Democratic Leaders Planning Health Care Reform Want to Impose Abortion Mandate

Democratic leaders in Congress and the Obama administration are currently crafting health care reform legislation which they hope to fast track through Congress this summer. It is clear that they want to use this legislation to impose sweeping abortion mandates on the American health care system.

“The pro-abortion movement sees federal ‘health-care reform’ as a golden opportunity to force-feed abortion into every nook and cranny of the health-care delivery system,” explained NRLC Federal Legislative Director Douglas Johnson. “Their goal, as they sometimes put it, is to ‘mainstream’ abortion. They hope to use the structure of a federal health-care law to make abortion on demand accessible in every region of every state, paid for by taxes and by government-mandated private insurance premiums.”

“If these people succeed, the result will be a very large increase in the number of abortions performed in America,” Johnson warned.

Obama stated clearly during his campaign for the presidency that in his plans for health care reform “reproductive care is essential care, basic care, so it is at the center, the heart of the plan that I propose.” (Planned Parenthood Action Fund conference, 7/17/07) The Obama campaign confirmed to various journalists and interest groups that the package of “services” mandated by its bill would include abortion.

Johnson warned that Democratic leaders, recognizing that public opinion does not support mandated coverage of abortion-on-demand, are planning to leave little time between the unveiling of health care reform legislation, which may occur in May, and the vote in Congress currently planned for June or July.

“The Obama Administration and congressional Democratic leaders hope to succeed with a combination of speed, deceptive terminology, expensive propaganda and attack ads by the pro-abortion groups, and sympathetic coverage by the mainstream news media, in order to ram their ‘reforms’ into law. Anyone who doesn’t like that had better start speaking up, right now,” Johnson said.

Promoters of this legislation may also try to conceal its content by creating a board or commission within the federal Executive Branch which would be given future authority to mandate specific health services. Alternatively, such authority could be given to the Secretary of the Department of Health and Human Services.

“A health care bill that mandates access to abortion, and that invalidates all state laws that impede such access, would be basically the so-called ‘Freedom of Choice Act’ under a different title,” Johnson commented.

A Pro-Life Religious Outreach Newspaper

News Notes

MN “Positive Alternatives” Reduces Tax-Funded Abortions

In Minnesota, the number of abortions done on low-income women and the taxpayer dollars spent for abortions have gone down with the impact of a new program called “Positive Alternatives.” This program grants funds to organizations offering essential services for pregnant women and their families, such as medical care, nutritional services, housing assistance, adoption services, education, child care and employment assistance, and parenting education. A total of 37 organizations received 2-year grants in 2006, and subsequently in July 2008.

Scientist Opposed to ESCR Establishes Adult Stem Cell Research Center

James Sherley, a senior scientist at the Boston Biomedical Research Institute who had been denied tenure at MIT because he opposed embryo-killing research and cloning of human embryos, now is establishing a not-for-profit adult stem cell technology center. The center would serve as a stem cell bank and a research, training and development resource for adult stem cell technologies. Sherley, says the center would partner with local biotech companies to mass produce mature cells to meet a company’s specific needs.

He pointed out that adult stem cells don’t produce tumors like embryonic ones do, and their development for treatments is more mature.

Action:

Urge your two U.S. Senators and your U.S. Representative to oppose any federal “health care reform” legislation that does not explicitly exclude abortion.

An easy way to do this is to go to the Legislative Action Center on the NRLC website at www.capwiz.com/nrlc/home. There you can fill in your mailing address and have your message automatically sent by e-mail to your senators and representative. Another option is to telephone 202-224-3121, the U.S. Senate switchboard, and ask to be connected to your senator’s office. You can give your message to the staff person and ask for a letter to tell you how the senator will vote on this issue. After doing this with both of your senators’ offices, you can do the same for your U.S. Representative by calling 202-225-3121. If you don’t know your representative’s name, give the operator your zip code and you will be connected with the correct office.

If you receive a letter from a senator or representative on this issue, please send a copy to NRLC Federal Legislation Department, 512 10th St. N.W., Washington D.C. 20004 or fax to 202-347-3668 or e-mail LegFederal@aol.com

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Congress is currently preparing proposals for health care reform to address concern about health care costs and the number of people uninsured for health care. While these are valid concerns, the proposal to institute a governmental system of health care, similar to what exists in Europe and Canada, would lead to severely limited health care through government regulation based on cost control.

It is important to realize that covering the uninsured and coping with health care costs can be done much more efficiently, without limiting care, through private insurance alternatives. This has long been the position of the National Right to Life Committee which has detailed studies about how this can be achieved. See www.nrlc.org/HCR/

The danger of government rationed health care leading to euthanasia should be of great concern to American citizens, especially at this time when the government is taking on increased debt while the population of older citizens who need more health care is growing.

The reason government will be in danger of rationing health care is that tax collections, even when they rise with a growing economy, do not rise as much as health care costs. In addition, government expenditures in areas other than health care do not shrink. Social Security, in particular, will rise with the impending retirement of baby boomers. This will create a squeeze on government resources available for health care. In contrast, the general economy can experience decline in costs in some areas through productivity, freeing up money to invest in health care. See “Why America can afford Unrationed Health Care” at www.nrlc.org/medethics/AmericaCanAfford

Currently, federal law requires that the uninsured who need health care be treated by any emergency room at a hospital that receives Medicaid or Medicare funding. This means that the money provided by privately insured patients is used to cover the uninsured. However, this kind of cost-shifting has problems. It is geographically uneven because most hospitals do not have an equal distribution of privately insured and uninsured patients in their area. Inner city hospitals, for example, have a disproportionate share of uninsured people. Also, this system leads to uninsured persons only seeking care for a specific illness rather than for preventive care, and using emergency rooms not just for traumas, for which they are designed, but for all sorts of health care. The result is both poor health care and inefficient allocation of health care resources.

Instead of cost shifting at hospitals, private insurance can accomplish the same goals more efficiently and appropriately. This alternative would require that everyone obtain at least a defined level of basic health insurance, while requiring insurers to provide sliding scale discounts on premiums for some otherwise unable to afford their premium price. The insurers would take into account the needs of the uninsured when setting premium prices, just as hospitals currently set their prices in order to provide for undercompensated and uncompensated care in emergency rooms.

The advantage of this private system is that the level of health care for all will be set not by legislative votes and bureaucratic regulation dependent on tax levels, but by the collective decision of citizens deciding what premiums they were willing and able to pay for health insurance. The level of health care would not exceed what the economy as a whole could afford, but it would not be held by the government below what Americans would freely choose. As the level of available health care changed, the health care available to those otherwise unable to afford it would change with it.

American citizens value good health care, and after covering basic costs of food and shelter, should be willing to invest in making unrationed health care available. There is now a requirement that if one wants to own and drive a motor vehicle, one must buy a minimum of liability auto insurance. A requirement to pay for adequate health insurance is similarly necessary.

A way this could work would be through an insurance exchange in which private insurance companies would compete to offer health insurance plans, including at least a basic plan. Employers could allow their employees to choose their insurance through this exchange and would make an employer payment through the exchange. (For details, see www.nrlc.org/HCR/StateBasedPlan.)

**Action Alert:** Urge Congress to avoid rationing in health care reform. Congress will soon craft and act on sweeping “health care reform” legislation. It is vital that Members of Congress hear now from concerned citizens who believe that health care reform must protect Americans from rationing or denial of treatment based on age, disability, or “quality of life.” Go to http://www.capwiz.com/nrlc/issues/alert/ to send a message to your representative in the U.S. House and to your two U.S. senators, urging them to work to ensure that health care reform legislation meets this requirement.

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**Chris Smith Blasts Clinton for Sanger-Guadalupe Incongruity**

Congressman Chris Smith (R/NJ), in a stirring speech to Congress, pointed out the travesty of Secretary of State Hillary Clinton presenting flowers at the Basilica of Our Lady of Guadalupe in Mexico and then accepting the Margaret Sanger award in Texas the next day, saying she was “in awe” of Sanger, the founder of Planned Parenthood, the largest provider of abortions in the U.S. A leading eugenicist, Sanger said in 1922, “The most merciful thing that a family does to one of its infant members is to kill it.” Nothing could be more at odds with Our Lady of Guadalupe who is a pro-life icon to Catholics.

“The juxtaposition of last week’s two very public events in Mexico City and in Houston bring into sharp focus two huge and irreconcilable world views,” Smith said. “On the one hand, the miracle of Our Lady of Guadalupe has for five centuries brought a message of hope, faith, peace, reconciliation and protection for the weakest, most vulnerable among us. On the other hand, each year, Margaret Sanger’s Planned Parenthood kills approximately 300,000 unborn baby girls and boys and in their abortion clinics scattered throughout the United States,” he asserted.

“Is our Secretary of State unaware of Margaret Sanger’s inhumane beliefs?” Smith continued, pointing out that Sanger believed that benevolence encourages “the perpetuation of defectives, delinquents, and dependents.” He challenged: “Was she not briefed on Margaret Sanger’s cruel and reckless disregard for poor, pregnant women?”

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More News

What is the Threat of Euthanasia in Health Care Reform? How Can Private Insurance Cover Uninsured & Avoid Rationing?

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Chris Smith Blasts Clinton for Sanger-Guadalupe Incongruity

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National Right to Life Committee • 512 10th Street NW • Washington, DC 20004

May/June 2009
July 5 – Life, the first right: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.”

July 12 – A 2008 federal law will give new or expectant parents the latest information about Down syndrome or other disabilities, give referrals to support services, and help create a national registry to connect parents with Down Syndrome children. A measure of how necessary this law is lies in the statistic that 90% of parents who are told their unborn child has Down syndrome choose to abort the child. 

July 19 – “Abortion kills not only unborn children; it destroys constitutional order and the common good, which is assured only when the life of every human being is legally protected.”

July 26 – Allowing the use of public funds for embryonic stem-cell research is “without ethical or scientific justification,” stated the president of the Vatican’s Pontifical Academy for Life. President Obama’s executive order (3/9/09) to allow this funding is based on “utilitarian logic” that fails to take into account the fact that embryos are human beings. “It is about the destruction of human beings in order to turn them into material for experimentation.”

August 2 – “Women experiencing an unplanned pregnancy also deserve unplanned joy.”

August 9 – Rep. Chris Smith, R-N.J., the author of a 2005 law authorizing $265 million in federal research funds for adult stem cells from cord blood and bone marrow, asked in a statement: “Why does the president persist in the dehumanizing of nascent human life when better alternatives exist? On both ethics grounds and efficacy grounds nonembryonic-destroying stem-cell research is the present and future of regenerative medicine -- and the only responsible way forward.”

August 16 – “It wasn’t many years ago that almost everyone accepted that infanticide is intrinsically and inherently wrong. Clearly this is no longer true.... With the growth of personhood theory that denies the intrinsic value of human life, and with the discriminatory ‘quality of life’ ethic permeating the highest levels of medical and bioethical thinking, we are moving toward a medical system in which babies are put down like dogs and killing is redefined as a caring act.”

July 5 – That this nation may come to see that freedom to choose to kill an innocent unborn human being is not true freedom, we pray

July 12 – That more women will see adoption as a loving choice when faced with an untimely pregnancy, we pray

July 19 – For religious and political leaders that they may act on their responsibility to speak out in defense of all human life, we pray

July 26 – That we may each realize our responsibility to reach out and support women facing difficult pregnancies, we pray

August 2 – For those enmeshed in the abortion industry that they may realize it is never too late to choose life, we pray

August 9 – For those tempted to choose death as a solution to end of life problems, we pray to the Lord

August 16 – That minds and hearts may be opened to see the destructiveness of abortion for individuals and the nation, we pray

August 23 – For the healing of fathers who have lost a child to an abortion, we pray

August 30 – May legal protection for the right to life again become the law of the land, we pray

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Questions? Contact 202-378-8855 or outreach@nrlc.org.

Please mail to: Choose Life, National Right to Life, 512 10th St. N.W.
Washington, D.C. 20004.
The eight years of US pro-life policies at the United Nations are being dramatically overturned by the Obama Administration. For example, his Secretary of State, Hillary Clinton appears determined to pursue her husband’s unfulfilled goal of making abortion a fundamental human right worldwide through the UN.

This became very evident at the recent meeting of the Commission on Population and Development (CPD) March 30 – April 3, 2009. The main agenda item for this year’s CPD was a 15 year review of the 1994 Cairo Conference on Population and Development (ICPD) which Bill Clinton tried to use as a vehicle for his deadly goal. NRLC and other members of the Pro-Life and Pro-Family Coalition of Non-Governmental Organizations (NGOs) at the UN faced both a hostile American delegation and an emboldened pro-abortion lobby.

Pro-life NGOs’ worst fears that there would be an attempt to expand on the Cairo outcome document soon became reality. The proposed language for the draft resolution was so far-reaching that even the most experienced pro-life NGOs were shocked by its unbridled pro-abortion expanse.

Without the US on their side, Pro-Life NGOs had to again rely solely on delegates from countries with laws protecting the unborn. At the very least, these delegates were reminded of the crucial importance of eliminating the most dangerous new and undefined term “sexual and reproductive health and rights,” which could be interpreted to include a right to abortion by the enemies of the unborn.

Negotiations went late into the night and early morning hours without success. When all attempts at achieving a negotiated document failed, delegates were urged by the pro-abortion Chairwoman to accept a “Chair’s Text” by consensus. One delegate of the 47 member CPD refused to join consensus unless the new and undefined language was removed or altered to conform to previously-agreed abortion-neutral language of the Cairo ICPD. Faced with no document at all or a compromise, the Chairwoman – after consultation – agreed to comply with the delegate’s proposal.

Although troubling elements remain in the document, its most perilous provision, which was an attempt to add language that went beyond the carefully negotiated Cairo document, was thwarted.

Nonetheless, during the closing remarks, several delegations felt compelled to make statements about the document. Pro-life concerns and reservations to the document were raised by Poland, Malta, Syria, St. Lucia, Peru, Chile, Ireland, the Holy See, and the small African Island nation of Comoros. It was the delegate from Comoros who began his remarks by saying, “In our nation a child is a source of wealth, and abortion is in contradiction with our culture and our morality.”

It is too bad that Hillary wasn’t listening.