and my hands were shaking,” she said. “I opened that thing, and there was her name, and [she was] eighteen, and I just started crying.”

She took a few more steps, but suddenly uncomfortable with pursuing the matter further, she gave it up again.

It would be another conversation (this time with her nail technician) that prompted her to take further action. She was then in her forties.

“What are you waiting for?” Jones said her nail technician asked her. “She goes, ‘Nance, you don’t want to take too long and miss her.’”

‘I Believe I’m Her Biological Daughter’

“It wasn’t long after that that the wheels really got in motion for me,” Jones said. She found an online resource and for less than $20 finally came face-to-face with

See *Chosen,* Page 18

Thousands of pro-lifers run 5,000-mile relay race across America to raise awareness for the unborn

LIFE Runners finished the world's longest-spanning pro-life event, forming a cross-shaped relay that finished at Benedictine College in Kansas.

By Clare Marie Merkowsky



Thousands of pro-lifers completed a 5,124-mile relay to spread the pro-life message across America.

On October 25, pro-lifers were cheered across the finish line at Benedictine College, ending this year's LIFE Runners "A-Cross America Relay," the largest spanning pro-life event with 1,476 legs covering 5,124 miles.

"I am so encouraged by the authentic Catholic pro-life identity of Benedictine College," Dr. Patrick Castle, the founder of LIFE Runners, told *LifeSiteNews*.

"While running up the hill, students invited other students to join us, like a scene out of the *Rocky* movie when the local community joined him on a training run," Castle recalled. "The last mile ended on the main campus drive with President (Stephen) Minnis leading a large crowd with cheering."

Castle revealed that he heard the students offer up the final race for an end to abortion. Pro-lifers also prayed the LIFE Runners Creed together before they started the race.

The relay, spanning 3,885 cities across 50 nations, began September 5 in four corners of the United States, including California, New York, Texas, and North Dakota. The relay covered 5,124 miles, or 12 million steps, forming a cross over the United States.

Pro-lifers walked or ran 5K legs on the relay course or from anywhere in the world while wearing LIFE Runners shirts declaring the pro-life message and carrying the LIFE Runners banner. Castle estimated that 10,000 of LIFE Runners' 25,257 teammates participated in the relay.

Participants include pro-lifers from all stages in life, including 10,000 students from kindergarten to college. As participants traveled across America, they stopped to pray at abortion facilities.

Castle revealed that LIFE Runners were able to save two babies this year through their witness outside an Omaha abortion clinic.

"Two mothers saw our witness at (Omaha) Planned Parenthood, Bernadette Costello offered help, and both mothers chose life! Then we walked a 5K leg of the A-Cross America Relay, lots of honks and cheers for life," Castle celebrated.

The final rally included a blessing from Archbishop Joseph Naumann and an address from Minnis after Benedictine College students completed the final leg of the journey.

"Lord, awaken the conscience or our nation that our laws may someday soon protect the sanctity of life. Until that day Lord, help us surround with love women experiencing a difficult pregnancy," Nauman prayed. "Open our hearts, Lord, to rescue mother and child from the tragedy of abortion."

Pro-lifers from around the world can become part of the LIFE Runners team and participate in next year's relay by walking or running part of the route or anywhere in the world. For more information, visit the LIFE Runners' website.

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Chosen From Page 17

contact information for her mom: Eloise Meyer (name changed for privacy).

Filled with anticipation, Jones finally placed a phone call – but it rang without an answer. Using the second number she had obtained, and buzzing with nervous energy, she placed another call: this one putting her in touch with someone she was able to confirm was her mother's sister-in-law. She asked the woman if she knew Eloise Meyer – she did.

That's when Jones dropped the bombshell: "I believe I'm her biological daughter."

Despite the initial surprise, the two shared a warm conversation. Her mother's sister-in-law offered to put her in touch with Meyer.

Finally, they could speak to one another. Within moments of talking on the phone, Meyer said words that touched Jones deeply: "I did not reject you. I wanted you." She told Jones that she thought of her every year on her birthday and had been heartbroken that she wasn't raising her. She had given her up in obedience to her parents.

From there, plans were eventually made to fly out to the Midwest – Jones would finally get to meet her birth mother.

They met. They hugged. Jones learned that she had half-siblings and other extended family members. She looked at photographs of her mother and saw the uncanny resemblance. She learned that, just like herself and her adoptive parents, her biological mom had worked in education. Jones even visited the gravesite where her family of generations past were buried.

Connection

Getting to see and meet her family, halfway across the country, Jones said made her feel "connected. And loved."

"My life was expanded," she said. "The desire of my heart is to spend more and more time with my birth mom… I cannot get over… the amount of love I have in my heart for both of my parents – both of my moms. Who knew that there was enough love in your heart to love both mothers? And not favor one over the other?"

For Jones, finding her birth mother wasn't just a testament to her own detective skills and desire for reconnection – it was God's providence. And telling her story, she said, is about celebrating the generosity of her adoptive parents and the courage of her birth mother. It's also about showing the blessing that adoption can be for moms, families, and children, and encouraging women facing unsupported pregnancies to find courage through Jesus.

"If any of you are struggling with an unwanted pregnancy, remember my story," she said. She urged abortion-vulnerable women to "cling to the Lord the whole time, and deliver that baby safely, so that that baby lives… deliver her into the air, the oxygen of this wonderful world around us.'"

Surprise! Associated Press story gives Pregnancy Help Centers fair coverage

By Dave Andrusko

What to say about a half-way decent article by the Associated Press about Pregnancy Help Centers (PHCs)? For starters, it's a start. We'll take it!

Depending on which news outlets is running Geoff Mulvihill's and Kimberlee Kruesi's story , the headline reads either

More anti-abortion pregnancy centers offer medical services as Planned Parenthood clinics close

or

Antiabortion pregnancy centers expand healthcare services, with a goal: Supplanting Planned Parenthood



The pregnancy help center is an "amazing place. I tell everybody I know, 'You can go there.'"

Here are the opening four paragraphs. (Never mind the first sentence which treats the saintly work of PHCs as merely negative):

Pregnancy centers in the U.S. that discourage women from getting abortions have been adding more medical services — and could be poised to expand further.

The expansion — including testing and treatment for sexually transmitted infections (STIs) and even providing primary medical care — has been unfolding for years. It gained steam after the Supreme Court overturned Roe vs. Wade three years ago, clearing the way for states to ban abortion.

The push could get even more momentum with Planned Parenthood closing some clinics and considering shuttering others after changes to Medicaid. Planned Parenthood is not just the nation's largest abortion provider, but also offers cancer screenings, sexually transmitted infection testing and treatment, and other reproductive health services.

"We ultimately want to replace Planned Parenthood with the services we offer," said Heather Lawless, founder and director of Reliance Center in Lewiston, Idaho. She said about 40% of patients at the antiabortion center are there for reasons unrelated to pregnancy, including some who use the nurse practitioner as a primary caregiver.

That is a fair description of the terrific work done by PHCs, followed by paragraph after paragraph of cliche-ridden, threadbare, long-in-the-tooth pro-abortion criticisms. But the overriding point is the story begins and ends with an acknowledgement of the expansive role the 2,600 PHCs are already playing and the future role they hope to play.

As Charlotte Lozier Institute's Moira Gaul told the Associated Press, PHCs have expanded their medical, educational and other programs. "They are prepared to serve their communities for the long term," she said.

Mulvihill and Kruesi offer the Sacramento-based Alternatives Pregnancy Center as an example:

In the last two years it has added family practice doctors, a radiologist and a specialist in high-risk pregnancies, along with nurses and medical assistants. Alternatives — an affiliate of Heartbeat International, one of the largest associations of pregnancy centers in the U.S. — is some patients' only health provider.

Another example, Choices Medical Services in Joplin, Missouri, which moved from solely helping women with problem pregnancies some 20 years ago.

The center, funded by donors, works with law enforcement in places where authorities may find pregnant adults, according to [Executive Director Karolyn] Schrage and Arkansas State Police.

Schrage estimates that more than two-thirds of its work isn't related to pregnancy.

The story ends with a very telling, real-life anecdote:

Hayley Kelly first encountered Choices volunteers in 2019 at a regular weekly dinner they brought to dancers at the strip club where she worked. Over the years, she went to the center for STI testing. Then in 2023, when she was uninsured and struggling with drugs, she wanted to confirm a pregnancy.

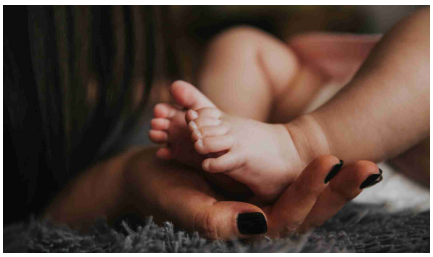
She anticipated the staff wouldn't like that she was leaning toward an abortion, but she says they just answered questions. She ended up having that baby and, later, another.

"It's amazing place," Kelly said. "I tell everybody I know, 'You can go there.'"

Adriana Smith's baby boy is now 8 pounds and 'growing very well'

By Kelli Keane

Though death was wished upon him, the innocent baby boy born months after his mother Adriana Smith was kept on life support now weighs eight pounds and is reportedly "growing well," according to a recent post on the family's GoFundMe support page.



Key Takeaways:

•Adriana Smith's baby boy, Chance, who was born months after she was declared brain dead and remained on life support, is now eight pounds and is making progress, though still in the NICU.

•Smith was declared brain dead after experiencing blood clots during her pregnancy. She was nine weeks pregnant with Chance at the time.

•Though media has made many dishonest claims about Smith's situation, Smith was not kept on life support because of Georgia's pro-life law; the state's advance directive law has a two-part requirement when a pregnant patient is put on life support, and Smith met only one of those requirements.

•Many people cruelly wished death upon Chance, both before and after his birth, though Smith's family hoped for his survival.

The Details:

Smith's baby boy, named Chance by Smith's family because he was given a chance at life, was born between 25 and 26 weeks gestation on June 13, weighing just one pound, 13 ounces. He is now four months old and weighs eight pounds.

According to an update posted on October 14 on the family's GoFundMe page by his maternal grandmother, April Newkirk:

> *"Chance is now 8 pounds. He is growing very well. Chances lungs are underdeveloped, so he will stay in the nicu unit until his breathing gets better. Chase saw his little brother by video. This was a touching moment.Thank you all for your prayers and support. Keep praying."*
>
> *~April Newkirk, mother of Adriana Smith and grandmother to baby Chance and big brother Chase, via GoFundMe*

Chase is Adriana Smith's older son. Though Smith's family will always mourn her loss — her mother previously told media, "… I think about her every day, all the time" — these two young boys likely bring joy to Smith's family in the midst of their grief.

The Backstory:

Though media have made many dishonest claims about Smith's situation, Smith was not kept on life support because of Georgia's pro-life law; the state's advance directive law has a two-part requirement when a pregnant patient is put on life support, and Smith met only one of those requirements. As Live Action News previously reported:

•Adriana Smith was not kept on life support due to the Georgia LIFE Act. The Georgia Advance Directive for Health Care Act of 2007 specifies that a pregnant woman cannot be withdrawn from life support unless 1) her preborn child is not yet considered viable, and 2) she has an advance directive in place requesting to be removed from life support.

Additionally, Georgia's attorney general made clear that removing a pregnant patient from life support does not constitute an abortion under the law.

Even after Chance's birth, many wished death upon him; some claimed that his prematurity would leave him with a lesser quality of life, while others openly lamented that if he survived, it could threaten women's 'bodily autonomy' and 'choice' for abortion. Smith was nine weeks pregnant when she was placed on life support.

Some medical experts have weighed in, pointing out that, while Smith was inaccurately portrayed on social media and elsewhere as a "corpse," corpses do not gestate. Dr. Heidi Klessing stated:

> *… [A]s the latest (2023) American Academy of Neurology (AAN) brain death guideline explicitly states, you can be declared "brain dead" even when you still have brain waves on your EEG or if you still have ongoing function in a part of the brain called the hypothalamus. This means that the way doctors diagnose "brain death" today does not comply with the law under the UDDA, which says there must be an irreversible cessation of all functions of the entire brain for a legal diagnosis of death….*

•The fact that someone declared "dead" can be kept alive proves that "brain death" is not actual death, but a legal fiction… no amount of medical care can help a corpse to gestate and deliver a baby.

What's Happening:

Despite these facts, and despite making it clear they wanted Chance to survive, Smith's family now appears to be rallying people to oppose Georgia's pro-life law that protects children in the womb from being intentionally killed once a heartbeat is detected. Newkirk previously told local media station 11Alive:

> *I want them to know that this didn't have to happen. I want them to know that the law needs to be changed. It doesn't need to be altered. It doesn't need to be in effect at all. Women have rights; it's their body.… I would like to see young women stop dying.*
>
> *She added, "We have to get rid of legislation. We have to get out and vote for positive change. We have to get out and vote. There has to be awakening."*

While these remarks are vague, they appear to be an attempt to blame Smith's death (and possibly even baby Chance's survival) on Georgia's pro-life law. But as Live Action News previously noted:

> *Legalized abortion would not have saved Adriana and would not save any woman from negligent medical care. The Georgia LIFE Act was not the reason Smith was kept on life support and is not the reason she tragically died.*

The Bottom Line:

Baby Chance's life is precious and has been precious from the moment he was conceived; he has always been the same individual human being. His miraculous survival — his life — is no accident, and it is heartbreaking to think it may be used as a reason to ensure the deaths of other innocent children.

Join us as we continue to pray for Chance's health and for him to graduate from the NICU soon.

This appeared at *Live Action News* and reposted with permission.

"Welcome to the fight"

By Dave Andrusko

Each morning, as I drive in, I listen to Mike Slater. A hard-core pro-lifer, he sensed this morning that he hadn't talked about abortion in depth for some time. Probably it was the White House ceremony for Charlie Kirk that snapped him to attention.

Like many of us, Slater was drawn to the solemnity but also the beauty of October 14, 2025, as the day President Donald Trump posthumously awarded pro-life champion Charlie Kirk the Presidential Medal of Freedom. I watched in awe as Erika, Charlie Kirk's wife, delivered remarks at what would have been Charlie's 32nd birthday.

Mike turned to someone I was not familiar with, someone who, like Kirk, was a master of discussing abortion in front of hostile audiences. In the clips he played, Allie Beth Stuckey was heard taking on "liberal" Christians.

She was patiently impatient. Stuckey refused to allow her opponents to smuggle in erroneous assumptions which would have tilted the discussion in their favor and, more importantly, away from the core truth that abortion takes the life of an innocent member of the human family whose only "crime" is to be "unwanted," "unplanned," or a "burden."

That prompted me to look up coverage of Stuckey's second annual "Share the Arrows," conference where Stuckey spoke to a crowd of 6,700 Christian women in Dallas.



Allie Beth Stuckey
alliebethstuckey.com

To give her a gigantic benefit of the doubt, Kathryn Post, of the uber-liberal *Religious News Service,* was an unsympathetic reporter. She began her story with "Welcome to the fight," which she clearly thought was Stuckey's over-the-top characterization of "The fight for truth, the fight for our Christian faith, the fight for our children, the fight for the nation."

Why was Post there? Primarily to trash the attendees and to rebut and/or trivialize every statement.

You can't miss where Post is coming from. For example, according to Post, who was Charlie Kirk?

Not a Christian, or a husband, or a father of two, or "a giant of his generation," or a man who was assassinated for defending his beliefs and for engaging those who disagreed with him but a "far-right political activist" and an "evangelist turned martyr." You could sense that Post could barely contain a sneer.

Naturally, Post couldn't help but make fun of the speakers' "aesthetic." Pardon?

"Most attendees, too, were white women who seemed to embrace an unspoken uniform of jeans or long skirt and casual top, with hair worn down."

One commentator noted

> *Regardless of where you stand on supporting this event or the messaging, I doubt any writer covering a conference for men would focus on what they were wearing or describe their hair. That's both offensive and outrageous.*

[The 86 comments in the "Conversation" section were overwhelming hostile to Stuckey.]

For a different view, there is this blog from Alisa Childers:

> *Allie Beth Stuckey has just executed an incredibly impactful women's conference that inspired close to 7,000 women to be courageous for Jesus. The next day, a video in which she debated 20 progressive Christians dropped (which she executed with breathtaking biblical clarity, genuine kindness, and uncompromising precision.) That video has over a million views in 2 days.*

Thank you Mike Slater and Allie Beth Stuckey for all you are doing to stand up for truth and for the littlest Americans.

Your feedback is very important to improving National Right to Life News and NRL Right to Life News Today. Please send your comments to daveandrusko@gmail.com. If you like, join those who are following me on X at http://x.com/daveha.

Wrongful Death Bill From Page 1

Florida, we have decided that that is at six weeks, that is very young. We have also decided that in our criminal statute it is when it is in the womb, when in the mother, that is when it deserves protection."

Her words echo the undeniable truth that science and ethics now compel us to acknowledge: the unborn child is not as abstract "tissue," but as distinct human beings with inherent rights. Ultrasound technology, genetic testing, and embryology textbooks all confirm that life begins at fertilization—a single-celled zygote with unique DNA, poised for an extraordinary journey of growth.

This isn't about restricting women's choices; it's about holding accountable those whose reckless actions end innocent lives. Imagine a grieving father, like those in real cases from Texas and Arizona, where men have successfully sued over the negligent deaths of their unborn children in accidents.

This isn't about restricting women's choices; it's about holding accountable those whose reckless actions end innocent lives.

Under SB 164, Florida families would no longer be sidelined by legal technicalities, forced to swallow their sorrow in silence. Pro-life organizations, including Florida Family Policy Council, hail the bill as essential for "equal justice under the law," ensuring that the pre-born are no longer second-class victims in our courts.

Critics, including activist pro-abortion groups like Planned Parenthood, warn of a "slippery slope" toward fetal personhood that could "erode reproductive freedoms." They fear it might chill emergency medical care or open doors to frivolous lawsuits. But these concerns are overstated and easily addressed by the bill's built-in safeguards.

SB 164 explicitly prohibits any right of action against a mother for the wrongful death of her unborn child or against a medical provider for "lawful medical care" provided in accordance with state law. In Florida, where abortions are protected up to six weeks and in cases of rape, incest, or life-threatening conditions, this language ensures the bill targets only true negligence—not consensual, legal procedures.

Even the potential impact on in vitro fertilization (IVF) is negligible, as proponents note the bill's focus on "unborn children carried in the womb," excluding lab-based embryos. This precision reflects careful drafting, not overreach. As Sen. Grall has emphasized in past iterations of similar legislation, the goal is compassion for the bereaved, not coercion.

Florida's pro-life movement sees SB 164 as a natural extension of the state's robust protections for the unborn. Since the 2024 heartbeat law took effect, maternal and infant health outcomes have stabilized or improved, with no evidence of the "maternity care deserts" doomsayers predicted. This bill builds on that foundation, signaling to the nation that the Sunshine State values every heartbeat—from the faintest flutter in the womb to the robust pulse of a newborn.

As the bill moves to the Senate Rules Committee, Florida Right to Life urges swift passage. In a culture that is numb to the silent suffering of the unborn and their families, SB 164 offers a remedy rooted in justice and humanity.

It's time to enshrine in law what our hearts already know: the death of an unborn child is not a footnote—it's a profound loss worthy of our full legal embrace. Lawmakers, listen to the whispers of the womb: protect them, honor our unborn children and their parents, and let justice truly be Justice for all.

Pelosi From Page 2

Christians have always understood that the commandment, 'Thou shall not kill,' applies to all life, including life in the womb. Around the end of the first century the Letter of Barnabas states: "You shall not slay the child by procuring abortion; nor, again, shall you destroy it after it is born' (#19). One thousand, eight hundred and sixty-five years later, the Second Vatican Council affirmed: 'Life must be protected with the utmost care from the moment of conception: abortion and infanticide are abominable crimes' ("Gaudium et spes," n. 51).

Pope Francis continues this unbroken teaching. Addressing participants in the conference "Yes to Life! – Taking Care of the Precious Gift of Life in Its Frailty" on May 25, 2019, he condemned abortion in the strongest possible terms: 'is it licit to eliminate a human life to solve a problem? … It is not licit. Never, never eliminate a human life … to solve a problem. Abortion is never the answer that women and families are looking for.' And just yesterday (January 20, 2021) Archbishop Gomez, President of the United States Conference of Catholic Bishops, reiterated the declaration of the U.S. bishops that abortion is for Catholics the 'preeminent priority.' In doing so, he acted rightly and collaboratively in his role as USCCB President, and I am grateful to him for doing so.

Preeminent does not mean "only," of course. There are certainly many evils we must confront and many goods we must pursue. …

I myself will not presume to know what was in the minds of Catholic voters when they voted for the Presidential candidate of their choice, no matter who their preferred candidate was. There are many issues of very grave moral consequence that Catholics must weigh in good conscience when they vote. But one thing is clear: No Catholic in good conscience can favor abortion. "Right to choose" is a smokescreen for perpetuating an entire industry that profits from one of the most heinous evils imaginable. Our land is soaked with the blood of the innocent, and it must stop.

That is why, as Catholics, we will continue to speak out on behalf of those who have no voice to speak for themselves and reach out to, comfort and support those who are suffering the scars of the abortion experience. We will do so, until our land is finally rid of this despicable evil.

The following year, Archbishop Cordileone announced that "Pelosi should not be admitted to holy Communion in the Archdiocese of San Francisco and should not present herself to receive the Eucharist until she publicly repudiates her support for abortion, which the Catholic Church teaches is a grave sin," according to Daniel Payne.

As a mere layman, as I wrote back in 2017, I didn't expect Pelosi *"to offer a cogent, or even coherent, explanation of her position on abortion. She's been at this a long time, so when the topic comes up she reflexively touts her Catholicism and the fact that she had five children in six years and then floats (usually unchallenged) into a logjam of head scratching non sequiturs.*