



The Abortion Pill is Spreading Death Around the World

Restricting it in the U.S. will save lives both at home and abroad

BY STEVEN W. MOSHER AND CHIARA MCKENNA

We know that women in the U.S. who take the abortion pill can suffer nausea, vomiting and unbearable pain for hours, all the while bleeding out clots the size of golf balls. We also know that, even with the best medical care in the world, women have still lost their lives to the deadly drug.¹

But what about women in the developing world, who not only don't have access to first-rate medical care, but often have no access to care at all?



Getty Images/Svetlana Mokrova

The cause of death of a Nigerian woman who hemorrhages to death on the floor of her hut will never be investigated. Nor will the cause of

death of the Peruvian woman whose sepsis progresses too quickly for the local clinic to save her be accurately recorded.

¹ <https://pubmed.ncbi.nlm.nih.gov/33939340/>

(continued on page 5)



“Abortion via WhatsApp”

Mexican journalist draws on PRI research about abortion network

Just how easy is it to obtain the abortion pill, even in countries where it is illegal?

PRI’s Latin American office decided to find out. We called up the abortion network DKT International via WhatsApp, answered a few questions, and a few days later the dangerous abortion drugs showed up on our doorstep: a neat package with misoprostol, mifepristone, and painkillers, along with instructions on how to abort our “baby.”

We passed the information along to the well-known Mexican journalist Pablo Mier y Terán. He wrote the

following story exposing the abortion network DKT International and the inhumane way it profits from the distress of pregnant women.

Pablo’s article was published on March 30, 2026, on the Mexican digital portal *SDP Noticias*. It describes how the abortion portal “captures a woman’s vulnerability, demands payment, and transfers the risk to her home.” And to her, we might add.

The article, which has created a firestorm in Mexico, is reprinted in full below.

—Carlos Polo

Everything begins with a text. Not a medical consultation, not a clinical appointment, not a professional evaluation. Just a text.

That is how today, for thousands of women, the process of what is called “safe abortion” begins, a process that in practice is more like a digital transaction than a medical act.

“I decided to follow that path,” a young woman who did not want to be pregnant confessed to me. “What I found at the end of it was not healthcare support, but a sales pitch.”

Through WhatsApp, a network linked to DKT International referred me to “Telefem,” a platform that offers pregnancy termination via telemedicine. I created a fictitious profile: a young, foreign woman, six

weeks pregnant. That was enough to activate the system.

First, data collection: official identification, ultrasound, medical history, address. Then the next step: payment of 1,900 Mexican pesos. Once completed, the process moved forward like any online purchase: confirmation, shipping guide, and delivery of a package with medications to the home.

The contents of the package included misoprostol, mifepristone, levonorgestrel, and painkillers. All were products from brands belonging to DKT International, except for the painkillers. Afterwards, a consultation via WhatsApp with a supposed doctor who repeated instructions for use. And that was all.

There was no physical exam. There was no real clinical follow-up.

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There was no immediate response capability in case of an emergency.

What there was, however, was payment and a text: transaction complete.

From patient to user

The silent but profound change passes almost without notice: the woman has stopped being a patient and is now merely a user.

Abortion ceases to be a supervised medical act and becomes a “self-managed” process carried out at home, guided by nothing more than a few texts. In this model, the healthcare system is no longer involved at the beginning of the process, but maybe at the end, when something goes wrong.

The institutional narrative speaks of “autonomy,” “access,” and “safety.” But in practice, what is offered is something else: a digital back-and-forth that captures a woman’s vulnerability, demands payment, and transfers the risk to her home.

As the documented experience of the young women shows, support is remote, fragmented, and limited to instructions. And when something fails—and it can fail—the Telefem platform hides behind terms such as “guidance” or “support.” But it has already collected payment. It has already delivered the abortion pills. And it has already induced conduct that is illegal and very dangerous for the woman.

Behind everything lies an uncomfortable truth: a text or a chat cannot replace a medical consultation.



Getty Images/Stockcam

The “global-local” model: scaling without responsibility

The scheme operates according to a clear logic. DKT International itself does not operate as a direct provider of medical services, but only as a global distribution and social marketing network. It relies on local intermediaries—such as Telefem—to actually provide the telehealth service.

Telehealth allows for something key: the ability to provide abortion pills at scale—and without responsibility.

Home-based chemical abortion is cheaper, easier to scale up, and harder to regulate. It does not require any hospital infrastructure, but only three simple elements: texting, digital payment, and delivery.

Thus, a global–local model is built: global reach, local execution, and denial of responsibility.

Its women clients are already vulnerable due to an unexpected pregnancy. Abortion via WhatsApp takes advantage of this vulnerability, profits from their distress, and takes no responsibility for the risks of the pills it peddles.

Promised safety, transferred risk

The problem is not only the telehealth channel. It is the promise.

Chemical abortion can involve intense pain, heavy bleeding, and complications that require immediate medical attention. The difference between a clinical setting and a home is, literally, response time.

In this model, the woman faces the process practically alone.

- A message does not stop a hemorrhage.
- An emoji does not evaluate a symptom.
- A digital guide does not replace a medical intervention.

“ The WhatsApp abortion model of DKT International is designed to evade laws regulating abortion. But by bypassing regulatory and safety controls, it also bypasses opportunities to save the lives of women experiencing complications.

And yet, everything is presented under the same label: “safe.”

The WhatsApp abortion model of DKT International is designed to evade laws regulating abortion. But by bypassing regulatory and safety controls, it also bypasses opportunities to save the lives of women experiencing complications.

Money, data, and opacity

Another critical element in the age we live in is: information.

To access the Telehealth service, a wide array of sensitive data is requested: identity documents, medical history, personal address. An intimate profile is created whose ultimate destination and protection remain unclear.

- Who guarantees the security of this data?
- Who is responsible in case of misuse?

At the same time, there is the economic factor. Turning an unexpected pregnancy into little more than a digital transaction is not neutral.

It is monetizing a situation of vulnerability under the appearance of help.



Getty Images/Riska

The truth behind the slogan

Abortion via WhatsApp is no longer the exception. It is a growing trend.

Why? Because it is scalable. Because it is difficult to regulate. And because it can be presented with clever language that suggests healthy, positive outcomes, while hiding its built-in dangers and deficiencies.

But the fundamental question remains unanswered: Who is responsible when “safety” fails?

In this global-local model, the answer has been obvious from the outset: No one.

The result is that many women end up being abandoned twice: The first time by the boyfriend who cast her off when she became pregnant, and the second time by the DKT global-local model which leaves her alone to deal with the adverse effects of the abortion pill.

All that remains is the cold text, the impersonal chat, the payment receipt, and a woman who discovers, too late, that the promised support was a final text ... and that there is no responsibility on the other end of the line.

The Abortion Pill, *continued*

But the absence of detailed statistics does not mean the absence of harm.

It is a certainty that, as their babies are dying from mifepristone, mothers in the developing world frequently succumb as well.

Last year's report from the Ethics and Public Policy Center showed how dangerous the abortion pill was for babies *and* mothers in the United States.² Based on data from insurance claims, the authors concluded that mifepristone's complication rate was close to 11 percent.

If it's this dangerous in the U.S., think of how much more dangerous it is in countries without a modern health care system. These are places where the women themselves may be malnourished, in poor health, or suffering from other ailments to begin with.

The FDA has acknowledged official reports of deaths and life-threatening events worldwide, including cases involving sepsis, severe hemorrhage, toxic shock syndrome, and multivisceral failure leading to death.³

One study from a relatively prosperous Latin American country reported that almost 15% of the women who took the abortion pill reported serious complications, such as hemorrhage or incomplete abortion.⁴ Given that this figure relied on self-reporting from the women themselves, the actual number of complications was probably higher.



Freepik

After all, any woman who actually died after taking the abortion pill would not be reporting anything ever again.

Thanks to the Trump administration's Mexico City Policy, the U.S. no longer ships containerloads of abortifacient drugs like mifepristone and misoprostol around the world.

But this hasn't stopped pro-abortion NGOs from continuing to hand out abortion pills like candy in the poorer parts of the world, heedless of the women who may be harmed, or even die, as a result.

Literally tens of millions of doses of mifepristone and misoprostol—steps one and two of the abortion pill regimen—are now being distributed to all four corners of the globe.

In most of these places—where, again, women have limited or no access to health care—there is almost

no accountability with regard to what happens after the pills are taken. No one is systematically tracking life-threatening complications.

It's almost as if the abortion giants and their networks don't want women—or the broader public—to know the dangers, even as they continue pushing to relax regulations and increase access to the abortion drug across the globe.

There are other issues as well. For example, in developed countries, such as Norway and Sweden, the pills are only “approved” for use up to 12 weeks gestation and these limits are generally abided by.

In the developing world, however, as the use of mifepristone becomes more common, there are effectively no limits. Shockingly, African women have been used for clinical trials of the abortion pill as late as 22 weeks gestation.⁵

² <https://eppc.org/publication/stop-harming-women/>

³ <https://www.fda.gov/media/185245/download>

⁴ <https://pubmed.ncbi.nlm.nih.gov/25770915/>

⁵ <https://www.liveaction.org/news/abortion-pill-study-second-trimester-minority>

In countries where the abortion pill is still illegal, abortion networks are actively lobbying for its legalization. Groups like FIGO, Family Planning 2030, and CLACAI—as we’ve documented in multiple reports over the last year—want to expand abortion pill access to the entire globe.⁶

The World Health Organization, always eager to promote the culture of death, is working hard as well to promote the deadly drug.

In 2005, the WHO included both mifepristone and misoprostol on the list of “essential” medications.⁷ In 2019, the WHO went even further, upping the status of both drugs to their “core” list of essential medications for basic health care. These “core” drugs, according to the WHO, are supposedly “the most efficacious, safe and cost-effective medicines for priority conditions” that should be available in health care systems at all times.”

It’s impossible to know just how many women each year face life-threatening complications after the chemical death of their children. Nor do we have an accurate count of the number who die as a result of taking the abortion pill.

But the numbers must be staggering.

Consider that in the U.S. over half of all abortions result from the pill and that, according to the WHO,

“In most of these places—where, again, women have limited or no access to health care—there is almost no accountability with regard to what happens after the pills are taken.

there are 73 million abortions worldwide each year. If even half of the 73 million abortions are now by pill—which doesn’t seem unreasonable—then that would mean that there are 36 million chemical abortions every year.

Even if the rate of complications is only one in ten—and we suspect that it is much higher in the developing world—that would be 3.65 million women facing dangerous, life-threatening complications after taking the abortion pill.

Perhaps half of these women live in rural areas where abortifacients are freely handed out and would lack easy access to medical care. Some would die as a result.

You will not hear the abortion networks, or even the WHO, reporting this reality, however. They are too busy attacking “unsafe abortions” or the “effects of restrictive abortion laws” to bother noticing the adverse medical effects of the

very pills they are pushing in the name of “health” and “freedom.”

The road to ending the harm caused by the abortion pill begins right here in the United States.

We and others are working hard to persuade HHS Director Robert Kennedy Jr. and FDA Director Marty Makary to withdraw approval of the drug. The risks and dangers of the drug are becoming more evident by the day, and the political pressure to clamp down on the abortion pill is growing.

For better or worse, many countries follow the FDA guidelines, regarding them as the gold standard in medicine. That is why, when mifepristone was approved in the US, nearly 100 countries followed our lead.⁸

If the US reverses its approval, many countries will likewise follow suit.

Millions of lives will be saved, both at home and abroad.

⁶ https://www.pop.org/vocabulary_3/in-depth-reports/

⁷ <https://www.guttmacher.org/2023/07/mifepristone-abortion-global-context-safe-effective-and-approved-nearly-100-countries>

⁸ <https://www.guttmacher.org/2023/07/mifepristone-abortion-global-context-safe-effective-and-approved-nearly-100-countries>

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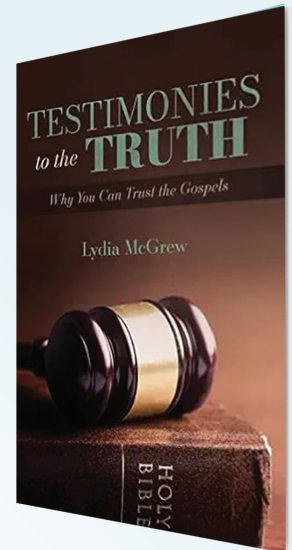
Above all, McGrew points to Jesus himself, true God and true man, the One who teaches, loves, and suffers for us, described by the Gospels in vivid and credible detail. Including suggested study and discussion questions and references for further reading and research, *Testimonies to*

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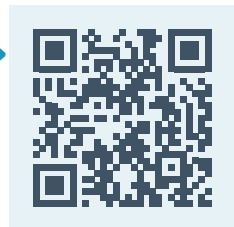


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TED “Audaciously” Promotes Abortion

The abortionists at IPAS are getting a huge chunk of money

BY STEVEN W. MOSHER AND SAMANTHA LEJEUNE

The money had to come from somewhere.

The shuttering of USAID did not mean the end of the global abortion movement. But it did set the ghoulish grifters at Planned Parenthood, MSI Reproductive Choices, the Population Council, and Ipas on a frantic quest for new funding.

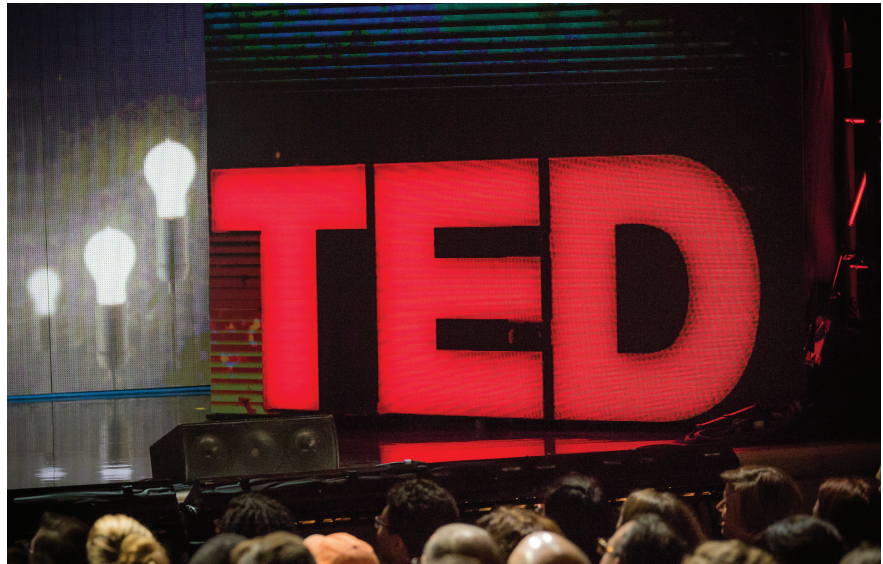
And now they have found it – in a most unlikely place.

TED is a name that you associate with inspiring talks about technology and the future of humanity. But, it turns out that, among TED’s “ideas worth spreading” is the stale Malthusian myth of overpopulation.

Yes, in the hi-tech future that TED imagines, there will be far fewer human beings around to enjoy these technological advances.

This is not something that you will hear from them in one of their Sunday afternoon lectures. There, sitting in their comfortable chairs on their exquisitely appointed set, they present themselves as the ultimate champions of global progress.

But a close look at their newly announced “Audacious Project” reveals the truth: TED is all in for USAID’s long-time agenda, one that bypasses national sovereignty and expands the killing of the unborn on a global scale.



Flickr

In fact, TED has just set up a billion-dollar fund for its donors to pursue just such an agenda.

This isn’t some isolated effort; it is part of a coordinated effort to replace the funding gap created by the demise of USAID and keep the abortion machine fueled and running under the cover of private philanthropy.

This effort got started late last year at the International Conference on Family Planning (ICFP2025) in Bogota. There, Big Abortion railed against the Trump administration for defunding their “work.”

To replace lost USAID funding, as we previously reported, they set about building a “shadow USAID” – a centralized, transnational alliance that doesn’t answer to any government or any voter.

At the same time, they began aggressively seeking to keep the abortion machine running under the guise of private philanthropy.

Enter TED and the Audacious Project.

TED is acting as the umbrella organization, bringing together a cohort of billionaires, at the forefront of which is the Bill and Melinda Gates Foundation.

The result is the Audacious Project, which just announced that it was awarding a staggering \$1.03 billion to its latest round of grantees. TED claims that these grants are awarded to “accelerate medical breakthroughs” or “save the planet.”

But the inclusion of organizations like Ipas proves that their version of saving the planet includes the systematic elimination of part of the next generation.

Ipas is not a broad spectrum healthcare provider. It is rather an organization that, from its beginning, has been singularly obsessed with increasing the number of abortions around the world. Over the years, it has distributed millions of hand-held suction abortion ma-

chines, each of which could be used to perform up to 25 abortions.

Its current goal, which will be backed by generous funding from the Audacious Project, is to reduce what it calls “unsafe abortion” by 30 percent in 10 “high-need” countries by the year 2040, targeting Côte d’Ivoire, DRC, Ethiopia, Kenya, Nigeria and Zambia, as well as Bangladesh, India, Pakistan, and Mexico.

The exact amount that Ipas will receive is a matter of negotiation, but it is clear that they are asking for no less than a third of a billion dollars. Their director in the Democratic Republic of Congo, Dr. Jean-Claude Mulunda, has said: “A total investment of \$350 million is required to reduce unsafe abortion by 30% across 10 countries, including six in sub-Saharan Africa region.”

In Ipas’ upside down world, all illegal abortions are by definition “unsafe.” So when Ipas talks about reducing unsafe abortions, understand that it is really demanding that abortion should be legal for any and all reasons up to birth.

Ipas intends to use part of its TED windfall to lobby for the legalization of abortion in countries with pro-life laws, including Nigeria, Nepal, and Bolivia.

To carry out its plan, Ipas will be recruiting what it calls “natural leaders” – in other words, “front men” – to normalize and promote abortion in local communities throughout the target countries.

“ They began aggressively seeking to keep the abortion machine running under the guise of private philanthropy.

You see, it just wouldn’t do to have White faces telling Black and Brown women to stop having children. So, just as Margaret Sanger had her “Negro Project” – Black pastors recruited to spread contraception – so Ipas will have its “natural leaders” to spread abortion.

As the Audacious Project likes to boast, its grantees invest in “systems” rather than just “services.” In Ipas’ case, this means that it is not just helping individual women obtain abortions. It is trying to reprogram entire cultures, and rewrite laws, to convince traditionally pro-life cultures that ending a life is a “reproductive right.”

No matter that its agenda runs contrary to the deeply held religious and pro-life convictions of the people who actually live in these countries. To Ipas and to those funding the Audacious Project, these countries are just “high-need territories” on a map.

Ipas will also be working in these countries to push abortion pills into local pharmacies and into the hands of women themselves in so-called “self-managed” care – so that the destruction of a baby can happen

anywhere, anytime and without any medical oversight or follow up.

All of this is cultural imperialism on a grand scale.

The end of USAID has led Big Abortion to become more aggressive overseas, not less. In the past, they had to tamp down their anti-life advocacy for fear of violating the Mexico City Policy, which forbade them from promoting, performing, or lobbying for the legalization of abortion.

Now that they are privately funded, however, the mask is off.

Their small circle of wealthy donors, led by Bill Gates, apparently wants them to even more aggressively push population control on families in the developing world.

Ipas, for one, appears eager to carry out their dictates.

Pro-life groups in the 10 target countries need to be prepared for what is coming as a result of the “Audacious Project” and other private funding.

They will soon be facing ever more radical attempts by Big Abortion to overturn their countries’ pro-life laws and increase the number of abortions.

A Memorable National Right to Life Conference

BY STEVEN W. MOSHER

This June, Mr. Mosher will be speaking at the 55th annual National Right to Life Conference in Arlington, VA. In preparing for this upcoming event, Mr. Mosher shares the story of the first NRLC Conference he ever spoke at.



Mr. Mosher at the 1985 NRLC conference

I will never forget the opening general session of the 1985 NRLC conference, held in Washington, D.C. I was just back from China, and had been asked to speak at a break-out session later in the day on that country's horrific one-child policy.

I was happy to accept, not just to expose Beijing's crimes against women and their unborn children, but also to galvanize support for cutting off U.S. funding to the chief international sponsor of China's policy, namely the United Nations Population Fund (UNFPA).

I was sitting in the front row of the assembly as we awaited the arrival of the keynote speaker, Senator Orrin Hatch. Suddenly Dr. Jack Wilke paused in his opening remarks and told the audience of 5,000 attendees that there would be a change in the program.

"I have just been notified that Senator Hatch has been held up on the floor of the Senate," Dr. Wilke said. "He will join us later in the day. Right now I have a very special speaker I would like to introduce to you. He will be speaking to us about what is happening in China. Steven Mosher, would you join me at the podium."

To say I was stunned by the turn of events is no exaggeration. I remember walking up to the podium, shaking Jack's hand, and starting to speak. The next thing I remember is receiving a standing ovation from the crowd. The intervening 40 minutes is a blur in my memory.

For years afterwards, every time he saw me, Jack would laughingly recall how he put me on the spot. Then he would pat me on the back and say, "You gave a great speech."

I may have, but I scarcely recall a word of it.

What I do recall was that 1985 was the year that we passed the Kemp-Kasten Amendment, which led the Reagan administration to cut funding to the UNFPA because of its involvement in China's program of forced abortions and forced sterilizations. Every Republican administration afterwards followed suit.

Last year we did one better. In one of its first acts in office, the Trump administration notified UNFPA that grants totaling \$377 million were being terminated.

But the final chapter of this long fight was only written on January 7th of this year. On that date, at long last, President Trump signed an Executive Order withdrawing the United States from that ill-conceived organization.

The world does not need a UN-run population control organization. It never did.

Letters to the Editor

PRI is the greatest pro-life organization. We cannot thank you enough for your fantastic work. May you all be profoundly blessed for all you do. God's love to you.

From, *Agnes and Robert*

From the Countries



BELARUS Belarus Protects Traditional Values

Belarus has passed legislation banning the promotion of homosexuality, gender ideology, pedophilia, and deliberate childlessness, with penalties including fines and community labor. The bill, approved by both houses of parliament and expected to be signed by President Alexander Lukashenko, is similar to laws in Russia. While homosexuality was decriminalized in 1994, Belarus continues to reject same-sex marriage and is increasingly emphasizing traditional family values in law and policy.¹



IRELAND Over a Hundred Babies Born Alive After Abortion Attempts

New data from Ireland's Health Service Executive shows 108 babies were born alive after failed abortions between 2019 and 2023, only to die shortly afterward. The most recent figures report 29 such deaths in 2023. At least four of the babies were more than 24 weeks gestation and/or weighed over 500 grams, meaning they would have been able to survive outside the womb; how these babies died or whether they received medical care has not been disclosed. The revelations come as abortion numbers surge in Ireland, with 10,852 abortions recorded in 2024—a 62% increase since 2019, when abortion-on-demand was legalized.²



SCOTLAND Bid for Assisted Suicide Fails

Scotland's Parliament has rejected an assisted suicide bill by a decisive 69–57 vote, following two years of intense national debate. Lawmakers across parties warned the proposal lacked safeguards against coercion and failed to protect vulnerable patients and medical professionals. Concerns also centered on inadequate end-of-life care, with reports of over 14,000 Scots dying annually without proper palliative support. The vote is a major victory for life, likely settling the issue in Scotland for a generation.³



MOROCCO Black-Market Abortion Pills Hit Morocco

Moroccan authorities are raising alarms over a growing black-market trade in abortion pills, following the arrest of three men in Marrakech for selling smuggled drugs online. Health officials warn these unregulated pills bypass safety protections, putting women at serious risk while ending the lives of unborn children. Medical leaders have called the trend “deeply concerning,” as it undermines both public health and integrity in the medical system—highlighting the human cost of expanding access to dangerous, illicit abortion drugs.⁴



LUXEMBOURG Luxembourg Enshrines Abortion in the Constitution

Luxembourg has become the second nation, after France, to enshrine abortion as a constitutional “freedom.” On March 1, 2026, 48 of the nation's 60 lawmakers voted in favor of the amendment, easily surpassing the required two-thirds majority. Under current law, abortion is permitted on demand up to 12 weeks of pregnancy. Elevating abortion to constitutional status further entrenches the destruction of unborn life while placing the issue beyond democratic debate, free speech, and religious liberty.⁵



EL SALVADOR Abortion Group Flees from Scrutiny

An abortion advocacy group in El Salvador has announced its legal dissolution following the country's 2025 Foreign Agents Law, which requires NGOs receiving foreign funding to register and disclose financial activity. Rather than comply, the Citizens' Group for the Decriminalization of Abortion chose to dissolve its legal organization, though members say they will continue activism under a new movement. El Salvador's constitution recognizes human life from the moment of conception, and the law also imposes a 30% tax on transactions involving foreign-funded NGOs.⁶

¹ <https://www.theepochtimes.com/world/belarus-bans-promotion-of-lgbt-ideology-pedophilia-and-childlessness-6007628>

² <https://righttolife.org.uk/news/108-babies-born-alive-then-died-after-failed-abortions-in-ireland>

³ <https://righttolife.org.uk/news/wrap-up-scotland-rejects-assisted-suicide-after-historic-debate>

⁴ <https://ifamnews.com/en/moroccan-authorities-warn-of-deadly-risks-from-black-market-abortion-pills>

⁵ <https://ifamnews.com/en/luxembourg-makes-abortion-a-constitutional-freedom>

⁶ <https://www.ewtnnews.com/world/americas/abortion-advocacy-group-in-el-salvador-announces-its-legal-dissolution-reinvents-itself>

PRI IN THE MEDIA

The Times CCP Targets Another Stanford Student

A Stanford student is being stalked and harassed by suspected Chinese Communist Party agents after publishing a two-part series exposing how China pressured Stanford to expel PRI President Steven Mosher in the 1980s. Her articles detailed Mosher's firsthand reporting on forced abortions and sterilizations under China's one-child policy—findings that angered Beijing and led to Mr. Mosher's removal. Her testimony underscores ongoing CCP efforts to silence critics, even on U.S. campuses, through intimidation and transnational repression.

Viewership: 30.81 Million*

<https://www.thetimes.com/us/news-today/article/stanford-university-chinese-spies-china-cxk8gn2mr>

EWTN News The Deadly Legacy of “Overpopulation”

Mr. Mosher was featured in *EWTN News* reflecting on the legacy of population-control advocate Paul Ehrlich. Mr. Mosher sharply criticized Ehrlich as a “false prophet of the worst kind,” arguing his ideas helped justify coercive population control policies that led to the deaths of hundreds of millions, including an estimated 400 million under China's one-child policy. He also noted

Ehrlich's failed predictions of mass starvation, pointing out that these ideas have directly contributed to today's global decline in birth rates.

Viewership: 1.36 Million*

<https://www.ewtnnews.com/world/death-of-paul-ehrich-sparks-catholic-rebuke-one-of-the-great-enemies-of-mankind>

The Schilling Show Pressure Mounts on China

Mr. Mosher appeared on *The Schilling Show* to discuss China's growing vulnerability on the global stage. He noted that China imports roughly three-quarters of its energy, relying heavily on countries like Iran and Venezuela for oil. With U.S. pressure targeting these supply lines, the Trump administration is effectively constraining a significant share of China's energy imports. Mr. Mosher also highlighted the strategic importance of the Panama Canal, emphasizing that Chinese influence there has diminished.

Viewership: 88.5 Thousand*

<https://cvillerrightnow.com/podcasts/the-schilling-show-daniel-schmid-doug-ollivant-jesse-arm-steven-mosher/>

Fox News Trump Strategy Pressures China

Mr. Mosher appeared on *One Nation with Brian Kilmeade* to discuss the

broader implications of President Trump's pressure campaign against Iran. He explained that the strategy is aimed not only at Tehran but also at China's global influence. Because China relies heavily on Iranian oil—accounting for about 75% of its imports from Iran—U.S. efforts to restrict that supply place Beijing in a vulnerable position, potentially weakening China's strategic leverage on the world stage.

Viewership: 268.9 Million*

<https://x.com/OneNationFNC/status/2030928162817765449>

New York Post Iran Strike Puts China in Crosshairs

Mr. Mosher appeared in the *New York Post* to analyze mounting geopolitical setbacks for China. He argued that recent U.S. actions—from strikes on Iran's Kharg Island oil terminal to economic pressure on Venezuela to losing control of the Panama Canal—are weakening Beijing's global influence and cutting off key energy supplies. Long dependent on discounted Iranian oil, China now faces rising costs and shrinking strategic reach as the United States counters its expansion without direct military conflict.

Viewership: 98.2 Million*

<https://nypost.com/2026/03/02/opinion/trump-hit-iran-but-hes-really-got-china-in-his-crosshairs/>

*total monthly website visitors on each organization's website