2012 Congressional Primary Overview: Ohio, Alabama, Mississippi, and Illinois

By KAREN CROSS

The congressional primary season is in full gear. As of the day National Right to Life News went to press, congressional primaries had been held in Ohio, Alabama, Mississippi, and Illinois. Congressional elections are held every two years for one-third of the members of the U.S. Senate (who have six-year terms) and all 435 members of the U.S. House of Representatives. Congressional primaries are elections in which a party nominates its candidate for the general election.

Ohio

Ohio held its congressional primary on March 6. As a result, the nominees for the Senate are now official and, in addition, there will be changes in the makeup of the U.S. House delegation, both because of the impact of redistricting caused by the census and candidate defeats.

Pro-life State Treasurer Josh Mandel won the GOP nomination to challenge pro-abortion incumbent Senator Sherrod Brown (D). This will be one of the marquee matchups as Republicans push to make a net gain of four seats in the Senate to assume control.

In the second congressional district, pro-life Rep. Jean Schmidt unexpectedly lost to pro-life Dr. Brad Wenstrup in the Republican primary. Ms. Schmidt was first elected to Congress in a 2005 special election.

Ohio lost two congressional districts because of changes brought about by the census. In Ohio’s newly drawn delegation, both because of the impact of redistricting caused by the census and candidate defeats.

Pro-life State Treasurer Josh Mandel showing one of the three pairs of shoes he wore out campaigning in 2006 knocking on 19,679 doors. Mandel is challenging pro-abortion Sen. Sherrod Brown for the U.S. Senate seat in Ohio.

Msgr. James Lisante to Speak at Prayer Breakfast at National Right to Life Convention

By JACKI RAGAN

In June 2012, National Right to Life will host the 42nd annual National Right to Life Convention. This year, as in every presidential year, we will be in the greater Washington, D.C., area, in this case June 28–30. The Hyatt Regency Crystal City hotel has been home to the last three conventions held in this area and will once again be where the right to life movement gathers for the pro-life educational event of the year.

Trust me, it is not too early to begin planning now to attend. Being at the convention with fellow members of this great social justice movement is one of the most important things, the ability to meet and talk with like-minded folks. These are folks who encounter the same issues in their area as you do in yours. Folks you can bounce ideas off of. Folks you can ask for help. These are people who believe as you believe.

This year the convention is very fortunate to have back one of our favorites as the Prayer Breakfast speaker: Reverend Monsignor James Lisante, the pastor of Our Lady of Lourdes Church in Massapequa Park, New York.

Monsignor Lisante has spoken to many conventions and is welcomed back with open arms at every opportunity. He is a naturally talented spokesperson and pro-life from his heart.

A little background about Monsignor Lisante. He has authored four books, including: Of Life and Love, Let’s Talk, Personally Speaking, and The Power of One. He previously served as a director of the Office of Family Ministry for the Diocese of Rockville Centre.

He has hosted several national television programs, including Personally Speaking and Christopher Close-Up. He is currently in the process of launching a new television show, Close Encounter, which will appear nationally on PBS in the near future.

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Obama Administration’s Radical Agenda Causes Failure at UN Commission on the Status of Women

By JEANNE E. HEAD, R.N.

Due to the Obama Administration’s radical pro-abortion agenda, the United Nations Commission on the Status of Women (CSW) again failed the most vulnerable women of the developing world.

The theme of this year’s Commission was “The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges.” One would expect that such a theme would be a source of agreement rather than controversy.

However, the Obama Administration insisted on pushing its pro-abortion and anti-family agenda, and as a result the CSW failed to reach agreement on two major documents that should have called for actions and resources to give real help to rural women. In place of action, the United States and European Union delegations attempted to use the suffering and poverty of rural women as a tool to promote their ideology.

Even after negotiations went beyond the scheduled two weeks into a third week, consensus could not be reached on the major document of the meeting—“Agreed Conclusions”—which was supposed to be promoting ways to help rural women get out of poverty. Stating that they were following “instructions,” the U.S. delegation refused to agree to the document unless their demands for controversial anti-life and anti-family language were met.

One of four resolutions that did pass during the regular sessions was the U.S.-sponsored maternal mortality resolution—“Eliminating maternal mortality and morbidity through the empowerment of women.” Unfortunately, rather than focusing on calling for actions and resources to make the delivery of their children safe, the U.S. maternal mortality resolution focused more on controversial issues and actions and resources to decrease the number of children women deliver.

Although the U.S. claimed that they wanted a non-controversial resolution that really focused on decreasing maternal mortality and morbidity, much of the controversial language was inserted by them. The resolution included, for example, at least 20 phrases containing the term “reproductive health” or “reproductive rights.” (Although no UN-negotiated document defines these terms to include a right to abortion, U.S. Secretary of State Hillary Clinton does. She testified in a congressional hearing that these terms do include a right to abortion.)

In sharp contrast, the U.S. resolution includes very little about providing women in the developing world (where 99% of maternal deaths occur) the kind of maternal health care that has saved the lives of women in the developed world for over 60 years and provides a safe outcome for mother and child. As the Holy See delegation, which took a strong stand throughout all the negotiations, pointed out in protest, “With regard to the present resolution, my delegation stresses that the elimination of preventable maternal mortality and morbidity is directly linked to the provision of adequate healthcare. What are needed especially are skilled birth attendants, prenatal and postnatal care for mother and child, and emergency obstetric care.”

The U.S. resolution had been rammmed through without adequate negotiations and without proper consideration of the concerns delegates expressed relating to life and family issues. It was reported that, even though consensus was declared, it was a dubious consensus characterized by manipulation, deception, enormous pressure, and coercion.

One observer reports that because of the way the U.S. handled the negotiations and passage of the U.S.-sponsored resolution (which they totally controlled), many African and Mideast delegates were so upset that they stood up to the U.S. and the European Union during negotiations on the two remaining documents. As a result, a number of African countries refused to accept the unacceptable and decided in both cases that no document was better than a bad document.

These delegates first abandoned (during the regular session) their own resolution on preventing and treating HIV/AIDS because of the refusal of the U.S. and the European Union to delete or amend controversial language that had nothing to do with preventing or treating HIV/AIDS. Finally, in the extended session, they rejected the “Agreed Conclusions” document unless the controversial language was amended or deleted, which the U.S. refused to do.

Women in rural areas deserve less talk about decreasing the number of children they deliver and more action on helping them and their babies to live. The death of one mother in a rural community has a devastating impact on the family and the whole community. The loss of mothers and babies due to a lack of even basic health care and the failure to dedicate adequate resources to save women’s lives is the greatest impediment to eradication of poverty and to development in all areas.

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