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Michelle Buenrostro | Maria Ault | Robert N. Rust

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Links depend on the corresponding MP4 and PDF files being present on the USACN server.

USA Citizens Network — Interview Transcript

Michelle Buenrostro · Maria Ault · Robert N. Rust | October 23, 2026

Timestamps link to the original MP4 at the corresponding position. Dialogue comes from the new Whisper SRT; speaker labels were inferred from the earlier labeled transcript, not verified by voice diarization. “Speaker uncertain” flags turns requiring review. Automated transcription errors may remain.

[00:00] Music / non-speech
(epic orchestral music)

[00:30] Robert N Rust
Welcome once again, viewers of USA Citizens Network Group, an organization devoted to providing a forum for people with exceptionally fine credentials on subjects of great importance that are not getting sufficient coverage by the mainstream media. We cover a number of items, but one of which are social items, and today, one of the hottest, is the question of abortion. We're going to have a young lady from the West Coast who's part of an organization called Sexually Pro-Life. It is an atheistic, philosophic organization. That is, it's not based its position against abortion on any kind of faith rationale, but rather secular rationale, philosophic examination of the issues of life

[01:33] Robert N Rust
and, in this particular case, life and death. It's a relatively new organization with some powerful people on it, including Michelle. Michelle, how do you pronounce your last name, please? - I pronounce Buenrostro, but feel free to say Michelle B.

[01:54] Michelle Buenrostro
- Okay, all right, Michelle, I'm just going to say Michelle.

[01:58] Robert N Rust
Michelle, right now, is the communication and development coordinator for secular life. She personally has had to deal with the question of abortion. It was urged upon her to have an abortion. She did not. That, as you will see from the interview and the questions and answers, that led her to where she is today and a very important position in that organization. Maria and I know each other from her work as a nurse with a movement here in Pennsylvania trying to reunite the doctor-physician relationship as it had been in the past, but she's also very involved with her community, and particularly in Allentown. She, too, had a very personal experience, in this case, rape,

[03:04] Robert N Rust
and having been told by the hospital that it was best that she take a pill to make sure she did not become pregnant, and remarkably, as this young lady has been able to separate out the question of the woman's angst and all of this through the question of the life, the maintaining of the viability of life. So with that introduction, I'm going to start, Michelle. Well, no, Maria, I'm going to let you -- Again, I take it back. Michelle, the turnaround study done by Secular Pro-Life suggests that many women have been denied abortions later who later no longer wishing -- had no longer wished they had obtained one. How do you interpret those findings alongside the study's evidence of financial hardship and other adverse outcomes if the abortion is not taken?

[04:17] Robert N Rust
You know, what conclusions, if you will, Michelle, can we or cannot be drawn from that research?

[04:25] Michelle Buenrostro
Okay, I just wanted to clarify that Secular Pro-Life did not do a turnaway study. We just reviewed it, commented on it. A turnaway study was done by a pro-abortion rights group.

[04:35] Michelle Buenrostro (speaker uncertain)
Okay.

[04:36] Robert N Rust
And what it found was that after being denied an abortion, most women wish that they had never obtained one. That's important to know because this just shows resilience amongst women.

[04:51] Robert N Rust (speaker uncertain)
And something important to know about the economic findings

[04:55] Michelle Buenrostro
is that even women who face economic hardship still retrospectively had positive evaluations about being denied an abortion. And this is probably because mothers have stronger feelings about their children than they do about their credit scores. But something important to notice from that study is that the worst economic disparities happened six months after being denied an abortion. However, that gap closed by four years. So that's important to know about that as well.

[05:25] Michelle Buenrostro (speaker uncertain)
Thank you for that clarification.

[05:28] Robert N Rust
Maria, I turn to you for the next question.

[05:32] Maria Ault
What distinguishes freely chosen abortion from abortion influenced by pressure from partners, families, financial circumstances, social expectations, hospitals? How should healthcare professionals recognize and respond to coercion?

[05:52] Michelle Buenrostro
Yeah, so there is data that suggests that 24% of women say that their abortions were coerced or unwanted, and 43% of women say that it was inconsistent with their values. With a million annual abortions, this is hundreds of thousands of women who say their abortions were coerced or unwanted or inconsistent with their values. You can be pressured by your circumstances. For example, you could risk losing a scholarship because of your pregnancy. If you're renting, you could face eviction if the limit of the number of people in the home has been passed. Or with parents threatening to kicking out a minor, that is you having to choose between an abortion or homelessness. And that's not a freely made choice. That's a choice under duress.

[06:37] Michelle Buenrostro
And so social expectations can also manifest when people treat abortion like it's morally neutral and no different than removing a tooth, for example. I've seen online where women share their struggles with parenting and when they're venting, and then people dismiss her by saying, "Well, you chose to continue your pregnancy. " Even years after I had my daughter, people would still ask me why I didn't obtain an abortion without understanding why somebody would oppose abortion even in a difficult situation. And regarding how healthcare professionals should respond, there are states like Michigan where they have specific rules on screening patients for abortion coercion.

[07:21] Michelle Buenrostro (speaker uncertain)
And this can be something as simple as taking the patient away from the person that they came in with, be it a parent or boyfriend or somebody, in a room alone and ask directly, "Do you want to proceed?

[07:31] Robert N Rust
" And that alone can help screen. Another tool for screening is domestic violence. And ruling out domestic violence can ensure that there isn't any fear-based decision-making.

[07:45] Robert N Rust (speaker uncertain)
Thank you.

[07:46] Maria Ault (speaker uncertain)
Okay, thank you for that.

[07:49] Robert N Rust
There's a California college policy position taken through the California Assembly Bill 2540 as it related to abortion-related services at community colleges that you spoke to, if I understand it properly, Michelle. What concerns did you raise and how should policymakers, whether it be in California or in Pennsylvania, balance the contending positions of pro versus anti-abortion?

[08:29] Michelle Buenrostro
Yeah, so I have made a lot of noise about Assembly Bill 2540, which essentially forces all California community colleges to dispense abortion pills or refer to a place that does. And our public universities, University of California and California State University, already provide abortions. So we already do have some data on what a program like this looks like. So what they expected was that roughly 3,800 to 6,200 students annually would be using these services, and they found that only 646 students were obtaining the abortion pill on campus. And this is because California has very liberal abortion laws, and we have 180 brick-and-mortar abortion clinics. You can get a pharmacy dispense abortion, or you can get it mailed to you without restrictions.

[09:16] Michelle Buenrostro
And so my argument against this is that this is a project that's going to cost millions of dollars, one, to set up those campus health centers to be able to dispense abortion medications, but also ongoing expenses to keep them stocked, to keep staff on board. And I feel like this money could better be used to support student parents because at the same time we are seeing dwindling support for us. For example, daycares are being shut down at UCLA. They found out in August that their campus daycare was going to get shut down in a market where daycare can cost up to $3,000 a month. And so I just feel like, given the data that we already have, that we should be supporting parents in all pregnancy outcomes. For example, having heavier -- how would I say?

[10:12] Michelle Buenrostro
Having heavier advertisement of abortion services on campus is emphasized, but they never talk about advertising prenatal care to students or adoption services. It is a hyper fixation on only one pregnancy outcome, and to me it just feels like political theater.

[10:29] Michelle Buenrostro (speaker uncertain)
Oh, that's pretty powerful stuff.

[10:32] Robert N Rust
Maria, I toss the ball back to you.

[10:35] Maria Ault
Yes. What practical assistance do pregnant teenagers, low-income women, and students need to make informed decisions? And which interventions have evidence of improving maternal, educational, and economic outcomes?

[10:51] Michelle Buenrostro
Yeah, I love this question so much. So a well-informed choice means that she understands all her options and resources available to her. And it's important to note that every mother has different needs. When I was pregnant, I attended a school for parenting teenagers, and we all had various levels of support. Some of us had our family support, some only had support from their boyfriends, and there were moms there that were in the foster care system with their babies. So customized one-on-one support can help identify targeted help to ensure that she completes her education. And researchers show us that having access to reliable childcare and financial support can benefit school completion, and school completion is important because that

[11:33] Michelle Buenrostro
translates into higher lifetime earnings for the mom and a better quality of life for herself and her baby.

[11:40] Robert N Rust (speaker uncertain)
Wow, that's a pretty good answer.

[11:43] Maria Ault
Okay, let's deal with the question of difficult medical cases.

[11:50] Robert N Rust
In the ethical framework of secular life, how does it address pregnancies involving rape or serious threats to maternal health or life-limiting fetal conditions? Where do you distinguish your personal moral conclusions from what public law should or should not require?

[12:12] Michelle Buenrostro
Yeah, as secular pro-life, we don't have an official stance on rape. We know that pro-lifers on both sides of the aisle have strong feelings about it. Some say that one's moral worth should not depend on the circumstances of their conception, and others feel that it's more about bodily integrity and understanding the gravity of sexual assault and being a survivor. So as an organization, we remain neutral and invite both kinds of pro-lifers to continue the conversation. Regarding maternal health, pro-lifers generally do not object to procedures, medications, and medical care to preserve a woman's life. A good example is atopic pregnancy. Even in states with complete abortion bans, you

[12:52] Michelle Buenrostro
can still be treated for an atopic pregnancy. And then for life-limiting fetal conditions, we should resist ableist narratives on who deserves to live or what is a valuable life and instead direct support towards families caring for children that have medically complex needs. Regarding what public law should be, at the bare minimum, I believe that the law should be there to preserve life.

[13:19] Robert N Rust
Well, that's a very good answer. Maria, I want to give you a chance to speak to this question. You had to deal with it personally.

[13:26] Maria Ault
Yeah, so it was horrific. So the rape was horrific, and it happened not once but twice in the same night

because when I actually fought and moved around enough for him to come out, he went back in and finished the job, right? Well, he ended up getting arrested, and I was transported from one hospital to another. I was in the hospital for a total of 20 hours. I had to go through the rape kit, and then I had to prepare for jury. And this happened in City Hall, Philadelphia. Like my case that happened. So I had to go before a jury. I would love to talk to women who have been in the position where they're raped and they want to get an abortion because to kill the baby, I'm telling you,

[14:23] Maria Ault
it will never take away what happened to the woman. Could I have gotten pregnant? I may have had I not taken the pill that the nurse told me to when I was in the hospital. Looking back now, I would never have done that, so I don't know what that would have meant. And I didn't fully understand. So on the importance of coercion, I think that the healthcare should have explained my options and not immediately went to here, take this pill, and you definitely won't get pregnant. So in terms of I know what it's like to go through court, I know what it's like. I'm talking now 28 years later.

[15:10] Maria Ault
It will never go away. So to think that killing a baby because you might not want to look at it because you're carrying a part of that person, it's always a reminder. Again, what I cannot stress enough is that the life inside the woman, that's a separate life than what happened to the woman. When you were saying, Michelle, that support services need to be provided for the women, it's in this case as well, in cases of rape. And so we need to help these women who do get pregnant with the rape. She needs intense therapy or help just to deal with the rape and then to carry that. But also to kill an unborn baby, fetus, life, I want to say life. To kill an unborn life will never justify the rape of the woman. And so that's what my stance is, and that's why

[16:25] Maria Ault
I really want to help women who've been raped and to get that out there to people because, in my opinion, it's pro-life or pro-murder.

[16:40] Maria Ault (speaker uncertain)
In my opinion.

[16:44] Robert N Rust (speaker uncertain)
All right. Maria, thank you for that very heartfelt and very personal testimony. And thank you for speaking up as well and sharing your story.

[16:55] Michelle Buenrostro (speaker uncertain)
It means a lot to others.

[16:57] Maria Ault
It's not easy at all.

[17:00] Robert N Rust (speaker uncertain)
It takes a lot of courage. Maria, I think you have the next question for Michelle.

[17:06] Maria Ault
Yes, your presentations addressing Hispanic and Latino experiences, which I'm happy you do because I'm Latina myself. How do family expectations, language, culture, identity and access to health care influence pregnancy decisions? And what differences have you observed between communities?

[17:27] Maria Ault (speaker uncertain)
Yeah, so Latinos are not a monolith.

[17:30] Michelle Buenrostro
We are vast. We vary by region, generation, religion, immigration status. So I can only draw from my own experiences and from what the research tells us. Those of us who come from immigrant families were frequently held to these high strict standards. So you cannot mess up. You are not allowed to mess up. And in Catholic households such as my own, when I was growing up, sexual education was limited. It was essentially don't have sex until you're married. And there was minimal talk about contraception. There's also a lot of shame and secrecy around abuse, unfortunately. And all of these things, the way people talk about mothers out of wedlock,

[18:09] Michelle Buenrostro
et cetera, can lead to shame and responding to that shame with an abortion. And then for mothers that are facing an unplanned pregnancy, accessing resources when pregnant can be a challenge for Latinas. There can be language barriers or there can be fear because of immigration status. I know that when I was growing up, I was the official medical translator for my mom, even as a small child. And even when I was getting my prenatal care, for example, I had difficulty conveying to her what was told to me. So someone facing an unplanned pregnancy may not be aware of the help or even trust the help that is available in our community. And this is definitely a need that needs to be met.

[19:00] Robert N Rust
So, yeah. Well, while we're on that, Michelle, you describe becoming pro-life after experiencing pressure to have an abortion. Just take a brief moment. What happened and how did you respond?

[19:16] Michelle Buenrostro
Yeah. So I was brought up in a pro-choice family. So once I found that I was pregnant, I knew that my parents were going to want me to get an abortion. So I actually hid my pregnancy for as long as I could. I didn't tell my parents until I was roughly 18 weeks along. The first response, aside from the initial anger, my mom sat me down in the living room. She didn't know how far along I was. Maybe she thought that I was earlier, but she essentially said, "Look, I can take you to the doctors. They can give you a pill and then we can leave this behind us. Pretend it didn't happen and I forgive you." My dad was a lot more authoritarian and he said, "No, you're getting an abortion no matter what. What are people going to think about us and what about your education? " So I was definitely facing a lot of pressure. This was also over summer vacation, so I was isolated. I didn't have anyone to talk to. That was extremely difficult. It was extremely difficult to go through

[20:10] Michelle Buenrostro
that, but my daughter essentially gave me courage that I didn't have before. It was hard for me to stand up for myself, but it's easy for me to stand up for my children. So I did refuse despite that pressure. I am thankful that this was during a time where in order to obtain an abortion, you had to go to an abortion clinic. And I really feel for the young woman today who with the availability of mail order abortion pills might be feeling a stronger pressure with the abortion pills right there under the roof. That's quite a testimony for anyone who's listening to

[20:44] Robert N Rust (speaker uncertain)
this who might be facing the same question that you faced.

[20:49] Maria Ault
Maria, what would be your next question, please? You identify abortion and ablism as a special interest.

What ethical concerns arise when prenatal screening identifies a fetal's disability? And how can clinicians provide accurate, compassionate counseling without directing parents toward a predetermined decision?

[21:17] Maria Ault (speaker uncertain)
Yeah, I have a special interest in the discourse around children

[21:20] Michelle Buenrostro
with disabilities because I had a child with terminal illness. And I feel like there are a lot of misconceptions about what life looks like living with a disability. Selectively aborting fetuses because of a disability reinforces this cultural norm that people with disabilities have less valuable lives. I see it in the discourse all the time when people talk about how cruel it is that the fetus might grow up and need hospitalizations and surgeries. And hearing those things is really hurtful because my daughter did need hospitalizations and surgery and that's not a bad thing. It extended her life. It allowed us to have more time with her. And needing interventions, needing treatments does not make your life any less valuable. So there's the ethical concerns that a predicted outcome is not always certain.

[22:11] Michelle Buenrostro
For example, infants with trisomy 13 and trisomy 18 can live longer than expected, especially when there are medical interventions. And this is important to note. This happened to someone close to me where they were told that their daughter had Down syndrome. And she was handed pre-filled abortion consent paperwork and said just sign below and we can get you in by the end of the week. And it turns out that they weren't even right in their diagnosis and her daughter did not come out with Down syndrome. If death is inevitable for the fetus, palliative care can reduce suffering. I think there's a lot of misconceptions on what palliative care looks like. I saw it myself with my daughter's symptoms, especially pain, are managed by healthcare professionals.

[22:57] Michelle Buenrostro (speaker uncertain)
We had a doctor come to the house and 24/7 nurse support. And unfortunately, there's a persistent idea that getting dismembered with a DNA procedure is more humane than palliative care. So some recommendations that we have is that there should be better education around disabilities and connections to resources that can be passed along to parents, especially things like support groups of other parents that have children with that same condition. And balanced counseling that presents a range of possible outcomes. We do speak with parents who have had a prenatal diagnosis and oftentimes there's an overemphasis on the negative outcomes. One of our moms said that medical staff told her about the chances that her husband would divorce her if she moved along with the pregnancy. So we're asking for a balanced approach and also greater access to perinatal hospice and palliative

[23:53] Michelle Buenrostro
care and better insurance and financial support for families raising medically complex kids. Because, yeah, you do miss a lot of work. It is expensive, so we should really wrap our arms around these families.

[24:08] Robert N Rust
You're teaching me an awful lot there, Michelle, about the alternatives that should be presented to the mother. You also mention ethics. You, as an atheist but a philosophy student, both formally and as you conduct your life, what do you consider the strongest non-religious argument you find against abortion?

[24:41] Robert N Rust (speaker uncertain)
Most atheists already oppose the unjust killing of humans.

[24:44] Michelle Buenrostro
We just ask that they extend these principles to prenatal humans.

[24:55] Robert N Rust (speaker uncertain)
Okay. Well, how do you address the competing ethical argument that bodily autonomy on the woman's part can justify terminating the pregnancy? It's my body, I mind my decision kind of thing.

[25:07] Michelle Buenrostro
Yeah, most producers are pretty moderate and they're not bodily autonomy absolutists and you can tell because most producers actually support some form of gestational limits. They become uncomfortable with abortion sometime in the middle of pregnancy, whether because of fetal development, because the fetus feels pain, or because the viability threshold has been crossed. And I think that this discomfort is why there's so much denial about later abortions and the fact that they do happen. People say that they don't happen or they're just a live birth or they only happen under extreme medical emergencies, that they're not elective, that they're extremely rare. And this just lets us know that people are uncomfortable with later abortions. So I would say that most people actually do not support bodily autonomy.

[26:04] Robert N Rust
All right. There are some other questions that we had prepared, but I think at this point, I'm going to turn back to Maria and ask you to, whatever is on you particularly, would like to ask further of Michelle.

[26:18] Maria Ault
What is your stance on, for the men who would like to have, you know, the mother to have the baby and the mother doesn't? How do you, do you find that situation and how do you respond with that one?

[26:37] Michelle Buenrostro
Yeah, that one is really painful and I can sympathize with the men and feeling helpless in that situation because it's out of your control. The best we advise is, you know, speak to her, support her, let her know that you'll be there for her. And if an abortion has happened, that there is specific counseling for men in these situations.

[27:00] Michelle Buenrostro (speaker uncertain)
I did not know that. That's important to know.

[27:03] Robert N Rust (speaker uncertain)
There's counseling for the men as well. Maria, anything further that you'd like to ask?

[27:17] Maria Ault
No, I'm just very, I'm very impressed with the Secular Pro-Life's vision and mission, which is to work with, you know, all different types of people groups. You know, different ethnic backgrounds, religion, non-religion, you know, to, to help protect the unborn. Because at the end of the day, that's, that's a viable life and it's something so treasured and valued. So thank you.

[27:48] Robert N Rust
And I joined Maria in thanking you. I've learned a lot as well, Michelle. Let's conclude our program today by asking first, Michelle, if there's one thing that you hope that the listeners to this program take away. It doesn't have to be one. It could be more than one. But the one that's foremost in your mind, if there's another one behind it, go ahead.

[28:16] Robert N Rust (speaker uncertain)
Yes. So our message for the world is that

[28:19] Michelle Buenrostro
anybody can and everybody should oppose abortion. We don't care about your backgrounds or anything else. If you are a human, you should care about human rights.

[28:33] Robert N Rust (speaker uncertain)
OK. And Maria, what would you want the viewers to take away from what you have experienced and what you are doing? Yes, that that every life is valued and treasured.

[28:47] Maria Ault
That it really comes down to pro-life and pro, you know, or pro-murder of, you know, a life. And so I want to know that that people to know that there's a lot of support out there to help women through their pregnancies, regardless of what they went through.

[29:08] Robert N Rust
Well, listen, I want to thank both you young ladies who presented very powerful arguments that are not emotionally based per se. But the other side of it, both of you had to go through the emotional trauma and your own personal situations and have emerged on the pro-life side. This has been very informative. And I thank you. And I hope the viewers of this podcast take away what you've given to them and put it to good work. And with that, I'll conclude our program for today.

[29:42] Robert N Rust (speaker uncertain)
Thank you. Thank you. Thank you.

[30:12] Maria Ault
Thank you.