

MCFL Respect Life Walk 2011: Many Generations Show Health of the Pro-Life Movement



“Love is stronger than death,” said Dr. David Franks, MCFL Board Chairman. (L to R) Fr. Jeremy St. Martin, Dr. Wanda Franz, Past President, National Right to Life, Caterina Franks, Emcee Ed King, Benedict and Therese Franks, Dr. Franks.



Students from Immaculate Heart of Mary School in Still River lead off the parade.



Photos by Ed Boylan



Bad Medicine: Proposed Assisted Suicide Law a Recipe For Elder Abuse

Legal analysis of the proposed ballot initiative to permit physician-assisted suicide exposes a host of problems with the law. “The most obvious gap is a lack of witnesses when the lethal dose is administered,” wrote Margaret Dore, an elder law/appellate attorney from Washington State. “Without disinterested witnesses, the opportunity is created for an heir, or another person who will benefit from the death, to administer the lethal dose to the person against his will. Even if the person struggled, who would know?”

In “Death With Dignity: A Recipe For Elder Abuse and Homicide,” Dore analyzed the pitfalls of assisted-suicide laws in Washington State and Oregon. She subjected the legal language of the Attorney General’s Summary of the proposed Massachusetts law to a similar analysis.

In a comparison to probate law Dore noted, “When signing

a will, having an heir act as one of the witnesses can support a finding of undue influence. Probate code states that when one or two witnesses is a taker under the will, there is a rebuttable presumption that the taker/witness ‘procured the gift by duress, menace, fraud, or undue influence.’ The lethal dose request process, which allows an heir to act as witness on the request form, does not promote patient choice. It invites coercion.”

“A relaxed standard of competency allows for undue influence by heirs and others who would benefit from the patient’s death,” Dore continued. Competent or capable both mean that someone other than the patient is allowed to speak for the patient. The Massachusetts



As written, the proposed ballot initiative to legalize physician-assisted suicide opens the door to abuse of the sick and elderly.

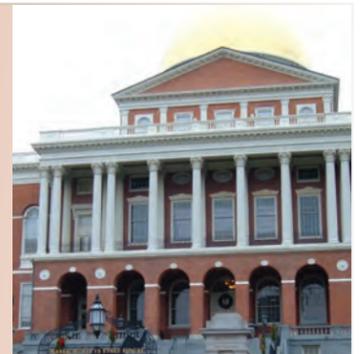
Attorney General’s summary uses this vague terminology, “mentally capable of making and communicating health care decisions, directly or through a person familiar with the patient’s manner of communicating.”

There are no requirements to prove competency or consent when the lethal dose is administered. Without assessing the pa-

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State House Action

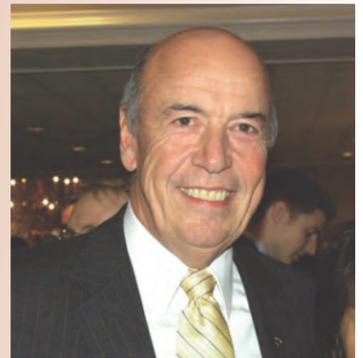
MCFL offers testimony in favor of a state ban on partial-birth abortion in a State House hearing on October 5.



3

MCFL Welcomes New Executive Director

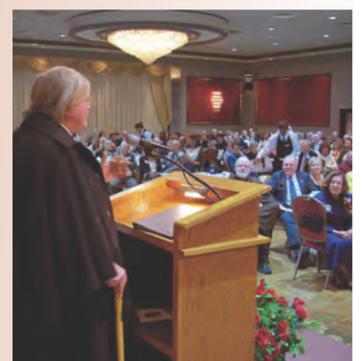
MCFL is extremely proud to announce the hiring of Edwin Shanahan as the new Executive Director.



7

MCFL Annual Dinner Smashing Success

Pro-lifers packed the Lantana in Randolph for an evening of inspiration and wisdom from EWTN’s Chuck Chalberg appearing as G.K. Chesterton.



8

Chinese Gendercide

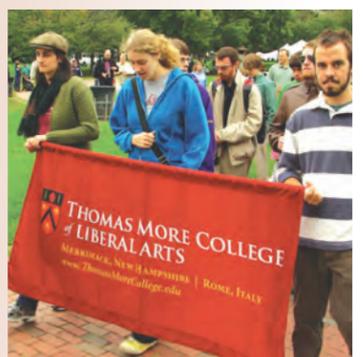
Brian Lee from All Girls Allowed talks to pro-lifers in Adams on the impact of the one child only policy on baby girls.



10

Thousands Turn Out for Respect Life Walk

More pictures of the heroes who walked to raise money to help women choose life.



12

Focus on Abortion and Euthanasia Issues in Massachusetts

A Message From President Anne Fox



Fr. Jeremy St. Martin, Director of the Deaf Apostolate for the Archdiocese of Boston, signs while MCFL President Anne Fox welcomes participants at the Respect Life Walk on Oct. 2

After each presidential debate, the phone rings. People want to discuss the candidates and their chances. As interesting and important as the presidential race is, for us in Massachusetts it must take at best third place. Yes, we all hope to see President Obama defeated. The chances of us in Massachusetts contributing to that are slim. If he wins in only one or two states, one of them will be Massachusetts. Recently that would have meant that our work and our votes had no impact. In reality, our responsibility in the 2012 election is impressive and, we hope, our impact will be enormous.

In 2010, our candidates did very well in the State House of Representatives. The MCFL State PAC will be working to re-elect those people and to elect even more pro-life legislators.

For Congress' last election there were some good candidates. Let's hope we have a chance to support some more good candidates next fall.

The race for U.S. Senate will be crucial for us. Even before she announced that she was running for the Democratic nomination against Sen. Scott Brown, Elizabeth Warren received the endorsement of Emily's List, which endorses, and bundles money for, only the most pro-abortion of women. They will touch a male candidate only if he is running against a staunch pro-life woman incumbent. In January of 2010 Emily's

List bundled at least \$5,000,000 for Martha Coakley. As you would expect, Warren is top-tier pro-abortion.

At the Harvard Law School graduation last spring, the student speaker talked about his classmates knowing what is best for people and urged them to get in positions where they can regulate the lives of others - since they know best. I could just see Elizabeth Warren the ventriloquist looming large behind him as he spoke.

You may remember that the Democratic National Committee tried to get the medical records of Senator Brown and his family. He is their number one target in the whole country and you know they will use whatever despicable tactics they can devise.

The right-to-life vote is a real political powerhouse because we stick to our issue exclusively and are 100% loyal to our incumbents. We were a major factor in Sen. Brown's election, which had so many ramifications in the state and country. We must make sure he is re-elected.

The so-called "Death with Dignity" initiative petition is also of national import. If we can defeat this petition, we will set back the Death Lobby by a decade. If we do not defeat it, they will proceed as though they are walking on stepping stones, right across the entire country.

We have experience. In 1986 we worked on a ballot question for a Constitutional Amendment which said the Massachusetts Constitution did not require the state to fund abortions. Under a Supreme Judicial Court ruling, we fund abortions with Massachusetts tax dollars. Our ballot question would have remedied that. Physician Assisted Suicide/ Doctor Prescribed Suicide is much more important. Since we were not involved in Roe v Wade, Physician-Assisted Suicide/Doctor-Prescribed Suicide (PAS/DPS) is the most important fight we have ever had.

We knew that people were opposed to

tax funding of abortion, so our volunteer members polled the households in the state to identify those people. We then contacted them and got them out to vote. This battle will be completely different. Polls show that until they are educated, people fall hook, line and sinker for the death rhetoric. Right now, between 2/3 and 3/4 of the people in the state support PAS/DPS. You and I have so much work to do to educate people and to protect them.

The parallels between abortion and PAS/DPS are uncanny! People think they wouldn't want to live "that way;" they don't want to be a financial, physical, or emotional burden to their families; they don't want to suffer pain, loneliness, depression. We know that this is a similar slippery slope. In the Netherlands, loneliness or finances are now proposed as reasons to obtain lethal doses. Indeed, PAS/DPS is like post-birth abortion.

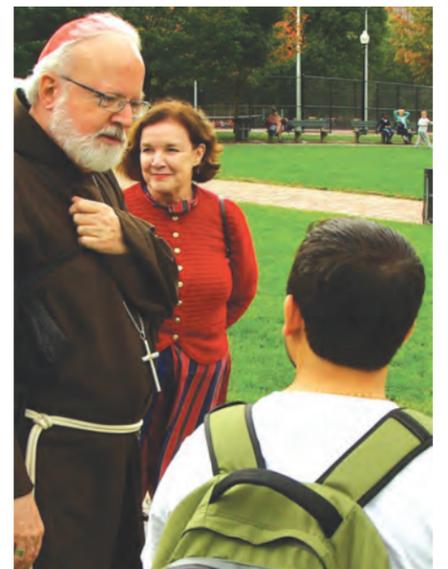
If someone asked you to give a persuasive speech on abortion tomorrow, you could do a fine job. Talking about PAS/DPS is much harder. Proponents talk about saving money and we think, "how inhuman." Yet, in other states they have successfully argued that the money to keep a terminally ill elder alive for a few months could save the lives of countless children. So many concepts which are intuitive to us can be used against us in this context!

One thing we are doing, which we know will be powerful, is making online videos of medical professionals talking about controlling pain and treating depression, of people who received a terminal diagnosis years ago and are still alive; of people with disabilities and advanced age who will be at risk. Our TV show, Vital Concerns is featuring experts week after week.

Rita Marker has been working in the Euthanasia, PAS/DPS field since the beginning. She worked a great deal with Dr Joseph Stanton. We are so lucky that Rita will be in the state and will share her wisdom. She has many meetings with various groups. We have arranged a few meetings planning that you can attend one. Rita has extensive background in winning ballot questions. She will share the "Words That Work."

When this issue heats up and your friends are falling for the death arguments, you will be so grateful you had the chance to hear Rita!

Sunday, Nov. 13, Assumption College, Worcester, 12:30pm to 4:30pm,



Anne, Cardinal O'Malley and one of the many youthful participants at the Respect Life Walk in Boston.

La Maison Francaise Building. This Chapter Leadership Conference is different from those in the past. Anyone who wants to be prepared to participate in this battle for life is urged to attend. Lunch will be provided, so please call the office, 617-242-4199 by Nov 10th to register.

Monday, Nov 14, St. John's Seminary, Brighton, 12 noon - 2:30 pm for clergy and pro-lifers. Lunch at noon in the Refectory. Program in the Medeiros Classroom. Please register by Nov 11, 2011.

Wednesday, Nov 16, St. Stanislaus Hall on Main Street in West Warren, 12 noon to 2:30 pm for clergy and pro-lifers. Lunch is provided. Please register by Nov 14, 2011.

It looks as though Rita will be on **Dan Rea's Nightside (WBZ 1030 AM, 8:00 pm-Midnight)** Wednesday night, the 16th. By then you will have heard her and will know how to handle this difficult issue.



MCFL Vice-President and Dr. Joseph Stanton Award winner Linda Thayer and President Fox at the Annual Dinner in Randolph on Oct. 15.



Never tiring, President Anne Fox distributed information about doctor-prescribed suicide to pro-lifers during the Respect Life Walk, including MCFL Board of Director's member June Newman.

Massachusetts Citizens for Life

MCFL News

Anne Fox, President, Publisher Helen Cross, Editor
 Elisabeth Cross, Reporter Jay Guillette, Reporter
 Janet Callahan, Reporter

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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MCFL Testifies for Ban on Partial-Birth Abortion

On October 5, pro-lifers from across the state attended Judiciary Committee hearings to testify in favor of a state Partial Birth Abortion Ban. "For more than five hours we listened to testimony about bills on animal protection, said MCFL President Anne Fox. "People talked about morality, cruelty, judging us by how we treat animals, about giving animals a chance, etc. We thought how well they expressed our case against Partial Birth Abortion. Finally, into the evening, Marie O'Donnell was able to testify. She pointed out that, every twenty seconds in this country, we treat an unborn baby worse than these animals are treated."

"Why do we need a state ban since there is already a federal ban," continued Fox. "While we applaud the federal ban of partial birth abortions and the Supreme Court's restraint in upholding that law, the federal ban is unfortunately not enough to prevent the barbaric practice. Federal law is just that: federal. In order to implicate a federal criminal law, there must be some connection to federal land or property to confer jurisdiction, such as the crime taking place in a national park, across state lines, or even on the property of the United States postal service. Absent such a connection, the national law does not criminalize local actions. Each state, therefore, must pass its own partial birth abortion ban in order to protect children from this brutal death."

Marie O'Donnell's Testimony



Marie O'Donnell

This is my testimony for human life. Human life is important, too. I emphasized this after listening to approximately sixty-five animal rights advocates who were appalled at the way horses, dogs, and cows are treated now or could be treated in the future. The Judiciary Committee seemed astounded that some cows have even had their tails cut off without anesthesia!

My testimony is to enact a state ban on partial birth abortion. I, Marie T. O'Donnell, want to prohibit forever the barbaric practice of partial birth abortion to be assured that this inhumane practice never is allowed in my state again. This is the state in which I was born, where I have lived all my life and in which I vote.

People are horrified at the inhumane treatment of animals and would



The youngest participant at the MCFL Respect Life Walk in Boston on October 2.

What the nurse saw...

In September, 1993, Brenda Pratt Shafer, a registered nurse with thirteen years of experience, was assigned by her nursing agency to an abortion clinic. Since nurse Shafer considered herself "very pro-choice," she didn't think this assignment would be a problem. She was wrong. This what Nurse Shafer saw:

"I stood at the doctor's side and watched him perform a partial-birth abortion on a woman who was six months pregnant. The baby's heartbeat was clearly visible on the ultrasound screen. The doctor delivered the baby's body and arms, everything but his little head. The baby's body was moving. His little fingers were clasp together. He was kicking his feet. The doctor took a pair of scissors and inserted them into the back of the baby's head, and the baby's arms jerked out in a flinch, a startle reaction, like a baby does when he thinks that he might fall. Then the doctor opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out. Now the baby was completely limp. I never went back to the clinic. But I am still haunted by the face of that little boy. It was the most perfect, angelic face I have ever seen."

The partial-birth abortion procedure is used after 20 weeks (4 1/2 months) of pregnancy - often to six months, seven months, or even later. **The difference between partial-birth abortion and homicide is a mere three inches.**



1 Guided by ultrasound, the abortionist grabs the baby's leg with forceps.

2 The baby's leg is pulled out into the birth canal.

3 The abortionist delivers the baby's entire body except for the head.

4 The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole.

5 A suction tube is inserted. The child's brains are sucked out, causing the skull to collapse. The dead baby is then removed.

Testimony and diagram are available online at:

<http://massprolife.com/attachments/article/130/PBA%20Ban--Supporting%20Materials--Diagram.pdf>

Lobbyist's Report: 2011 a Busy Year for MCFL Legislative Activity

By Eva Murphy

MCFL filed five bills in January for the 2011-2012 session of the General Court, the Massachusetts legislature on Beacon Hill. The bills concern abortion: right-to-know (H482), sex selection (H484), partial birth abortion (H1333), fetal pain (H3295), and taxpayer conscience protection (H1683).

Four of our bills have been heard by legislative committees: (three in Judiciary and one in Public Health) at public hearings. One bill is before the Revenue Committee but has not yet been scheduled for a public hearing. At the hearings Anne Fox and I attended and most often submitted written testimony, ours as well as testimony by others. In the case of the PBA, we submitted statements from two doctors.

We have been focusing efforts on H482, A Woman's Right to Know bill, by visiting members of the Judiciary Committee and our known allies in the House. We attempt to get a favorable report by the committee on each bill. Otherwise bills die by the end of the two-year session if they have not been moved out of committee.

We also attend hearings to support bills filed by other legislators, for example H1334, an act relative to the safe placement of newborn infants, proposed by Rep. Steven Levy and Rep. Shaunna



MCFL Lobbyist Eva Murphy

O'Connell. This bill expands the definition of "safe places" to include those where emergency responders are available. It is related to our own H1683, which would permit taxpayers to have their taxes channeled to the Baby Safe Haven program (an existing program) rather than to the general funds that support abortion.

Our legislative efforts also include opposing certain bills. Most prominently is our own campaign against H2233, the "death with dignity" bill. It has shifted to a ballot issue campaign but remains a bill in the legislature. Also we have actively opposed the sex education bills (known as the Health Frameworks Curriculum, H1540, etc.) that would mandate a certain sex education curriculum in Massachusetts schools. Linda Thayer's work in these matters has been significant in educating our members about the dangers of this legislative measure.

Analysis Says Doctor-Prescribed Suicide Leads to Elder Abuse Law Ripe for Undue Influence and Coercion

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tient's mental condition or the patient's consent at the time the dose is administered, the stage is set for undue influence.

Dore wrote, "Someone other than the patient is allowed to administer the lethal dose. There is no requirement that the patient be competent, capable, or even aware when the lethal dose is administered. There is no requirement that the patient consent when the lethal dose is administered." This allows for involuntary killing.

"Intentionally killing an incompetent or unaware person, or intentionally killing some other person without his consent, is homicide," Dore's analysis continued. Just because a person has a right to rescind the request, it is not the same thing as consenting to have the lethal dose administered.

"A person who obtained the dose on a 'just-in-case' basis, could be involuntarily killed if the drug was given if he later became incompetent, sedated, or simply be sleeping. Without the right to consent, the patient's promised control over the time, place and manner of his death is an illusion."

Dore also mentioned other problems with assisted suicide using the experience in Washington State and Oregon. The requirement for a concurring second opinion can be circumvented by shopping around for a doctor who will agree.

"The term 'self-administer' doesn't necessarily mean that the patient gives it to himself, it only means the patient ingests it. So, someone else could put the lethal dose in the patient's mouth, feeding tube, or iv bag and it will be legal because the patient is 'ingesting' it."

Patients are unprotected from involuntary killing because the law lacks a requirement for witnesses at the time of death. "The lethal request would provide the alibi," Dore explained. "For patients with money, financial considerations are an all too common motivation for killing someone. A further alibi is provided by a reporting requirement that medical examiners, coroners, and prosecuting attorneys treat the death as 'natural.'"

Calling liability for undue influence "illusory," Dore wrote, "The law imposes criminal, but not civil liability for undue influence. But undue influence is a civil concept, which is not capable of being criminally enforced."

Undue influence is a traditionally vague term with no precise definitions. The law

also complicates the issue by specifically allowing behavior, such as letting an heir act as a witness on the lethal dose request form, that could be used to prove undue influence.

Dore writes that statistical reports released in Oregon are "consistent with elder abuse. The majority of people who have died under the Acts have been well-educated and covered by private insurance. The majority of persons dying have been age sixty-five or older."

She quotes a study by the MetLife Mature Institute, "elders' vulnerabilities and larger net worth make them a prime target for financial abuse...victims may even be murdered by perpetrators who just want their funds and see them as an easy mark." Poor people may also be steered to suicide.

In Washington and Oregon, the official reporting form includes a check box where special concerns that led to a lethal dose request could be recorded. But in Idaho, the Adult Protection Services describes this as a abuse warning sign, "*Suspect behavior by the caregiver... describes the vulnerable adult as a burden or nuisance.*" It is recommended that this be reported to law enforcement or to the local adult protective services provider. By instructing doctors to check a "burden" box, writes Dore, "Washington and Oregon promote the idea that its citizens are burdens, which justifies the prescription of lethal drugs to kill them. This is officially sanctioned abuse of vulnerable adults."

The law does not permit patients to opt out of its provisions. "If a person knows he gets talked into things, and he doesn't want to get talked into requesting the lethal dose, he is not allowed to make legal arrangements to try and prevent it. So much for personal 'choice' and 'control'."

Dore's article concluded, "Death with Dignity Acts in Oregon and Washington State are not about patient 'choice' and 'control.' These laws instead enable people to pressure others to an early death or to even cause that death on an involuntary basis. What was previously 'homicide' is now 'death with dignity.' Elderly person with money, i.e., the middle class and above, appear to be especially at risk. Don't let 'death with dignity' come to your state."

Margaret Dore's Analysis of the Attorney General's Summary of the Proposed Law to Permit Doctor-Prescribed Suicide

- **The opening line tracks the AMA definition of physician-assisted suicide.**

The summary states: "This proposed law would allow a physician licensed in Massachusetts to prescribe medication, at a terminally ill patient's request, to end that patient's life."

The AMA definition states: "Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act." For example, a "physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide."

- **Someone else can communicate for the patient and that person does not have to be the patient's designated agent.**

The summary states: "The proposed law would require the patient, directly or through a person familiar with the patient's manner of communicating, to orally communicate to a physician on two occasions, 15 days apart, the patient's request for the medication."

In the context of a will, speaking for the person drafting or executing a will can create a presumption of undue influence. ("[The appellant's] direct involvement in the drafting of the will provided ample justification for shifting the burden of proof to [the appellant on the issue of undue influence].")

- **One of two witnesses on the lethal dose request can be an heir or other interested party.**

The summary states: "The patient would also have to sign a standard form, in the presence of two witnesses, one of whom is not a relative, a beneficiary of the patient's estate, or an owner, operator, or employee of a health care facility where the patient receives treatment or lives."

If one witness can't be an interested party, the other can be an interested party such as an heir. In the context of a will, allowing one of two witnesses to be an heir creates a rebuttable presumption of fraud and undue influence.

- **Someone other than the patient can pick up the lethal dose.**

- **No oversight or no supervision at time of death.**

This allows us to make the "no required witnesses at the death" argument. In other words, without disinterested witnesses, the opportunity is created to administer the lethal dose against the person's will. Even if the patient struggled, who would know? -- **This is our best, most simple argument for countering choice and/or patient control.**

- **The summary states that the death certificate would list the underlying terminal disease as the cause of death.**

This will cause less accountability since someone wanting to know why mom suddenly died after making her will, will see a natural death.

- **The summary is clear that only "substantial compliance" with the law is required for a doctor or anyone else to get immunity from criminal or civil liability or professional discipline.**

The summary states: "The proposed law states that no person would be civilly or criminally liable or subject to professional discipline for actions that comply with the law, including actions taken in good faith that substantially comply."

So the law's "requirements" are not necessarily "required." What if there's only one witness on the lethal dose request? Is that substantial compliance? What about only one of two doctors involved in the process? Is that substantial compliance?



Repeal Efforts Continue as Mass. Health Care System Struggles



Bridget Fay talks to a reporter at a State House press conference announcing MCFL's repeal petition initiative drive on August 3.

Worries that a Massachusetts health care system running short on funds will inevitably lead to rationing and denial of care has led MCFL to work for the passage of an Initiative Petition to repeal Romney Care. Attorney and MCFL Board member Bridget Fay, is treasurer and spokesman of Massachusetts Against the Individual Mandate (MAIM), a committee formed to collect the signatures needed to place the initiative on the ballot in 2012.

"The New York Times just reported that Massachusetts is considering rationing care by limiting what they will pay doctors to treat patients," Fay said. "Countries with state-run health care engage in rationing - often by denying health care to the elderly or to preemies. As a pro-lifer, I don't know how we are going to argue that a tiny embryo is a human and worthy of protection in the womb if Massachusetts goes down that road, too."

Fay cited evidence that government-controlled health care, whether national as in Britain, or state-controlled, as in Oregon, start to limit drugs and treatments to patients with expensive diseases, such as cancer, as costs rise and funds decrease. "Several years ago, the state-run health care system in Oregon sent letters out to cancer patients, informing them that certain treatments were not available but that euthanasia was covered," she said. An article in Britain's Daily Mail on Sept. 27 recently reported that cancer doctors said patients with terminal cancer should not be given life-extending drugs. "The treatments give false hope and are too costly for the public purse," the article said.

Continued Fay, "The Boston Herald reported on how the Massachusetts policy hurts real people, people who lose their jobs but maintain a health care plan anyway. Under the state law, anyone who does not purchase a very expensive health care plan has to pay a tax penalty, which hurts those who lost their jobs or start their own businesses.

"Our premiums are the highest in the nation and rising fast. Rather than controlling rate increases, our state's premiums are rising at a rate that is neither acceptable nor sustainable. Despite the Commonwealth Care system, the percent of uninsured people in Massachusetts has risen since the start of the recession: 5.6% of residents are now without any insurance, and, in these tough economic times, paying a tax penalty for it.

Impact on Massachusetts' Economy

A Sept. 2011 study by the Beacon Hill Institute, "The Economic Effects of Massachusetts Health Care Reform," showed that not only has healthcare reform failed in its promise to extend coverage to all and significantly lower costs, it has drained the economy to an extent that makes rationing more likely to make up for revenue shortfalls.

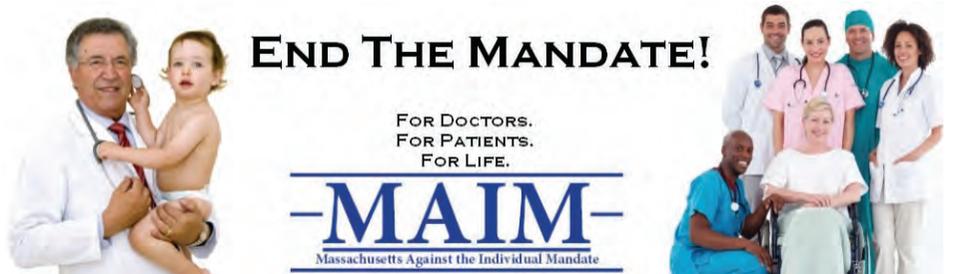
BHI studied the effect of Massachusetts' 2006 health care reform on state and federal governments and private insurance markets, including employee contributions to their private insurance plans. A previous study by the Beacon Hill Institute found that reform has driven costs up by \$4.3 billion (Beacon Hill Institute at Suffolk University, "The High Price of Massachusetts Health Care Reform," July 2011). Since passage of healthcare reform, premiums for single plans have increased by \$81.13 per year, while family plans have increased by \$246.55 per year. Costs are borne by the employee as requiring a greater premium contribution or paid by the company as greater labor costs.

As growing costs consume a larger portion of the state's resources it limits things such as funding for investment or job creation. Consumers could have spent their money on other things that would have yielded better economic performance. In the public sector, state and local governments could have saved money through reduced health insurance premiums and reduced spending, thus also reducing the need for recent sales and property tax increases.

The BHI model used to analyze the effects of HCR on the economy is called the State Tax Analysis Modeling Program (STAMP). It found:

- The state economy created 18,313 fewer jobs in 2010 than it would have had HCR not been in place.
- Keeping people employed under the health care reform law also hurt profit margins, causing firms to reduce investment in Massachusetts. We estimate that investment in Massachusetts was between \$21.28 million and \$29.32 million lower in 2010 as a result of HCR.
- The job losses have crimped income and wage growth in Massachusetts. Real (price-adjusted) disposable income is, on average, \$2.48 billion or \$376 dollars per person lower in 2010 than it would have been without HCR. (See Table 1)

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Massachusetts Against the Individual Mandate (MAIM) has been formed to work for repeal of the requirement that Massachusetts' residents buy health insurance or pay a penalty. MCFL has proposed the petition initiative; if enough signatures are gathered it will be placed on the ballot in 2012.

Table 1: Economic Effects 2010

	Average	Low	High
Total Employment	-18,313	-15,551	-21,422
Investment (\$m)	-25.06	-21.28	-29.33
Disposable Income (\$b)	-2.48	-2.10	-2.90
Disposable Income per Capita (\$)	-376	-319	-441

- State economy created 18,313 fewer jobs in 2010 because of HCR
- Profit margins were hurt, firms then reduced investment, investment was reduced between \$21.28 million and \$29.32 million.
- Job losses crimp income and wage growth in Massachusetts. Price-adjusted disposable income is \$2.48 billion or \$376 per person lower because of HCR.

From: Beacon Hill Institute

The 2006 Health Care Reform law promised to significantly lower costs while achieving universal coverage. The law has instead damaged the economy to the extent that the state will have to impose rationing in order to control costs.

Bioethicist Wesley Smith Ties Together the Danger of Doctor-Prescribed Suicide and Government-Controlled Health Care

The Oregon experiment shows how easily the "right to die" can become a "duty to die" for vulnerable and depressed people fearful of becoming a burden on the state or their relatives. Vulnerable people can be bullied into assisted suicide.

The push to legalize assisted suicide uses the same rationale that was used to legalize abortion: the person will be inconvenient, expensive, not have a good "quality of life", etc. We have even found in Oregon that legalizing Doctor Prescribed Death has increased the number of suicides overall just as Roe v Wade increased the number of abortions. Suddenly suicide is legal and accepted.

The duty to die tide is flowing, and it won't stop with the terminally ill. When I was researching my book Culture of Death, I interviewed an advocate of medical futility and noted that refusing ICU treatment wouldn't save a lot of money. I asked what futilitarians (as I call them) would try to cut next? He responded, "marginally beneficial care." His example? Refusing mammograms to women above the age of 80.

It all gets down to what constitutes "essential health benefits" under the law. But the Feds have already demonstrated that they can't be trusted to create a package that is truly limited to "essential benefits."

The pattern is set. Special interest constituencies will continually demand ever more; e.g. coverage for illegal aliens,



Wesley Smith

coverage for abortion, coverage for IVF, etc. etc. etc. At the same time, powerless people will be offered ever less, e.g., imposition of futile care theory and health care rationing against the morbidly elderly, the dying, and people with severe disabilities. See, these groups have no powerful political constituency groups grabbing pieces of the pie for them. They will matter little in the emerging corrupt system of exchanging health care benefit spoils in return for political support, which is the essence of Obamacare.

Make no mistake, when medically efficacious treatment is denigrated as "futile" or "marginally beneficial," it isn't really the care that is being so described, it is the patients.

Wesley Smith is a Senior Fellow at the Discovery Institute and a consultant to the International Task Force on Euthanasia and Assisted Suicide.

See his blog, *Secondhand Smoke* at: <http://www.firstthings.com/blogs/secondhandsmoke/>

Federal News a Mixed Bag: Obamacare Setbacks, Protect Life Act, Embryo Patent Ban, Conscience Rights Under Attack



A mixed bag for pro-lifers from Washington: Set-backs for Obamacare and the banning of patents for human embryos. Meanwhile conscience rights are being trampled for Catholics opposed to a mandate to require the distribution of abortifacient drugs.

There have been a lot of recent activities in Washington with implications for pro-lifers. Some are good, some are bad.

CLASS Act Failure

The government pulled the plug on the Community Living Assistance and Support (CLASS) Act, a new national long-term care program, due to lack of sustainable funding. Supporters of Obamacare used questionable financial accounting practices to claim that the new entitlement program would reduce the cost of the healthcare reform bill by \$80 billion.

Obamacare supporters sold the idea that services such as home health services (\$1,800 month) and nursing home care (\$70,000-\$80,000 year) could be financed like any other insurance program. An article in the Wall St. Journal reported, "Initially, premiums were expected to be as low as \$150 per month, in return for a payout of \$50 per day."

Reports surfaced that estimated premiums had soared to between \$235 and \$391, and could have reached as high as \$3,000.

"Insurance depends on younger, healthier people signing up to cross-subsidize the older and sicker, but under the Class program as written almost all of its enrollees would soon also be beneficiaries. So to fix this 'adverse selection,' the plan was for Congress to eventually make participation mandatory, with the so-called premiums converted into another payroll tax and the benefits into another entitlement."

MCFL has called for repeal of Obamacare due to its many flaws: mandated taxpayer funding of abortion, rationing and denial of care because of age or disability, slashing conscience rights of doctors and patients and the imposition of a crushing financial burden on young people.

Fight for Conscience Rights

Deirdre A. McQuade, Assistant Director for Policy & Communications at the Secretariat of Pro-Life Activities, U.S. Conference of Catholic Bishops, reported that twenty leaders of national Catholic organizations signed a joint statement to protest the mandate for contraception and sterilization coverage issued this summer by the Department of Health and Human Services (HHS), and to call for legislative reform to protect conscience rights.

Wrote McQuade, "The statement explains that the new HHS rule 'will force Catholic organizations that play a vital role in providing health care and other needed services either to violate their conscience or severely curtail those services. This would harm both religious freedom and access to health care.' It would force employers to pay for sterilization and contraceptives, including drugs which can induce abortion like Ella, marketed as an 'emergency contra-

ceptive.' These drugs as well as surgical sterilizations will be subsidized by all participants in private health plans – with no co-pay from the patient."

A narrowly-written religious exemption applies only to church institutions that hire and serve mostly Catholics and meet other strict criteria. Most Catholic schools, hospitals, and social service agencies that serve the public regardless of religious affiliation, would be excluded from this exemption and will be forced into compromising principles of Catholic teaching if they want to continue their mission in today's society.

Defunding the UN Population Fund

The House Foreign Relations Committee's H.R. 2059 would prohibit funding of the United Nations Population Fund (UNFPA). The proposal has 83 cosponsors, could save the American taxpayers \$400 million in one decade, and probably many babies' lives.

In addition, it would bring the White House's current policy back in line with American law that prohibits funding for any agency that supports or participates in programs of coercive abortion or involuntary sterilization. The UNFPA has been accused of supporting these activities in China.

Human Embryo Patents Ban

The "America Invents Act," H.R. 1249 was enacted on Sept. 16. The sweeping revision of patent laws included a ban on the issuing of U.S. patents on human embryos.

"A patent is a government-conferred property right that gives an inventor exclusive rights to manufacture or use his invention for a defined period, usually 20 years," explained National Right to Life *News Today*. "The patent holder can license others to employ his patent for a fee, called a royalty."

National Right to Life hailed the success of the ban, calling it the culmination of an eight year effort to include pro-life language to protect human embryos from exploitation by the biotechnology industry. Reported *News Today*, "The key language, as it appears in Section 33 of the enacted measure, reads as follows: 'Notwithstanding any other provision of this title, no patent may issue on a claim directed to or encompassing a human organism.'"

Protect Life Amendment Receives No Help From Mass. Reps

On October 13, a vote in the US House of Representatives approved H.R. 358, the "Protect Life Act." The Act would prohibit the use of any ObamaCare-authorized funds for abortions or to subsidize health plans that cover abortions, except to save the life of the mother, or in cases of rape or incest. The Protect Life Act would not restrict the sale or purchase of insurance coverage for abortion with non-federal funds.

Douglas Johnson, Legislative Director for the National Right to Life Committee, said that the version of the Patient Protection and Affordable Care Act (PPACA) enacted by Congress in 2010 lacked protective pro-life language which passage of the Stupak-Pitts Amendment would have afforded it. In a letter to members of Congress Johnson wrote, "H.R. 358, would apply the principles of the Hyde amendment to every component of the PPACA, and contains important conscience protections for health care providers as well."

Before the vote, President Anne Fox encouraged MCFL members to call their Representatives saying, "In spite of the rhetoric, we know that Obamacare contains a lot of abortion coverage and funding. Since the Democrats insisted on the abortion expansion in the final bill, you may think, at first, it is a waste to call our Congressmen. Remind Congressmen Neal and Lynch that this Act is essentially the same as the Stupak Amendment which they supported."

Douglas Johnson reported, "During the debate, opponents of the bill repeat-



Rep. Joe Pitts (R-Pa.) and Rep. Dan Lipinski (D-Ill.) sponsored the Protect Life Act which garnered bi-partisan support in Congress.

edly claimed that it would allow hospitals to deny women 'emergency' abortions. In reality, the bill does not change the longstanding federal law in question, called EMTALA, which requires that in an 'emergency' a hospital must do its best to stabilize both the pregnant mother and her 'unborn child' (which is the term used in the statute). The Protect Life Act allows federal funding of an abortion required to save a mother's life.

The Protect Life Act is sponsored by Congressman Joe Pitts (R-Pa.) and Congressman Dan Lipinski (D-Ill.).

After the vote, a disappointed Fox reported, "None of the Massachusetts Congressmen voted with us. The 251 - 172 vote was decisive. There have been times in the past when Congressman Lynch has voted with us on a close vote - like Stupak. When he knows his vote doesn't determine the outcome, he votes with the Democrat leadership."

Chesterton on Health Care

"There ought not to be, and indeed cannot be, a Ministry of Health. There might be - indeed, there must be - a Ministry of Disease. Any parallel will make this plain enough. The State is perfectly justified in making exceptional arrangements about me if I have a disease like Yellow Fever, but not in deciding how I shall employ my health, or whether it is more wholesome for me to read the Yellow Press or the Yellow Book.

But by calling the thing a Health Ministry instead of a Disease Ministry, we let in the false principle with all its possibilities. Only a few people have diseases that must be isolated, but thousands of people have health that could be improved. By the change, the State passes from its right to restrain the few to a power to oppress the thousands."



Actor Chuck Chalberg appearing as G.K. Chesterton at the MCFL Annual Dinner on October 15. Chalberg used the quote which was originally printed in the Illustrated London News on March 17, 1923.

MCFL Names Shanahan New Executive Director

Massachusetts Citizens for Life announces the hiring of Edwin J. Shanahan as its Executive Director.

Shanahan comes to MCFL with over 30 years of government, association, and consulting experience. Most recently, he was Principal/Lobbyist for Ed Shanahan Associates in Boston, MA. Prior to that he was CEO of the Greater Boston Real Estate Board and Executive Director of its Rental Housing Association. Shanahan was also Deputy Director, Office of Budget and Management, for the City of Boston. He is a graduate of Central Connecticut State University with a BA in Political Science. Shanahan and his family reside in Peabody, MA.

"We are delighted to have Ed join us in this key management role," stated Fox. "He brings the leadership skills, political understanding, and pro-life beliefs that

we need to deal with many issues facing the citizens of Massachusetts."

Edward Boylan, treasurer of the MCFL South Shore Chapter and head of the selection committee was enthusiastic about Shanahan's hiring. Boylan has many years of business experience in the human resources field, his latest job being at food service giant Agar Foods.

"Our new Executive Director has what it takes," said Boylan. "His political expertise and experience as a lobbyist is invaluable. He knows how to deal with the press. We had many good candidates for the job and a few great ones. What impressed me most was that only Ed Shanahan had a vision for what MCFL could be a few years in the future."



New MCFL Executive Director Ed Shanahan with his wife Dolly at the MCFL Annual Dinner on Oct. 15.

Interview With MCFL's New Executive Director: Ed Shanahan



Ed Shanahan speaks to audience at the MCFL Annual Dinner.

MCFL: Tell us a little about yourself and your family.

ES: You can probably tell from my accent that I'm from East Boston. I am one of three brothers, I'm the middle boy. I played football at Central Connecticut State University, as an offensive center. My wife, Dolly and I have three daughters and we are the proud grandparents of three children: Patrick, Cecilia and Riley Ann.

MCFL: What are some of the duties of the Executive Director?

ES: I function as the chief staff officer, my job as Executive Director is to focus on the business of the organization. I look at MCFL's operation from a business perspective, how do we maximize revenues and minimize expenses? My job is to look at what we pay for health insurance, office space, business expenses, and apply best practices. A non-profit's primary objective is not making money, but on providing a service or doing something else of value. By exploring business options the Executive Director finds the best way, the most effective and efficient way to do pro-life work.

I view my role as one that requires MCFL to be presented at the forefront

of the pro-life movement in the best possible light. How do we best present ourselves: at the statehouse, in the print media, on television, etc. and to the general public?

MCFL: How did you become pro-life?

ES: I've always been pro-life, but I didn't give it much thought at first. I remember being in college, we had four guys in an apartment, and one of my roommates was pro-life. He said, "first they'll kill off the unborn, then they'll kill off the elderly, then it'll be survival of the fittest." It sounded reasonable. You can't deny that an unborn child is still a baby, it's a human life. Everything else is illogical.

MCFL: Why did you want to become MCFL's Executive Director?

ES: It's a cause I've always believed in. First and foremost you have to believe in what you are doing. I was successful in other businesses because I believed what we are doing. The pro-life cause is one that is near and dear to my heart. I feel confident in speaking about it. I want to enjoy what I'm doing. That's why when the opportunity came up to take this challenge, and realize the good that can be done, personally and collectively, that made this position especially attractive.

MCFL: How did your previous jobs prepare you for this one? Someone looking at your background in real estate and housing is not going to automatically imagine how this translates to the pro-life arena.

ES: In general, the business of non-profit management isn't that different. It's a similar skill set: you need to maintain your membership and dues, continue the identification of additional revenue streams, control expenses and present your organization as thoughtful, professional and articulate. It's putting the organization and its members in the best light for the general public and present-

ing this to the various media outlets. When I was involved with an initiative petition to eliminate rent control, I was representing rental housing owners in the best possible light and I believed in the positions of the real estate industry. I believe in presenting the pro-life interests in Massachusetts in the best possible light and I believe in the positions of the pro-life movement. In order to be successful, you need to believe in the industry that you are representing.

MCFL: What are some of the opportunities and challenges for MCFL? What's your vision for the future?

ES: I absolutely see opportunity on the horizon, the pendulum is swinging back our way. The next generation is pro-life. Through 38 years of Roe v. Wade, we've witnessed millions of deaths of unborn children. Whom did we abort who had the cure for cancer or solved world hunger? The fallacious arguments of pro-aborths have been exposed, science still says that a baby is created at the time of conception. A friend of mine has a good analogy. He said that when you have a cup of coffee with cream, you can never go back to having just black coffee again. Now that you've mixed them, you can never go back, you have something different. An embryo may not look like a baby, but it is. Eliminate the culture of death, that's my vision to be part of the elimination of the scourge of the culture of death. The unborn have nobody, I'm glad that I'm here and have the opportunity to speak for the unborn.

MCFL: Why is it important to have a pro-life organization in a liberal state?

ES: The important thing is to keep your eye on the end, the goal. If you look at a football team, they want to win the game, even when they've gone three and out on a series of downs. It's important to keep the eye on the goal while we develop and enhance respect for life

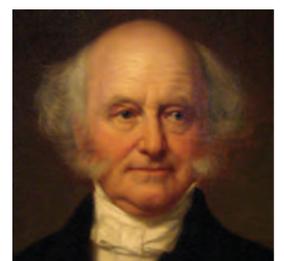
in Massachusetts. We have to spread the word of the importance of respecting life from conception to natural death.

We're on the front line, fighting battles that may be overlooked, but are vital nevertheless. You know, everyone remembers Paul Revere, but no one remembers the name of his horse. Maybe we're the horse to the Paul Revere's ride. We are absolutely making a difference. Right now we have 70-75 legislators in the House that are pro-life. 81 is the tipping point. We need to keep banging the drum.

MCFL: What do you like to do for fun?

ES: I officiate college football in the FCS and for ECAC. It's called FCS (Football Championship Series). I'm an umpire, it definitely helps me stay in shape. I also enjoy ball-room dancing with wife. My grandkids are a blast, my daughters are great.

I'm a big fan of Presidential history. When my kids were young we took the family to a presidential birthplace in Kinderhook, New York. The week after, one of my daughters aced a test because she was the only one who could answer the extra credit question, where is the birthplace of Martin Van Buren? Boy, was her teacher surprised!



MCFL Annual Dinner, Oct. 15

"Life is Good" G.K. Chesterton Tells Audience



Chuck Chalberg, star of EWTN's "The Apostle of Common Sense," used G. K. Chesterton's wit and wisdom to proclaim eternal truths about God and human nature to guests at the MCFL Annual Dinner on October 15.

"Birthdays are a time to defiantly affirm that it is good to be alive," celebrated author G. K. Chesterton told a packed audience gathered at the Lantana for the MCFL Annual Dinner on October 15. "It is a time to be glad to have gratitude for the gift of life. It is an occasion for gratitude. Half of life is being grateful for things we did not make. Without recognizing gratitude and worship, we have only half a philosophy."

Veteran actor Chuck Chalberg's portrayal of Chesterton made masterful use of the author's Catholic worldview on a wide variety of pro-life topics.

"I have complete and utter contempt for birth control. It means fewer and fewer babies and less control. It is a weak and cowardly term, a lie. It is the prevention of birth spread by believers in eugenics such as Margaret Sanger. Birth control is a weak compromise on the road to eugenics. Birth should be encouraged."

Knowing that pro-lifers in Massachusetts are facing the battle against assisted suicide, Chalberg chose one of Chesterton's most memorable maxims.

"It is an absolute evil, a rejection of life itself. Not only is suicide a sin, it is the sin. It is the ultimate and absolute evil, the refusal to take an interest in existence; the refusal to take the oath of

loyalty to life. The man who kills a man, kills a man. The man who kills himself, kills all men; as far as he is concerned he wipes out the world and insults the world in the process."

Other topics included birth, marriage and the family. "To be born in a family is a terribly romantic idea. Enemies say the family is an evil institution and can be thoroughly uncongenial. But without the family we are helpless before the state, like sheep scurrying. There is no substitute for the family.

"Divorce for incompatibility of temperament? It's inconceivable, men and women are like stubborn pieces of iron, they must be welded together while still red-hot.

"I have been accused of making my lectures in paradoxes. But, Christ being both God and man is the ultimate paradox.

"Courage is almost a contradiction in terms. It means a strong desire to live taking the form of a readiness to die. This paradox is the whole principle of courage."



South Shore Chapter Service Award winner Priscilla Keough and daughter Katrina chat with a friend in front of a variety of items available for the silent auction.



MCFL President Anne Fox and Ignatius O'Connor Award winner Ambassador Ray Flynn.



MCFL Vice-President of Educational Affairs Linda Thayer accepting the Dr. Joseph Stanton Award.

Photos by Ed Boylan



Fall River's Chapter Service Award winner Barbara Wence (left) with Joe Martins and Collette Fortin.



Master of ceremonies, MCFL Board of Directors Chairman Dr. David Franks with his daughter Caterina.



(Left) Members of the Harvard University Knights of Columbus Council. (On right) Nalida Besson, MCFL Board of Directors Member Nicholi McLaughlin and husband Andrew.



The Dinner was also a multi-generational event. The well-behaved younger members of the pro-life movement spent time dancing later on in the evening.

MAIM Hopes to Prevent Rationing in State and Federal Health Care

REPEAL/From Page 5

Comparison with ObamaCare

How does the Massachusetts Plan compare with ObamaCare? The plans are “essentially identical,” so ObamaCare’s impact on the national economy may be similar. The BHI said, “Firms may move out of state or out of the country to escape rising costs of doing business. The ability of firms and workers to migrate in response to such policies causes short-term jobs losses and long-term reductions in wages and living standards.”

“Some of the cost increases do not directly affect the Massachusetts economy, most of the federal Medicaid and Medicare dollars spent in the state derive from the rest of the country.

“As a result of the higher prices charged for health care the health care sector

gains at the expense of other economic sectors, including business, households and government, that purchase health care. HCR has diminished the ability of the Massachusetts economy to grow. Mass. is employing between 15,550 and 21,420 fewer people.

“Reform promised to reduce health care costs. Instead it has pushed health care cost increases above the pre-reform growth trend and above the growth rate experienced in the rest of the country.”

At the 2010 Annual Dinner, National Right to Life President Wanda Franz reminded the audience of the shortfalls of ObamaCare. “It will exacerbate doctor shortages, cause a decline in new techniques, a fall-off in development of new drugs and rationing that will force

delays for surgeries and hospitalization. The public’s persistent opposition to the new health care law rests in large part on an intuitive understanding that governmental overreach inevitably has very bad consequences. The history of government-run health care programs has demonstrated that they are not financially sustainable. Sooner or later, they run out of money. As funding becomes limited, rationing is imposed to save money.”

Concluded Bridget Fay, “We can wait until our state is forced to ration care, or we can fight now by repealing the individual mandate. We can hope that here in Massachusetts, we are wealthy and educated enough to sustain this system, or wait until ObamaCare comes through in 2014 and rations care.”

Booksale Fundraiser at St. Paul’s, Hingham, Oct. 14-15

Members of the pro-life group at St. Paul’s Church in Hingham held a booksale fundraiser on Oct. 14-15 reported MCFL South Shore Chapter treasurer Ed Boylan. While high winds made the first day of the sale, scheduled to be held outside in a tent, impossible; the next day’s fair weather proved to be ideal.

“The idea for the book sale came up at a monthly meeting,” Ed wrote. “We assigned a sub-committee to decide on the details of the event. Next, we solicited used books from the pro-life committee members (which produced around 65% of all books). Each person solicited one or two other people. Some members purchased additional materials (e.g., pamphlets/DVDs) to sell.

“All the books were religious or spiri-

tual in content. We got our Pastor’s (Fr. James Rafferty) blessing. We also have a tent outside the church that can be used for events,” continued Boylan.

“If you are going to do this, remember to publicize the event by putting notices in your church bulletin for several weeks beforehand,” he suggested.

“Our various members covered the Sunday Masses and bought coffee. Everyone donated baked goods (hospitality refreshments were free.)

“On the day of the event we sold books and witnessed to life. A few other items we had free for distribution were MCFL newsletters and precious feet pins.

“We are planning to be back in the spring (any unsold books are stored) and ramp it up some more.”



St. Paul’s Church (Wikipedia photo)



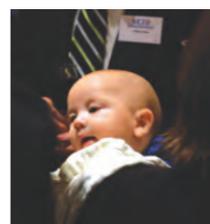
Births

Welcome Baby
Adele Marie Wetmore
Daughter of proud parents
Ben and his wife, Michal



Rose Drives

- St. Camillus Parish, Arlington \$500.00
- Fr. Donald Sullivan (Danvers) Chapter St. Mary Parish, Georgetown/Rowley \$613.31
- Greater Lawrence Chapter St. Patrick Parish, Lawrence \$706.99
- North Suburban Chapter Blessed Sacrament Parish, Saugus \$543.00
- St. Margaret Parish, Saugus \$264.00



More Pictures from the MCFL Annual Dinner October 15, 2011



Memorials

Ruth Stocks
By Mary Cavallaro

Grace Tiernan
By Needham pro-lifers

Faith Abbott McFadden
By the MCFL Board of Directors

Mary Sardella
By Mary Cavallaro

Frederick “Ace” and Margaret (McGurl) Harrington
By Catherine Harrington-Mahon

Regina Harvey
By the MCFL Board of Directors

Congratulations
Marguerite Ryan
on her 91st Birthday
From her Needham fans

China's Gendercide Exposed at Pro-Life Event in Adams



All Girls Allowed

restoring life, value, and dignity to girls and mothers
revealing the injustice of China's One-Child Policy

By Robin Loughman

Did you know that China has lost between 300 and 400 million lives to abortion and infanticide in the past 30 years? That China's strict one-child-per-family policy has led to forced and coerced abortions and infanticide for women who become pregnant without government permission? That along with the cultural preference for boys, the one-child policy has led to such a lopsided gender ratio that China has a "surplus" of 40 million males—and China is missing 37 million girls and women? Brian Lee of the advocacy group All Girls Allowed spoke at the Susan B. Anthony Birthplace Museum in Adams in October and presented these and many other facts.

According to Lee, the baby boom that had been encouraged by Mao to build up China's army after WWII led to fears of overpopulation. Reversing course, China implemented a one-child policy in 1980. Faced with just one chance to have a boy, many families chose to abort or abandon female babies. Ultrasound has been a tool for sex selection abortion despite being outlawed in 1994. Women who become pregnant without government permission are routinely coerced or forced to abort, even as late as the 9th month. Factory workers inform on their co-workers. Families who somehow manage to have a second child without permission are fined many times their annual salaries, may lose their jobs, may have their homes bulldozed, and their families may be harassed.

Lee pointed out several consequences of China's policy. Normally about 105 boys are born for every 100 girls. The ratio in China is now 120 boys for every 100 girls. Chinese culture values boys more than girls because boys support the parents in their old age, while girls leave the family when they marry. There are now 40 million "surplus bachelors" in China. This has led to an increase in child trafficking, as some young girls



All Girls Allowed Founder Chai Ling's book exposes the loss of between 300 and 400 million lives lost to abortion and infanticide attributed to the Chinese one child only policy in her book, "A Heart for Freedom."

are bought to be brides for a son. Ironically, females may become more valuable as a commodity. Some young boys are bought to be sons for families without one. The dearth of young women has led to an increase in prostitution, brothels, and diseases such as HIV.

Simple demographics will show that with 2 parents and 4 grandparents for each child, there will not be enough young people to support the elderly. Crime rates have increased due to so many "excess" men. An economic consequence is that single men save more and spend less than married men with a family. This has led to trade imbalances and currency issues. Despite original plans for the one-child policy to be in place for only 30 years, there is no evidence that the policy will change any time soon.

All Girls Allowed is involved in helping Chinese families search for kidnapped/trafficked children, and have facilitated several reunions. AGA runs an orphan scholarship program to help girls go to school. AGA supports families who have and keep baby girls in rural areas, where gender disparity is greater, with a \$20 a month stipend. This has already showed an improvement in gender ratios. Luckily the Chinese government is tolerant of AGA's humanitarian work.

All Girls Allowed was founded in 2010 by Chai Ling to work on restoring life, value, and dignity to girls and mothers, and to reveal the injustices of China's one-child policy. She was a student protester in Tiananmen Square in 1989. She survived the government crackdown but was on a most-wanted list, and eventually escaped to the United States.

Chai Ling has written the book "A Heart for Freedom, The Remarkable Story of a Young Dissident, Her Daring Escape, and her Quest to Free China's Daughters." It is highly recommended for anyone interested in human rights issues, particularly pro-lifers. The book is available at the Susan B Anthony Birthplace Museum gift shop for the discount price of only \$10 (call 413-743-7121 for info).

For more information about the organization or the book, visit www.allgirlsallowed.org

Robin Loughman is Chair of the MCFL North Adams Chapter.

Maria Talks Website Sign of Degraded Culture

Opposition to the controversial sex-ed website is completely warranted. However, the site itself is a symptom of something more deeply troubling than misuse of public money in Massachusetts. The inappropriately explicit site is just another sign of the corrosive influence of the wrong-headed "Anything goes, who knows what's right or wrong" mentality afflicting our nation and so very damaging to our children, who are our country's future.

There are those of us who will deny or even ridicule the concept of the "slippery slope." Do we also deny the undeniable decline in morality, civility, manners, taste and virtue occurring in America? Much of our popular culture has become vulgar, poisonous to our children and degrading to all of us. What wholesome, inspirational lessons and values are our children, and even we adults, being taught by constantly seeing, hearing and absorbing through television, movies, pop music, video games, advertising, etc. so many images saturated with sex and violence? Instead of grounding our young in the solid foundation of healthful positive values, our toxic popular culture is both a cause and mirror of the growing disrespect and breakdown of society's foundation, family, marriage, even life itself.

Those state legislators and clergy who are publicly objecting to the website should be praised for their wisdom, courage and common sense.

Robert A. Saudelli is an MCFL member from Leominster. His letter was previously printed in the Fitchburg-Leominster Sentinel and Enterprise, the Worcester Telegram and Gazette and the Catholic Free Press.

Sam Faces A Difficult Client

FICTION/From Page 11

fishing for something, so I gave him the overall average instead, "Seven weeks."

"My neighbor's dog got one in under 24 hours. Now why is that?"

"It's not fair to compare veterinary medicine and people medicine."

"And why not? Why do dogs get the care they need and humans have to wait? It's because government controls one, and not the other. There'd be plenty of healthcare to go around if it weren't for the constant meddling of the nanny-staters."

"Half the time, they kill the dog. Come on, if there had been plenty of healthcare to go around, there wouldn't have been any meddling in the first place."

"There's a hole in the bucket, dear Liza, dear Liza," he sang.

We laughed together. There wasn't any-

thing else to do, I knew it, he knew it. I had lost. He poured me another drink, and I was able to delay returning to the office to report my failure for another hour.

"You told me you could get this done." Mike looked angry. "You're always bragging about how you can speak the language, speak across generations."

"Some people are just different."

Mike nodded. His face relaxed. "We'll work him down...I got something else for you." He threw a file on the desk in front of me. "Cerebral Palsy case. Less than a year old. Lots of complications. No chance for anything approaching an acceptable quality of life. The parents are younger, so it should be an easy sell. Get the company a resolution. No failure this time."



Students from Holy Family Parish in East Taunton proudly expressed their pro-life attitude with shirts that proclaimed, "Walk as children of the light."

Letters to the Editor

The Value of Every Child

Children in our society certainly aren't given the protection they need and deserve. Abortion prevents them from being born for any and all reasons if it interferes with the woman's life. Even though we have heard the argument that it's a woman's choice, we know for certain this unborn baby is a person in its own right and should be given the opportunity to live.

The "Maria Talks" website should be definitely taken down. It sabotages the guidance of parents by providing young people with contraception and clandestine abortions. It refers minor girls to Planned Parenthood, the largest abortion provider in the state, and it deceives

minors by omitting a description of prenatal development or the showing of an ultrasound.

Just imagine the terror experienced by children who are kidnapped and abused by adults and used for child porn, a \$1 billion industry, and the runaway young men and women who are exploited and used by sick men for purposes of prostitution. The members of the man/boy love association are evil individuals who should be prosecuted to the highest extent of the law. We hear everyday of our young boys and girls being exploited on the Internet by adults who prey on their vulnerability.

With same-sex marriage, one of the parents is deliberately taken away and

the child is left with either two mothers or two fathers. We know children do best with a mother and a father. Each parent contributes something significant and meaningful, and to deny the child this healthy environment is harmful. A mother and father are needed in order for the child to experience the wonderful differences between the two parents. After all, it takes a mother and father to create this child. To deny them the opportunity to experience these definite differences is unfortunate and very sad.

There was a time when children were valued and protected by all of society. Now it seems there is nowhere safe for them to live. Schools teach lifestyles that are dangerous and unhealthy, and this

secret curriculum is often kept from the parents, who should be the first to know what their children are being taught.

Children are no longer able to just be children and enjoy the innocence that this time in their lives should afford them. A respect for all of life from the very beginning to the end of life is missing from our society, and it's tragic. The only hope is getting back to values that promote decency, honor and respect. This can only happen when we believe and trust the Lord and seek to follow His will.

June Newman is a member of the MCFL Board of Directors. She writes from Braintree.

Fiction Series Continues

Enforcing Obamacare at the Memorial Healthcare Network in 2020 Part 3 in a series of 9

It's 2020 and Obamacare's mandates have Sam, an insurance agent with the Memorial Healthcare Network, out patrolling Massachusetts looking for new ways to cut costs.

I remember when I first started selling health insurance. I got my license and my regional supervisor sat down with me one Monday afternoon. "Everybody knows a hundred people," he said. "We're not leaving this table until we make a list of one hundred people you can ask." They were mostly family and friends. I was twenty-six and was tired of working nights and weekends at a rather terrible seafood restaurant here in Worcester.

Three sales. That's all I got out of that entire list of people. But one of my cousins worked at a dotcom startup. Thirty employees just found themselves on the winning end of a wealthy venture capitalist. All of them young, educated and with no healthcare. Pretty soon I got referrals to other IT companies in Boston. When you go from selling one plan at a time to selling plans to entire companies, you're a made man in the insurance business. Those two years, before the bubble burst, I was the top-selling agent in all of New England.

Things fell apart pretty quick. The dotcom bubble burst. Then there was 9-11. Still, I did okay. I never matched the first few years, but in our business there are a thousand guys who fail for every guy like me. Or were. Nationalized healthcare changed the game. Insurance companies became arms of the State, enforcers of the law. Insurance salesmen were given new and different responsibilities, and job security.

I admit, I wasn't holding my own compared to the other younger agents. The whole company worked like clockwork, except for me. What can I say? I'm a salesman. The government has removed the salesmanship. It's just not the job I originally signed up for. A lot of guys left in the years after nationalized healthcare became law. I didn't feel the need. I could handle anything.

Today was going to be easy. I needed to convince an old man to kill himself. It would get me out of the office most of the day.

And that was a good thing.

Sitting in my car, I took a sip from my flask. Nothing fancy, just some cheap whiskey. People say I drink too much. Nonsense. It was the Puritans who passed along our cultural neuroticism regarding alcohol. In most cultures, throughout most of history, a mid-morning drink was the norm. Alcohol was the best medicine in the fight against cholera. I paced myself, enjoying six or seven drinks over the course of a day. Less than one an hour.

You'd drink more too, if you were allowed.

Worcester was my home. I loved it, despite itself. Life was just a little slower here. I found Ben Labre's house and walked to the door and knocked. A response came quickly.

"If you're here to convince me to sign a Dignity Declaration, you can save yourself some time and just go home." Straight to the point, the old man didn't waste any time.

"Look, can't we just talk?" I said. "We've been providing all your healthcare for a long time, after all. That's got to mean something."

The old man shrugged, opened the door and walked me to the kitchen table. It was a simple kitchen, an old fridge, a gas-stove, wood cabinets. Two wood chairs flanked a small dinner table, also made of wood. A few wood crosses were scattered across the counter; deceased friends and family.

I knew his wife died about twenty years ago of breast cancer. Repackaging that fact subtly to him would help him do what I needed him to do, to get what I wanted.

"I normally enjoy a glass of port around this time of day, you want some too?" Labre asked me.

"Certainly."

And so we sat for a few minutes enjoying our drinks. Catholics are not afraid of these quiet moments. It's something I like about them. I let some time pass before I got to business.

"You believe in charity, right?" I started. "Of course."

"Then you have to see that there's a limited amount of healthcare available and by agreeing to euthanasia you leave more of those limited resources for the poor and the young. It's charity."

"I've told you guys this a hundred times, I'll pay for my own treatments."

"That's not the issue. This isn't about money. They can print money. This is about resources."

"If people purchased their own healthcare, supply and demand would meet at a settled price and there'd be no reason to ration. Limited resources would go to where they're needed. Competition would increase the quality of care and control prices. It's not rocket science."

"In an ideal world, maybe, but that's not where we live, we live here. What about the poor?" I asked.

"That's what charities are for."

I've heard arguments like this before. It can go back and forth and no one can come to a conclusion.

You have to get ahead of them.

"Look, whether the free market rations healthcare with prices or the government does so with committees, healthcare still needs to be rationed. There's not an infinite supply."

"Firstly, the free market favors people who need healthcare the most, the elderly, like myself. We've had our entire lives to work and save money. And thus, we can most afford to pay our way. I have more than enough to do so, and I still have plenty left over to give to charity."

"That's not true for everyone."

"And thus the charity. But secondly, and more importantly, is life worth living?"

"Excuse me?" He just got ahead of me.

"Is life worth living?"

I realized where this was going. I dodged. "Not when you're in pain."

"We're always in some pain. It comes and goes. But knowing you'll be in pain someday in the future, does that mean you end your life now?"

"I'm not the one with a terminal illness."

"Life is a terminal illness, isn't that what the Health Services Secretary always says?"

"Some of us are more ill than others," I replied.

"And does illness equate with worth?"



Does my right to life depend on my health? Is life only worth living as long as you're comfortable?"

"There might be some gray areas, but you're well outside of them."

"Am I? Are you telling me that my life is not worth living?"

"Yes, what you're about to go through will be awful."

"Should I only accept creation when it gives me pleasure? Am I to accept the gift of life only when the sun shines?"

"This cancer is going to eat you alive."

"As a person of faith, I must accept God's creation for what it is. Just as I receive blessings, so I must endure suffering. I have to believe it's part of God's plan, that we live, suffer, die, for a greater good we can't necessarily see or understand. Maybe it's about character. Maybe it's a test. Maybe suffering and pain help us come closer to God. Or closer to each other. I don't know. And just because I don't know doesn't mean I reject God. We were meant to live, God put this world in motion for that purpose alone. And to refuse to live the whole thing, to endure every breath of life, is to reject the Divine."

"Do you know how crazy that sounds?"

"I don't expect you to share my faith, if you've never experienced God at work in the world, you are beyond my ability to help you see. But I would like you to respect my choices regarding my life."

Mike was right. This guy was hardcore.

"But what about the fact that you're stealing time away from other, younger, people."

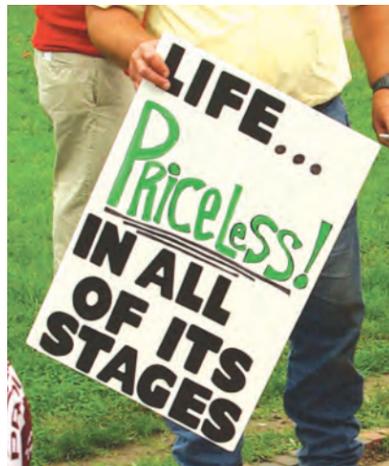
"What's the waiting period for an MRI in Massachusetts right now?"

"Depends on your age."

"For a middle-aged adult needing a knee-replacement."

I wasn't exactly sure. But I knew he was

2011 Respect Life Walk to Aid Mothers and Children, Oct. 2



Photos by Ed Boylan

