



## Not Worth the Cost: Trends in Health Care Target the Vulnerable

**J**im and Sally have both been told by their doctors that they need an operation or they will die. The operation will cost 1 million dollars, but they will both gain ten more years of life.

As they anxiously await the day of surgery, a snag develops. Sally's insurance will cover the cost of the operation, Jim's won't. Both of them have the same condition that needs surgery, both will benefit by living ten extra years, both have the same insurance coverage.

The only difference is that Sally is otherwise in perfect health, Jim, however, is confined to a wheelchair. A cost-utility analysis using quality-adjusted life years (QALYs) has shown that the amount of money spent on surgical intervention in Jim's life is not worth the cost. More simply put, a year spent in perfect health is worth more than life spent in a wheelchair.

As early as 1990, an article in the Journal of the American Medical Association (JAMA) worried about the ethical implications of using QALYs to decide who gets health care and what kind of health care. *Ethical implications for physicians and policymakers* said, "They regard current interest in QALYs as signaling shifts in the locus of control and the nature of the clinical encounter, shifts that reflect and reinforce the new 'financial ethos' in health policy planning and in medical decision making, the guideline for resource allocation is founded on six ethical assumptions: 1) quality

of life can be accurately measured and used, 2) utilitarianism is acceptable, 3) equity and efficiency are compatible, 4) projections of community preference can substitute for individual preferences, 5) the old have less 'capacity to benefit' than the young, and 6) physicians will not use quality-adjusted life years as a clinical maxim."

In *Comparative Effectiveness: More Documentation and Details*, Roger Stenson uses the hypothetical million dollar operation story to illustrate how "quality of life" is used to calculate health care delivery.

Publically run and funded single-payer health care systems, such as those in England or Canada operate within "global budgets," pre-set amounts on what they are allowed to spend on health care.

Comparative-effectiveness is used to calculate which of two treatments may be used for a particular patient and which patient or groups of patients are allowed to use a particular treatment. Thresholds, or cutoffs, are the maximum amount of money that may be spent of a patient for a quality-adjusted life year. (Stenson uses \$150,000 as an example of what the Federal Health Board might adopt as a threshold.)

"A quality adjusted life year is a year of life multiplied by a number between 1.0, for great health, and 0.0, for being dead. The score between 1.0 and 0.0 represents health related quality of life (HRQL), score will be determined by the Federal Health Board."

**It is based on the perceived quality of life of a patient. The perception may or may not be shared by the patient or the patient's family.**

QALY=Time x HRQL, or quality adjusted life years equals number of years left times the health related quality of life score. A person with ten years of life expectancy in great health would have a QALY of 10 x 1.0=10, that's ten quality adjusted life years.

Stenson then uses a hypothetical situation to demonstrate using four groups of people who would live ten years longer given a surgery costing 1 million dollars. Surgery will be approved or denied not on the basis of the outcome, but on whether it's worth the cost based on quality of life. (See diagram on page 3).

Ethical problems abound with QALYs. How is perfect health to be defined? Are there states worse than death that should be given a negative value on the health spectrum? Should physical pain and disability be weighted higher than mental health?

Wikipedia lists three scales used to assign a weight to a particular condition:

- 1) Time trade-off (TTO) Respondents are asked to choose between remaining in a state of ill health for a period of time or being restored to perfect health but having a shorter life expectancy
- 2) Standard gamble (SG) Respondents are asked to choose between remaining in a state of ill health for a period of time, or choosing a

medical intervention which has a chance of either restoring them to perfect health, or killing them.

3) Visual analogue scale (VAS) respondents are asked to rate

a state of ill health on a scale of 0 to 100, with 0 representing death and 100 representing perfect health.

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### Getting Ready for Washington

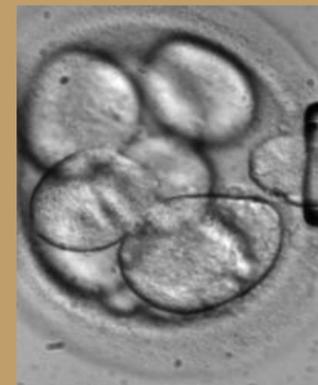
Pro-lifers are getting ready for the Annual March on January, 22 and the MCFL Caucus at the Russell Senate Office Building.



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### Ethical Stem Cells

AVM Biotech promises to make safe, effective vaccines without the use of aborted fetal material.



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### Charles Doyle

Ray Flynn writes on the passing of a pro-life giant as the community mourns his loss.



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### Obama - The Year in Review

Ben Wetmore rates President Obama's first year in office and has some prognostications for the next.



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### US Senate Race VOTE!

The special election to fill the seat held by Senator Edward Kennedy will be held on Tuesday, January 19, 2010.



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## Michael Clancy to Be Keynote Speaker at MCFL Assembly for Life

Join us on Sunday, January 24, 2-4 pm, at Faneuil Hall in Boston. In addition to our keynote speaker, photo journalist Michael Clancy, we hope to have Cardinal Sean O'Malley and 19 year old student and songwriter Michael Maloney whose song "Deliver Me" was broadcasted by EWTN.

We have special plans to honor Bishop Tobin of Providence, Rhode Island. Hope to see you there!



Michael Clancy's dramatic photograph of fetal surgery during which baby Samuel Armas grasped his surgeon's hand.



## Life in Massachusetts

### The Status of Abortion and Euthanasia Issues in Legislation and Culture

by Anne Fox, MCFL President

In November *New York Magazine*, Jennifer Senior wrote an article, “The Abortion Deception: Just How Pro-Choice is America - really?” She is unabashedly “pro-choice” and is quite disturbed by realities she cannot ignore. According to Senior, the Stupak Amendment “sent chills through the pro-choice world.” She quotes the former director of Catholics for a Free Choice, “The House Democrats reinforced the principle that a minority view on the morality of abortion can determine reproductive-health policy for American women.”

Senior questions, “But is that actually right? Was Stupak’s truly the minority view?”

“Because there’s a Democratic majority in Congress and the president is pro-choice,” says the director of NARAL, “it sometimes gets lost how truly numerically challenged we are.” Senior continues, “If forced to choose, Americans today are far more eager to label themselves ‘pro-life’ than they were a dozen years ago. The youngest generation of voters—those between the ages of 18 and 29, and therefore most likely to need an abortion—is the most pro-life to come along since the generation born during the Great Depression”. Abortion providers are a rapidly aging group with two-thirds over 50... Abortion counselors will tell you that the stigma attached to the procedure is worse than it’s been in years.

“As fetal ultrasound technology improved during the nineties, abortion providers, conditioned to reassure patients that the fetus was merely tissue, found it much harder to do so. “Thus spake Ms. Senior days before the latest video was released showing Planned Parenthood assuring a client

that it is merely tissue. She continues: “Perhaps just as important, the pro-life movement got very shrewd about its politics. As the author shows with depressing cogency in *Bearing Right: How Conservatives Won the Abortion War*, the pro-choice movement was never going to win its case on the basis of women’s rights... Soon, pro-choice candidates were running away from public funding and toward parental consent—another constraint the public overwhelmingly prefers, as well as 24-hour waiting periods.”

Senior laments, “That still wasn’t the worst of it. Until the mid-nineties, the political debate over abortion remained mostly in the theoretical realm. In late 1995, a Florida Republican congressman named Charles Canady had a stroke of insight that would shift it to the realm of both the metaphysical and brutally physical, which is precisely where the pro-life movement wanted it all along. He introduced a bill that would ban so-called ‘partial-birth abortions’. Defending it was a pro-choice person’s nightmare.”

Last year, at an event commemorating the 35th anniversary of *Roe v. Wade*, NARAL’s president told her audience: “Our reluctance to address the moral complexity of this debate is no longer serving our cause or our country well.” She said that abortion’s biggest defenders right now are a “menopausal militia”.

Senior, “Given this demographic shift, plus the Stupak Amendment, plus the unavoidable fact that abortion’s essential nature is unchanging—it will always involve some brutal nexus of the heart and the mind—it’s hard for a pro-choice person like myself to see how the ball rolls forward”. She wistfully wonders if Obama will help, but is pretty down-beat about that.

“Climategate” exposed scientific fraud: suppressing data, misrepresenting data, ostracizing researchers etc., which took place in climate science – a perfect parallel to the scientific malfeasance involved in the abortion debate. These are some of the areas that come to mind immediately: population “bomb”; abortion is safer than childbirth; we don’t know when life begins; during at least the first trimester, “it” is just a blob of tissue; the fetus is part of the mother; there are no negative psychological consequences of abortion; there is no connection between breast cancer and abortion; children are better off aborted than born into problem circumstances; previous abortions have no impact on future child-bearing (or infertility); children whose mothers are not allowed to abort will be abused; embryonic stem cells are not human, embryonic stem cells

will cure most diseases; cloning is not cloning, simply “somatic cell nuclear transfer”; “therapeutic” clones are not human beings and are different from “reproductive” clones.

You can think of many other areas where right to lifers have been the only ones standing up for the scientific facts.

Consider how science has been discredited. Consider the point that the “pro-choice” Senior makes about how hard a sell abortion is, think of what polls of public opinion are showing.

I am sure you will be struck with the similarities among climategate, the life debates, and the health care debate that is raging as I write – the intentional misrepresentation, the attacks on opponents and the refusal to face the obvious results.

We have stressed in our MCFL radio ads, phone calls, and emails, as well, of course, as in this *News*, the facts that the bills will mandate abortion and abortion funding, mandate rationing and denial of care based on age or disability. The latest ads point out the dire threats to seniors. In case you were wondering whose very professional voice you hear in the current ads, that is Dr John Cadigan, my wonderful neighbor. Of course, the bills completely deny conscience rights for medical professionals, taxpayers, patients and their families. The Heritage Foundation concludes, in an excellent analysis, that it the bills are unconstitutional. On top of that, huge majorities oppose abortion funding in the bills and almost as many oppose the bills in total.

The general public cannot understand how this disconnect can be happening – how Congress can attempt to impose something which is heavily opposed by the majority.

We right to lifers have been seeing and fighting this for years. We are responsible for the situation Ms. Senior bemoans. We have not given up and we will not give up.

As you know, your efforts caused Congressmen Lynch and Neal to vote for the Stupak Amendment. All right to life people in Massachusetts thank them most profoundly for their votes

We must keep up the pressure. Congress planned to ram through the bills in the summer. Then they thought we would go away during September. Who knows what they are thinking now but we do know they are in a panic because of the public pressure. This is far from over.

The MCFL emails have kept people completely up to date, initiated immediate action, and produced results. If you have not been receiving them, I urge you to sign up at [www.masscitizensforlife.org](http://www.masscitizensforlife.org).

**K**athy Healy died last week. Kathy was President of Mass Citizens in the late ‘70’s. Never have we had a harder working or more savvy president. Right up until the last, Kathy was a source of wise counsel and kind encouragement. I know she is still advocating for us!

As I finished typing that paragraph, the phone rang with the news that our Charlie Doyle has died. He and Kathy worked on so much good legislation when he was a State Representative. His pro-life commitment was so very honorable. I am grateful to Ambassador Ray Flynn, who, with Charlie, authored and passed the landmark Doyle Flynn Law, for agreeing to write a tribute to Charlie on behalf of us all.

Kathy used to say that we would know we were winning when the press began asking for Mrs. Healy’s chicken pie recipe. We have always known we are main stream, as Kathy was emphasizing. Science and people’s natural inclinations are making it extremely difficult for the pro-abortion establishment to keep marginalizing us. As the following article indicates, the time when our right to life position is viewed as “normal” is approaching.

#### Massachusetts Citizens for Life

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**Mission Statement:** In recognition of the fact that each human life is a continuum from conception to natural death, the mission of Massachusetts Citizens for Life, is to promote respect for human life and to defend the right to life of all human beings, born and preborn. We will influence public policy at the local, state, and national levels through comprehensive educational, legislative, political and charitable activities.

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# Lobbying the Legislature

Marie Sturgis, MCFL Executive Director



Just before Thanksgiving, a rather annoyed and demanding Governor Patrick criticized legislators for leaving the State House and not addressing what he considered to be some unfinished business such as education reform, crime and other issues. Lawmakers countered quickly saying that it would be a disservice to the people of the Commonwealth to rush legislation through in order to appease the Governor.

Reality has it under the Legislature's rules; the House will meet informally on Monday and Thursday during the Christmas season and will return to formal sessions on the first Wednesday in January. In the meantime, not too much is happening on Beacon Hill legislatively speaking.

The following bills pertain to furthering the teaching of sex education in public schools or implementing the Health Frameworks specifically, which would bring a radical sex education curriculum into Massachusetts schools. We need to keep a watchful eye on all of these bills that may or may not see action in January or the coming months:

Oppose H 3434, S 218, legislation to provide health education in public schools and H. 402 For legislation to provide for a comprehensive health education program in the public schools,

Support H.406 For legislation to prohibit public elementary or secondary school students from participating in certain surveys without parental consent. H. 421, H. 437, H.472, legislation to require parental consent for the attendance of students in sexual education classes in the public schools and H. 485 Relative to parental notification and consent for certain sexual education programs in the public schools. H. 421 For legislation to require parental consent for the attendance of students in sexual education classes in the public schools, H. 437 Relative to requiring parental notification and consent prior to implementing curriculum concerning human sexuality, H.472 For legislation to require parental consent on sex education in public schools, H. 485 Relative to parental

notification and consent for certain sexual education programs in the public schools.

We need to oppose "An Act Relative to Death with Dignity" H. 1468 is an

assisted suicide bill.

In the interim, we need to continue to let legislators know which bills we oppose or support.

## Bills Under Consideration

- **House, No. 3434**  
**Senate, No. 218**  
Legislation to provide health education in public schools.  
**OPPOSE**
- **House, No. 402**  
Legislation to provide for a comprehensive health education program in public schools.  
**OPPOSE**
- **House, No. 406**  
Legislation to prohibit public elementary or secondary schools from participating in certain surveys without parental consent.  
**SUPPORT**
- **House, No. 421**  
Legislation to require parental consent for the attendance of students in sexual education classes in the public schools.  
**SUPPORT**
- **House, No. 437**  
Relative to requiring parental notification and consent prior to implementing curriculum concerning human sexuality.  
**SUPPORT**
- **House, No. 472**  
Legislation to require parental consent on sex education in public schools.  
**SUPPORT**
- **House, No. 485**  
Relative to parental notification and consent for certain sexual education programs in the public schools.  
**SUPPORT**
- **House, No. 1468** "An Act Relative to Death with Dignity"  
Legislation to permit physician assisted suicide.  
**OPPOSE**

### Health Care and Quality of Life

**TRENDS**  
Continued from Page 1

**Those who do not suffer from the affliction in question will, on average, overestimate the detrimental effect on the quality of life, compared to those who are afflicted.**

The National Health Service in the United Kingdom explains why the QALY is used, "With the rapid advances in modern medicine, most people accept that no publicly funded healthcare system, including the NHS, can possibly pay for every new medical treatment which becomes available. The enormous costs involved mean that choices have to be made. It makes sense to focus on treatments that improve the quality and/or length of someone's life and, at the same time, are an effective use of NHS resources.

"NICE (National Institute for Clinical Excellence) takes all these factors into account when it carries out its technology appraisals (TAs) on new drugs. Our expert review groups (comprising both health professionals and patients) examine independently-verified evidence on how well a drug works and whether it provides good value for money.

### Determining Comparative Effectiveness using QALYs

Group A: great health, HRQL is 1.0  
Group B: walks with a limp, HRQL is 0.75  
Group C: uses crutches, HRQL is 0.50  
Group D: uses a wheelchair, HRQL is 0.25  
HRQL scores descend as one's perceived degree of disability becomes more challenging

QALY=Time x HRQL. Time for all groups is 10 years  
Group A (Walk) 10 x 1.0 = 10 Quality Adjusted Life Years  
Group B (Limp) 10 x .75 = 7.5 Quality Adjusted Life Years  
Group C (Crutches) 10 x .50 = 5 Quality Adjusted Life Years  
Group D ( Wheelchair) 10 x .25 = 2.5 Quality Adjusted Life Years

Take QALYs and apply them to the consideration of cost per quality adjusted life year, which is "cost effectiveness"  
Cost per QALY = cost effectiveness

Group A \$1,000,000/10QALY= \$100,000 Below threshold of \$150,000, gets approved  
Group D \$1,000,000/2.5QALY= \$400,000 Above threshold of \$150,000 gets bumped even though they will have the same outcome from the surgery

"To ensure our judgements are fair, we use a standard and internationally recognised method to compare different drugs and measure their clinical

effectiveness: the quality-adjusted life years measurement (the 'QALY')."

### Assisted Suicide Advocate Dies

"Rep. Kafka vows to take up issue for Stoughton man," reported the Patriot Ledger on October 27 in an article about the death of Albert Lipkind from stomach cancer.

Kafka is the lawmaker sponsoring the Death with Dignity Act which would allow doctors to write lethal prescriptions for patients who wish to kill themselves. Rep. Kafka told the Ledger that he was "inspired" about how passionate Lipkind was.

"In an interview earlier this year, Lipkind told The Patriot Ledger that he was pushing the legislation in hopes he could avoid pain and suffering in his final days. Last October, when life-threatening blood clots forced him to stop receiving chemotherapy, doctors told Lipkind he had six months to live.

But Lipkind more than doubled the doctor's estimate, living for over a year and in a state of health where he was still able to participate in an issue that he was "passionate" about. Lipkind's daughter said that her father was still making phone calls in support of the bill in the month before his death.

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## Screening recommendations change for mammograms, cervical cancer



An article by Ben Shapiro called “The Real Death Panels,” at Townhall.com asked, “Is the recent decision of the US Preventative Services Task Force recommending that routine mammograms be given every two years, starting at age 50 based on good science or a cost-benefit analysis?”

The Task Force’s assessment was obviously based on a cost-benefit analysis. As Dr. Robert D. Truog, a supporter of the new guidelines, put it in the New England Journal of Medicine, ‘Clearly, screening mammography does offer an identifiable survival benefit to women in this age group ... The problem is that the benefit is tiny and expensive.’ The rationing of screening leads to more deaths.

The American College of Obstetricians and Gynecologists (ACOG), which recently recommended that screening for cervical cancer begin at age 21 rather than within three years of first sexual intercourse. This despite the fact that cervical cancer comes from human papillomavirus (HPV), which is extraordinarily common among teenagers. ACOG lists as its first legislative priority the “goal of achieving universal coverage to comprehensive, high-quality care for everyone in the United States.” The problem is that, as ACOG’s cervical cancer screening standards show, universal health care and quality comprehensive coverage cannot coexist.”

Routine mammograms save one life per 1,900 screenings of women aged 40-49. Currently, there are 20 million women in that age range. Changing screening recommendations will cost the lives of approximately 10,526 American women a year Massachusetts will lose 516 women a year. (Based on US Census Bureau figures of 980,000 women aged 40-49)

### NARAL Goes Ballistic Over Stupak Amendment

By Jay Guillette

As we go to press with this article Obama Care Health coverage, including abortion coverage, is being debated in Congress. The House of Representatives voted Nov. 7 for Health Care with abortion funding restrictions in the Stupak Amendment, while the Senate has put forth a version of Health Care without any restrictions on Government paid abortions.

Therefore, two questions arise; 1) Does the Stupak Amendment in the House version of HealthCare really restrict Government funded abortions as the Hyde Amendment does for Medicare? 2) Will the Senate win in any compromise HealthCare bill, so that no Stupak Amendment is included HealthCare reform resulting in Government funded abortions?

One strong indication that the Stupak Amendment will be effective

in preventing most tax-payer funded abortions (except in cases of rape and incest or if the mother’s life is threatened) is the response of the Abortion Lobby. In a word, NARAL and Planned Parenthood are going ballistic over Stupak. A furious Planned Parenthood said that Stupak “would leave women worse off after health care reform than they are today” and promised further effort so that women “do not become second-class citizens in a newly reformed health care system in the United States.” Planned Parenthood President Cecile Richards went so far as to say “the Planned Parenthood Federation of America has no choice but to oppose HR 3962” now that the Stupak amendment has been added.

Other Pro-abortion lobbyists blame the Catholic Church. Jodi Jacobson of RH Reality Check said “one thing is clear: The US Conference of Catholic Bishops (USCCB) apparently is running the US government”, adding “Do we live in a theocracy?” Jon O’Brien of “Catholics for Choice” warned that medical care in the U.S. would turn into a nightmare if the bishops got their way, while past “Catholics for Choice” leader Frances Kissling wants to “overturn Hyde now” in answer to Stupak, and has promised to bring enormous pressure on President Obama to keep abortion funding in any HealthCare bill.

Nancy Keenan, of NARAL Pro-Choice America, indicates a take no prisoners approach which includes throwing Pro-Choice Congressman such as Mark Kirk (R-IL) under the bus because he supports a woman’s right to abort her baby, but is against the tax-payer paying for it. Keenan in effect has declared that Kirk is no longer considered “Pro-Choice” and that Kirk was moving “to the radical right.” Elizabeth J. Shipp,

NARAL’s political director, added that Kirk is no longer considered “a moderate pro-choice Republican we thought we could work with.”

Planned Parenthood’s official statement on Stupak falsely claims that the Stupak/Pitts amendment “would result in women losing health benefits they have today.” A 4-page fact sheet from the USCCB refuted this, saying Stupak reflects the Hyde Amendment in that it maintains “existing federal abortion funding policies in the context of health care reform...Under this policy, anyone who actually wants abortion coverage can buy it with her own money; the government does not use taxpayer funds for abortions: and no one who opposes abortion is forced through their health premiums to pay for other people’s abortions.” But with Pro-Abortion Representatives such as California Democrat Lynn Woolsey and Illinois Democrat Jan Schakowsky both vowing to remove Stupak from the final Healthcare Bill, and the Senate already precluding the status quo on abortion in their version of Health Care reform, the question becomes will Government Health Care mean tax-payer funded abortions?

Pro-life leaders are warning that the battle over healthcare is still far from over. It is sad that HealthCare reform that does not offer broad conscience protections for health care workers and seeks federal government control into most aspects of citizen’s lives may still unjustly force those opposed to abortion to pay for this immoral procedure with our tax monies and our health care premiums. We still need to ensure that the Stupak-Pitts amendment stays in the final bill, which means we will see many upcoming key fights over the legislation.

## Charles Krauthammer: Scrap current health reform and start over

“The US has best healthcare system in the world, but also the most expensive because it is inefficient,” writes Charles Krauthammer. The Senate bill contains 2,074 pages and the House bill 2,014 pages. Each version adds hundreds of new provisions, regulations, mandates, committees, and other bureaucracies, such as 118 new boards, commissions and programs.

Both bills contain mandates with arbitrary financial penalties for noncompliance. Insurance companies cannot rely on their own actuarial skills, but are told what weight to give to risk factors, such as age.

Current premiums for young people are 1/6 the premium for people in their 60s. Under the House bill – youth will pay one-half the premium for older people, under the Senate version, youth will pay one-third.

Arbitrary sliding scales for health insurance subsidies – will raise marginal income tax rates for the middle class. Reform should be done one issue at a time

#### Krauthammer recommends:

**Tort reform**- half a trillion spent per decade:

- 1) benefits jackpots legal awards and rich malpractice lawyers
- 2) spent on millions of unnecessary tests, procedures and lawsuits, so doctors can’t be accused of malpractice, money which could be spent on the uninsured

Both bills have no tort reform! House bill has penalties for states that “limit attorneys fees or impose caps on damages.”

#### Abolish the ban of interstate buying of health insurance

Allow residents of states with expensive health insurance to buy insurance in states with lower health insurance

#### Tax employer-provided health insurance

Creates a \$250 billion a year tax break for individuals (costs the government \$250 billion a year in lost tax revenues) A sound national health care strategy does not need to be complicated. First, decide what percentage of adjusted gross income each US household spend on health insurance. e.g. say 12%. Second, decide what is a reasonable cost for family health insurance coverage and single health insurance coverage. can be calculated by dividing the total amount spent on health care in the US by the total number of US households. Third, multiply the percentage of

adjusted gross income decided upon in step one to each household’s adjusted gross income to come up with what that household should contribute to its purchase of its own health insurance. Fourth, subsidize the difference between the cost established in step two with the household’s contribution calculated in step three. Fifth, allow insurance companies to compete across state lines. Sixth, cap punitive damages in malpractice suits. Seventh, prohibit insurance companies from charging customers different prices for the same coverage (benefits). Eighth, make coverage of abortion, elective surgeries and fertility treatments riders to health insurance policies and not part of the costs calculated in step two. Voila, everyone has insurance. everyone is treated the same.

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## News from National Right to Life Committee

### Rationing Dangers in the Senate Health Care Bills

Burke Balch, JD NRLC

#### Death Spirals

One particularly dangerous provision penalizes doctors based on how much medical treatment they direct for senior citizens on Medicare. It establishes that for at least five years, beginning in 2014, Medicare physicians who authorize treatments for their patients that wind up in the top 10% of per capita cost for a year will lose 5% of their total Medicare reimbursements for that year.

This means that all doctors treating older people will constantly be driven to try to order the least expensive tests and treatments for fear that they will be caught in that top 10%. This feature operates independently of any considerations of quality, efficiency, or waste. If you authorize enough treatment for your patients, however necessary and appropriate it may be, you are in danger of being one of the 1 in 10 doctors who will be penalized each year.

Moreover, the penalty for Medicare doctors creates a moving target—by definition, there will always be a top 10%, no matter how far down the total amount of money spent on Medicare is driven. Say that in 2015 the top 10% is anything over \$10,000 per patient. In 2016 most doctors will scramble to hold down the treatments they authorize to avoid breaking that limit—with the result that the total amount spent will drop, so that the top 10% might then be, say, anything over \$9,500. As the process repeats, the next year it might be anything over \$9,000, the year after that anything over \$8,000, and so on.

#### Other rationing concerns in the Senate Bills

While the bill reported out of the Senate Finance Committee contains language to prevent the use of comparative effectiveness research to deny treatment based on downgrading the “quality of life” of people with disabilities, older people, and those with terminal illness, the bill reported by the Health, Education, Labor, and Pensions committee contains no such protections. They were, in fact, voted down in committee when an amendment embodying them was offered by Senator Mike Enzi (R-Wy.). It will be essential for the protective language either to be contained in the merged bill eventually brought to the Senate floor or else added by floor amendment.

The issue of adequate funding, without which rationing is inevitable, is a concern with the Senate as with the House legislation. As it stands, the Senate Finance bill is financed about 50% through cuts in Medicare for senior citizens.

### Rationing Dangers in the House Health Care Bills

Jennifer Popik, JD NRLC

#### Inadequate Financing

All versions of the House health care restructuring bill provide for premium subsidies to help the uninsured obtain health insurance as well as various forms of a public option. In an attempt to shave their \$1.2 trillion plan down to \$900 billion, the final bill is likely to reduce subsidies, place more people into Medicaid, and employ several of the taxes raised in the Senate Finance Committee. In large part the bill is also financed by cuts to the Medicare program.

However, House leaders have rejected the Senate Finance plan’s tax on high-value plans. (The one financing mechanism that would keep pace with the rising resources devoted to health care would be the 40% levy on health insurance premiums. For more on this see <http://powellcenterformedicalethics.blogspot.com/2009/09/robbing-peter-to-pay-paul-funding.html>.)

Failing to address this very integral and expensive aspect of health care in these comprehensive bills can give the incorrect appearance that this bill is able to be paid for—when that is not the case. And when inadequate financing is present—when Congress overpromises and underpays—the only way to make ends meet in practice will be to ration health care.

#### Comparative Effectiveness

How can such rationing be accomplished? One method is through the use of “comparative effectiveness” research. The House bill provides significant funding for research and analysis intended to establish which treatments are most—and least—likely to benefit patients at the lowest cost. The difficulty is that one standard measure of benefit and effectiveness, the so called “quality-adjusted life year” (QALY), discriminates on the basis of disability, age, and “quality of life.”

In general, a QALY assumes that a year of life lived in perfect health is worth one QALY, and that a year of life lived in a state of less than perfect health is worth less than one. In a system that faces budget shortfalls, this calculation can be multiplied by a budgeted dollar amount for one year of life, and used to set an upper limit on the treatment that will be authorized.

This type of assessment is so dangerous, not only because it is being used to ration care abroad, such as by the National Institute for Health and Clinical Excellence in the United Kingdom, but because there are many American academics and health providers advocating this.

## Health Care Reform Talking Points

### Medicare and Health Care Rationing

- Health care reform is largely financed by cuts to Medicare, reducing medicare funding for older people in order to cover the uninsured, “Robbing Peter to pay Paul.”
- Over-promising while under-funding health insurance for the uninsured will inevitably lead to rationing.

### The “Death Spiral” Provision

- Doctors in the top 10% of Medicare spending will lose 5% of their Medicare reimbursements.
- As in musical chairs where there is always one chair less than the numbers of players, by definition, there will always be a top 10%, no matter how low Medicare spending is driven.

### Comparative Effectiveness and Health Care Rationing

- Protective language in the Senate bill against “comparative effectiveness” research using quality-adjusted life years or other measures to compel or encourage denial of life-saving medical treatment, food or fluids based on the patient’s age, disability, terminal illness, or “quality of life” as is routine in Great Britain. This protective language is missing in the House version.
- No limit on the authority of the Secretary of Health and Human Services to improve “quality” measures on health care providers.

### Pressuring Patients to Forgo Treatment as a Means of Rationing

- Efforts to push patients and older people to prepare advance directives may not center on respecting an individual’s wishes, but rather on persuading or pressuring them to agree to less treatment as a means of saving money.

Information provided by the National Right to Life Committee, [www.nrlc.org](http://www.nrlc.org)

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# CHAPTER CHALLENGES

By Jim Dixon

Back in 2007, during the primary race, I was speaking with a woman about the upcoming presidential election. As we were discussing the candidates, I mentioned that the two Democratic candidates for president were pro-abortion. Sternly, the woman replied, "Oh no, they're pro-choice."

To say that one is "pro-choice" is to skirt around the primary issue of what is actually occurring and elevate a secondary issue. This was the tactic that the Supreme Court used in their decision of *Roe vs Wade*. The primary issue, as they saw it, was the right to privacy. The privacy of a woman's discussion with her doctor regarding her health was held sacrosanct, along with any procedure resulting from that discussion.

I would like to present to you three vignettes of people and events in my life that I believe reflect how this ruling has played out these past three and a half decades, and how the right to privacy is really a non-issue when

it comes to abortion, but has been abused time and again. To honor their privacy, I have changed the names of my three characters. I will call them Dawn, Don, and Donna.

**Dawn.** A full generation had been born under the auspices of abortion on demand by the time I met Dawn. I was a tenth-grade religious education teacher at our church and she was in my class. Dawn was a popular, vivacious natural leader. She was a cheerleader at the public high school and had the energy and personality to go with it. She was a joy to have in my class as she kept the discussions spirited and lively.

The lesson for one evening was to discuss a hypothetical moral dilemma that might occur for someone his or her age. In the situation, the student is a friend of a girl who becomes pregnant. How would they counsel her? What would they say or do to help their friend?

I divided the class into two panels - one to recommend abortion and the other to recommend other options. I know. I know - big mistake. As it turned out, Dawn was on the former

panel. With her zeal, she argued so effectively that the other side conceded, and, in effect, the whole class agreed with her.

I was perplexed. This was not the lesson I was hoping to teach. But, as I listened to her, her motivation became clear, so I asked the question, "What if the girl's parents knew she was pregnant?" Immediately and unequivocally, Dawn said that the girl should not have the abortion. She was quite adamant and just as insistent as she had been a few moments before.

Is this what the court had in mind when they issued this ruling? Is this not privacy, but secrecy or conspiracy, when we use it in this manner?

**Don.** A salesman at the local hardware store, Don was the first person I went to whenever I had a home improvement project. Not only was he knowledgeable in many fields of home repair, he was outgoing, cheerful and friendly. When he told me that he also did small jobs on his days off, I asked him to come by to give me an estimate on some work I needed done.

The man who showed up at my door at the appointed time was Don, but it seemed as if his spirit had been sucked out of him. I had been telling my wife what a great guy he was, so even she could tell that something was amiss. He would use his tape measure but could neither see nor remember the measurements. Finally, I asked him if he was okay. In a whisper, barely audible, he said, "My daughter-in-law just aborted our first grandchild."

We all have a right to privacy, and although it could be argued that Don's son and daughter-in-law should have kept it private, the end result is the same. No grandchild, and a sense of loss that extends beyond the parties

involved. What goes on behind closed doors really does have an effect on many outside those doors.

**Donna.** There's a recent country song with a refrain that says, "She don't know she's beautiful..." Such appeared to be the case of Donna, whose ubiquitous presence at our church her junior and senior year of high school made me think she was vying for the role of Anna, awaiting in the temple for the Savior, as opposed to vying for a beauty title, of which she seemed quite qualified. A constant shadow of our youth director, Donna's charm and eagerness to serve helped to build a vibrant youth group.

As the weeks and months passed in her senior year, the secret that Donna had been carrying became quite evident. However, that did not deter her from participating in church events. Even her mother started appearing in church with her. Donna's strength of character became an inspiration to the other high school students, and her true, inner beauty was revealed.

You see, the child that Donna was carrying was not her first. The year before, Donna's mother had insisted that the child be aborted. It was most likely not put that way, but Donna knew in her heart that that is what had happened. When she became pregnant again, she refused. And the healing began.

The panacea of abortion is a myth. By design, its purpose is to hide, cover up, deceive and destroy. What is advertised in such glowing terms such as "freedom" and "choice" is actually a cloak that hides our shame and despair. *Roe vs. Wade* has not given us the right to privacy, but the right to privation of life.

*Jim Dixon is the chapter chair from Waltham*

## Chatter Box

### Letters to the editor

#### A Senator and a Saint

By Mark Fisher

On the day of Senator Kennedy's funeral, most Catholics who attended Mass took part in the Memorial of the Martyrdom of St. John the Baptist. In a strange juxtaposition the Church throughout the world honored a man who stood against the immorality of the chief politician of his day, while in Boston the local Church honored the life of a politician who "successfully" turned the most pressing moral issues of his day into mere political ones. While the Baptist lost only his head through his fearless proclamation of the Truth it is the fervent hope of all that the Senator lost only his earthly life through his repeated and forceful denial of the Truth.

It is rightfully said that the Senator was an accomplished master at the art of compromise. Time and time again he made the choice to compromise his faith when it did not square with his personal political beliefs. He chose to

place his beliefs above the most direct revelation of God.

While God's mercy extends to all who repent and seek forgiveness, it is only too clear that there are many today who desire redemption without repentance. It is a sad fact that only one of the two thieves who died alongside Christ is remembered as "good." His redemption came by accepting God's grace and repenting of his crimes. In the last days of Senator Kennedy's life, many prayed that he would do the same and make a public confession and renounce his immoral stands on the issues of abortion, homosexuality, embryonic stem cell research, and human cloning. It was thought that the death of his Pro-Life sister Eunice would rouse him to reason. We were buoyed by the news that he had written to Pope Benedict. Perhaps, he had renounced his pride, mentioned his wrongful support of abortion

and the like, confessed those sins, sought to make amends and asked for forgiveness. What a wonderful impact that would have had!

Yet, when parts of that letter were read at his gravesite it seems that he only sought to tally his accomplishments in some areas against his grave errors in others. He argued as though a certain number of minimum wage increases for which he had labored could somehow atone for the millions of aborted lives that have resulted from the legislation he supported and the funding he obtained. The example he left us was one of a person clearly standing against God on grave moral issues and believing it acceptable to do so. It is the same example as that of the other thief - the one not remembered as "good", but rather as unrepentant.

At the moment of his death, we hope that he was granted the grace

of repentance and that he accepted it. What a wonderful realization it will be on the last day to witness all the terrible evil and harm that was caused by each of our sins, and then to see the overwhelming generosity of God's mercy poured out on those who truly repented of their sins and strove to love and obey Him. We hope to have the pleasure of enjoying the presence of God for all eternity with Senator Kennedy.

While no one but God can make a judgment about the eternity of another, out of charity, we are all obliged to make judgments about other's actions and provide fraternal correction. We are bound by a spiritual act of mercy to "admonish the sinner". Some of us, like St. John the Baptist and especially bishops, have more of a responsibility to do so. Some Catholic bishops in America

See **SENATOR** - Page 7

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# Common Sense Wins in Fitchburg

By Janet Callahan



**Heavenly Music:** If you attend the MCFL Annual Dinner you already know that Rosemary Reynolds is a talented harpist.

Rosemary Reynolds had been a two-term councilor-at-large in Fitchburg, who then lost two subsequent elections. When she ran this year, she decided to try something bold. She decided to say that God is an essential part of our lives and ability to relate wisely and justly with one another. This reality must be acknowledged for sound thinking and problem solving; and she decided to say emphatically that the conceived child in the womb is truly our brother or sister whose life we must defend. Without these two realities present in our thinking we are not standing on solid ground.

As the current head of Democrats for Life, Rosemary has been fighting for the most defenseless among us

## SENATOR AND A SAINT

Continued from Page 6

have been undecided about how to treat politicians who openly mock Christ's teachings. Their indecision has led many Catholics to believe that it is acceptable to believe and act as these politicians do. Faith has become not something that we receive, but rather something that each of us can make up as we go. The Greek word for bishop, *episcopos*, means watchman. God has revealed that the watchman is responsible to warn those under his watch about their sins (cf. Ez 33:1-9). If he does so he is not responsible for their behavior, but if he fails to do so, then the watchman is also responsible for the sins of those under his watch. St. John the Baptist was the faithful watchman who acted out of charity and warned those in danger of losing their souls. The love of God impelled him to do so despite all personal danger. During this "Year of the Priest" let us remember that the full name of the Patron Saint of parish priests is St. John Marie Baptiste Vianney. May the prayers of Saints John the Baptist and John Marie Baptiste Vianney obtain for all priests during this year and the years to come a watchman-like attitude and undying resolve to speak the truth in season and out, no matter the cost.

since 1973. However, she had been advised that it was the "third rail" of politics to mention God or abortion in a personal political campaign; that she should speak only about local, topical issues. She ended up listening to that so-called wisdom of political pundits and kept the pro-life side of herself private on the campaign trail until her gutsy decision to speak to the root of our problems rather than to their symptoms.

She came to realize that these issues have to be spoken of whether popular or unpopular and she made a conscious decision not to be fearful of the result. She wrote an opinion piece called "Common Sense" that was published in the *Fitchburg Pride* which reads in part: "Ever since Madeline Murray O'Hare asked for prayers to be removed from the classroom and they were, there has been a steady, stealthy intimidation of those who believe in God to be silent. It is not "pc," politically correct, to acknowledge God as the basis of our relationship with one another, the basis of the foundation of our city, state and nation. Yet, remembering Him and His promise of help keeps us hopefully expectant of a godly boost to get us through these troubled times; forgetting Him cuts our inner resources and limits our vision."

It turns out that she had nothing to fear after all. In a robust campaign where eleven candidates were competing for five spots, Rosemary Reynolds

once again won a two-year term as councilor-at-large. Interestingly, she not only did not receive any negative comments on her positions, she received a tremendous amount of support! She drew people from a base which she had not anticipated. Over and over again in the days following the election, total strangers would come up to her and tell her that they had voted for her, something that had not happened after the first two elections she had won.

After including God and the defense of the unborn child in her analysis of our current situation at each speaking and writing opportunity presented during the campaign, Rosemary realized that the fear of doing so had really been a paper tiger...a phantom;

and she was grateful for having had the opportunity to express her solidarity with both. She felt that although she had done little, she herself experienced an increase in her own humanity.

Her real motivation came from a thought that occurred to her as she approached the date of her 70<sup>th</sup> birthday. She acknowledged the fact that she did not know when she was going to meet God but, when that time did come, she did not want him to rebuke her for not speaking up when He had put her in just such a position to do so. May all of our pro-life, pro-family public servants come to that realization and find the same courage to stand up for what they really believe!

## MCFL Welcomes the Greater Lawrence Chapter!



(Left to Right) Co-Chairs Jean Armano and Jean Sullivan, Secretary Donna Frazier-Barnes, Treasurer Ed Barnes

## Patrick Kennedy and Bishop Tobin

Excerpts of Bishop Tobin's letter to Rep. Patrick Kennedy.

*Dear Congressman Kennedy:*

**"The fact that I disagree with the hierarchy on some issues does not make me any less of a Catholic." (Congressman Patrick Kennedy)**

Since our recent correspondence has been rather public, I hope you don't mind if I share a few reflections about your practice of the faith in this public forum. I usually wouldn't do that – that is speak about someone's faith in a public setting – but in our well-documented exchange of letters about health care and abortion, it has emerged as an issue. I also share these words publicly with the thought that they might be instructive to other Catholics, including those in prominent positions of leadership.

...one statement contained in your letter of October 29, 2009, in which you write, "The fact that I disagree with the hierarchy on some issues does not make me any less of a Catholic." That sentence certainly caught my attention and deserves a public response, lest it go unchallenged and

lead others to believe it's true. And it raises an important question: What does it mean to be a Catholic?

"The fact that I disagree with the hierarchy on some issues does not make me any less of a Catholic." Well, in fact, Congressman, in a way it does. Although I wouldn't choose those particular words, when someone rejects the teachings of the Church, especially on a grave matter, a life-and-death issue like abortion, it certainly does diminish their ecclesial communion, their unity with the Church. This principle is based on the Sacred Scripture and Tradition of the Church and is made more explicit in recent documents.

For example, the "Code of Canon Law" says, "Lay persons are bound by an obligation and possess the right to acquire a knowledge of Christian doctrine adapted to their capacity and condition so that they can live in accord with that doctrine." (Canon 229, #1)

Or consider this statement of the Church: "It would be a mistake to confuse the proper autonomy exercised by Catholics in political life with the

claim of a principle that prescind from the moral and social teaching of the Church." (Congregation for the Doctrine of the Faith, 2002)

There's lots of canonical and theological verbiage there, Congressman, but what it means is that if you don't accept the teachings of the Church your communion with the Church is flawed, or in your own words, makes you "less of a Catholic."

But let's get down to a more practical question; let's approach it this way: What does it mean, really, to be a Catholic? After all, being a Catholic has to mean something, right?

*Your rejection of the Church's teaching on abortion falls into a different category – it's a deliberate and obstinate act of the will; a conscious decision that you've re-affirmed on many occasions. Sorry, you can't chalk it up to an "imperfect humanity." Your position is unacceptable to the Church and scandalous to many of our members. It absolutely diminishes your communion with the Church. It's not too late for you to repair your relationship with the Church, redeem your public image, and emerge as an authentic "profile in courage," especially by defending the sanctity of human life for all people, including unborn children.*

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# The Story Behind the Picture

Rallying Cry

Aug 11th, 2007 by michael

"In the hushed but crowded operating room where outsiders have gathered to watch a rare medical event - spinal surgery on a child still in his mother's womb - a stool falls with a loud bang.

Shh, says, Joseph Bruner, the surgeon leading the operation. "You'll wake the baby."

This is an exact quote from the original USA Today article by the reporter, Robert Davis, published, Sept. 7th, 1999.

Samuel received no anesthesia directly for the procedure. What anesthesia he did receive was from his mother being under general anesthesia. Dr. Bruner has said many times, "Samuel was under

anesthesia, he was not aware of what was going on." As , ..... if he wasn't under anesthesia he would be aware of what was going on at 21 weeks (in the womb).

As a journalist my job is to expose injustice and hope that that exposure will initiate social change.

"There is little debate about whether the child in utero is alive; the debate is over whether or not the child is a life worthy of protection."

These are the words I heard Senator Sam Brownback speak, at the 2003 Senate Hearing, as I sat next to the child I had captured in my photograph reaching from his mother's womb.

My struggle for the Truth behind my picture has been more difficult than I could ever have imagined. More than once, I found myself on the threshold of sanity, staring into the abyss. More than once I found myself on the verge of taking my own life. If I did not have GOD in my life I would not be writing this. But ..... my life is not mine to take. No one's life is ours to take. Then we get back to the question posed by Senator Brownback, "Is a child's life worthy of protection?"

Sometimes I think I am dreaming, and I'm going to wake up any minute. Has the last eight years of my life been a screenplay, produced by Mel Gibson, worthy of a follow-up to the Passion of the Christ? Is it possible that the story of the unborn child that reached from his mother's womb, and how the doctor lied, is The story that ignites a Rallying Cry that would result in the protection of all unborn children?

"Shh, ..... you'll wake the baby."

This excerpt is from Michael Clancy's web site [www.michaelclancy.com/wordpress/](http://www.michaelclancy.com/wordpress/)

## Massachusetts Citizens For Life's 37<sup>th</sup> Annual *ASSEMBLY* FOR LIFE

Sunday, January 24<sup>th</sup>, 2010

2:00 - 4:00 pm

The Great Hall of Historic Faneuil Hall  
(1 Faneuil Hall Square, Boston)



Keynote Speaker :

Photojournalist Michael Clancy presents

**Story of "The Hand of Hope" Photograph**

*Come as we stand ... United For Life!*

**MCFL - Defending Life for 37 Years!**

PRAYER      MUSIC      INSPIRATION

MCFL will also be honoring Bishop Tobin of Providence, RI

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# March for Life

Friday, January 22, 2010  
Washington, DC



## MCFL to Host Pre-March Caucus

We have a fantastic lineup of speakers for the caucus in Washington that will precede the March for Life on the morning of January 22, from 9:30-11:30 am at the **Russell Senate Office Building, Room 325** (same room as last year).

We will be joined by Dr. Michael New, Constitutional Law Professor Dwight Duncan, and Professor Mark Rienzi of Columbus School of Law. He is the counsel of record for a petition to the U.S. Supreme Court on behalf of *McMullen v. Coakley*, a case that challenges the 2007 law that provides a buffer zone around abortion facilities in Massachusetts.

Refreshments will be provided.

## Massachusetts Marchers to Meet at 7th Street

Meeting place is the southwest intersection of 7th Street NW and Madison Drive NW. Look for the Blue Knitted Caps and the MCFL banners that identify the Massachusetts contingent. People start to gather at noon, although many people arrive later.

## Buses to Washington, D.C.

### 1) Waltham/Watertown

Leave Thurs., Jan. 21 from St. Mary's Church, 145 School St., Waltham. 7 pm vigil before departure, bus leaves at 8 pm.  
Cost: \$35, \$25 for students  
Contact: Maryanne (617) 489-4298

### 2) Malden

Leave Malden Thurs. morning, Jan. 21 with a second pick-up in Burlington. Return Jan.23.  
Cost: \$195/ per person double occupancy or \$300/single.  
Contact: Janet Callahan (781) 324-3564 or janet.callahan@yahoo.com

### 3) North Adams

Stops in Williamstown, North Adams, Pittsfield and Great Barrington  
Cost: \$20  
Contact: Jack Kinsey (413) 663-7005

### 4) Weymouth

Leave from Immaculate Conception Church in Weymouth Thurs. Jan. 21. Vigil before departure at 8 pm, bus leaves at 9 pm. Return Weymouth, Sat. Jan. 23 at 2 am.  
Cost: \$50, \$10 students.  
Contact: Sally Healy (781) 848-3796

### 5) Cape Cod

Leave 5:30 am Corpus Christi Parish, Sandwich, 6:00 am from St. Patrick's Parish, Wareham on Thurs. Jan. 21. Two nights at Hyatt Regency Capitol Hill. Return Sat., Jan. 23.  
Cost: \$220/person, double occupancy  
Contact: Kevin Ward (508) 291-0949  
FKW194722@yahoo.com

### 6) Andover/Wilmington/Burlington

Single departure point, leaving from Burlington Mall only!  
Leave Burlington Mall, 10 pm Wed., Jan. 20. One night at Hyatt Regency Capitol Hill. Return Fri., Jan. 22  
Cost: \$179/person, double occupancy  
Contact: Theresa Gorey (978) 475-6673 or, thegoreys@comcast.net  
Jane Finn (Wilmington) (978) 658-6115  
Helen Taylor (Andover) (978) 475-1463

## Map Key

- 1) The Capitol
- 2) Russell
- 3) Rayburn
- 4) Longworth
- 5) Cannon
- 6) Metro - Capitol South
- 7) Metro - Smithsonian
- 8) Massachusetts meeting place 7th St. NW and Madison Dr. NW
- 9) March Grandstand

### Russell Senate Office Building

Sen. John Kerry Room 304  
Sen. Paul Kirk Room 317  
MCFL Caucus Room 325

### Cannon House Office Building

Rep. Stephen Lynch Room 221  
Rep. James McGovern Room 438

### Longworth House Office Building

Rep. Michael Capuano Room 1414  
Rep. John Olver Room 1111  
Rep. Niki Tsongas Room 1607

### Rayburn House Office Building

Rep. William Delahunt Room 2454  
Rep. Barney Frank Room 2252  
Rep. Ed Markey Room 2108  
Rep. Richard Neal Room 2208  
Rep. John Tierney Room 2238

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## A Family Story: The Promise of Medicine to Heal Without Harm

By Helen Cross

In 1929, a young boy was stricken by the high fever, headache, stiff neck and muscle weakness that were indicative of poliomyelitis. My grandmother recounted years later how she and my grandfather hovered by his bedside for five days, not knowing if their youngest child would live or die. In 1929, polio killed thousands. Even if one were spared, polio patients suffered from the devastating effects of the virus on their nerve cells: partial or complete paralysis, muscle wastage, breathing and circulatory problems.

Growing up, I knew that my father was different from other fathers. My father never ran. He appeared to have two bodies, his upper body was big, immensely strong and powerful, but his legs were ridiculously withered, belonging to a frail being.

But there were compensations. Dad tended the lawn on a huge, red Toro sit down mower allowing us exhilarating short rides with him on the roaring machine. His canes were wonderful playthings; you could hook someone around the neck in a parody of vaudevillians removing a bad act from the stage. Later on the canes proved irresistible to our toddlers, who would strand their grandfather at various points in the house by walking away with his support.

Whenever we had to get shots at the pediatrician, my mother would comfort us that it was a triumph of medicine and the pain of an injection was a small price to pay so that we children would never have to know the scourge of diseases such as polio. Standing in line for a mass screening for tuberculosis in the third grade, I proudly told my classmates that they shouldn't complain about shots because it would prevent them from getting what my dad got (confusing not only polio with tuberculosis, but a tuberculin test from an inoculation.)

In 1994, I was stricken by a fever so high that I saw wonderful castles appear by my bedside. I entertained by men's voices singing an Italian songs and the sonorous tones of the clarinet. The problem with being very sick is that by the time you need help your addled brain is too impaired to recognize it. Fortunately my husband recognized that there was something wrong with his wife and returned home from vacation with our three children, aged eight, five and one (which is where I sent him earlier thinking that I was only suffering from a case of the flu.)

Hospitalized, I was diagnosed with viral cardiomyopathy. My heart was enlarged and beating too rapidly. Doctors told me that viruses can attack any part of the body (who knew!) and that if my heart was too damaged I would either die or need a heart transplant. A week later, I had

survived, but with some heart failure (where the heart can't beat quite hard enough to fully oxygenate the blood). "Go ahead and live your life," my doctor told me.

In 1999, my third child was different from all other children whom I knew. He never seemed to know what day it was, rarely spoke to anyone, and never used his own name. When getting dressed for school in the morning, it would never occur to him that if you needed to wear snow pants yesterday, you wouldn't be wearing a bathing suit today. After nearly a year in school, he still couldn't remember his teacher's name, the names of any of his classmates or where his locker was. At home, he would slam the door on my piano students waiting to come into the house for a lesson and return back to building with his Legos. He was lost in another world.

In 2002, my son was diagnosed with Asperger syndrome, a type of high functioning autism. Asperger is considered an autism spectrum disorder characterized by pervasive developmental delays. Wikipedia describes it as "difficulties in social interaction, along with restricted and repetitive patterns of behavior and interests." My son could construct a massive Lego pyramid and quickly rebuild it as two perfectly matching

and symmetrical smaller pyramids, yet he still couldn't tie his shoes or tell you

At AVM Biotech

WE KNOW THERE IS  
A BETTER WAY



his phone number.

In 2009, polio has almost been eradicated from the planet. The exciting developments in the use of adult stem cells for an ethical treatment for heart failure gives me hope for a long life. Good things from science.

But what about my son's autism? Did aborted fetal DNA in a vaccine act as a trigger? Are there ethical alternatives?

MCFL Executive Director Marie Sturgis calls the mission statement of AVM Biotechnology "extraordinary for our time." AVM, located in Seattle, Washington, has responded to the need for safe, ethical stem cells in vaccines and regenerative medicine. Their mission statement says that they are committed to making "safe, effective, affordable alternative vaccines and stem cell therapies without using electively aborted fetal materials." Research and Development Director Theresa Deisher, Ph.D. has "twenty years of experience in pre-clinical research and clinical experience in the areas of heart failure and cardiac regeneration."

AVM's web site says that, "Each year in the United States, 1 million people suffer a heart attack, 6 million people suffer from chronic heart failure, and 700,000 die from cardiovascular causes."

AVM's first regenerative medicine project using ethical stem cells in clinical trials was completed by Helmut Drexler in heart attack patients. AVM wants to have patients get full benefit of stem cell therapies.

### Regenerative Medicine

Exciting results have been achieved in treating heart disease, reduced mortality and subsequent hospitalizations following a heart attack. AVM says that the following areas are essential to optimize current stem cell treatment outcomes: 1) enhance viability of stem cells administered, 2) allow for non-invasive delivery of stem cells, and 3) increase retention of stem cells in target organs.

Problems with the current method of therapy: 1) stem cells must be injected into the heart or coronary arteries, 2) only a small percentage of stem cells (less than 5%) are retained in the target organ, and 3) the vast majority of stem cells accumulate in the spleen one to two hours after injections. The spleen is a critical site for lifelong stem cell regeneration and storage.

For information on the development of ethical vaccines, see story below.

## Sound Choice to Conduct Studies on the Link Between Use of Aborted Fetal DNA in Vaccines and Autism

By Helen Cross

Sound Choice Pharmaceutical Institute is conducting the first studies to investigate whether autism can be triggered by the insertion of foreign DNA into a child's genetic makeup (genome).

Currently, the only available vaccines in the US for Measles, Mumps, and Rubella (MMR) and Varicella (Chickenpox) as products containing aborted fetal cell lines.

The rates of regressive autism and autism spectrum disorders have skyrocketed in both the United States (1 in 100) and the United Kingdom (1 in 64). Regressive autism is a condition where children cease to develop normally and also lose the language and social skills they had developed. Sound Choice reports that these levels are historically associated with the switch by pharmaceutical companies from animal cells to produce vaccines to the use of cells from aborted fetuses.

Initially, thimerosal (mercury) was blamed as the culprit, but autism rates continued to rise in areas which used vaccines with mercury contamination removed. A trigger

is needed to develop autism in those with a predisposition. (I have an older cousin with autism.) Spikes in autism occurred in both the United States and the United Kingdom after a new version of the MMR vaccine appeared. The measles component of the new version of the MMR vaccine has been investigated and is not linked to the development of autism.

The Vaccine Safety Working Group of the National Vaccine Advisory Committee (NVAC) to the Center for Disease Control (CDC) says that vaccine-triggered autism warrants more study of the vaccine. The current packaging of the MMR vaccine now includes "human diploid cell" as an ingredient. A human diploid cell is a cell from an aborted fetus. SCPI reports that "use of fresh electively aborted fetal cell materials and aborted fetal cell lines is pervasive in biotechnology and pharmaceutical industry."

There is currently no informed consent law requiring full disclosure about the inclusion of contaminating fetal DNA in drugs and vaccines. According to SCPI, these informed



Keep Your  
DNA  
Out of My  
Genome!

consent and safety concerns include:

- 1) Potential for developing autoimmune disease triggered by the child's immune system recognizing contaminating DNA and generating antibodies that also recognize their own similar DNA
- 2) Potential for insertion of that DNA into the child's own genome. Can result in oncogenesis – tumor formation, residual, contaminating DNA disrupts the function of tumor suppression genes.

A 2008 study conducted by the FDA found that residual contamination by foreign DNA led to tumor formation in mice, with new born mice being the most susceptible. Gene therapy trials in human children ("bubble boys") also showed the danger of DNA

see **AUTISM** - Page 12

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# Lawsuit Challenging Federal Funds for Embryonic Stem Cell Research Dismissed

A lawsuit challenging the easing of federal restrictions on the use of embryonic stem cells for research was dismissed in late October by U.S. District Court Judge Royce Lamberth. The suit, filed by Nighthlight Christian Adoptions, said that new federal guidelines would reduce the number of embryos available for adoption. Parents who have created embryos through in vitro fertilization in fertility clinics now have the option of storing spare embryos, releasing them for adoption or donating them for research. The NIH guidelines only say that fertility clinics must provide parents with the options available at that clinic, and most do not have the option of giving

the embryo to adoptive couples who would grow the baby to birth.

The lawsuit alleged that the guidelines used by the National Institutes of Health (NIH) to implement the use of federal tax money to finance embryonic stem cell research were “contrary to law, were promulgated without observing the procedures required by law.” Lawyers for the plaintiffs said that the new guidelines violate the Dickey-Wicker statute which prohibits public funding of the creation of human embryos or “research in which” human embryos are harmed.

Scientist Dr. James Sherley, a former MIT professor, testified that the guidelines were implemented without

considering the progress of adult stem cells and induced pluripotent stem cells. In a report on Lifeweek.com Sherley said, “research involving stem cells safely derived from human adults and other sources presents the same if not greater potential for medical breakthroughs, without any of the troubling legal and ethical issues related to embryonic stem cell research.”

Dr. Theresa Deisher, founder and Research and Development director of AVM Biotechnology, along with the Alliance Defense Fund, the Christian Medical Association and Advocates International, were also plaintiffs in the lawsuit.

## Interview with Dr. James Sherley

By Marie Sturgis,  
MCFL Executive Director

**Sturgis:** Recently, you were involved in legal proceedings against the National Institutes of Health (NIH) - (Sherley et al vs. Sebelius et al, filed August 19, 2009). What was the nature of the NIH suit?

**Dr. Sherley:** This law suit is the first step in an effort to challenge the legality of President Obama’s executive order that the NIH should begin funding research based on the destruction of human embryos, in light of the Dickey-Wicker amendment that prohibits the use of federal funds for such research. To legally challenge the NIH’s action, a plaintiff must gain legal standing with the court. One basis for standing is injury, which the plaintiffs in the first law suit will experience as a result of the NIH’s action to begin funding research with human embryonic stem cells. So, the first law suit sought to obtain court standing for one or more of the injured plaintiffs. Standing would then enable the plaintiffs to challenge the NIH’s actions.

**Sturgis:** Can you tell me about the other plaintiffs in the case?

**Dr. Sherley:** (See the above article, “Lawsuit Challenging Federal Funds...”)

**Sturgis:** What was the outcome of the case?

**Dr. Sherley:** The suit was denied on the grounds that the plaintiffs failed to show sufficient cause for injury to justify standing. We are now appealing.

**Sturgis:** Will there be some fall out or implications that may arise as a result of the case being thrown out?

**Dr. Sherley:** None that I have noted other than the NIH leadership moving ahead with approving human embryonic stem cells for research funding justified with faux ethics.

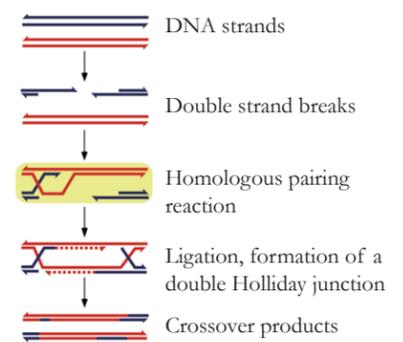
**Sturgis:** The development of induced pluripotent stem cells (iPS) is developing atlightening speed, in almost three years the process time has been cut justabout in half. What are iPS cells and why are they so important?

**Dr. Sherley:** iPS cells are mature cells that have been converted into cells with embryonic stem cell properties by genetic manipulation. They can express the full range of hESC capabilities, but currently are more unstable and more difficult to maintain for long periods. Scientists think they are important because they demonstrate that, as long as a cell has a complete genome, it is possible to manipulate it into many different cell states, even “backwards.” Like hESCs, iPS cells are also an artificial cell type. I expect that they will tell us new things about cell biology that might not have been found in other experimental models. However, their therapeutic potential is as limited as that of hESCs; but producing them does not require unethical practices.

**Sturgis:** If you were able to project the progress and path of stem cell research, do you think embryonic stem cells will continue to play a major role in research 10 years from now, given the popularity and flexibility of iPS cells? If not, why or if so, why?

Foreign DNA may trigger disorders  
**AUTISM**  
Continued from page 10

### Homologous Recombination



When a DNA fragment is introduced in the nucleus of a cell, it can integrate randomly into the genome. If the introduced DNA is identical (homologous) to a DNA sequence present in the genome, then the integration can occur in the same location.

insertion into the genome.

The triggering culprit may be genetic recombination, where a DNA molecule is broken then joined to a different DNA molecule. Called homologous recombination, random DNA can be incorporated into a recipient’s genes, but only when the recipient is of the same species. Horizontal gene transfer allows for an organism to incorporate foreign DNA in an often positive exchange that allows organisms to acquire beneficial mutations.

Unaltered chicken DNA cannot insert itself into the human genome, but “naked, unaltered same species DNA rapidly crosses a cell’s membrane to enter the nucleus and insert itself into the genome. This process is not random but corresponds to “hot spots” on the gene. It can be problematic if DNA is inserted into a long lived cell such as a heart cell or brain cell.

“The ‘hot spots’ for DNA insertion are found in eight autism-associated genes present on the X chromosome. These eight genes are associated with cell synapse function, central nervous system development and mitochondrial function.”

this lawsuit. Not only are my family, my research team, my colleagues in adult stem cell research and disease research, and I injured professionally and economically by the NIH’s irresponsible action, but so is the country.

James L. Sherley, M.D., Ph.D.  
Senior Scientist

Programs in Regenerative Biology and Cancer Biology  
Director  
Adult Stem Cell Technology Center  
Boston Biomedical Research Institute  
64 Grove Street  
Watertown, Massachusetts 02472  
Phone: 617-658-7892  
Fax: 617-658-7896



Dr. James Sherley

**Dr. Sherley:** As for embryonic stem cell research in its younger days, the current overstated context phase of iPS cell research will soon pass, too. It is already waning, as serious scientists settle into the harder content phase, when the prematurity of promises is recognized by many independent laboratories. The public seldom understands that scientists can be incredibly excited for research that may not have an immediate practical application. iPS cell research will have a long and productive future in this respect. However, the hESC research debate is driven by the promise of near-term improvements in health by putting hESC cells or their cell products into patients. In this specific, important respect, iPS cells have the same future prospects as hESCs... none. In the meantime, other long productive areas of human disease research, in particular adult stem cell research, will have been under-funded to the detriment of those awaiting needed advances in medical care.

**Sturgis:** If you would like to include any additional thoughts for the article that would be fine.

**Dr. Sherley:** The public should be alerted to the corruption of the scientific integrity of the NIH by the Obama administration. The NIH has long-standing policies that safeguard human embryos from harm and injury by excluding pregnant women from participation as research subjects. Yet, at President Obama’s instruction, the NIH Guidelines for Stem Cell Research promote the destruction of human embryos! It is unconscionable that the humanity of embryos is not acknowledged in any part of the Guidelines! If the public cannot get the objective scientific fact that “embryos are living human beings” from the NIH, where shall they go? This grave indiscretion by the NIH is why I have championed

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# Adult Stem Cells Continue the Regenerative Medicine Revolution

## 1 Parkinson's Disease

Patients who were given bone marrow stem cells (either injected into the cerebrospinal fluid or surgically implanted into the brain) reported improvements in muscle strength, mobility, speech, balance, and decreased pain and muscle spasms. (Xcell-Center of the Institute for Regenerative Medicine)

## 2 Heart Disease

Transplanting a potent form of stem cells into the heart muscle of patients with severe angina resulted in less pain and an improved ability to walk. Fewer patients died compared to those who did not receive stem cells. (Science Daily)

## 3 Burns

Spray-on skin stem cells provide an alternative to traditional skin grafts for second degree burns. Surgeons create a suspension of skin basal cells harvested from the patient which proliferate and cover the burn wound with new skin. (Technology Review MIT)

## 4 Reprogramming Adult Cells

Researchers at the Whitehead Institute for Biomedical Research in Cambridge, Massachusetts say that given the right conditions, any adult cell can be coaxed into becoming stem-cell like. They were also able to speed up the process required for cells to become stem-cell like, cutting the time by half. (Naturenews)



## 5 Autism

Results of injecting stem cells into the patient's cerebrospinal fluid include improved cognition and sensory processing, increased attention span, speech and motor functioning, behavior, focus, decreased hyperactivity and insomnia.. (Xcell Center).

## 6 Jaw Bone Created

The first time a complex, anatomically-sized bone has been accurately created using stem cells. The temporomandibular joint (TMJ) was created by seeding bone marrow stem cells into a tissue scaffold, formed into the precise shape by using digital images from the patient. (BBC News)

## 7 Liver Disease

Scientists have succeeded in turning patient's skin cells into liver cells. This opens the way for developing treatments for a wide range of diseases that affect the liver. (Science Daily)

## 8 Insulin Producing Cells from Skin Cells

May provide a research model and treatment for Type 1 diabetes. (Health Day News)

## 9 Hip Replacements

Dead hip bones are being rejuvenated using purified stem cells from bone marrow in the pelvis. British scientists have called the ability to avoid hip replacement surgery a major medical breakthrough. Many patients report being able to walk normally again without pain or the need for surgery.

## Scorecard



### Adult Stem Cells Trounce the Embryonics Again

Washington - The database at Clinical trials.gov revealed only nine studies when asked to search for embryonic stem cells research. Further investigation found that not all these studies are actually using embryonic stem cells. Those studies were noting embryonic stem cell similarities to other cells.

**ADULT STEM CELLS 2716**  
**EMBRYONIC STEM CELLS 9**

The adult stem cells continued their domination of the biotech field with an impressive number of current studies, 2716.

## Despite Advances, New Embryonic Stem Cell Lines Approved

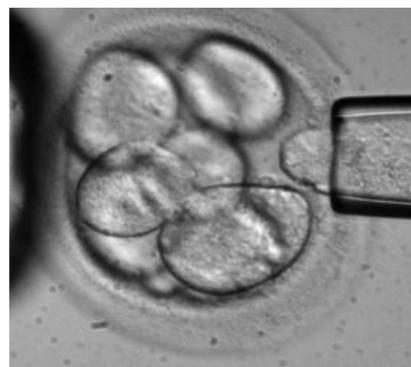
Costs taxpayers \$12 million to fund "obsolete" embryonic stem cell research

As reported by Steven Ertelt in Lifenews.com, the first approval for federal funding of embryonic stem cell research, was quickly followed by another.

13 lines from Children's Hospital in Boston were the first gaining approval for federal funding. Researchers at Harvard were the next to cash in as National Institutes of Health Director Francis Collins gave the approval for 27 more embryonic stem cell lines.

Despite the success of adult stem cells in treating diabetes, the Harvard researchers got the go ahead to destroy embryos in diabetes related pancreatic cell experiments.

Dr. Bernadine Healy, a former director of the NIH, recently said that embryonic stem-cell research was basically "obsolete." Part of the reason for this is the progress made in the field of adult stem cells.



msnbc. repeated the line that embryonic stem cells "hold promise" for the treatment of disease

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# Nuggets



Gleanings from around the world

## South Korean obstetrician discontinues performing abortions, gets death threats

A November article in the *LA Times* reported on South Korean obstetrician Dr. Shim Sang-duk's decision to stop performing abortions. Dr. Shim has also started a group of activist physicians who refuse to perform abortions and advocate the prosecution of those who do.

Though abortion is technically illegal in South Korea, it is so commonly done that South Korea is called "the Abortion Republic." Government call for fewer births to encourage economic productivity has become so successful that South Korea has one of the lowest worldwide birthrates, only 1.19 live births per woman. Estimates are that for every 450,000 births, there are 350,000 abortions, some say that the actual number of abortions may be four times higher.



"Abortions, which abandon the valuable life of a fetus, are the very misery for the nation and society as well as pregnant women, families and ob-gyn doctors," reads a sign in Dr. Shim Sang-Duk's office.

The *Times* quotes Shim as saying that he rarely used the word *abortion*, he sought to "erase" or "prevent" the fetus. In South Korea, abortion is considered an individual matter, religious and women's rights groups have stayed away from commenting on the issue.

Still, Dr. Shim reported being puzzled by his patients' reactions following their abortions, they cried. "Many women cry when they give birth, but these were a different kind of tears."

Dr. Shim's decision to refuse to per-

form abortions has hurt his practice so badly financially that he may have to close his clinic. He has also received death threats for his stand. But the personal benefits have been worth it. Where once Dr. Shim the abortionist described himself as "emotionless," he now says, "I feel like a young doctor again."

[www.latimes.com/news/nation-and-world/la-fg-korea-abortion29-2009nov29,0,5103901,full\\_story](http://www.latimes.com/news/nation-and-world/la-fg-korea-abortion29-2009nov29,0,5103901,full_story)

## Mike Barnett Trains Youth Speakers



Mike Barnett (left) led a training session for youth speakers at an event hosted by Priscilla Keough.

By Priscilla Keough

On Saturday Nov. 7, high school and college members of the Massachusetts Students for Life *Youth Speakers Bureau* were privileged to receive training from Michael Barnett. Mr. Barnett is the Leadership Development Director for American Life League. Mike helped our student speakers to develop their speechwriting and delivery skills. He outlined five important points in developing a good speech.

First, the speaker must ask him/herself "What do I want the audience to believe at the end of my speech?" You must have a goal for your speech. Do you want the audience to understand fetal development or perhaps the importance of their vote? Second, "Know your audience." Will your audience be made up of like-minded people or people whose views will oppose yours? Are they high school students, college students, scientifically minded or artistically minded?

Third, "What do they believe?" Is your audience most likely to be pro-life or pro-choice, or maybe they haven't formed a viewpoint yet. What social network do they belong to? Who are the people they call friends, and what are their most commonly held beliefs? Fourth, "What are things I can't talk about with this particular audience?"

For example, you wouldn't want to talk on a very scientific level with people

who aren't interested in science.

And finally "Close with your vision." Hopefully by the time you reach your vision you will have brought the audience along with you, so that your vision reflects a common vision. All people deserve dignity therefore the unborn, since they are people, deserve it as well.

Mike also stressed the importance of how you present yourself. Studies show that the audience forms an opinion, which is difficult to change, within the first 10 seconds they lay eyes on you. Approximately 68% of that opinion is based on their visual perception of you. You have 30 seconds to get your main point of view across and the rest of your speaking time is used to reinforce that main theme.

The students who had the privilege of meeting with Mike felt they gained a much better understanding of how to prepare and give a great pro-life speech. If you would like to have one of student speakers come and speak to your group please contact us at MCFL or through our email address at [MassStudentsforLife@masscitizensforlife.org](mailto:MassStudentsforLife@masscitizensforlife.org) Pro-life students help other young pro-lifers realize that they are not alone, that they have a voice, and that they can change the world.

## STAND UP! SPEAK OUT! SAVE LIVES!

Mass. Citizens for Life will host our first state-wide Youth Conference in early March to educate young people, and adults who work with them about the pro-life issues and to give them direction about what they do.

**STAND UP! SPEAKOUT! SAVE LIVES!** will prepare students from across the state in grades seven through college to deal with the challenge to their position and the challenges of activating their peers.

The committee has contacted Lila Rose, who has made the videos exposing Planned Parenthood, Mike Barnett from the Leadership Institute, representatives from Crisis Pregnancy Centers, Project Rachael (which helps post-abortive women), and leaders of local high school and college pro-life groups. We definitely have Linda Thayer, the premier pro-life speaker among the teens in the state and Rock for Life for a concert to close the Conference.

We expect to have all arrangements completed by the first week in January. Please check [www.masscitizensforlife.org](http://www.masscitizensforlife.org). We will also be sending information to schools around the state. We encourage students to check with the faculty pro-life director, religion teacher, or biology teacher.

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## Charlie Doyle: Champion of the Unborn

By Ray Flynn

Reporter Carl Ryan of the State House News Service handed me a copy of a breaking Associated Press wire service story on January 22, 1973 from Washington D.C. The U.S. Supreme Court legalizes abortion in a landmark decision, which was praised by pro-abortion advocates. My first reaction was, "How could this be? There must be more to the story than this." I had heard Dr. Joseph Stanton talk about the issue and case at a legislative meeting, so I immediately reached him by phone in his office to explain to me what had happened. Stanton, a medical doctor, had founded a pro-life group called Massachusetts Citizens For Life (MCFL). I asked him if he would come to the State House and meet with a small group of legislators. Representative Charlie Doyle of West Roxbury was the next person I spoke with. He was a devout and loyal Catholic and a person I deeply admired. He loved talking baseball, which was just fine with me. For hours, along with Michael Paul Feeney, John Toomey and Jimmy Craven, we would talk about baseball and politics. We didn't have many discussions about baseball after that day.

Charlie felt so passionate about protecting the unborn that this issue occupied most of his legislative and personal time. Charlie and I invited many informed pro-life leaders to the State House to help us draft appropriate legislation to the U.S. Supreme Court decision. We talked to nationally respected law school professors, former judges, theologians, attorneys and pro-life activists like Dr. Mildred Jefferson, Dr. Stanton, Attorney Ed Harvey, Marianne Rea, Attorney Phil



Charles Doyle

Moran and Joe Reilly, who helped us draft a legal and legislative course of action. The understanding of the law was only surpassed by their medical brilliance. Other meetings were held and our numbers started to increase.

We introduced the first Doyle-Flynn Bill and the rest is history. We changed the Massachusetts Legislature and our liberal state into being one of the strongest pro-life states in the entire country. We even tied up the state operating fiscal budget until we were given a vote on the bill on the floor of the Massachusetts House of Representatives. This action was met with anger and outrage in the media, but we took the criticism and eventually won out. The Doyle-Flynn Bill became law after we overrode the veto of the Governor of Massachusetts.

I told the Boston media that Charlie Doyle was the greatest pro-life legislator in American history. What he achieved through determination and commitment was nothing short of heroic. We lobbied and organized the state legislature, with the active support of the Catholic bishops and priests and the Massachusetts Citizens For Life. We paid no attention to our critics. Charles Doyle was often accused of being a one-issue politician. That's a pretty important legacy..... saving lives. It's also a good record to get into Heaven.

Rest in peace, my friend and champion of the unborn.

*Besides being a former State Representative from South Boston, Ray Flynn is the former Mayor of Boston, U.S. Ambassador to the Vatican and a life-long pro-life leader.*

Patricia was chairman of the Ludlow Chapter of Mass. Citizens for Life for many years, was very involved with education, was regional secretary, along with John, a founder of the political action committee "Committee for the Civil Rights of the Unborn Children". For years Patricia was editor of "The Rose", planned the annual pancake breakfast for the Ludlow Chapter, worked on the annual breakfast for CCRUC, held political signs, leafletted for political candidates and did pretty much everything.

Patricia was a wonderful woman and with her wit and common sense had a host of friends. She loved the Red Sox, reading mysteries, liked Agatha Christie, Mary Higgins Clark, and Jane Austen. Pat loved the



Patricia Day

Patricia Rooney Day

She loved her husband John, her sons Russell and Tommy, and her daughter-in-law, Kate. She adored her grandsons, Jack, Timmy, and Michael. She loved the Unborn, her Ludlow Chapter of Mass. Citizens for Life, everyone involved in it, and the Ludlow office where she and John worked diligently keeping the mailing list up to date.

*Requiescat in pace*

*Mrs. Katherine P. Healey*

March 13, 1927 – December 2, 2009

By Jim Brown



Kathy Healey

For all who knew her well, Mrs. Katherine P. Healy was the prolife model that many of us wish to be. For me, Katherine was a mentor, special friend, and go-to person whenever difficult questions arose. As past MCFL president, leader and avid prolife partner of Dr. Joseph Stanton, Katherine had limitless prolife wisdom that came in handy to me and many others as needs arose. I give thanks for Katherine's gentle personality; for whenever I felt compelled to express prolife positions in harsher terms, Katherine invariably reminded me of the beauty and sacredness of the child. She always recommended the image of a mother and child to the gruesome pictures of aborted babies.

Katherine had many loves that included her husband Joseph, children Elizabeth, Katherine, Joseph, and, Marguerite as well as her 10 grandchildren and 3 great grandchildren. One of her many avocations was baking, especially the Irish rolls that were so admired by my family. The rolls, being as

tasty as they were, never lasted very long. Her pies were also a great hit. I remember when her husband Joe delivered a Christmas pie to our door and claimed up and down that he had baked it! For a second I believed him but then remembered how charming a prankster he could be. Joe has been confined to a nursing home for some time now but he is doing well.

Faith, courage, and love. These were the virtues that her son Joe so eloquently portrayed of his mother in his eulogy at her funeral Mass. Katherine was steadfast in her Catholic faith under trying times. She was loving to her family and to her wider family community. I feel blessed to have been included in that family. And her unflinching courage in the face of hateful opposition testifies to her heroic witness to the prolife cause that will endure for years to come.

*Requiescat in pace* special friend.

### Rose Drives

Greater Lawrence Chapter  
St. Patrick's Church,  
Lawrence \$800

St. Brendan's Parish  
Bellingham \$ 386

St. James Parish  
Stoughton \$ 344

Greater Framingham  
Chapter \$700

### In Honor of Jean Mullen

By Molly Finn

### In Honor of Bernadette O'Connor

By Bernadette Berset

Wednesday morning gab fests after church with John and their buddies the Flannery's, Mole's, Zanetti's and Chasses' at Randall's. Always smiling, pretty as a picture, good friend, always ready to listen, and smart (graduated third in her class from Cathedral High when there were almost 400 in the graduating class). She graduated from the College of Our Lady of the Elms and loved teaching 5<sup>th</sup> grade. We will miss her forever.

### An Old Irish Blessing

May the road rise up to meet you.  
May the wind always be at your back.  
May the sun shine warm upon your face,  
and rains fall soft upon your fields.  
And until we meet again,  
May God hold you in the palm of His hand.

Susan Szetela  
Monica Butler

Edited  
by Anne  
Fitzpatrick

## In Loving Memory

### Margaret Nazzaro

By Anne Fox

### Honorable Charles Doyle

By Anne Fox

### Mim Reid

By Anne Fox

### Kathy Healey

By Anne and Ken Fox

### Honorable William J. Flynn, Jr.

By Anne and Ken Fox

### Bill Clarke

By Anne and Ken Fox

### Joseph M. Dailey

By Martha Dailey

### Patricia Day

By Sandy Hines

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# Obama: A Year in Review

By Ben Wetmore

Former MCFL Outreach Director,  
currently attending Law School at  
Loyola University

Barack Obama was elected 44<sup>th</sup> President of the United States just over a year ago. The media heralded his election as the triumph of the mixed-race son of a single mother who rose through the ranks to challenge the party establishment, and have an almost meteoric political rise despite the odds. Obama took his life's challenges and incorporated them into his life story and triumphed, attending Harvard Law School, teaching Constitutional Law, and becoming the epitome of the kind of American success story the public wanted to hear.

An exceptionally positive media climate facilitated the largest popular vote margin for a Democrat Presidential candidate since LBJ. Along with historic gains in the Congress, the Democrats held unified control of the government for the first time since 1994. The opportunity to pass landmark liberal legislation, such as national healthcare, major environmental regulations, reinstatement of the fairness doctrine and repeal of the Bush tax cuts seemed inevitable. Even ideological opponents appeared conciliatory and deferential.

Barack Hussein Obama had the world at his fingertips when he entered the Oval Office in January. In less than a year, Obama's approval ratings have fallen from the low 80s to 45%. Among married, church-attending working people, they are appreciably lower. His amazing election machine that contested every state and raised nearly a billion dollars in campaign dollars couldn't save Governorships in New Jersey and Virginia, two states he won. Republicans now tie Democrats in generic polls of who should lead Congress even though Republicans are, functionally, without a leader.

How did he get here? What policies and actions ensured this moment, where he's scrambling for the remnants of a popularity to carry him another three years to potential re-election as well as trying to earn the political capital to actually govern even though he ostensibly has party control.

The abortion agenda of the administration was strong, swift, and methodical. Obama immediately repealed the Mexico City policy, thus forcing U. S. taxpayers to fund groups which work to impose abortion

overseas. He is close to making it impossible for future presidents to reinstate the Mexico City policy. Obama immediately stopped any federal funding of adult stem cell research and allocated large funding to completely ineffective embryonic stem cell research. Obama's allies and supporters are also working to remove the Hyde Amendment, which must be reauthorized in each session

The President has appointed a variety of abortion industry insiders to his government, notably Kansas Governor Kathleen Sebelius who is notorious for her role in covering up the crimes of the late George Tiller, the partial-birth abortionist from Wichita. Obama also appointed radical pro-abortion group EMILY's List board member Melody Barnes to be the Director of Domestic Policy, a role influential in shaping administration policy.

So, the major life scorecard here are the many vulnerable young lives now dissected in the name of 'science' that will likely yield no cures, as well as the many global abortions now funded by the U.S. government thanks to the Mexico City policy's death. But the real lynchpin is national healthcare and its abortion coverage. Research consistently shows that the number one causal relationship to abortion is price, and cheap abortions make more of them.

In May, somewhat unexpectedly Justice David Souter decided to retire from the Supreme Court. Souter's appointment made the difference in the extension of legal abortion. He voted with the majority in the 1992 Casey v. Planned Parenthood decision which reaffirmed legal abortion on almost spurious and silly grounds. The President nominated Judge Sonia Sotomayor to fill the vacancy. Sotomayor had a relatively easy confirmation process buttressed no doubt by her expected pro-abortion philosophy.

President Obama's signature piece of legislation, nationalized healthcare, looks unlikely to win a single Republican vote in the Senate and is likely to lose 2-3 votes from within his own party, a humiliating setback.

National healthcare has been the keystone of the Democratic agenda for more than two decades. It involved government control and growth. The Health and Human Services department alone will be enormous, managing over 108 new programs and entitlements in just the current draft of the healthcare bill.

Having bought off the pharmaceutical industry and various medical associations, as well as mollified the AARP that rationing won't be in the final result (it will), the Democrats

seemed poised to pass their keystone legislation with little effort and meaningless opposition.

The mainstream media, completely dishonest, ignorant, disingenuous and coddling the regime in power, have been absolutely absent in the debate. Alternative media, Sarah Palin, right to life groups, and the tea party people are the ones doing serious analysis and offering reasonable criticism of the bills.

Serious healthcare reform was once discussed by actual physician politicians such as Senator Tom Coburn (R-OK) who identified real opportunities for reform and cost-cutting, by ending state mandates, allowing the sale of policies across state lines, encouraging more providers, removing the Byzantine tax structures that eliminate individual care and promote only employer-based coverage, reduce paperwork and push serious tort reform to cap liabilities as a cost-containment issue. Sadly, though, these real solutions were discarded in favor of a single-payer system controlled by the government, which will result in 1) higher taxes, 2) reduced coverage, 3) reduced quality, and 4) rationing. Sponsors cannot claim ignorance of these results because they are present in every country with nationalized healthcare, such as Canada, Britain, France, most of Europe and Cuba.

The push for universal coverage continues despite the almost weekly drumbeat of horror stories coming out of Britain: rationing, denial of care, waiting lines, women receiving substandard treatment while giving birth... Neonatal ward nurses in Britain are reported to be understaffed by a third. In September British newspapers reported that patients perceived to be 'near death' have their food and water withdrawn and are sedated until they die. In the states, as Sarah Palin was relentlessly being mocked for claiming that nationalization would lead to this result, the media was regularly reporting on the exactly such incidents in Britain, also well-known for its denial of care to those over 65 years.

Instead of real reform, the proposed solutions would expand the bureaucracy and steamroll the opposition at the expense ethical, affordable, quality care. As a result, the worst of all worlds will result. Costs will go up and care will go down. It will all happen slowly, people will fail to appreciate the causal links as American healthcare becomes as lackluster – indeed deadly – as currently nationalized systems and the incentives for innovation, research, experimentation and curing diseases disappear.



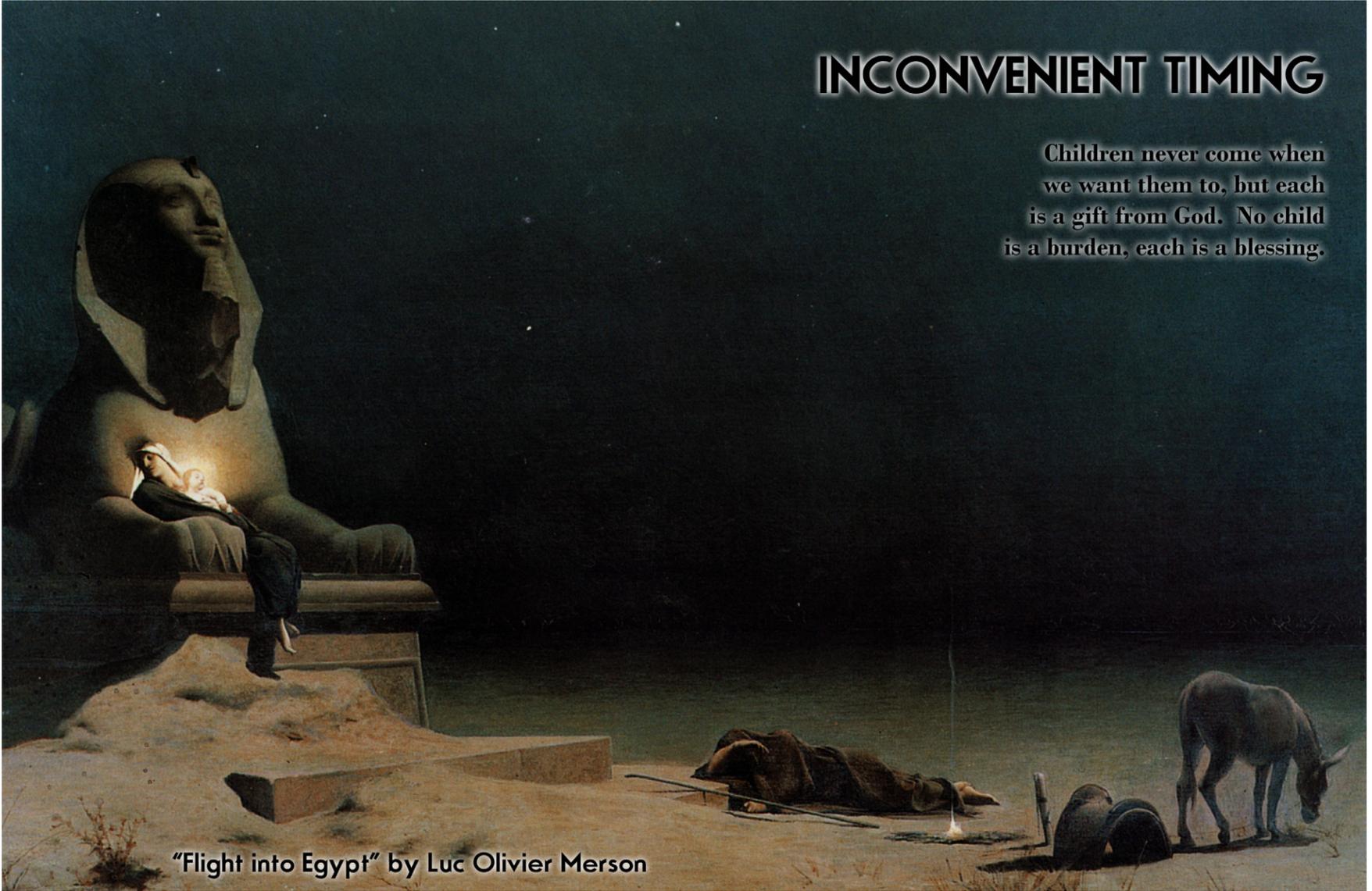
National healthcare with federally subsidized abortions will be a financial bonanza for Planned Parenthood and abortionists nationwide, who have seen abortion rate actually decline, due in large part to the variety of state-level laws and regulations that have offered informed consent, waiting periods, parental consent and other regulations that have stifled the growth of the abortion industry. As well, though it is hard to measure in gross statistical terms, the growth of the pregnancy center movement has offered women real choices. Now, though, abortions easily accessible with perhaps a small-fee co-pay will no doubt cause the abortion rate to climb greatly again, especially among the most vulnerable mothers: teens, minorities and mothers in the cities. The Obama administration's response to the needs of these women has been to push and promote abortion as the solution to their economic troubles, even though that will likely only exacerbate them.

Obama had a historic opportunity, a moment of unparalleled political opportunity rarely seen in the Republic, and it has been all but destroyed by the actions of his subordinates and his party. The mid-term elections have the potential to be a game-changing moment that puts him on the defensive and pushes him into a corner from which he won't be able to escape.

It all hinges on the 2010 midterm elections. If the Democrats lose control of one house of Congress, most likely the House though that possibility is in the outer range of possibilities right now, it would spell a virtual free-for-all until the 2012 re-election, as most chances for legislation short of simply passing basic budgets would go out the window. The Democrats have so demonized and mistreated the Republicans, with Senate Majority Leader Harry Reid comparing national healthcare opponents to slaveholders and racists who opposed the repeal of Jim Crow laws, that any chance for bipartisan collaboration has been ignited on the altar of partisanship and offered to the Gods of rhetoric rather than on any serious effort to find common ground.

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# INCONVENIENT TIMING

Children never come when we want them to, but each is a gift from God. No child is a burden, each is a blessing.

"Flight into Egypt" by Luc Olivier Merson

## How do the Candidates for US Senate Stand on the Life Issues?

Statement by John Rowe, Chair, MCFL Political Action Committee

"The MCFL PAC is excited to announce that, for the first time since the *Roe v. Wade* decision in 1973, Massachusetts has a chance to have a pro-life vote in the US Senate.

If **Scott Brown** is elected, we can count on his vote against all abortion funding, including the health bills; against the Freedom of Choice Act, FOCA; for conscience rights; for the Mexico City policy which prohibits funding for groups who advocate for abortion in other countries; and for all pro-life initiatives which are pending in the Senate.

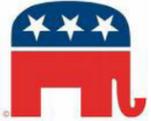
Turnout is expected to be quite low. Pro-life voters are very energized about the prospect of a pro-life vote in DC and they will vote on January 19th.

I encourage anyone who cannot vote on the 19th to cast an absentee ballot. With a low turn-out, every vote is that much more important. The last day to walk in to vote at your city or town hall is Friday, January 16th.

People in the Right to Life movement have been very active in the health care debate. I expect they will continue that activity on Jan 19th and I look forward to victory."

Martha Coakley (D)

Scott Brown (R)



	Martha Coakley (D)	Scott Brown (R)
<b>TAX FUNDING OF ABORTION</b>	<b>FAVORS</b>	<b>OPPOSES</b>
<b>PARENTAL CONSENT FOR MINORS</b>	<b>OPPOSES</b>	<b>FAVORS</b>
<b>BAN ON PARTIAL BIRTH ABORTION</b>	<b>OPPOSES</b>	<b>FAVORS</b>
<b>FREEDOM OF CHOICE ACT (FOCA)</b>	<b>FAVORS</b>	<b>OPPOSES</b>
<b>ABORTION SPECIFICALLY EXEMPTED FROM HEALTH CARE</b>	<b>OPPOSES</b>	<b>FAVORS</b>
<b>ADULT STEM CELL RESEARCH</b>	<b>OPPOSES</b>	<b>FAVORS</b>
<b>INFANTS BORN ALIVE PROTECTION ACT</b>	<b>OPPOSES</b>	<b>FAVORS</b>

Martha Coakley has been advertising her pro-abortion position with paid ads on television. Scott Brown sponsored MCFL's *Woman's Right to Know Act*. Brown also sponsored and passed Cord Blood legislation to provide an alternative to Embryonic Stem Cell Research.