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What follows is a commentary on the lawsuit titled *Northland Family Planning Clinic, Inc. v. The Center For Bio-Ethical Reform*, 2011, U.S. District Court, Central District of California, Southern Division. The Plaintiffs, a chain of Michigan abortion clinics claim that CBR has actionably damaged their businesses and injured their reputations by appropriating footage from one of their infomercials to expose the fraud by which they deceive and exploit vulnerable young mothers and poorly informed voters. What really angered our adversaries, however, was that we didn't merely call them liars. We conclusively proved them to be liars. We forced them to stop pretending. Northland talks a lot about abortion, but they never show it. So we showed it for them – and they sued us.

In paragraph 37 of their Complaint they speculate that “tens of thousands” of viewers have now seen our exposé, and that was back in early May. By now the number is far higher. But what really angered our adversaries was that we didn't merely call them liars, we conclusively proved them to be liars. We forced them to stop pretending. Northland talks a lot about abortion, but they never show it. So we showed it for them – and they sued us.

Complaint paragraph 26 accuses us of pirating “footage from the copyrighted *Good Woman* video, with a few seconds of graphic [abortion video] images added intermittently” In paragraph 25 they say YouTube.com removed the initial concept version of our *Angel of Light* parody with the explanation that “This video ... [is] a violation of YouTube's policy on shocking and disgusting content.” Our video is “shocking and disgusting” because abortion is shocking and disgusting.”

But by Northland's own admission, all we did was show a few seconds of abortion video every time the Northland narrator tells a lie about abortion. We open with a George Orwell text quote about political speech but nowhere in our video do we ever say that Northland is evil or even that abortion is evil. We merely allow abortion to speak for itself. For that, Northland became hysterical. Literally.

As a result of this very foolish lawsuit, we have been able to force Northland to release email messages which shed additional light on their campaign of deception and their ongoing attempt to stifle public criticism. Northland's owner, Renee Chilian, received an email message from to another “Abortion Care Network” abortionist who said our *Angel of Light* video “... holds you up to public scorn and ridicule and demeans your reputation” (Document #46). Ms. Chilean replies that after seeing *Angel of Light* video, “I am sick to my stomach” (Document #46). She added that “I am done crying now and just need to move forward but these people are so hateful and disrespectful I can't stand it.” (Document #46). But how is it hateful to show viewers what Northland's infomercial says is “sacred?”

In another email message Renee Chilean told this same abortionist that “I know that they [CBR] preach to their own choir but I am worried about this.” (Document #48). Then she admits that the source of her worry is the possibility that we will use our video for “... anti-D&E legislation.” (Document #49). The term “D&E” refers to dilatation and extraction (or evacuation) abortions in which the arms and legs of babies are torn off and removed one appendage at a time. The baby goes into shock and bleeds to death. She explains that “They [anti-abortion activists] are looking for new ammunition since PBA [partial-birth-

abortion] is pretty much done.” (Document #49). Precisely, and Northland’s lawsuit is giving us the perfect forum in which to use that “ammunition.”

Renee Chilean ends by conceding that “... this just makes me sick. But by now I have spent several hours crying and being miserable so I am putting on my big girl underpants and getting over it.” (Document #49). Ms. Chilean’s “underpants” are not the sort of word picture over which we are inclined to linger, but she is right to fear a political backlash as more and more voters see our *Angel of Light* video. D&E is a viciously savage procedure and voters who see it aren’t likely to think it should be lawful.

Then the narrator of the Northland infomercial we mocked forwarded a message to Ms. Chilean which said “... it’s despicable what Gregg Cunningham, CBR did ...” (Document #50). How can it be “despicable” to show the public something which Northland’s infomercial says it is an “honor” to do? Another abortionist sent Ms. Chilean a similar a message (with copies to the Abortion Care Network) saying “I also watched and it was so painful to see such a sincere and good piece of work treated so shabbily. It’s really hard to have to confront these things, emotionally big downers.” (Document #55). It apparently isn’t an “emotional downer” to kill these babies – just to be caught lying about killing them.

Renee Chilean then repeats that “I am sick to my stomach as are my entire staff.” (Document #55). She also says “This is just wrong and hard at so many levels” (Document #55) and that “This is the second time we have been attacked by an anti-abortion group for this video.” (Document #55). Ms. Chilean’s level of denial is absolutely delusional. She demands the right to mislead and prey upon and victimize vulnerable young women – and do so with immunity from criticism. She may have an arguable legal right to retreat into a twisted fantasy world which transforms the horror of abortion into an act of virtue, but she has no moral right to fraudulently draw others in behind her.

She then reveals that “There is a team of four attorneys working on this [CBR lawsuit]” (Document #61) for Northland and that these lawyers will immediately “ask for an injunction” (Document #61) to force CBR to take down our *Angel of Light* video. Her lawyers apparently told her, however, that her case against CBR was too weak to warrant an injunction while litigation proceeds. That meant that petitioning for one would risk the embarrassment of the court rejecting Ms. Chilean’s request. As a consequence, Northland has still filed no petition for injunctive relief, despite our repeated refusal to stop posting our *Angel of Light* mock-up video.

Ms. Chilean concludes with a description of “... the horrible anxiety about what to do and worrying that it would be bigger and more scary than what we face every day.” (Document #61). She also expresses the hope that she can “... just end this easily and quickly.” (Document #61). Sorry. We aren’t going to let that happen. It’s too late for “easily and quickly” now.

In paragraph 48 of the Complaint, the Plaintiffs allege that as a consequence of our parody video, “... Northland has been injured ...” In paragraph 49 they complain that “The value of the *Good Woman* video as an educational and counseling tool has been diminished ...” by our parody video. In paragraph 50 they whine that as a result of our video, “Northland’s reputation has been harmed ...” Of course it has. The truth always inhibits consumer fraud and voter deception.

The principal lessons which can be learned from the Northland controversy are that the abortion industry’s false advertisers are highly vulnerable to CBR’s consumer protection & voter education projects, and that the public’s willingness to tolerate abortion is far more tenuous than is widely understood. Abortion can only survive if hidden. That is why the rationale for *Roe* and *Doe* was derived entirely from a fictional right of “reproductive” privacy. Ending this secrecy will seal the ultimate fate of legal, elective abortion. Northland well understands that they are at risk here and that is why our video has left them “worried,” and

“sick to their stomachs” and “crying for hours!” Their infomercial says a woman who aborts is “doing the best she can.” A few seconds of CBR abortion video forces viewers to decide whether they are going to believe what they hear from Northland or see from CBR. No wonder Northland sued.

As was true of slavery, abortion rests on a foundation so riddled with internal inconsistencies that it cannot withstand intellectually honest scrutiny. We are, therefore, determined to compel that scrutiny. But because these discontinuities cannot be easily explained away, the abortion industry, with help from its agents in the press, suppresses all meaningful abortion debate. The December 2000/January, 2001 issue of the feminist holy book, *Ms. Magazine*, published a letter-to-the-editor from a self-described “pro-life feminist” named Cate Nelson. “I hope you will examine the concept of pro-life feminism. It would show that your progressive magazine is interested in reporting both sides of the abortion issue.” *Ms.* responded: “*Editors’ Note: We maintain there’s only one side. Women should have a choice [emphasis in original].*”

Abortion’s defenders may assert that abortion is not debatable, but their refusal to defend abortion is a tacit admission that abortion is indefensible. And when we do force them to debate, ambiguity is their principal strategy because clarity is their darkest fear. CBR’s consumer protection video pushes Northland into a debate they very much wish to avoid. Now they are using the courts to stifle that debate. It won’t work. Their lawsuit is almost comically frivolous and will eventually lose large.

The history of social reform teaches that nothing less evocative than shocking pictures can overcome the public’s ambivalence and denial regarding injustice for which society itself is responsible. Nothing less disruptive can create the crises required to concentrate the public mind and exploit abortion’s inherent conflicts. Abortion pictures expose the falsity of abortion’s fictitious claims -- at a glance. They lay bare the non sequiturs at the core of abortion’s *raison detre*.

Ninety percent of abortions are committed in the first trimester of pregnancy, but most Americans do not believe that the human embryo and early fetus are developmentally entitled to rights of personhood. The public has embraced the “blob of tissue” myth, in part because it’s conveniently self-serving, but also because most people know nearly nothing about prenatal development. Advances in prenatal imaging are dispelling this ignorance. An unintended consequence of these achievements has been a reduction in the hostility and indifference with which the embryo and early fetus have often been regarded. As imaging technologies continue to evolve, the humanity of the preborn child will become increasingly incontestable.

But the public remains unconvinced that abortion, at least in the first ninety days of pregnancy, is an evil of sufficient enormity to justify criminalizing the act. People of conscience can intuit that abortion is wrong, but few understand how wrong. They perceive it to be the lesser of two evils because they have no reliable frame of reference within which to measure how evil it actually is. And with a high percentage of the public trying to rationalize their own abortion experience, many people would rather not know what they suspect will make it more difficult to rationalize their complicity or complacency.

Experience teaches that most Americans are more ignorant than evil regarding abortion. If you change their understanding of the facts – even if you anger them in the process -- many will reason to more humane conclusions concerning the humanity of the baby and the inhumanity of abortion. The law cannot be decisively changed until we prove the facts which compel the morally correct conclusions. The electorate may tolerate intrusive governmental regulation if the objective sought to be achieved is restriction of substantial evil, but most voters believe nominal evils are more appropriately left to personal discretion. And conventional wisdom still holds that early abortion is, at worst, a nominal evil.

Northland’s website speaks directly to voters with a political pitch intended to reinforce the myth that the abortions Ms. Chilean carefully conceals are not merely innocuous but are actually too virtuous to warrant

regulation: “We know that the world is a far better place when women have the freedom to make their own decisions regarding their bodies, reproductive options and sexuality. Respecting and maintaining those freedoms is our mission.”

Most voters fear extremes, and many believe that candidates who oppose abortion are “outside the mainstream.” The corollary to that assumption is that candidates who tolerate abortion are “middle of the road.” Those perceptions often change when we show voters the extremity of the evil abortion actually represents. Forty years of failed anti-abortion “activism” have proved conclusively that mere words are seldom adequate to convey the inexpressible majesty of prenatal development or the unspeakable malevolence of abortion. It takes pictures to alter the electorate’s sense of whose position is “responsible” and whose is “fanatical.” Pictures make abortion far more difficult to trivialize or ignore.

The need for the kind of clarity which only imagery can provide is nowhere more evident than in our recent discovery of a bizarre, far-left blogger who, posting under the name *Aiken Area Progressive*, published a January 29, 2010 puff piece which made a notorious, late-term abortionist sound like Mother Teresa. The story was headlined “A big thank you to Renee Chilean for being a heroine to all of womankind” and it canonized Ms. Chilean for her operation of late-term abortion clinics euphemistically called “Northland Family Planning Centers.” This is the same “Northland” abortion business which sued CBR for mocking one of their fraudulent infomercials.

But the blogger’s accolades are obscenely misplaced. Ms. Chilean is actually a remorseless predator. Her diabolically clever website offers abortions -- up to twenty-four weeks (the neonatal intensive care units of hospitals often treat twenty-four-week-old prematurely born infants) – in a manner which suggests that Northland’s customers have been chosen by a highly selective awards committee to receive honorific recognition for some remarkable civic achievement. Almost every aspect of her marketing strategy is a lie – from the romantic, pink heart on her corporate logo to the soothing monologues of the cheerful “staff members” who interrupt their gruesome labors long enough to narrate her cynically manipulative sales videos.

What those videos don’t show is Ms. Chilean injecting lethal doses of digoxin to induce heart attacks in many of her victims. LifeNews.com reported a story involving Ms. Chilean on July 30, 2007, headlined “Abortion Centers Misuse Heart Drug Digoxin to Do ‘Partial-Birth’ Abortions.” The article says Ms. Chilean complained to the *Detroit News* that she was forced to resort to digoxin when the U.S. Supreme Court began requiring abortionists to kill late-term babies chemically before crushing their skulls, etc. But even this small concession to compassion was too much humanity for the inhumane Ms. Chilean. “The fetus is given an equal status as the woman. It’s a horrible precedent . . .” Horrible indeed, but not in sense Ms. Chilean would have us believe.

Boston.com, August 10, 2007, published a related article titled “Shots assist in aborting fetuses,” with a subhead which read “Lethal injections offer legal shield.” It reported that these lethal-injection abortions are now being done to protect abortionists from criminal liability (it is theoretically unlawful to kill a baby outside the womb – but abortionists still find ways to do it) in abortions after 18 to 20 weeks’ gestation. The article further explained that “Medical staff inject either the heart drug digoxin or potassium chloride, a potentially poisonous salt also used in state [prisoner] executions.” And this is supposed to be more humane than Northland abortions which decapitate, dismember and disembowel?

How vicious are Ms. Chilean’s extermination techniques? The Boston.com article quotes abortionist Mark Nichols, professor of obstetrics and gynecology at Oregon Health & Science University, who is so concerned about his staff’s potential criminal liability that “Medical students and nursing students are no longer invited to watch later-term abortions for fear one might misinterpret the procedure and lodge a

criminal complaint.” “Misinterpret the procedure?” How could it be a “misinterpretation” for objective viewers to conclude that abortion is an act of violence which kills a baby? What does it tell us about Ms. Chilean that Dr. Nichols is afraid to let health care students watch the kinds of cruel, late-term abortions she routinely performs?

Many specialists offer surgical patients pre-op DVD’s which feature video details of the actual hip replacements or coronary bypass procedures, etc., they are about to undergo – gore and all. Not so with abortion surgery. Heart surgery sheds blood to heal but abortion sheds it to kill. You wouldn’t know that after watching Planned Parenthood’s abortion sales video, which employs only a set of sanitized line drawings, shrewdly crafted to obscure the humanity of the baby and the violence of the procedure. Abortion is so horrifying that almost everyone involved with the killing seems determined to turn away and cover it up. This may be why Ms. Chilean is in a rage over our insertion of abortion video segments into her abortion sales video.

The February 15-28, 1986 issue of *Ob. Gyn. News* reported that “‘Sonography can make induced abortion safer, but care must be taken so that its psychological impact is not negative,’ Dr. Sally Faith Dorfman said at the annual meeting of the American Public Health Association.” By “negative” she means too revealing. “‘Seeing a blown-up, moving image of the embryo she is carrying can be distressing to a woman who is about to undergo an abortion,’ Dr. Dorfman noted.” She emphasized that the screen should be turned away from the patient. Dr. Dorfman added that “‘Staff members also may be affected by sonographic images and may need opportunities for venting their feelings and reconfirming their priorities’” In other words, it’s really difficult to pretend you haven’t seen the butchering of a baby who has just been butchered before your very eyes.

The narrator in the Northland video titled *A Tour Of NFP* says at 01:36 “From our exam and surgery suites, which are softly lit and where we play relaxing music [the video here shows the untrasound monitor turned away from the mother being scanned] and use aroma therapy to help you relax, you will see the difference.” Hiding the horror helps enhance the illusion that Northland is a day spa, giving pedicures.

In his book *Abortion Practice*, Lippincott (1990), abortionist Warren Hern reinforces the universal determination to conceal the reality of a mother’s abortion. "... [I]t is not advisable for patients to view the products of conception, to be told the sex of the fetus, or to be informed of a multiple pregnancy." Too much truth. He also urges the use of fetal heart monitors with "outputs inaudible to the patient."

The September 15, 1979 issue of *The American Journal of Obstetrics and Gynecology* published a related article by Drs. Nancy Kaltreider, Sadjia Goldsmith and Alan Margolis entitled “The impact of midtrimester abortion techniques on patients and staff.” It compared abortion techniques which require the mother, by herself, to deliver (and see) her dead baby, often after lengthy, painful labor (amnio methods) with techniques which involve an abortionist rapidly killing the baby by dismembering and removing fetal body parts, out of the mother’s line of sight (dilatation and extraction or D&E): “The two procedures have markedly different effects on patients and medical personnel; change from amnio to D&E methods shifts some of the emotional problems of the abortion away from the woman and onto the physician.”

The article explains that “respondents noted several differences between first-trimester [suction] abortions and second-trimester abortions done by D&E. For second-trimester abortions, there was an increased fear of complications, the visual impact of the fetus, and the violence of D&E.”

At DRHern.com, the abortionist has posted a paper he presented at a meeting of The Association of Planned Parenthood Physicians, titled “What About Us?” The late-term abortionist says “National statistics are beginning to suggest that dilatation and evacuation (D&E) may have important advantages for the patient

experiencing a second-trimester abortion. However, significant emotional reactions of medical and counseling staff tend to accompany this procedure.” Those reactions to the dismembered fetus “... ranged from purposely not looking at it, to shock, dismay, amazement, disgust, fear, and sadness....”

Hern also reports that “About one third [sic] of the respondents felt that D&E was longer and harder on the patients, and several thought it was more difficult to rationalize or intellectualize D&E.” He adds that “Two [abortion staff] respondents described dreams they had had that related to D&E. Both described dreams of vomiting fetuses along with a sense of horror. Other dreams were about a need to protect others from viewing fetal parts.” He says of one staff member, “After a time, the laboratory assistant asked to be relieved from examining the tissue obtained from urea D&E abortions because of the size and intactness of the fetuses. She found herself becoming nauseated during the tissue examination and having disturbing dreams at night.”

Hern adds that “We discerned that the following psychological defenses were used by staff members at various times to handle the traumatic impact of the destructive part of the operation: denial, sometimes shown by the distance a person keeps from viewing D&E; projection, as evidenced by excessive concern or anguish for other staff members assisting with or performing D&E; and rationalization.”

The daily commission of crimes against humanity exacts a terrible toll on the psyche. Prolonged involvement in mass murder also created disabling stresses for many Holocaust executioners. Similar crimes against humanity create identical stresses for many practitioners of abortion medicine. In his book *The Architect of Genocide*, historian Richard Breitman, Knopf (1991), describes the crippling effects of the emotional trauma experienced by Nazi and Waffen SS leader Heinrich Himmler as he witnessed mass executions carried out at his command in Minsk, in the Soviet Union, during World War II. As these particular killings proceeded, Himmler became more increasingly agitated. Historian Heinz Hohne, in his *Order of the Death's Head*, Coward-McCann (1970) (translated by Richard Barry), reports that:

[SS-Gruppenfuhrer Karl] Wolff, the Head of his Personal Staff, barely managed to prevent Himmler from collapsing. 'Good for him to see what he expects people to do,' Wolff commented. [SS-Obergruppenfuhrer Erich von dem] Bach-Zelewski took advantage of his momentary weakness to press Himmler to spare not the victims but the policemen. Pointing out how shaken the executioners were, he complained that these men were now finished for the rest of their lives: They would either be neurotics or savages. (In fact, one member of the police battalion soon had a breakdown in Mogilev.)

Heinz Hohne says: “Himmler then visited an insane asylum in Minsk, where he ordered [SS-Gruppenfuhrer Arthur] Nebe to grant the inmates an end to their 'suffering' as soon as possible. Still shaken by what he had just witnessed, however, he said he was now convinced that shooting was not the most humane method.” He was expressing concern for the wellbeing of the shooters, not the victims.

Hohne next reveals that SS-Gruppenfuhrer Nebe “... supposedly suggested the use of dynamite.... So Nebe received authorization to experiment with explosives.” Hohne reports that SS-Oberstrumbannfuhrer Rudolf Hoss and SS-Oberstrumbannfuhrer Adolf Eichmann “... also discussed methods of killing [which would be less stressful for the killers]. Because of the large numbers of Jews involved, shooting was out of the question: It would have placed too heavy a [psychological] burden on the executioners, Hoss said.” Hohne reveals that “Himmler had wanted a neater, cleaner, less upsetting way of killing large numbers of people, and poison gas was the obvious solution.”_Efficiency. “Poison-gas technology offered the prospect of a better and quieter way to exterminate additional millions.”

Early SS experimentation with the use of gas involved van-like motor vehicles into which Jews were packed and then asphyxiated with carbon monoxide. Even this method would cause stress for the killers. Hohne says that “The gas vans, he [SS-Hauptsturmführer Otto Ohlendorf] thought, would produce 'an intolerable psychic burden' for his men, for after the execution they would have to unload the distorted bodies – frequently covered in excrement – and so the executioners would be brought face to face with what they had done – the moment of truth from which Ohlendorf wished to save them.”

“Eichmann: Last words of man who ensured the machinery of genocide worked like clockwork,” independent.co.uk, March 1, 2000: "As I arrived I saw a Jewish woman with a small child in her arms in the pit ... but then a bullet hit the child's head. My driver wiped small pieces of brain from my leather coat. I got back into the car.” Eichmann adds “I drank schnapps as if it was water,” and, “I had to dull my brain.”

Weak stomachs are not a uniquely American problem for the global abortion industry.

At http://abortionno.org/index.php/blog/secret_abortion_practices_in_spain/, there is an undercover video produced by a doctor who secretly filmed several late-term abortions in Madrid, performed on babies at 20 plus weeks. In one sequence, as the baby is about to emerge from her mother's birth canal, a female abortionist hovers over the mother's pelvic area with a disposable towel she uses to immediately conceal the child from view and whisk it away for disposal as medical refuse. The undercover doctor observes that “As soon as the baby is born, the doctor covers it. No one looks at it. No one examines it.” The abortionist admits “I really never look at them.” The undercover doctor asks “Why?” The abortionist answer, “I don't like it.” Even the people doing the killing can't cope with the stress of too much reality.

In the “Medication Abortions” section of Northland's website, Ms. Chilean says “Many women choose this method because it feels more natural.” Here is yet another of Northland's attempts to normalize baby-killing. But there is one small problem. With RU-486 it's harder to hide the baby from its mother. Ms. Chilean acknowledges this complication when she admits that the effective home use of RU-486 requires the presence of a support person who may or may not “... be able to handle the sight of ... the expulsion of the embryo.”

Ms. Chilean concedes, a bit self-consciously it seems, that the mother herself will “possibly” see the embryo as well. But she quickly relieves her prospective customers with the assurance that “Most women don't see the embryo.” She then offers the very macabre suggestion that if the mother risks a peek after hearing a splash, and her baby *is* visible in the toilet, she may choose “... to examine it to say goodbye” -- or perhaps more sensibly, to “... flush it away without looking.” And to assist in the achievement of this self-induced, delusional state of mind, Ms. Chilean counsels that the mother consider “... surrounding yourself with items that make you feel good: Videos, books, a bouquet of flowers, music.”

Ms. Chilean probably need not be concerned that many RU-486 mothers will be stressed by sight of their babies swirling down into the sewer system. The majority will reflexively avert their gaze. Most will avoid the risk of so disturbing an image becoming lodged in their memory. They will intuit the warning implicit in a February, 1995 article which appeared in the journal *Hippocrates*, in which Louise Levathes described the traumatic visual impact of medically aborted babies:

The French have had several months of trials extending the period [of pregnancy during which RU-486 could be used] from 49 days to 63, but last year rejected the use of RU-486 in the eighth and ninth weeks of pregnancy. During this critical two-week period, the tiny embryo begins to look very much like a baby, with discernible head and limbs. Neither the women nor the nurses in French clinics felt comfortable with RU-486 abortions at this later stage.

Nurse Frenpzel remembers a day during the 63-day trials when she went to the back of the clinic and saw six surgical dishes with six embryos in them by the sink. ‘It was upsetting,’ she said. ‘It was like looking at a little row of people.’ The women too were shocked when they looked at what they had expelled.

* * *

But in America’s eagerness to get the abortion pill, the psychological repercussions of this new procedure have been largely overlooked.

Actually, the baby also looks indisputably like a baby at 49 days if viewed more closely than most mothers would prefer. In an article headlined “Abortion Group to Advise Doctors On Drug Used to End Pregnancy,” *The New York Times*, March 30, 1996 reported “... some women say they were bothered by waiting to expel the fetus, and confronting the reality of what passes out of their body.” *Time*, December 5, 1994, reported the following RU-486 experience: “I was having deep cramping when I went to the bathroom, and it was like turning a water jug upside down. I looked at the fetus and was disgusted. I flushed before I got sick to my stomach.” *Newsweek*, September 18, 1995, described another US woman’s RU-486 experience: “There is a fist-sized glob of red and white at the bottom of the toilet. Becky can see the curled-up fetus ‘Look at that, honey,’ Becky says to Richard. Its hands are curled into tiny fists. ‘It’s sad. It’s sad.’ Becky murmurs, turning away.” No wonder Ms. Chilean seems uncomfortable describing the optics associated with this method.

She evinces no such misgivings in the “Emergency Contraceptive” section of the Northland site. There she describes Plan B as “... a second chance at preventing an unintended pregnancy,” but carefully avoids any disclosure of Plan B’s abortifacient properties. That omission is grossly dishonest but it reflects the manufacturer’s disingenuous claim at PlanBOneStep.com that “Plan B One-Step® ... won’t terminate an existing pregnancy.” That claim only makes sense if the word “pregnancy” is fraudulently defined.

The FDA, at

<http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm109795.htm>, admits regarding “emergency contraceptives,” that “If fertilization does occur, Plan B may prevent a fertilized egg from attaching to the womb (implantation).” The baby’s attempt to implant in the uterine line occurs about one week after the embryo is no longer a “fertilized egg,” but an embryo which has reached the blastocyst stage. Even the FDA plays politics with terminology. David Stevens, MD and CEO of the Christian Medical Association, has expressed clear opposition to “emergency contraceptives” on the ground that they operate as abortifacients. Dr. Stevens delivered testimony on this topic to Committee on Energy and Commerce, Subcommittee on Health, United States House of Representatives, on December 5, 2011. He said that “... [C]ertain misclassified ‘contraceptives’ work by causing the destruction of a developing human being by preventing the embryo’s implantation in the womb (“Plan B”) or by destroying its vital blood supply after implantation (Ella) [conceptually the same mechanism as RU-486]. I will not recommend, pay for or prescribe such an abortifacient.” The anti-abortion is divided over the issue of whether low dose birth control pills can fairly be described as abortifacients, but there is a consensus that the much higher dose “emergency contraceptives” kill babies.

Northland’s misleading description of the operation of “Emergency Contraception” comports with the medical community’s political fiction that pregnancy does not begin until the implantation of the embryo in its mother’s uterus. That absurd assertion means that a mother must carry her baby for a week before the medical establishment will admit that she is pregnant. Under this definition of “pregnancy,” clinicians have a week to kill the baby without “ending an established pregnancy.” Get it?

Until relatively recently, pregnancy was defined by physicians and lay persons alike as beginning with the union of sperm and egg, in a process commonly described as “fertilization,” or its synonym, “conception.” As a practical matter, it was timed from a mother’s last menstrual period or from the first detection of hormones related to prenatal development. Even recent medical texts teach that “Biologically speaking [in contradistinction to political speech], ‘human development begins at fertilization,’ when a woman and a man each combine 23 of their own chromosomes through the union of their reproductive cells.” *Biology of Prenatal Development*, ehd.org, distributed by The National Geographic Society, see also, “*The Developing Human, Clinically Oriented Embryology, 7th Ed.*, Moore & Persaud, W.B. Saunders (2003).

But when a host of new reproductive technologies began to emerge in the 1960s, scientific rectitude gave way to partisan pragmatism. Some of these birth control “advances” appeared to operate, in whole or in part, to kill embryos instead of merely preventing their creation. They were followed by a growing demand for in vitro fertilization procedures which used donor sperm to fertilize donor eggs in laboratories. Some of the resulting embryos would be introduced into the uteri of women who were unable to conceive conventionally but others would be discarded or made available for destructive research by genetic engineers. Politics increasingly corrupted science with clever word games which distorted definitions of “pregnancy” to obscure the fact that these new drugs and devices and procedures were killing babies.

When moralists insisted that pregnancy should retain its traditional definition as a process commencing at “conception,” Orwellian bureaucrats cynically redefined the word “conception” to mean “implantation.” To destigmatize the killing of babies which had not yet implanted, these same propagandists conjured up the term “pre-embryo.” The public turned a blind eye to this self-serving semantic sleight-of-hand because 80% of American women have used or will use oral contraceptives at some time in their lives and 400,000 frozen human embryos are estimated to be in storage in this country. Add to those inducements the wildly exaggerated claims of researchers who kill embryos to harvest their stem cells in a quest to cure dread diseases and disabilities and you have powerful motives for large majorities to accept redefinitions of humanity which exclude babies who get in our way or who possess some coveted body part. That is how genocide generally progresses.

To demonstrate just how misleading arguments by pro-abortion physicians have become regarding the definition of pregnancy, consider the simple fact that “As early as 24 to 48 hours after fertilization begins, pregnancy can be confirmed by detecting a hormone called ‘early pregnancy factor’ in the mother's blood.” EHD.org, *The Biology of Prenatal Development*, etc., supra. If we have a test which can detect pregnancy about one day after intercourse, why would an intellectually honest person argue that pregnancy doesn’t begin until about one week after fertilization? Greed?

Instead of relying upon subjective, political arguments to fix the point at which an “*established* pregnancy” should first be deemed present, perhaps we should ask objective, scientific questions to determine the point at which a “human being” first exists. Only then can we meaningfully debate the point in gestation at which society should confer rights of personhood on that developing human?

All this and more is why Ms. Chilean is so determined to hide the horror of her work and then use the courts to harass anyone who holds her accountable for false advertising. If abortion is such a noble choice, why do the people who choose it, and the people who do it, not want anyone to ever see it -- least if all themselves?

In another Northland video titled *Home Care For Medical Abortion* (repeated in *Home Care For Surgical Abortions*) Ms. Chilean’s narrator says at 04:01, “Like all difficult decisions, you consider everything, make a moral choice, and then take responsible action.” But by hiding and distorting evidence of who the baby really is and what abortion really does to him/her, Ms. Chilean is making sure that her customers never

consider the issues which are central to the concept of informed consent, issues vital to the making of what Ms. Chilean calls a “moral choice.”

Lawyers may argue that what Northland does to babies is legal, but few mothers -- and even fewer voters -- would think it moral if forced to see it. The *American Journal of Public Health* published an April, 2009 article titled “Legal Barriers to Second-Trimester Abortion Provision and Public Health Consequences” which explained that “... [T]he National Abortion Federation, the professional organization for abortion providers, and Planned Parenthood Federation of America released new clinical guidelines on digoxin administration. Digoxin, a heart medication approved for other uses, can be injected through the abdomen into the amniotic fluid *or the fetus* for the purpose of inducing fetal demise. Other medications, such as potassium chloride, can also be used. Use of both digoxin and potassium chloride for fetal demise appear safe in practice [emphasis added].” Obviously not “safe” for the baby. Imagine watching a late-term fetus thrash while suffering a heart attack on high resolution ultrasound.

Potassium chloride is also widely used to execute death row inmates. They don’t thrash however, because, unlike victims of late-term abortion, most are paralyzed and supposedly rendered mercifully unconscious before their heart attacks are induced. “Supposedly” is the operative word here. On April 23, 2007, ScientificAmerican.com, posted a potassium chloride-related article titled “Bad Drugs: Lethal Injection Does Not Work as Designed.” The story had a subtitle which read “A new study shows that failure to inject proper dosages potentially leads to slow, painful deaths from chemical asphyxiation.” The article explained the ineffectiveness of a drug combination involving a paralytic, anesthetic and “... potassium chloride (a salt that speeds the heart until it stops) ... injected in doses designed to kill condemned inmates.”

Are Ms. Chilean’s victims old enough to feel the pain arguably suffered by some death row inmates? As I have noted elsewhere, an April 5, 2006 British Broadcasting Corporation story (news.BBC.co.uk) reported the results of a study conducted on pain and neonates. Using brain scan technology, University College London researchers concluded that prematurely born infants experience true “feelings of pain rather than simply displaying reflex reactions.” The research studied prematurely born infants of the same age as many of the preborn babies which Ms. Chilean is torturing to death.

The New York Times, in a feature headlined “The First Ache,” February 10, 2008, reported that Dr. Kanwaljeet Anand, who is not pro-life but who is Oxford and Harvard-trained and who holds tenured chairs in pediatrics, anesthesiology, pharmacology and neurobiology at the University of Arkansas, says that “with gestational ages of 24 weeks, 23, 22 ... he noticed that even the most premature babies grimaced when pricked by a needle.” The article adds that:

Nicholas Fisk is a fetal-medicine specialist and director of the University of Queensland Center for Clinical Research in Australia.

[His research] ... showed that fetuses as young as 18 weeks react to an invasive procedure with a spike in stress hormones and a shunting of blood flow toward the brain — a strategy, also seen in infants and adults, to protect a vital organ from threat. Then Fisk carried out a study that closely resembled Anand’s pioneering research, using fetuses rather than newborns as his subjects. He selected 45 fetuses that required a potentially painful blood transfusion, giving one-third of them an injection of the potent painkiller fentanyl. As with Anand’s experiments, the results were striking: in fetuses that received the analgesic, the production of stress hormones was halved, and the pattern of blood flow remained normal.

[Dr. Fisk] ... concludes, it’s ‘better to err on the safe side’ and assume that the fetus can feel pain starting around 20 to 24 weeks.

On April 4, 2004, ... [Dr.] Anand took the stand in a courtroom in Lincoln, Neb., to testify as an expert witness in the case of *Carhart v. Ashcroft*. This was one of three federal trials held to determine the constitutionality of the ban on a procedure called intact dilation and extraction by doctors and partial-birth abortion by anti-abortion groups. Anand was asked whether a fetus would feel pain during such a procedure. 'If the fetus is beyond 20 weeks of gestation, I would assume that there will be pain caused to the fetus,' he said. 'And I believe it will be severe and excruciating pain.'

How "severe and excruciating?" World Health Media's website at signs-and-symptoms.org has a section titled "Heart Attack or Acute Myocardial Infarction Signs and Symptoms" which lists the most common indications of a heart attack, beginning with "Excruciating pain, starting in the lower chest and spreading throughout the upper half of the body."

How long do Ms. Chilean's victims suffer? The 2007, U.S. Supreme Court case of *Baze v. Rees* litigated the constitutionality of Kentucky's inmate lethal injection protocol and the majority noted that "The testimony regarding Digoxin rejected it as an alternative to potassium in an execution because it 'would take minutes to hours to bring the heart to a stop.'"

The above-quoted *Progressive* blogger also gushed about the Northland promotional video titled *Every Day Good Women Choose Abortion* (which we ridiculed with our rebuttal video, *Angel of Light*) on which Ms. Chilean "... worked for almost a year." The writer explains that "Chilean wanted to address the stigma of abortion, to assuage the guilt and fear of patients." Or is it her own guilt which Ms. Chilean is trying to assuage.

In "Testimony of Renee Chelian, a U.S. abortion provider and women's human rights defender, on the occasion of the Human Rights Council's Universal Periodic Review of the United States," published November 2, 2010, delivered in Geneva, Switzerland, the abortionist described her own unlawful, teenage abortion:

We were blindfolded and taken to some kind of warehouse. When the blindfold was removed there were many other girls there. No one talked for fear of being turned away. It was dangerous, it was very expensive, my parents could have been jailed, I don't know who did my abortion – I'm sure not a doctor – and I could have died or had serious complications or been left infertile. And we could tell no one out of fear and stigma associated with a crime that so many other women were also risking their lives for.

I was willing to risk my life for a second chance. I didn't know then how this experience would change me forever. After the legalization of abortion in 1973, I became passionate about working to ensure that NO woman would ever have to experience another back alley, illegal abortion.

Tragically, many of today's main-street, legal abortions are as dangerous as their "back-alley" predecessors in the bad old days. Consider, for instance, an AP story which ran on Jan. 19, 2011, headlined "DA: Pa. abortion doc killed 7 babies with scissors." It said "A doctor whose abortion clinic was described as a filthy, foul-smelling 'house of horrors' that was overlooked by regulators for years was charged Wednesday with murder, accused of delivering seven babies alive and then using scissors to kill them." No one seemed to care that in addition to butchering unborn babies, Dr. Kermit Gosnell was also killing *newborn* babies -- and killing their *mothers* too. "Philadelphia prosecutors called the case a 'complete regulatory collapse.'"

FoxNews.com, said “Gosnell was certified in family practice but had never finished an obstetrics/gynecology residency. In the words of Joanne Pescatore, a lead city prosecutor on the case, ‘He does not know how to do an abortion.’” Abortions by people who aren’t qualified are so common that a recent Google search of the key words “abortion” and “unlicensed” produced 347,000 hits.

In one of Dr. Gosnell’s more horrifying atrocities, an abused patient “Eyeing what she described as the dazed women in dirty, bloodstained recliners at the clinic ... had a change of heart as the procedure got under way. ‘I said, “I don’t want to do this,” and he [the abortionist] smacked me. They tied my hands and arms down and gave me more medication,’ Johnson, now 30, told The Associated Press.” What’s the difference between many of today’s abortions and those committed in the 1960s? Not as much as Ms. Chilean would like us to believe.

So CBR declared Northland’s infomercial to be an outrageous act of consumer fraud (in the moral sense if not criminally or civilly actionable) and, as previously noted, we produced our own refutation in the form of a mock-u-mentary video titled *Angle of Light*. In the process, we appropriated segments of the Northland infomercial for the same reason Ms. Chilean herself (at 00:13 in *Why Chose NFP* [Northland Family Planning]) says she used video instead relying entirely on web text to explain “... how we [at Northland] are different.” She says that difference is “... something that is hard to describe in the written word.”

What she really means is that it is “hard” to lie convincingly about abortion being a “normal” experience if you don’t use dishonest aural and visual atmospherics to obscure the gut-wrenching reality of abortion – a reality abortionists try to conceal from their customers for financial reasons, and from themselves for psychological reasons. This is why Ms. Chilean carefully staged every scene in her marketing videos to feature attractive, pastel-clad narrators, delivering disarmingly manipulative performances, on sets with backgrounds of cut flowers, potted plants, framed art, and even lollipops -- all scored with soft piano sonatas. Nothing all to suggest the blood and guts and groans and screams which are part and parcel of the baby killing process kept discretely off camera, behind closed doors in the soundproofed rooms down the hall.

The narrator in the *Why Choose* video (at 02:10) says that in addition to abortion, Northland offers “birth control” resources and meets “reproductive health care needs.” CBR’s criticism of Northland, however, is limited to their abortion-related profit centers. It goes beyond a condemnation of abortion itself to expose the fraudulent character of Ms. Chilean’s marketing apparatus.

A year is a lot of time for Ms. Chilean to invest in her four-minute *Every Day Good Women* video scam and that may help explain the intense pride of authorship that motivated her decision to sue us for daring to use clips of this video to expose her deception. A frivolous lawsuit, as she will soon discover, was a very big mistake.

When Ms. Chilean posted her video on the web it predictably outraged talk-radio audiences. Believing that her lies should be immune from rebuttal, “She ... called the Sirius Patriot channel, and asked host Andrew Wilkow to stop inciting his audience.” Ms. Chilean was so sensitive to criticism that she reportedly removed the option for viewers of her video to post comments.

The *Progressive* blogger closes by asserting that “For now, the quiet and simple message that women who have had abortions can be good people is airing, unchallenged.” Wrong again. Thanks to publicity from Northland’s lawsuit, CBR’s exposé video will eventually go viral and Northland will no longer be permitted to victimize vulnerable young mothers without being challenged. Our video is more compelling than Ms. Chilean’s video and our case is stronger than her case.

Here is how we respond to Ms. Chilean's infomercial lies: At 00:50, her Northland sales video, *Every Day Good Women*, says "Deciding to have an abortion is a normal experience." We counter that lie by merely showing a few seconds of abortion video. At 00:55, her video says "... [Y]ou are making your decision from a place of goodness." We counter that lie by merely showing a few more seconds of abortion video.

At 01:04 her video says "The fact is that women from every ... religion and belief ... have abortions." We counter that lie by merely showing a few more seconds of abortion video. No woman whose "religion" is Biblical Christianity, and whose "belief" in God's Word truly is devout, would knowingly kill their baby. The word "knowingly" is the qualifier, however, and Northland is determined to deny their victims as much knowledge as possible.

Echoing her earlier attempt to sanctify abortion with the imprimatur of religion, at 03:35, Ms. Chilean's narrator says "We have a sign which hangs at Northland that reads, 'We do sacred work that honors women and the circle of life and death.'" Calling abortion "sacred" is the language of paganism. It is the liturgy of child sacrifice.

Amazon.com sells a pagan book titled *The Sacrament of Abortion*, by Ginette Paris, Spring Publications (1992). On page 1 of *Sacrament* the author says "I have drawn inspiration throughout this book from a guiding image, the Artemis of Greek mythology (known to the Romans as Diana, the Huntress)." At page 56 she says "It is not immoral to choose abortion; it is simply another kind of morality, a pagan one. It is time to stop being defensive about it, time to point an accusatory finger at the other camp and denounce its own immoral stance." At page 107 she says "Abortion is a sacrifice to Artemis. Abortion as a sacrament for the gift of life to remain pure." At page 92 she says "Our culture needs new rituals as well as laws to restore abortion to its sacred dimension, which is both terrible and necessary."

The Publisher's Book Description says: "Since its original publication, the book has been widely used in abortion clinics in Canada and in France and has even been given by some doctors to each and every woman who had the procedure" Dr. Paris is a devout pagan who has also written *Pagan Mediations* and *Pagan Grace*, both also published by Spring Publications (1998).

If abortion is the sacrifice of living human baby to pagan deities, it is anathema to the God of Abraham, Isaac and Jacob. In Jeremiah 7:24-26, 30-31, God said of His own people, "...they burn to death their little sons and daughters as sacrifices to their gods – a deed so horrible I've never even thought of it..."

In 1 Corinthians 19-20, Paul says "Do I mean then that ... that an idol is anything? No, but the sacrifices of pagans are offered to demons, not to God, and I do not want you to be participants with demons." Acts 19:23-28 describes Paul's near-death experience at the hands of profiteering peddlers of pagan paraphernalia who were losing money because Paul was converting Artemis worshippers to Christianity. In the Northland sales video titled *A Tour of NFP*, the saleswoman says at 02:01, "We care for the whole woman, body, mind and spirit." Only pagans could logically assert that an act of violence as demonic as child sacrifice could minister to a mother's legitimate spiritual needs.

Abortion is generally understood to be a secular, social justice controversy. But as Northland acknowledges, it also involves issues of faith. Abortion is more than a war over women's rights and baby's lives. It is a battle for mother's souls. If the God of the Jewish Tanakh and the Christian Testament is real, then faith is an infinitely consequential contest between light and darkness, ultimate good and unimaginable evil.

CBR is not an exclusively Christian organization but we are an organization exclusively of Christians. Martin Luther King fought for passage of the Civil Rights Act of 1964 and the Voting Rights Act 1965, but

he did so through the aegis of a faith-based institution, his Southern Christian Leadership Conference. He believed that racism was an injustice which needed to be reformed, but he relied on scripture to argue that it was also a sin of which the nation needed to repent. The synergistic dualism of this secular/sectarian model for activism also informs CBR's opposition to abortion.

If theologically sophisticated pagans are correct in contending that abortion is child sacrifice, the logical extension of that argument, as viewed through a Judeo-Christian lens, is that child sacrifice is the satanic, ritualistic, shedding of innocent blood. It is an inexpressibly dark act and Ms. Chilean has gone over to the dark side as a practitioner and a functional, if not self-aware, high-priestess.

Acts 26:18 quotes the Apostle Paul describing his commission "... to open their eyes, in order to turn them from darkness to light, and from the power of Satan to God" He is also describing our duty to Ms. Chilean's unwitting, prospective proselytes. 1 John 1:5 teaches that "... God is light, and in him is no darkness at all." That is why something as dark as elective abortion is anathema to God. Ephesians 5:11 enjoins us to "Have nothing to do with the fruitless deeds of darkness, but rather expose them." That is why CBR reveals the horror Ms. Chilean attempts to conceal. 2 Corinthians 11:14 warns that "...Satan himself masquerades as an angel of light" so beguiling that Matthew 24:24 says he is capable of "... deceiving even the elect" The cult statue in Ephesus was called "Beautiful Artemis" but 1 Peter 5:8, warns "Your enemy the devil prowls around like a roaring lion looking for someone to devour." Satan is the savage predator disguised as a gorgeous goddess. That is why Ms. Chilean cloaks Northland in the trappings of a resort spa instead of styling itself the "Pagan Temple Of Human Sacrifice."

It is also why the *Every Day Good Women* narrator uses some variant of the word "good" in eighteen separate lies and at 01:25, she defines "goodness" as "... courage, honesty, wisdom ..., making choices that are good for yourself, recognizing your responsibility to yourself and to your family." We conclusively rebut that lie by showing a few more seconds of abortion video.

And the lies just keep coming. At 01:56 the video features the sloganeering of the late George Tiller, who was also an infamous late-term abortionist. The same Tiller quote also appears in the Northland video called Why Choose NFP [Northland Family Planning]. As the screen turns a pale pink behind a bright pink romantic heart, we read Tiller's perverse proclamation that "abortion is a matter of the heart." Perhaps he was referring to the thousands of babies he killed by injecting Ms. Chilean's preferred poison directly into their hearts. It tells us a lot about Ms. Chilean's values that she would cite Tiller as a role-model.

On June 10, 2009, the Enid, Oklahoma, *News & Eagle* reported a story headlined "Local woman formerly worked for slain Kansas abortion doctor." The former Tiller employee was Luhra Tivis and she revealed that: "I was seeing eight- and nine-month pregnant women come in," she said, "and out of those two dozen a week, only about 2 percent had medical deformities. I thought I was pro-choice back then, but week after week I kept seeing these women coming in with healthy babies and I saw all the records. I didn't think that was right." The article adds that "She recalled one day seeing Tiller come from the surgery room carrying a cardboard box. He asked her to open a door for him and she saw his crematorium. 'I realized that box was full of dead babies.'" On average, the late-term babies he killed were so far along in pregnancy that they could have survived outside the womb, had he induced labor without first killing them. No wonder Ms. Chilean saw him as a kindred spirit.

A June 11, 2009 a similar story was published by LifeSiteNews.com, titled "How George Tiller Drove his Own Employee to Join Operation Rescue." It also quotes Ms. Tivis describing a letter which "Dr." Tiller received from an angry patient who described her third-trimester abortion as "the most horrible experience of my life." In a hellish scene straight out of *Dante's Inferno*, the former patient went on to detail the nightmarish basement room to which women were sent to deliver their babies after poisoned them in their

mothers' wombs. "She said that women were crying and screaming and there was blood everywhere – blood running down their legs and it was just horrible."

Tiller's indiscriminate killing of babies capable of surviving outside the uterus confirms a National Public Radio story which appeared at npr.org, February 21, 2006, under the headline "Partial-Birth Abortion: Separating Fact From Spin." The article revealed that each year approximately 15,000 abortions are performed after 20 weeks with most occurring between 20 and 24 weeks. Although many abortion apologists attempt to rationalize these late-term terminations by invoking the specter of fetal anomalies and at-risk mothers, the NPR feature added that "In a widely-publicized interview with *The New York Times* in 1997, Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers, estimated that in the majority of cases, the procedure is performed on a healthy mother and healthy fetus that is 20 weeks or more along in development." How is it not genocide?

The United States Holocaust Memorial Museum (USHMM) says in an article titled "Children During The Holocaust," at <http://www.ushmm.org/wlc/en/article.php?ModuleId=10005142>, that "The Nazis advocated killing children of 'unwanted' ... groups" It explains that they killed "... over a million Jewish children," including "... children killed immediately after birth." Some of these newborns were prematurely delivered. Some of these prematurely born children were delivered at twenty-four weeks. What meaningful moral distinction can be drawn between the lawful killing of a twenty-four week Jewish newborn child in a concentration camp and the lawful killing of a twenty-four week gentile unborn child at a Northland abortion clinic? Would developmental defects justify the killings of today's late-term, unborn children? Did developmental defects justify the killing of Jewish death camp children delivered with disabilities?



At 02:21 Ms. Chilean's *Every Day Good Women* narrator says "When a woman decides to have an abortion she is making a choice that is thoughtful, considered and essentially coming from a place of goodness." At 02:43 she says "... [L]et us ... help you see the goodness in your choice." At 02:50 she says "You are a good woman doing the best you can in your situation." At 03:00 she says "It is a sign of strength, courage and responsibility to thoughtfully consider whether to bring new life into the world." At 3:13 she says "It takes a lot of courage to make the decision to have an abortion." At 02:31 she says "Rest assured that when you choose to come to Northland, will be working with a staff whose courage and vision is a part of our belief in the essential goodness of our work." At 03:17 she says "We are ... honored to work with you."

If all this “goodness” narration accurately describes abortion, why did Ms. Chilean become so angry that she sued us for editing a several sequences of abortion footage into her sales video? If baby killing is an “honorable” act, why is she trying so hard to keep baby killing video out of her sales videos?

At 03:43 the narrator says “When you come here, bring only love.” The truth, however, is that Ms. Chilean’s customers had better also bring cash or credit cards. At Northland, abortion is very much about the money.

The New York Times, nyt.com, December 30, 2000, published a feature on Ms. Chilean headlined “As Abortion Rate Decreases, Clinics Compete for Patients.” The lead sentence explains the desperate greed which drives Ms. Chilean’s compulsion to deceive. “Renee Chelian was worried about her business. With competitors charging lower prices, she needed something special to draw customers. So she created an almost a spa-like atmosphere at her offices, with low light in the rooms, aromatherapy, candles and relaxing music.” At Northland, profit is paramount.

The *Times* story adds that “‘The fees are not set by the cost of the services but by the cost of the competition,’ said Dr. Warren Hern, owner of the Boulder Abortion Clinic in Colorado.” And he laments that “‘the competition for patients is absolutely ruthless.’” Ms. Chilean agrees. “‘As altruistic as women and feminists want to be, the reality is that we can only stay in business if we earn enough to keep our doors open,’ Ms. Chelian said.”

Despite sales rhetoric which extols “the Northland difference,” Ms. Chelian admits a willingness to maximize profits by taking shortcuts with the approved dosing instructions on the RU-486 procedure she administers. The approved regimen costs \$275 but “Ms. Chelian said she is considering offering women just one pill instead of three and to have them sign a form saying they understand that one pill is not the approved dose but that studies have shown that one pill is effective. Then she can charge them just \$80 more than for a surgical abortion.” Is the offer of unapproved drug dosages a clinical judgment or a business decision?

This is the same Ms. Chilean whose website says “Here, you are safe and you will receive the highest quality care with now [sic] ‘shortcuts’ ... in your care Choose your abortion provider as if your future depends on it, because it does.” Indeed it does.

Ms. Chilean’s craving for cash is so compulsive that on April 28, 2003, Michigan’s Attorney General posted a humiliating settlement notice at michigan.gov/ag, effectively chiding her for attempting to circumvent “PA 685, the subject of the lawsuit entitled *Northland Family Planning Clinic, Inc., et al v. Janet Olszewski, et al*, [which] prohibited collection of physician fees during the 24-hour mandated waiting period that follows either the receipt of informational material required to be reviewed by a woman considering an abortion or the actual scheduling of an abortion.”

Attorney General Mike Cox added that “The settlement ... not only stipulates that fees cannot be collected during the waiting period, as was written in the law, but also explicitly bans any ‘pre-payment’ for an abortion prior to the 24-hour decisional period.” Then in a stinging rebuke, he concludes that “With this agreement, women will be safeguarded against abortionists who seek to trap them financially into having an abortion procedure.”

In the Northland sales video titled *A Tour Of NFP*, the narrator says at 02:16 “We have caring, compassionate and highly skilled male and female physicians.” These gender options reinforce attempts to spin an abortion appointment in terms as refreshing and invigorating as a visit to a spa. The narrator’s

imagery echoes the ad copy of a St. Regis resort hotel listed on the Starwood website. It says of their “Spa Rituals” that “Our talented male and female Remède Spa therapists are well-trained and highly professional. Unless you state your preference, bookings are scheduled with the first available therapist.”

The offer of both male and female terminators is a politically correct marketing strategy and abortion is a market-driven industry. Behind the facade of collegial harmony, however, there is tension between male abortionists and the female associates from whom they don’t believe they are getting their fair share of the blood money.

In a March 13, 1993 op-ed piece in the *New York Times*, entitled “Hunted by the Right, Forgotten by the Left,” abortionist Warren Hern bitterly complains that “Feminist abortion clinics treat doctors like technicians and are especially contemptuous of male physicians. Entrepreneurs who treat abortion strictly as a retail business also tend to treat doctors as technicians.” His contempt for his colleagues is evident: “Doctors who perform abortions have usually acquiesced in these roles, and their status has plummeted lower than that of physicians who do insurance company examinations.” He adds: “Abortion has become a commodity ... and fees have been cut, resulting in reduced income for doctors”

With or with equitable fee agreements, at 03:51 Ms. Chilean’s narrator says “... [W]e believe in the essential goodness of our work. At 03:57 she says “Choosing to have an abortion does not make you a bad person.” At 04:09 she says “If you find that you are struggling with your decision, please see our website for resources and referrals on making your choice.” At 04:20 she says “We work from our hearts” And it only takes a few seconds our abortion video to prove how hard Northland’s hearts really are.

In the sales video Why Chose NFP? the Northland saleswoman says at 01:24 “We promise to treat you with the dignity and respect you deserve.” How do you dignify an act of violence which kills a baby? How is it respectful to lie to vulnerable mothers?

At 01:28 she says “We encourage you to take the time to fully explore your pregnancy options.” At 01:32 she says “We listen with an open, unbiased mind.” At 01:39 she says “We tell the truth” The “truth?” Ms. Chilean’s website says of her “Manual vacuum aspiration, 4-9 weeks” that “This extremely gentle surgery is done by hand, the expert hands of our physicians. The first thing women notice is – the quiet. There are not the usual surgical equipment sounds. Women tell us they find it easier to relax in the quiet.” The description adds “Using a specially designed, IPAS system, the pregnancy is gently removed from the uterus.”

Relative to the grating buzz of abortion’s typical motor-driven suction pumps, the deadly silence of the manually-operated suction pump merely masks the violence of an embryo or early fetus still being torn from its umbilical moorings and sucked into a collection tube with lethal force. The silence is a lie.

Of her “Standard Vacuum Aspiration, 4-14 weeks,” her website says “Perform your medical exam and abortion surgery in a clean, softly lit surgical suite with background music and aromatherapy for relaxation.” Then celebrate with the “Tea and light refreshments [which] are provided.” This sounds like a cheery social gathering.

Ms. Chilean’s website also describes “Surgical Abortions, 2nd Trimester, 15-24 weeks,” referring to “... D & E, meaning dilation (of your cervix) and evacuation (of the pregnancy). We promise that during your time with us, you will be treated with tender care and respect. You will get to know our medical team and speak privately with a reproductive health counselor. In addition, our doctors take gentle medical and surgical steps to remove fetal life support and cause fetal death before removing the pregnancy.” What

could be more akin Orwellian double-speak than "...gentle medical and surgical steps to remove fetal life support" to describe torturing a baby to death. Here's what really happens:

PhysiciansForLife.org reports that Dilatation and Evacuation (D&E) abortions are one of the two most commonly used abortion procedures in second-trimester abortions. They note that approximately 12% of all abortions (about 156,000 per year) occur after the 13th week of pregnancy. The site quotes Dr. Martin Haskell, an abortionist, in sworn testimony he gave in U.S. District Court for the Western District of Wisconsin (Madison, WI, May 27, 1999, Case No. 98-C-0305-S):

'And typically when the abortion procedure is started we ... know that the fetus is still alive because either we can feel it move as we're making our initial grasps or if we're using some ultrasound visualization when we actually see a heartbeat as we're starting the procedure. It's not unusual at the start of D&E procedures that a limb is acquired first and that that limb is brought through the cervix and even out of the vagina prior to disarticulation and prior to anything having been done that would have caused the fetal demise up to that point.'

The site next quotes from the testimony of abortionist LeRoy Carhart, the litigant in the U.S. Supreme Court case of *Stenberg v. Carhart*, decided in 2000: "...[W]hen you rupture the membranes, an arm will spontaneously fall out through the vaginal opening" It gets worse. "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." Doesn't that sound "gentle?"

March 2, 2009, The *Los Angeles Times* reported a story headlined "Mexico Under Siege," which described the systematic torture and assassination of Gen. Mauro Enrique Tello, who had recently been chosen to purge the Cancun police force of corrupt officers who were collaborating with Mexican drug cartels. The article reports that before being shot, the general was tortured by having both his arms and legs broken. Is it not torture to break and tear off the arms and legs of unborn children, some later in pregnancy?

At 01:42 the narrator says she says "At Northland, tears are okay and laughter too." Torturing babies to death is funny? How sadistic are these people? At 01:45 she says "We don't run away from conversations that are difficult or painful." Then why is Northland suing CBR for showing its customers the most "painful" part of their "sacred" work? At 01:55 she says "...[W]e provide you with honest and accurate information" In another place and time the consumer protection division of the state attorney general's office would be investigating Northland's false advertising.

At 02:01 she says "At Northland, you can feel comfortable" That comfort is a product of denial and deception. At 02:22 she says "You deserve to feel at peace with your decision." And CBR's Angel of Light video disturbs that "peace.": At 02:27 she says "Here at Northland, we believe a pregnancy is made about family" As in killing off the most defenseless family members. At 02:36 she says "... [I]t's about parents understanding a daughter's hopes and dreams for her future." And about realizing those "hopes and

dreams” by killing children and grandchildren. At 02:56 she says “We make the world a better place for women.” That is a political statement whose falsity is conclusively proved by our parody video.

In the sales video titled *A Tour of NFP*, the saleswoman says at 00:31 “We now operate three clean, comfortable and warm health centers.” Sounds like a resort hotel ad. At 00:52 she says “We created this video tour because we want you to have a look inside our clinics to see and feel the Northland difference.” But that “look inside” is carefully designed to hide the horror which lurks behind certain clinic doors. At 00:59 she says “We want you to know before you come in what you have the right to expect from an abortion care setting.” Abortion isn’t “care” and our video proves it. At 01:05 she says “This video and the others you can find within our website are made to offer you a sense of who we are” But “who Northland really is” was carefully concealed until our video exposed it. At 01:14 she says “If you should go to another clinic that performs abortions and you do not see or feel the same attention to every detail ... then leave ... for your own safety and dignity” Northland sued us precisely because we exposed the “details” which are unsafe and wholly lacking in dignity.

Then in an especially egregious distortion at 01:46, the *Tour* video narrator says “And when you are in our recovery rooms, quiet, cozy, peaceful places of healing, you will be glad you made the choice to let us care for you.” Healing? According to nurse and blogger Jill Stanek, “In April 2009, [Dr. Louise Brinton, the National Cancer Institute's chief of the Environmental Epidemiology Branch, Division of Cancer Epidemiology and Genetics] ... co-authored a research paper published in the prestigious journal *Cancer Epidemiology, Biomarkers and Prevention*, which concluded that the risk of a particularly deadly form of breast cancer that attacks women under 40 *raises 40 percent if a woman has had an abortion.*” (<http://www.wnd.com/index.php?fa=PAGE.view&pageId=121749>)

Like most abortionists, Ms. Chilean feels threatened by pro-life crisis pregnancy centers and posts this “warning” on her website: CAUTION! BEWARE OF FAKE CLINICS (CRISIS PREGNANCY CENTERS). Remember, these clinics have a single goal: to prevent women from choosing abortion. One of their tactics is to make women wait for pregnancy test results, and while waiting, put on a film give [sic] you literature to read that can be quite disturbing.” Put on a “disturbing film?” If abortion is a “good” and “brave” and “thoughtful” choice, why would video of it be “disturbing?” And if Ms. Chilean’s “single goal” is to kill babies, how is it wrong for a crisis pregnancy center’s “single goal” to save them?

But one of the most despicable of her many atrocities is Ms. Chilean’s assault on school girls. She says to pregnant children, “You will receive the name and phone number of the attorney who has agreed to help you seek a judicial waiver from a judge. This lawyer will work with you – free of charge – to obtain the Judicial Bypass” you need to kill your baby behind your parent’s backs. Manipulative as always, Ms. Chilean urges little girls to “Wear clothes that present you as mature.”

Relentless as always, she promises that “If the waiver is denied, your lawyer will help with an appeal of that decision.” And of course we can’t permit the disclosure of any inconvenient facts. “When answering questions, it is best to give information that supports your case” Ms. Chilean then offers a 20 point plan for coaching the minor witness. She closes by admitting that these hearings can be as short as five minutes. That is the most dishonest form of rubber-stamping and makes a cruel joke out of the idea that judges are really considering a child’s ability to understand the gravity of a pregnancy termination decision.

Children’s Hospital of Orange County, California now requires pregnancy tests for hospital admissions of all little girls ten-years-old and older. That means nine-year-olds are getting pregnant. These are the kinds of children on whom Ms. Chilean is preying.

Northland is fighting out attempt to associate shocking imagery with their deceptive advertising for the same reasons the tobacco industry fights the requirement to display lung cancer photos on cigarette packs. On November 7, 2011, ABCNews.com reported a story headlined “Judge Blocks Graphic Images on Cigarette Packages.” The most important facts related to smoking’s health consequences are so disturbing that words fail us in trying to describe them. Even photos can only partially suffice to warn of the ugly, agonizing deaths routinely caused by tobacco-related diseases. Any attempt to communicate that portion of the truth which only photos can convey is always going to create controversy among those who want to suppress that truth.

The inadequacy of mere words as effective warnings is evident in the article’s revelation that “The cigarette makers say their products have had [written] Surgeon General warnings for more than 45 years, but that they never filed a legal challenge against them until these images were approved.” The tobacco industry now feels threatened precisely because pictures tell the previously untold part of the story – the indicting part which words alone could never convey. Northland feels threatened to.

Northland Family Planning Centers are waging a clandestine war on unborn babies capable of surviving outside the uterus and on the most defenseless little girls and young women imaginable. Exposing these scandals will now be a singular focus of our work. We are preparing similar Fair Use critiques of every abortion clinic video which makes fraudulent claims of the sort perpetrated by Northland. We are finding these videos in the U.S. and our international CBR affiliates are working on them abroad. Northland is only a pilot project we intend to use as a model for an entirely new genre of consumer protection against abortion industry abuses. More to follow – much more.