

Last month (2/15) the New York Times surprised the pro-life community by printing a piece that gave quite an unflattering picture of Planned Parenthood. An organization that “now averages 1,076 abortions every day, nearly 45 every hour, and one every 80 seconds,” according to Carole Novielli, a Life Action News contributor. The exposé highlighted aging equipment, poorly trained staff, diminished patient count, and lack of resources, despite a fundraising boom following the Dobbs decision. Many employees have quit due to poor conditions or were fired for speaking out. Not to mention the constant pressure to more than double patient count to increase revenue (maximizing profit at the expense of care seems to be the common denominator). This pressure has resulted in dangerous practices such as administering incorrect medication or prepping patients for the wrong procedure. Despite many examples of how the abortion giant is in crisis with botched care and tired staff, the article did not come out against the practice of abortion itself. Even so, I’m sure we can agree that this type of reporting is a step in the right direction.

And earlier this month, I learned that searches for “abortion” on the CDC website now direct users to **Also try: [adoption](#)** 😊 (Happy face, mine). This happens consistently when searching anything with the word “abortion” attached (facilities, procedures, clinics, children). However, when flipping the search to “adoption,” abortion is not mentioned (oh darn). You will see the following: **Also try: [adoption](#). Related Topics: [International adoption](#).** Of further interest, almost every “abortion” search I tried brought up the same objective data-heavy results, yet the adoption searches varied according to topic. A small victory, sure, but I will take any encouragement I can get.

Unfortunately, there is no shortage of studies that use a pseudoscience narrative to push a pro-abortion agenda. Here are five ways to tell if a study is bogus (NRL News, 2/25):

- **It comes from the usual suspects.** If you see the same names over and over (and you will), they are probably not unbiased researchers. Rather, they are intent on “proving” that abortion is safe and beneficial. If you look at the institutions they are connected to and/or who is bankrolling the research, it will likely shed light on their agenda.
- **Selective sampling.** This in itself taints any study. For instance, subjects of the Turnaway study seem to support the researchers’ thesis that women denied an abortion reported high levels of regret and anger and less relief and happiness than their post-abortive counterparts. The subjects came from abortion clinic waiting rooms.
- **Lots of forgotten women.** Look at nearly any large study of aborting women and you’ll notice one common feature—lots of women “lost to follow-up.” Hmm, how convenient. This happens in any long-term study, but seems to be a particular problem for abortion studies. Their absence can skew the study by putting more weight on those who stayed in touch and disregarding women who may have had a problem and sought help elsewhere.
- **Downplaying and disregarding data they don’t like.** One example is Mitchell Creinin’s study to prove that chemical abortions could not be reversed. He halted the study after only seeing 12 patients because 3 had to be treated for bleeding, concluding that abortion reversal could have serious consequences. What he failed to publicize was that 2 of the 3 women were given a placebo, and the 3rd had stopped bleeding within 3 hours.
- **Measuring success in dead babies.** A pseudo-scientific abortion study measures its success by whether the unborn baby dies. If at least 93% of unborn babies die without a “considerable portion (highly subjective) of injuries or death” to the mother, then the drug, method, or technique is deemed “safe” and “effective.” This is an obvious and flagrant violation of medical ethics, which should be dedicated to preserving, not destroying, life.

A study conducted by 2 pro-abortion researchers dealt with third-trimester abortion, the results of which show us what we already knew. “Data suggests that women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerment.” A 2022 study done by a pro-abortion group concluded, “The reasons people need third-trimester abortions are not so different from why people need abortions before the third trimester” (NRL News, 1/25). So why all the “Third-trimester abortions are only done to save the mother’s life” nonsense? I suppose they did not feel the need to doctor these results since they actually believe, in the words of abortionist Warren Hern, “If a woman doesn’t want to be pregnant, there’s no justification for forcing her to continue the pregnancy.” Heaven help us!

Partnering with You for Life,
Linda Verhulst, MRL-WR