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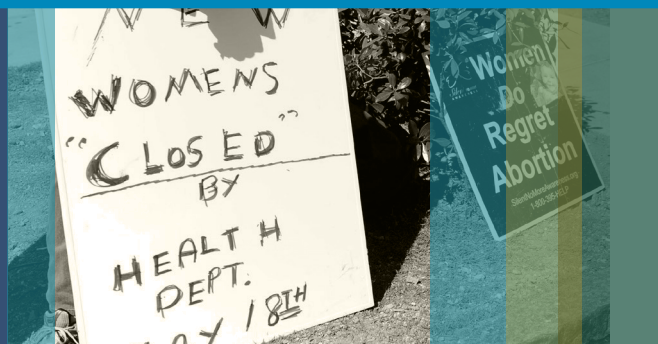
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LIFELINE

ABOVE THE LAW: "TARGETED REGULATION OF ABORTION PROVIDERS"



Mary Rose Short

Everyone's talking about it: will the Supreme Court, with its new Trump-appointed justices, overturn *Roe v. Wade* and return the authority to regulate abortion to the states? Abortion supporters, terrified that abortion's days as a "constitutional right" are numbered, are scrambling to erase state-level bans or restrictions on abortion that haven't been enforced since 1973.



Some have succeeded in taking it even further: recently New York passed a law removing all rights from unborn children and children born alive after failed abortions. New York enshrined in its state law that abortion is a "fundamental right." Pro-aborts across the country celebrated. If *Roe v. Wade* goes down, New York at least will be a bastion of abortion on demand through all nine months and beyond.

At the same time, legislatures in pro-life states are passing laws to protect the unborn by restricting both abortion and abortion businesses. Of the latter type are laws that require an abortionist to have admitting privileges at a hospital within a certain distance of the abortion clinic in case of a botched abortion. Other laws require abortion clinics to

adhere to the same building standards as other ambulatory surgical centers. Direct restrictions on abortion include laws that ban abortion after a certain gestational age or developmental milestone. Still other laws seek to provide some recognition of the dignity of unborn children, such as laws requiring that an abortion-seeking mother be informed about her child's development, or mandating the humane disposal of the babies' bodies. While important at any time, these laws are especially critical now. Even those enjoined by the courts as incompatible with *Roe* could be resurrected and enforced in the event the decision is reversed.

Pro-aborts fight all of these laws, but they have a special name for the laws that don't specifically regulate abortion, but

hold abortion clinics to certain standard of medical care. They call them TRAP laws: Targeted Regulation of Abortion Providers. Abortionists complain that they're being unfairly singled out and set to higher standards than everyone else—although, they hasten to add, they already hold themselves to the highest standards. These laws, they say, passed by "anti-choice" legislatures, when not obvious attempts to restrict "women's basic right to have control over their own bodies," are simply invitations for inspectors to stroll in any time and shut clinics down for trifling reasons.

In one of many examples to the contrary, sidewalk counselors in Birmingham, Alabama documented multiple unsafe practices at New Woman All Women abortion clinic. In one instance,

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SUCCESSFUL LAWS:

- 24 states have laws or policies that regulate abortion providers and apply to clinics that perform surgical abortions
- 17 states have licensing standards that are comparable to ambulatory surgical centers
- 13 states have specific building requirements
- 9 states require abortion clinics be within a set distance from a hospital
- 6 states require each abortion clinic have a transfer agreement with a local hospital
- 13 states require abortion providers have some affiliation with a local hospital; 3 require admitting privileges, 10 require privileges or an alternative arrangement
- 1 state (S.C.) requires the abortionist be a board certified OB/GYN or eligible for certification


LAWS STRUCK DOWN BY THE COURTS:

- Building regulations—Tenn. and Tex.
- Hospital privilege laws—Miss., La., Ala., Tenn., Tex.
- Laws regulating maximum distance between abortion clinics and a hospital—Miss., Tenn., Tex.
- Transfer agreement law—Ky.

LAWS TEMPORARILY ENJOINED PENDING FINAL COURT DECISION:

- Hospital privileges and maximum distance to hospital laws—Wisc., Okla.
- Structural standards, hospital privileges, and maximum distance to hospital laws—Kan.
- Maximum distance to hospital and OB/GYN certification laws—La.
- Maximum distance to hospital law—Ala.
- Medical abortionist must have transfer agreement with someone who has hospital privileges—Ark.

BILLS IN THE PROCESS OF BECOMING LAW:

- Require abortions to be performed by a physician or under the direction of a physician—N.M.
- Require abortions to be performed by an Arkansas-licensed OB/GYN—Ark. 

paramedics were seen carrying a patient out the back door and down a crooked staircase by the dumpster since the clinic's hallways were too narrow for the EMT's gurney. Though this incident was just one of three botched abortions in a single day in 2012, the pro-lifers had to fight to get the Alabama Department of Public Health to inspect the clinic. It was only after Life Legal filed a lawsuit and the clinic's numerous health and criminal violations were made public that the Department finally forced the dangerous facility to shut down for good in 2013.

Meanwhile, Birmingham's Planned Parenthood clinic is still open and claiming to offer abortions, although it hasn't had an abortionist or performed any abortions in over a year. Despite that false claim and numerous other criminal violations, the Alabama Department of Health has not revoked Planned Parenthood's abortion license.


The state regulations have not induced willy-nilly inspections and license revocations as the pro-aborts would have you think, but they are a powerful tool on behalf of unborn children and the safety of women. It was only because the laws were on the books that New Woman All Women was shut down and, currently, Life Legal is using the state regulations to work with a local pro-life organization, CEC for Life, and other local pro-life activists to close the old Planned Parenthood clinic and fight the opening of its new mega center in Birmingham.

A similar example is Mississippi's 2012 law requiring abortionists to have privileges at a local hospital. If a woman faces a medical emergency after a botched abortion, hospital privileges allow a smooth transfer of care. A court struck down Mississippi's law in 2017, saying that since the abortion clinic couldn't meet that standard and the law would effectively shut down Mississippi's last abortion clinic, it placed an "undue burden" on women seeking abortions. The notion that

women have a right not just to abortion but to easily access abortion without an "undue burden" was introduced by *Planned Parenthood v. Casey* in 1992 and reinforced by *Whole Woman's Health v. Hellerstedt* in 2016. Both of these cases rely on *Roe*, though, and if *Roe* goes, Mississippi's law could be resurrected and enforced—if Mississippi doesn't ban abortion altogether.

Until then, Life Legal continues to defend the rights of sidewalk counselors with Pro-Life Mississippi who have been doggedly working to save babies outside the abortion clinic for years despite intimidation and illegal arrests by the local police. Life Legal brought a civil rights lawsuit against the city and the police to allow sidewalk counselors to peacefully stand and speak on behalf of unborn children outside the abortion clinic. After three years of litigation, the city entered into a consent decree in which it agreed not to enforce its obstruction and trespass laws against these peaceful pro-lifers. This clinic, Mississippi's only abortion clinic, is owned by the same woman, Diane Derzis, who owned New Woman All Women in Birmingham. Life Legal hopes to close it like New Woman All Women—through enforcement of state laws.

While imperfect, these laws are important tools for protecting women from a predatory, avaricious abortion industry, and, more importantly, for shielding babies from death.

The abortion industry claims that abortion is healthcare and should be protected and taxpayer-funded, but refuses to be held to medical standards. New York's extreme new abortion law should remind us of the truth: they don't believe that abortion is healthcare and have never believed abortion is healthcare. They believe abortion through all nine months and even after birth is a fundamental right and should be available to everyone, everywhere, at any time, no matter who suffers—or is deliberately killed. 

CASES TO WATCH

GENERAL RECAP & UPDATE OF CURRENT CASES

UTAH V. LINTON (Wassatch)—Father James Linton was unlawfully issued a citation for trespass while sidewalk counseling in an area open to the general public outside of the Wassatch Women's Center. Criminal charges are pending.

RON K. (San Francisco)—40 Days leader Ron K. was attacked outside Planned Parenthood in San Francisco. The assailant tried to steal Ron's 40 Days for Life banner while using his bicycle to shove Ron to the ground and then violently kicking Ron yelling, "Stay down, old man." Police were called and an investigation to apprehend the perpetrator is pending. We have learned that the assailant is a known violent activist in San Francisco and have provided SFPD with a photograph and other information.

PLANNED PARENTHOOD V. DALEIDEN ET AL. (Calif.)—In January 2016, Planned Parenthood Federation of America and a number of PP affiliates sued David Daleiden and several of his fellow investigators in federal court, for the express purpose of punishing them for their investigative work exposing PP's role in the sale of baby parts. After two years of written discovery, depositions and expert witness discovery are now underway. The case is set for trial in September 2019.

CALIFORNIA V. DALEIDEN AND MERRITT (Calif.)—California Attorney General Xavier Becerra charged Daleiden and his Center for Medical Progress colleague Sandra Merritt with

fourteen counts of felony eavesdropping and one count of conspiracy to eavesdrop. Preliminary Hearing is set for April 22–May 3, 2019 in San Francisco Superior Court.

AHN V. HESTRIN (Calif.)—Proponents of physician-assisted suicide, unsuccessful for twenty years in passing legislation during regular sessions, took advantage of an abbreviated review process in an extraordinary legislative session, called to address Medi-Cal funding shortfalls to push through passage of the End of Life Option Act. Life Legal filed a challenge in June 2016 on behalf of six doctors and the American Academy of Medical Ethics asserting that the Act was passed in violation of California's constitution and that the Act removes crucial legal protections from sick and vulnerable patients that are enjoyed by other Californians. On May 25, 2018, Judge Daniel Ottolia ruled in favor of Life Legal and struck down the End of Life Option Act as unconstitutional. Attorney General Xavier Becerra and the George Soros-funded pro-suicide group "Compassion and Choices" appealed and were granted a stay temporarily reinstating the Act. California's Fourth District Court of Appeals denied the petition finding that Life Legal's plaintiffs lack standing. A petition for review has been denied by the California Supreme Court.

PASSMORE V. 21ST CENTURY ONCOLOGY (Fla.)—Two employees at

an oncology clinic in Florida were terminated after one of them posted a video of an emergency at an abortion clinic in their complex. Although other employees observed the emergency, only the Christian, pro-life employees were fired. The employees filed a federal employment discrimination suit. With a decision pending on opposing counsel's motion for summary judgment, preparations are underway for a June trial.

COMMISSIONER OF THE INDIANA STATE DEPARTMENT OF HEALTH, ET AL. V. PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC.—Life Legal filed an amicus brief in the U.S. Supreme Court, on behalf of former abortion provider Beverly McMillan, urging the Court to reverse a Seventh Circuit decision striking down an Indiana law requiring medical facilities to dispose of fetal remains in the same manner as other human remains, i.e., by burial or cremation. Life Legal argued that the law furthers the significant government interest in promoting the integrity of the medical profession.

ALABAMA BOARD OF MEDICAL EXAMINERS (BME) (Alabama)—Life Legal filed complaint against abortionist Willie Parker. Sexual misconduct allegations recently surfaced against Parker calling into question his treatment of women. A complaint was also made to the Alabama Department of Public Health (ADPH). The complaints ask



both the BME and the ADPH to investigate the sexual assault claims to determine whether women coming under Parker's care are in danger of predatory behavior and sexual intimidation.

ALABAMA DEPARTMENT OF PUBLIC HEALTH (Alabama)—A complaint and demand letter were sent to the Alabama Department of Public Health ("ADPH") seeking to revoke the abortion license ADPH issued to Planned Parenthood Birmingham and further demanding regular and consistent inspections of all abortion clinics in the state of Alabama and ensure correction of any deficiencies reported by the ADPH.

BOX V. PLANNED PARENTHOOD OF INDIANA AND KENTUCKY (PPINK)—Life Legal filed an amicus brief in support of an Indiana statute that requires an ultrasound as part of informed consent at least 18 hours before an abortion. Prior to the statute, PPINK, which commits 99.7% of the state's abortions, would schedule abortions immediately following ultrasounds without giving women a chance to reflect on what they had seen. The lower court granted PPINK's motion for preliminary injunction and the Seventh Circuit affirmed. Life Legal filed the brief on behalf of the Justice Foundation and Operation Outcry, which represents thousands of women hurt by abortion.

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EVERY WOMAN AN ISLAND: HOW CHEMICAL ABORTION DEEPENS SOCIAL ISOLATION

Sarah Chia



With the rise of social media, we face increasing tension between online presence and real-life relationships. We go to the internet to find everything from scholarly articles to celebrity gossip. Yet with information so abundant, we are more isolated than previous generations. Social isolation can be measured objectively and “includes living alone, having very few social ties, not having people to confide in, and not spending time with others very often,” according to Sara Konrath, assistant professor of Philanthropic Studies at Indiana University/Purdue University of Indianapolis.¹ Konrath notes that feelings of loneliness do not necessarily accompany social isolation, yet the isolation still has a negative health impact.

What is a chemical abortion?

In September 2000, the FDA approved Mifepristone, a hormone blocker, for early abortions. The drug, also known as RU-486 or by its brand name Mifeprex, is used together with Misoprostol, an ulcer drug. Planned Parenthood calls this cocktail “medication abortion,” to give women the impression that it is somehow therapeutic. Mifepristone is typically given to a woman at the abortionist’s office. This “medication” binds to the progesterone receptors² resulting in the death of the baby. The uterus sheds its lining, the cervix softens, and the growing child is now left without the necessary support to survive—having effectively been starved to death. Mifepristone is followed by an at-home dose of Misoprostol, which induces labor,

thus forcing the dead baby out of the mother’s body, or as Planned Parenthood puts it, “emptying the uterus.”³

The FDA extended its approval for this abortion cocktail from 7 weeks gestation to 10 weeks in 2016, allowing chemical abortions through almost the entire first trimester of pregnancy. Chemical abortions now constitute about one-third of reported abortions in the U.S. and an even a higher percentage in other western countries.

Some states have approved tele-medicine programs to dispense chemical abortion drugs without a physician present. Some of the programs still technically require an office visit, but women never have any interaction with the prescribing doctor. Rather, a nurse, medical assistant, or sonogram technician watch as the patient

takes the Mifepristone. She then heads home with Misoprostol in hand.

Because Mifepristone requires an FDA-approved Risk Evaluation and Mitigation Strategy (REMS),⁴ the drug must be provided directly from the doctor or a specialized pharmacy. Pro-aborts say this limits access and infringes on a woman’s “right” to an abortion.

Enter Gynuity Health Projects, a “reproductive rights” research and advocacy organization funded by a slew of abortion advocates, including Planned Parenthood Global, the Population Council, the Tara Foundation, and long-time abortion backer Warren Buffet. The Tara Foundation, incidentally, is one of two groups funding a California proposal to force all state-run universities to provide chemical abortions on campus.

In 2016, Gynuity launched a study on mail-order chemical abortion prescriptions.

Participants in the TelAbortion study do not have to visit a doctor's office at all for a chemical abortion. Instead, a basic evaluation is done online and the abortion drugs are then sent by mail. Women may be instructed to have certain tests done at a local lab, but no health care provider is present to ensure that any lab work is completed. This lack of medical oversight is especially dangerous for women with certain conditions, including women who require an RH immune globulin shot to help prevent serious complications in subsequent pregnancies.

Other studies on tele-medicine abortions have been used to try to show that chemical abortions without clinic visits are safe and even desirable.⁵ Yet tele-medicine abortions only serve to further deepen social isolation. This is intentional, as abortionists do not want vulnerable women to have contact with sidewalk counselors or other pro-life advocates who may offer life-giving alternatives to abortion.

Some tele-medicine studies rely heavily on "self-reporting" of adverse effects, which assumes the average woman knows how to report such effects. Women must report directly to either the manufacturer or the FDA since there is no doctor-patient relationship to turn to for guidance. Many women suffer severe cramping, bleeding, and nausea, along with vomiting, diarrhea, fatigue, and mild fever.⁶ Other more serious side effects include a 5–8% chance of incomplete abortion, ruptured ectopic pregnancy, or excessive bleeding requiring a blood transfusion.⁷ Women are often unprepared for these side effects, as they have been told chemical abortion is a "safe and easy" alternative to surgery.

In 2015, Mary Gatter, Medical Director of a Planned Parenthood affiliate in southern California, candidly spoke with undercover investigative journalists,

saying the key to dealing with these symptoms alone is only a matter of education:

"[W]e got calls from 12-year-old kids who hadn't told their parents they were coming in, who were horrified, they were now bleeding, cramping, some of them went to the emergency rooms."⁸

As access to chemical abortion increases, so does social isolation.

Social Isolation + Abortion Access = False Solutions

Women in crisis are often left to bear the burden of the abortion decision on their own. Over the past decade, the Guttmacher Institute—Planned Parenthood's research arm—has released several studies showing that abortion-vulnerable women choose abortion because of finances and life stress.⁹

Instead of providing women with tangible support, Planned Parenthood manipulates women, selling abortion as a social good. This only increases a woman's sense of isolation, as she is made to feel that the decision to end the life of her child should be made with the same ease as, say, scheduling a massage. In fact, some abortion clinics have implemented "spa-like" amenities. A Texas abortionist posted billboards promoting abortion as "self-care." A woman is left to struggle with the life and death decision to abort by herself, as Planned Parenthood's only role is to pat her on the back for choosing to end the life of her child—and of course, to take her money. With chemical abortion, particularly via tele-medicine, women also are forced to commit the abortion—and deal with its physical, emotional, and spiritual aftermath alone.

Abortionists rely on euphemisms when pointing to reasons a woman might consider medical abortion over a surgical one. Abortion websites often celebrate the "benefits" of being alone and in private. One abortion provider out of Seattle even attempts to portray medical abortions as an empowering decision, stating,

"Because the woman chooses when she takes the second medication . . . she has some control over the timing of when she expels the pregnancy and experiences the side effects of bleeding and cramping. Some women choose the Medical Abortion because of the privacy it offers. Some women feel empowered by taking an active role in the process."¹¹

Rather than addressing the issues that lead to abortion in the first place, including the lack of resources and community support, abortion providers resort to manipulation to assure a woman that, in this modern age of tele-medicine, she truly is an island.

It's her body. It's her decision. And she will face the consequences in isolation.

¹<http://theconversation.com/americans-are-becoming-more-socially-isolated-but-theyre-not-feeling-lonelier-96151>

²<https://www.abortionpillreversal.com/faq>

³<https://www.plannedparenthood.org/learn/abortion/the-abortion-pill>

⁴<https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm?event=IndvRemisDetails.page&REMS=35#tabs-2>

⁵<https://www.wired.com/story/telemedicine-could-help-fill-the-gaps-in-americas-abortion-care/>; "Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland" *BMJ* 2017; 357: j2011; "Safety of Medical Abortion Provided Through Telemedicine Compared With In Person" *Obstetrics & Gynecology*; 2017; 130(4): 778–782.

⁶"How effective and safe is medical abortion?" <http://telabortion.org/faq/>

⁷FDA Adverse Event Reporting System (FAERS) accessed February 2019

⁸ FULL FOOTAGE: Second Planned Parenthood Senior Executive Haggles Over Baby Parts Prices. At 10:45. Center for Medical Progress. Posted on YouTube, accessed March 11, 2019.

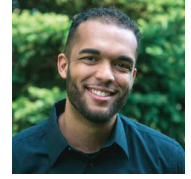
⁹"Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives" *Perspectives on Sexual and Reproductive Health*, 2005, 37(3):110–118.; "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014", *American Journal of Public Health* 107, 2017, 12: 1904–1909.; "More than poverty: disruptive events among women having abortions in the USA" *J Fam Plann Reprod Health Care* 2013, 39: 36–43.

¹⁰<https://www.plannedparenthood.org/learn/abortion/the-abortion-pill>

¹¹<http://www.fwhc.org/abortion/medical-ab.htm>

MURDER BY ANY OTHER NAME: INTRODUCING FOURTH-TERM ABORTION

Greg Morse



How does one group of people murder another and sleep at night? Answer: they don't. German soldiers didn't slaughter humans, Southern whites didn't lynch humans, and Planned Parenthood isn't killing humans either.

The infectious pathos, rising from the pit of hell and blackening the darkest periods in human history, is an *idea*, an idea that a hierarchy of *human* and *subhuman* exists. Men who kill men in cold blood lose sleep; men who kill beasts don't. In Germany, they called the subhuman creatures the *Untermenschen*. The German propaganda *Der Untermensch* (thought to be edited by Hitler's right-hand man, Heinrich Himmler), manifested the serpent's whisper this way:

The subhuman is a biological creature, crafted by nature, which has hands, legs, eyes, and mouth, even the semblance of a brain. Nevertheless, this terrible creature is only a partial human being. Although it has features similar to a human, the subhuman is lower on the spiritual and psychological scale than any animal. . . . *Not all of those who appear human are in fact so.* Woe to him who forgets it!

Though it may appear to be human, it isn't. It may look like it is made in the image of God, may look like an actual man, woman, or child—but it isn't. Its color, disability, or lack of development betrays the fact that the terrible creature is only partially human. And as history repeatedly teaches: when “they” are not fully human, “they”—when their dignity inevitably conflicts with our interests—become not at all human. Our evil, having

arrogantly defied God's law (thou shall not murder, lie, steal), goes on to defy mathematics: rounding three-fifths down to zero.

JAILED, NOT BECAUSE HE WAS
AN ASSASSIN, BUT BECAUSE HE
CLEANED UP AFTER SHODDY
ATTEMPTS AT ASSASSINATION.

Fourth-Term Abortions

In the American theater, we have moved from despising dark subhuman creatures we brought into cotton fields to despising creatures hidden in the dark whom God placed in the womb. They *appear* human, but the parent's desire for the child often determines whether it is in fact so. Since *Roe v. Wade* the serpent, conspiring with our Supreme Court and government of appointed representatives, has swallowed *millions* upon *millions* upon *millions* of boys and girls whole. The biggest city in America, the one that terminates¹ *more black children than it keeps*, has led the way with its recent repeal of the state's protection for abortion survivors. Adam and Eve's offspring bite from the (Big) Apple, bringing death to their children.

Now, to the most recent developments. No longer can we call the unseen, unheard, unheld creature in the womb a subhuman—we now rise to such boldness

as to include the child staring us dead in the face *outside of the womb*. Senator Ben Sasse recently called the Senate to vote on the Born-Alive Abortion Survivors Protection Act,² which sought to protect infants born after a *botched* abortion.

Senator Patty Murray (D-Wash.) said³ the bill was “anti-doctor, anti-woman, and anti-family.” The head of the American Gynecologists named it a “gross interference into the practice of medicine, putting politicians between women and their trusted doctors.” Senator Sasse captured the clarity of the moment, saying, “I'm going to ask all one hundred senators to come to the floor and be against infanticide. This shouldn't be complicated.” And on the floor, he said,⁴ “This isn't about clumps of cells. This is fourth-trimester abortion.”

The Baby on the Senate Floor

The bill states, as unemotionally as I can impart, that a baby who has survived the abortion should be protected with the same rights as a child who was born otherwise (to parents who wanted him or her to live in the first place). In other words, should the murder get “botched,” the bill prevented the attempted murderer—after seeing the baby regrettably pass through the birth canal alive—from *finishing the job*. If the abortionist was thwarted by the defenseless child, the lab coat couldn't have a second go. It sought to establish fair play outside of the American Colosseum.

A similar bill, the Born-Alive Infants Protection Act, passed *unanimously* (with full bipartisan support) back in 2002, but did not include criminal penalties for doctors, nor specify what medical care must actually be provided for the survivor. But the new bill states that anyone present would be legally obligated to protect the child and admit it into a hospital. Should anyone leave the baby to die on the table—after previously overseeing its torture—they could be charged with a fine and up to five years in prison. Should they take active means of killing the child, they could be tried for murder.

Schizophrenic Uncle Sam would go, should the bill pass, from funding such hits with taxpayer money, to punishing them, as he did⁵ on Kermit Gosnell, who is currently serving several life sentences for three counts of first-degree murder because he cut the spinal cords of three babies who survived botched abortions at his clinic. Jailed, not because he was an assassin, but because he cleaned up after shoddy attempts at assassination.

So, on Monday, the baby lay again on the Senate floor. Friendless. Wombless. Defenseless.

Separated from the “health issues” of his mother. A child with ears, hands, legs, eyes, and mouth—and “even the semblance of a brain.” Staring at this child—no cover of skin hiding it, no plantation boundaries veiling it, no concentration camps concealing it—44 of 47 Democrat senators voted down the bill and left the child on the table. And there, the baby lies.

Where Will This End?

Have we forgotten how to weep? Oh, how I lament my own hardness of heart—how can I write these words with dry eyes?

After the angel of death executed judgment on the Egyptians, we are told, “There was a *great cry* in Egypt, for there was not a house where someone was not dead” (Ex 12:30). As Herod hands the

weapon again to the second-rate angel of death and walks away, tweeting to his followers how he stood for women’s rights, do we cry a great cry? Do we share God’s horror at our ability to terminate pregnancy *and* infancy?

Make no mistake: God hates our child sacrifice at the altar of convenience. “You shall not give any of your children to offer them to Molech, and so profane the name of your God: I am the Lord” (Lev 18:21). Such giving up to Molech was unhesitatingly a capital offense (Lev 20:2). And should God’s people “close their eyes” and pretend like they did not see it, scrolling right past it in their news feeds, they too would incur God’s wrath (Lev 20:4–5). Child sacrifice is such an abomination before a holy God that it “did not even enter into his mind” (Jer 32:25).

America is in the middle of a holocaust. Can we now, legally and otherwise, look at children *out* of the womb and kill them? In failing to pass this bill, our representatives have, for the meantime, given their answer. It’s no secret that we’ve been talking about killing babies all along—there it lies. And instead of nursing the child, we dispose of it. Instead of collecting fingerprints, we leave none behind. Lord, have mercy on us. **L**

¹<https://www.wsj.com/articles/lets-talk-about-the-black-abortion-rate-1531263697>

² <https://www.thegospelcoalition.org/article/explainer-know-born-alive-abortion-survivors-protection-act>

³ <https://www.vox.com/policy-and-politics/2019/2/25/18239964/born-alive-abortion-survivors-protection-2019-sasse>

⁴ <https://www.sasse.senate.gov/public/index.cfm/2019/2/democrats-block-sasse-s-infanticide-ban>

⁵ <https://www.catholicnewsagency.com/news/sen-ben-sasse-seeks-to-fast-track-bill-to-protect-abortion-survivors-40083>

[This article was originally published March 2, 2019 on *desiring God* (www.desiringgod.org/articles/murder-by-any-other-name). Greg Morse is a staff writer for *desiringGod.org* and graduate of Bethlehem College & Seminary. He and his wife, Abigail, live in St. Paul. Read some of his other writing at his website www.desiringgod.org/authors/greg-morse. This article has been reproduced with the kind permission of the author.]

RECAP CONTINUED FROM PAGE 3

STINSON/FONSECA (Calif.)—Life Legal continues our challenge to California’s brain death statute in federal court. The statute does not provide due process for family members who seek a second, independent medical opinion after their loved one has suffered a serious brain injury. The lawsuit was filed on behalf of the parents of Israel Stinson, whose two-year-old son was declared brain dead by a California hospital but was subsequently found to have active brain waves. Israel Stinson died after being forcibly removed from life support in August, 2016. The hospital and state then sought to have the case dismissed, claiming the toddler’s death rendered the case moot as there were no further damages. Life Legal subsequently joined the case as a co-plaintiff. Case is on appeal to the Ninth Circuit.

Cases Resolved:

PLANNED PARENTHOOD V. MMB PROPERTIES (Kissimmee, Fla.)—Planned Parenthood purchased and occupied property at Oak Commons in Kissimmee in April of 2014. When it became clear that PP was going to perform abortions, a cardiology practice operated by MMB Properties, which also had an office at Oak Commons, sued to enforce a restrictive covenant that forbade “outpatient surgical centers” at the site.

Victory!:

After five years of litigation and on the eve of trial Planned Parenthood agreed to a permanent injunction prohibiting surgical abortions at that location.

WONG V. WONG, ET AL. (Calif.)—Life Legal intervened on behalf of Aye Wong, a 74-year-old woman who became unresponsive after a nursing home failed to provide timely care for an infection. She was transferred to El Camino Hospital where her daughter, a physician, ordered the hospital to withhold nutrition and hydration. We were contacted by Crystal Wong, another daughter who wanted to save her mother’s life and who had a properly executed advance directive naming Crystal as her mother’s health care agent. The other daughter produced a POLST, allegedly executed two weeks before Aye Wong was hospitalized. The court determined that Crystal was the valid decision-maker. Aye Wong has since been transferred to a long-term care hospital where she is showing small signs of responsiveness. **L**

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