

January 2016

# Nebraska Right to Life

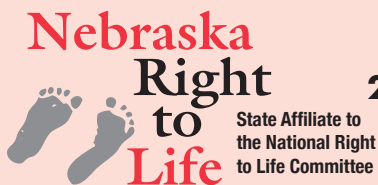
State Affiliate to the National Right to Life Committee

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## NEBRASKA WALK FOR LIFE SATURDAY, JANUARY 30, 2016

10 A.M. STATE CAPITOL, LINCOLN, 14TH AND K STREETS, NORTH SIDE

Sponsored by



A brief program will take place at the Capitol, then we walk seven blocks to our indoor venue at the University of Nebraska-Lincoln Student Union, 14th & R streets, 2nd floor, Ballroom & Centennial Room, for our keynote speaker.

**Come and join Nebraska's largest First Amendment demonstration and stand up for LIFE!**

### Inside Planned Parenthood!

Former Storm Lake, Iowa, Planned Parenthood Director Sue Thayer will be our Keynote Speaker inside the Student Union. Sue worked for Planned Parenthood nearly 18 years until PP of the Heartland initiated its webcam abortion scheme across Iowa. Sue began to see PP in a new light and ultimately shared her insider knowledge in a whistleblower lawsuit against PP, currently in litigation. She shares her miraculous conversion with honesty, transparency and humor. Having been a foster parent 28 years, Sue has an amazing love for children. As founder and director of Cornerstone For Life Pregnancy Resource Center, Sue has truly come full circle. She led Storm Lake's first 40 Days for Life campaign at the very clinic she supervised for so many years. Shortly after completing the prayer vigil, Planned Parenthood closed its doors forever.



Parking is available east, south and west of the Capitol, and in metered stalls and parking garages between downtown and the Capitol.  
Event concludes at 1 p.m.

**Dress warmly and bring the family to this peaceful, legal witness for LIFE!**

**Baked goods accepted at south side of the Student Union 8 a.m. Jan. 30, and prior days by arrangement. Questions? Call NRL at 402-318-8291 or e-mail nebraskartl@gmail.com.**

# TALKING POINTS

## UNBORN CHILD PROTECTION FROM DISMEMBERMENT ABORTION ACT

The Dismemberment Abortion Ban will be introduced in this State Legislative Session. These are talking points from National Right to Life

**Q: What is a dismemberment abortion?**

**A:** “Dismemberment abortion” means, with the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush and /or grasp a portion of the unborn child’s body to cut or rip it off. This definition does not include an abortion which uses suction to dismember the body of the developing unborn child by sucking fetal parts into a collection container.

**Q: Aren’t dismemberment abortions rare?**

**A: No.** Dismemberment abortions are a common and brutal type of D&E abortion which involves dismembering a living unborn child piece by piece. According to the National Abortion Federation Abortion Training Textbook – “D&E remains the most prevalent method of second-trimester pregnancy termination in the USA, accounting for 96 percent of all second trimester abortions.”<sup>1</sup>

There are approximately 1 million abortions performed annually in this county.<sup>2</sup> Data from the most recent Centers for Disease Control and Prevention report published in November 2014 indicates that almost 9 percent of abortions are performed on these very developed babies.<sup>3</sup> These two numbers taken together show that roughly 100,000 unborn babies die each year after the first trimester.

**Q: Dismemberment abortions are used to kill relatively undeveloped fetuses, aren’t they?**

**A: No.** By three weeks and one day following fertilization, the unborn child has a beating heart and is making his or her

own blood, often a different blood type than the mother’s. At six weeks, he/she has brain waves, legs, arms, eyelids, toes and fingerprints. By eight weeks, every organ — kidneys, liver, brain, etc. — is in place, and even teeth and fingernails have developed. The unborn child can turn his/her head and even frown. He/she can kick, swim and grasp objects placed in his/her hand.<sup>4</sup>

Dismemberment abortions occur after the baby has met these milestones. Any unborn child aborted using the dismemberment abortion procedure after 20 weeks would feel the pain of being ripped apart during the abortion.<sup>5</sup>

**Q: Isn’t this really just a routine abortion procedure?**

**A: No.** Dismemberment abortion is the barbaric killing of a human being. The gruesome nature of dismemberment abortions was described by the Supreme Court in *Gonzales v. Carhart*: “[F]riction causes the fetus to tear apart. For example, a leg might be ripped off the fetus . . . .”<sup>6</sup>

Contrasting the partial birth or “intact D&E” abortion, the Court said, “In an intact D&E procedure the doctor extracts the fetus in a way conducive to pulling out its entire body, instead of ripping it apart.”<sup>7</sup> “No one would dispute,” it wrote, “that, for many, D&E is a procedure itself laden with the power to devalue human life.”<sup>8</sup> The author of the *Gonzales* opinion, Justice Anthony Kennedy, used an even more graphic description in his dissent in *Stenberg v. Carhart*,<sup>9</sup> stating, “The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb.”

Indeed, the Ginsburg dissent in *Gonzales v. Stenberg* stated:<sup>10</sup> Nonintact D&E could equally be characterized as “brutal, ... involving as it does tear[ing] [a fetus] apart and ripp[ing] off its limbs ...”<sup>11</sup> “[T]he notion that either of these two equally gruesome procedures ... is more akin to infanticide than the other, or that the State furthers any legitimate interest by banning one but not the other, is simply irrational,”<sup>12</sup> wrote Stevens, concurring with Ginsburg in *Stenberg*.

**Q: Is “dismemberment” too harsh a description?**

**A: No.** Dismemberment abortion is an

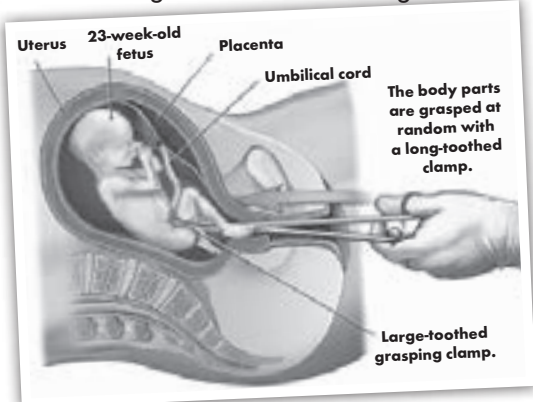
accurate description of this brutal procedure. As Leroy Carhart, the abortionist who challenged the partial birth abortion ban, said in testimony leading up to *Stenberg v. Carhart*, “...[W]hen you rupture the membranes, an arm will spontaneously fall out through the vaginal opening ... My normal course would be to dismember that appendage, and then go back and try to take the fetus out whether foot or skull first, whatever end I can get to first.”

When asked how he performed this “dismemberment,” he replied: “Just pulling and rotation, grasping the portion that you can get hold of which would be usually somewhere up the shaft of the exposed portion of the fetus, pulling down on it through the opening, using the internal opening [of the uterus] as your counter-traction and rotating to dismember the shoulder or the hip or whatever it would be.”

Then he explains that, “Sometimes you will get one leg and you can’t get the other leg out.” The attorney next asks: “In that situation, when you pull on the arm and remove it, is the fetus still alive?” Carhart answers: “Yes.” He adds: “I know that the fetus is alive during the process most of the time because I can see fetal heartbeat on the ultrasound.”

Justice Kennedy, widely considered the swing vote on abortion cases, has described the procedure in a simple and powerful way, when he wrote:

“The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn from limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off.”<sup>13</sup> And: “The doctor, often guided by ultrasound, inserts grasping forceps through the woman’s cervix and into the uterus to grab the fetus. The doctor grips a fetal part with the forceps and pulls it back through the cervix and vagina, continuing to pull even after meeting resistance from the cervix. The friction causes the fetus to tear apart. For example, a leg might be ripped off the fetus as it is pulled through the cervix and out of the woman. The process of evacuating the fetus piece by piece continues until it has been completely removed. A doctor may make 10



to 15 passes with the forceps to evacuate the fetus in its entirety, though sometimes removal is completed with fewer passes. Once the fetus has been evacuated, the placenta and any remaining fetal material are suctioned or scraped out of the uterus. The doctor examines the different parts to ensure the entire fetal body has been removed.”<sup>14</sup>

**Q: Does dismemberment abortion have wide support in the medical community?**

**A: No.** The violent and dehumanizing nature of dismemberment abortion undermines the public’s perception of the appropriate role of a physician and confuses the medical, legal and ethical duties of physicians to preserve and promote life. There are many accounts, even by current abortionists, regarding the brutal nature of the procedure. Dr. Warren Hern, a Boulder, Colorado, abortionist who has performed numerous D&E abortions and has written a textbook on abortion procedures, has stated, “There is no possibility of denial of an act of destruction by the operator [of a D&E abortion]. It is before one’s eyes. The sensations of dismemberment flow through the forceps like an electric current.”<sup>15</sup>

**Q: Are dismemberment abortions ever necessary to preserve the life and health of the mother?**

**A: No.** Dismemberment abortions are never medically necessary to preserve the life of a mother in acute medical emergencies — dilation of the cervix alone can take at least 36 hours. Additionally, according to the National Abortion Federation Abortion Training Textbook, dismemberment abortions are a preferred method, in part, not because they are necessary, but because they are cheaper than other available methods.<sup>16</sup>

**Q: Isn’t this just another law that will be struck by the courts, that it is just another doomed attempt to reverse Roe v. Wade?**

**A: No.** The states enacting the Unborn Child Protection from Dismemberment Abortion Act are not asking the Supreme Court to overturn or replace the 1973 Roe v. Wade holding that the state’s interest in unborn human life becomes “compelling” at viability. Rather, the states are applying

the interest the Court recognized in the 2007 Gonzales case, that States have a separate and independent compelling interest in fostering respect for life by protecting the unborn child from death by dismemberment abortion. Further, the State is recognizing its compelling interest in protecting the integrity of the medical profession with passage of this law.

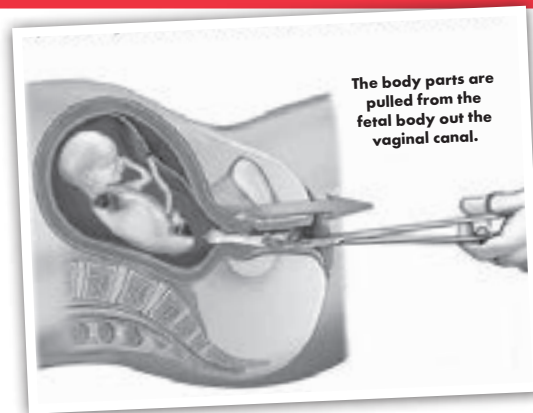
**Q: What about an unborn child with a fetal abnormality, shouldn’t there be an exception for this pregnancy?**

**A: No.** It is a sad truth that some unborn babies start their lives having serious medical conditions. These unborn children have disabilities — not unlike adults. For a society that prides itself on welcoming people with disabilities — we cut our curbs, make our public buildings and transportation accessible, pass laws to protect the rights of the disabled — it should be unacceptable to solve “disability” by killing those who have the “disability” before they are born. Surely we can do better.

Any diagnosis does not negate the fact that a child will feel pain from the abortion procedure at 20 weeks post-fertilization, if not earlier.

Prenatal diagnoses often can be incorrect or inaccurate, unnecessarily putting pressure on a mother to procure an abortion when all she needs is more information and resources about the diagnosed disability, information about perinatal hospice or other services, or more time to see if the diagnosis is correct.

For those children with profound disabilities or conditions incompatible with life, perinatal hospice offers a positive alternative to the trauma of aborting a child. It honors and respects the dignity of the life of every human being. It offers the mother carrying a child with a diagnosed disability extensive counseling and birth preparation involving the combined efforts of Maternal Fetal Medicine specialists, OB/GYN doctors, neonatologists, anesthesia services, chaplains, pastors, social workers, labor and delivery nurses, and neonatal nurses. Regardless of any diagnosis received, abortion is an irreversible decision that exacerbates the grieving process and deprives an unborn child of his/her right to life, which exists no matter what condition a child may have.



<sup>1</sup> Paul, Maureen, et al., eds. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. John Wiley & Sons, 2009, p157.

<sup>2</sup> Jones, R. K., & Jerman, J. (2014). *Abortion Incidence and Service Availability in the United States, 2011*. *Perspectives on Sexual and Reproductive Health*, 46(1), 3-14. <https://guttmacher.org/pubs/journals/psrh.46e0414.pdf>.

<sup>3</sup> Pazol, Karen, Creanga, Andreea, Burley, Kim Jamieson, Denise and Centers for Disease Control and Prevention. “Abortion surveillance — United States, 2011.” *MMWR Surveill Summ* 63, no. 11 (2011): 1-41. [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s\\_cid=ss6311a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s_cid=ss6311a1_w)

<sup>4</sup> National Right to Life Education Trust Fund. *The Basics*. A compilation of recent and noteworthy information on the abortion issue. May 2006. Web. Dec. 17, 2014. <http://www.nrlc.org/uploads/factsheets/FS02TheBasics.pdf>.

<sup>5</sup> Doctors on Fetal Pain: *The Basics*. Web. Dec. 18, 2014. <http://www.doctorsonfetalpain.com>.

<sup>6</sup> *Gonzales v. Carhart*, 550 U.S. 135 (2007).

<sup>7</sup> *Id.* at 137; see also 152.

<sup>8</sup> *Id.* at 158.

<sup>9</sup> *Stenberg v. Carhart*, 530 U.S. 914 (2000) (Kennedy, J., dissenting)

<sup>10</sup> *Gonzales*, 550 U.S. at 182 (Ginsburg, J., dissenting).

<sup>11</sup> Internal citations to majority opinion omitted.

<sup>12</sup> Quoting *Stenberg v. Carhart*, 530 U.S. 914, 946-947 (2000) (Stevens, J., concurring).

<sup>13</sup> *Stenberg v. Carhart*, 530 U.S. 914, 958 (U.S. 2000) (Kennedy, J., dissenting)

<sup>14</sup> *Gonzales v. Carhart*, 550 U.S. 124, 136 (U.S. 2007)

<sup>15</sup> Warren M. Hern, M.D., and Billie Corrigan, R.N., *What About Us? Staff Reactions to the D & E Procedure*, paper presented at the Annual Meeting of the Association of Planned Parenthood Physicians, San Diego, California, (Oct. 26, 1978).

<sup>16</sup> Paul, Maureen, et al., eds. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. John Wiley & Sons, 2009, p157-159.

Republished from National Right to Life, <http://www.nrlc.org/uploads/stateleg/DismembermentFAQJan15.pdf>.

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**NEBRASKA  
RIGHT TO LIFE  
AROUND  
THE STATE  
GRAND ISLAND**

Nebraska Right to Life  
hosted a booth at the  
State Fair for the  
41st year.



## NEBRASKA WALK FOR LIFE EXPENSES MOUNT

If you are at the Nebraska Walk for Life on Jan. 30th, please be sure to give your donation to the buckets that are being circulated at the State Capitol and inside the Student Union. These are the official donation buckets for the event, and all money donated goes toward defraying the mounting costs of the Walk, which are now around \$10,000.

If you go to the Catholic Mass and give a donation inside St. Mary's, while that is very worthwhile, it does not go to pay for the Walk. Also, please be mindful that Nebraska Right to Life has not received any money from the State Knights of Columbus One Rose, One Life Campaign in January since 2007. The State KofC was advised that Nebraska Right to Life is "too political." While we have a Political Action Committee, we also have two other entities, a 501-C-4 and a 501-C-3 Educational Trust Fund. It is the Ed Trust Fund that bears all of the expenses for the Nebraska Walk for Life.