

# MCFL 2012 Summer Academy Students Urge: "Stand Up For What You Believe"



Rep. Ryan Fattman (center) distributed certificates as 27 students were commissioned as Pro-life Youth Ambassadors on Aug. 16 at St. Brendan's in Bellingham. MCFL Vice-President Linda Thayer and Communications Director John Triolo (left) conducted the six-week program.



Blackstone's Luke Gonya talked on Aug. 8 about the value of siblings using the benefit of his experience as one of 16 children. "You learn how to take care of others, you learn how to exercise responsibility. When you are an older sibling you realize that you've got little eyes looking at you."



Courtney Saponaro

Students at the 2012 MCFL Summer Academy admitted they could be a little nervous about voicing their pro-life views in public. Commenting on participating in a Pro-Life Day of Silence in her high school, Bellingham's Courtney Saponaro said, "Be courageous about speaking out. Don't be afraid. Don't hide your light under a bushel. Participating in the Pro-Life Day of Silence made a difference in that we convinced others of the sincerity of our position by our actions. Your actions will prove that you are pro-life."

Academy students tackled a variety of challenging topics when given the opportunity to speak in public on Wednesday, Aug. 8, at St. Brendan's Church in Bellingham. Many students talked about the difficulty of public speaking and how hard it is to speak out on pro-life issues. Several students examined the humanity of the unborn child from both the scientific and logical perspectives.

Other students discussed the value of siblings, how to respond to pro-abortion arguments, what to say when you

don't know what to say, and the meaning of 'choice.'

While many students mentioned the difficulties of dealing with school administration and teachers, two student's struggles stood out.

Michael Hennigan of Pawtucket, Rhode Island, ably discussed the moral and practical problems with embryonic stem cell research, a topic which he was also studying in school. Distress at his teacher's support for the practice found Hennigan, and a few other students, putting their heads down on their desks, rather than going along with their teacher's acceptance of something they knew to be wrong.

Weymouth's Kelsey Gallagher talked about the challenges she experienced when given a school assignment on Margaret Sanger. "I wanted to be respectful to the teacher who had given the assignment," she said, "but



Peter Gonya talked about the value of siblings from his perspective as Luke's younger brother. "It's good to be able to ask advice of a big brother," he said.

I didn't really want to have the anxiety of discussing a controversial topic in class, and was hoping it would just go away. But I knew I had to speak up, especially after discussing the problem with a pro-life teacher. After I finally did speak to my teacher I was allowed to talk about Margaret Sanger's philosophy to the class."

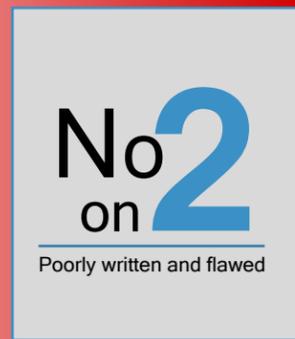


Kelsey Gallagher recounted the difficulty of speaking up to a teacher who had assigned pro-abortion Margaret Sanger as a subject for class discussion.

## Physician Speaks Out Against Suicide

Dr. John Howland discusses the dangers of Doctor-Precribed Suicide at the final session of the MCFL Summer Academy on Aug. 16.

4



## Obamacare Rationing Concerns Explained

The National Right to Life Committee's Burke Balch shows how and where the law leads to rationing and denial of care to citizens who need it most.

5-6



## Glendon Coming for Dinner October 19

Harvard Professor Mary Anne Glendon will be the keynote speaker for MCFL's Annual Dinner, "40 Years: Defending Life from Conception to Natural Death."

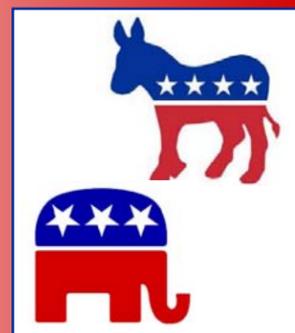
7



## Special Primary Election Section

Find out how the candidates for House and Senate stand on pro-life issues.

9-16



# Focus on Abortion and Euthanasia Issues in Massachusetts

A Message From President Anne Fox



MCFL Director of Special Projects Janet Callahan (left) and President Anne Fox conduct a workshop at the MCFL Annual Convention on June 9 in Milford.

**Y**ou know the media are afraid of you when they try to deep-six all news about you.

We are delighted that Steve Stockman, good friend of MCFL, will be the Congressman from the Texas 36th Congressional District. He is our friend and will vote pro-life. His district is newly-created because Texas gained the 36th – essentially the one we lost. We hope to induct him as the 10th Congressman from Massachusetts. Of course, the race which received huge amounts of national media coverage was the win, in the same run-off election, of Ted Cruze for U. S. Senator.

The media trumpeted non-stop, in the most pejorative way possible, before and after election day, Cruz as a Tea Party candidate. They were sure that would beat him. Instead he beat a sitting Lieutenant Governor who had been up by 20 points a couple of weeks before the election. Now they hope it will make his efforts in Washington less effective.

Actually, Ted Cruze is one of the most brilliant people around. Only 41 years old, he graduated from Princeton and Harvard Law. He clerked for Justice Rehnquist. As Solicitor General of Texas, he argued ten cases before the Supreme Court and won eight. (A recent Harvard Law grad who knows Cruz told me all that right off the top of his head – Cruz is that impressive). He is also decidedly pro-life. Even we non-Texans will ben-

efit from having him in the Senate.

The news coverage reminded me of the coverage of the 2010 special U.S. Senate election here. The Tea Party was still pretty new. The MCFL Federal PAC made almost half a million phone calls, distributed 180,000 pieces of literature, and sponsored many radio ads. After Scott

Brown won that election the press trumpeted it as a win for the Tea Party candidate and ignored Right to Life. Why do they do that? I believe there are two reasons. They believe their own version of the Tea Party as odd, potentially violent hicks and they think everyone else feels the same, so, if they can just tar candidates as Tea Party enough, they can hurt the candidates. They do not understand that the Tea Party is simply people who are fed up with government-as-usual.

The media does recognize the power of the Right to Life movement. They know we have been working for forty years, fighting and growing, they see the winning 3-1 differential Right to Life candidates enjoy, they see people, especially the young, becoming more and more pro-life. They are afraid that, if they acknowledge us, the general public and Right to Lifers themselves will recognize this tremendous power. That is the other side of the media self-delusion.

So the media sees a candidate backed by Tea Party people and by the Right to Life. They play up their vision of the Tea Party and ignore the Right to Life. They think that is going to make things go their way. Just be aware that, the more it happens, the more the media are recognizing what victories we can win.

As you will read in Eva Murphy's legislative report, we achieved a wonderful victory when we were able to be sure an end-of-life bill contained only good op-

tions, not doctor-prescribed suicide. Unlike the media, legislators and lobbyists cannot live in their own bubble of self-fulfilling wishes, they have to recognize constituent concerns. A friend of mine who worked on this, and is also active in other areas, can't understand why the press didn't cover the wording because it is very important. I am trying to think of the best way to explain to him that the press never covers our victories because they don't want to recognize that which is obvious but threatens their world view and shows the support we have.

With the election coming up, we have been interviewing candidates. When we talk about the Pain Capable Bill, we are talking about outlawing abortion after 20 weeks when it is indisputable that the baby feels pain. A bright, well-informed candidate seemed very puzzled and kept asking when the first trimester ended. We all finally realized that this candidate

believed the media presentation that Roe v Wade only allowed abortion in the first trimester. That is, again, how the media thinks to keep people on its side.

Last week our Book Club was discussing a biography of Dorothy Day. The various times she was arrested came up. People discussed how brutal the police were then and how much better things are now. Really? We have brutality to pro-life counselors. Our beloved Dr. Joseph Stanton, lurching along on two metal-cuffed crutches as a result of almost-fatal childhood polio, was abused so badly by Boston police that his back never recovered. Is any of that surprising, given the brutality to babies and their mothers of 53 million government-sanctioned abortions in this country? The HHS Mandate is also ultimate brutality to the freedom of every person in this country. This brutality is also ignored.

## MCFL Mourns the Loss of March for Life Founder Nellie Gray



MCFL flag-bearer Harold Anderson of Hampden and Catina Lennon of Woburn with her children Maria and David before the start of the 2011 March for Life in Washington, D.C. Pro-lifers are mourning the recent loss of March founder, Nellie Gray

By MCFL President Anne Fox

**D**ear, indomitable Miss Nellie has died at age 88. Nellie founded the March for Life in 1974 and guided it ever since, working full-time year-round so that millions of pro-lifers could witness and lobby on the sad anniversary of Roe v Wade. What an impact the March has had! Nellie made a point of incorporating groups of post-abortive woman, minority and young participants.

In 1976, when we ran Ellen McCormack for President because the Democratic party was leaving its roots, Nellie organized a March in New York before the Convention.

Nellie came to Boston in 2010 to address the Pro-Life Legal Defense Fund

Dinner. I picked her up at the airport. The March for Life Principles have always been "no compromise", which some have interpreted as being opposed to laws like the Partial Birth Abortion Ban. Nellie explained to me that she favored the Ban and other efforts to cut down on the number of abortions. She was able to visit with her old friend, Dr. Mildred Jefferson. As it turned out, this was shortly before Dr. Jefferson's death.

If November 6th develops as we hope, this March will be the largest, most joyful ever. I'm sure Nellie, in her usual way, is already praying up a storm for that to happen. I hope all of us will get to the March in Nellie's honor this year.

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.

The Schrafft Center: 529 Main Street, Boston, MA 02129  
(617) 242-4199, fax (617) 242-4965  
[www.massprolife.com](http://www.massprolife.com)

Pioneer Valley Office: P.O. Box 96, Ludlow, MA 01056  
(413) 583-5034

MCFL News - USPS 25329 is published bimonthly by Massachusetts Citizens for Life, Inc., 529 Main Street, Boston, MA 02129-1100.

Send address changes to:  
Massachusetts Citizens for Life - 529 Main Street - Boston, MA 02129

# Murphy Notes Successes as State House Session Ends

Support gained for Down Syndrome families, Doctors prevented from offering suicide for cost control

By Eva Murphy, MCFL Lobbyist

The General Court closed its 2011-2012 session at the end of July with no major pro-life laws but not without a couple of small achievements to our benefit.

The first success concerned a bill to support families with Down Syndrome children. Representative Tom Sannicandro (D- 7th Middlesex) sponsored the bill (H 3825) to require the provision of “up-to-date, evidence-based, written information” to families anticipating the birth or adoption of a Down Syndrome child or dealing with those circumstances already.

Rep. Sannicandro has a Down Syndrome son and wanted to help parents who are ignorant of the assistance available from local and national organizations. There are organizations whose

missions are compatible with the purpose of this bill, for example, [Mass. Down Syndrome Congress](#) and its [First Call](#) program. When MCFL learned of this measure, we supported it with testimony at a hearing and communicated our support to the Representative. In a way it is similar to our effort to get a “woman’s right to know” law passed, i.e. providing information about abortion-facts about the procedure, risks, and especially alternatives--to the abortion-minded woman. The bill was signed into law on June 21st and became [Chapter 126](#).

The other bill that came to our attention was the major health care cost-containment bill (S 2270 and S 2400), also described as “health care for all,” “health care payment reform,” and “omnibus health care cost control.” In light of the ballot measure concerning doctor-

prescribed suicide that we are opposing, we saw the need for language in the bill to prevent doctors from offering the option of assisted suicide to a susceptible patient, if this ballot measure passes in November. This was a major bill, one that had to go through a conference committee to reconcile House and Senate versions.

There were at least three roll call votes; Yea/Nay no.275 (House, June 5), no.295 (Senate, July 31), and no.357 (House, July 31). [Find out how your legislators voted.](#)

We were able to help pass appropriate amendments because pro-life constituents of members of the conference committee stepped up their efforts to put the legislators on notice about the dangerous wording. It was signed by the Governor on August 7th and became [Chapter 224](#).



Lobbyist Eva Murphy discusses MCFL’s proposed legislation for the 2011-2012 General Session during Student Lobby Day at the State House in Boston.

## Matt Hanafin Speaks on Academy Experience



While many students were taking a break from the classroom this summer, I was given the opportunity to work with some of the brightest minds at the NRLC Summer Academy in Washington D.C. It was a five week program for college students ranging in topics from abortion and assisted suicide, to Obamacare and legislation. We were given binders full with articles, cases, and statistics to use in our pro-life efforts. I met some amazing people; many have become great friends.

Going into the Academy, I knew a lot about the abortion issue, but the countless articles and cases that were provided will certainly aide in my ability to persuade and convert others. The topic most valuable to me was assisted suicide – an issue we are fighting here in Massachusetts. I knew little about the

issue, but now, I believe I have the knowledge and the courage to prove to others how dangerous assisted suicide truly is for Massachusetts, and our country.

The life issues we fight so hard to protect are threatened now more than ever in the November election. We are fighting DPS in Massachusetts, and the next president may appoint as many as three Justices to the Supreme Court, which could set the pro-life movement back another forty years. Cecile Richards, CEO of Planned Parenthood, is mobilizing PP employees to become activists and campaigners for Obama. We must counteract their efforts.

If I walked away with one thing from the Academy, it was the reality of how important winning the November election truly is. November 6th isn’t going to be the scariest day of our political lives, November 7th is.



Matt Hanafin (white shirt and tie) with graduates of the 2012 National Right to Life Academy.

The [National Right to Life Academy](#) is an intensive five week course for college students held in Washington, D.C. The curriculum includes ethics, the history of abortion and euthanasia, biology, physician-assisted suicide, government rationing, and a practicum. Students repeatedly practice rebutting pro-abortion and

pro-death arguments in presentations and mock lobbying and media interviews. The hands-on training offered in the daily practicum exercises is the core of the Academy training because it gives students the skills they need to communicate the pro-life position in real-life situations.

## Congressional Survey Results

Results of a 29-question survey sent by the National Right to Life Committee to all MA congressional candidates.

Note: Yes is a pro-life vote.

### 3rd Congressional District

- **Thomas Weaver** answered Yes 29 out of 29 times. His only exception is to prevent the death of the mother (NRLC position).

### 4th Congressional District

- **Sean Bielat** answered Yes 29 out of 29 times. His only exception is to prevent the death of the mother.

- **David L. Steinhof** answered Yes 29 out of 29 times. His exceptions are prevention of the death of the mother, in cases of incest committed against a minor, and in reported cases of rape involving force or threat of force.

### 5th Congressional District

- **Jeffrey Semon** answered Yes 16 out of 29 times and did not answer 13 questions. His only exception is to prevent the death of the mother.

### 8th Congressional District

- **Joseph A. Selvaggi** answered Yes 28 out of 29 times and did not answer one question commenting that it would need to be better defined. His exceptions are prevention of the death of the mother, in cases of incest committed against a minor, and in reported cases of rape involving force or threat of force.

- **Matt Temperley** answered Yes 29 out of 29 times. His only exception is to prevent the death of the mother.

### 9th Congressional District

- **Christopher Sheldon** answered Yes 27 out of 29 times and answered No on two questions. He holds the exceptions of preventing the death of the mother, in cases of incest committed against a minor, in reported cases of rape involving force or threat of force and “early term.”

### Help Us Educate the Pro-Life Generation!

Send Checks To:  
MCFL, The Schrafft Center  
529 Main Street, Suite 1M9  
Boston, MA 02129

It’s Easy to  
Donate  
Securely Online



## MCFL State PAC News

### Correction on Tisei Voting Record

During the 2010 gubernatorial campaign, the MCFL State PAC released a statement saying that Richard Tisei had “a long pro-abortion voting record.” This statement is not correct. Richard Tisei served in the Massachusetts House from 1985-1991 and in the Massachusetts Senate from 1991 to 2009. During that time, Mr. Tisei voted on many occasions against tax-funding of abortion and he voted in favor of parental consent.

Any one wishing to see a listing of Mr. Tisei’s votes on Life Issues should contact Madeline McComish, Chairman of the MCFL State PAC. A copy of that list will be mailed/emailed on request.

### Primary News

The MCFL State PAC has announced the following for the Massachusetts Primary Races:

#### For the Massachusetts House

The PAC Endorses **Alan Silvia** (D), Seventh Bristol.  
The PAC Recommends **Kate Toomey** (D), Fifteenth Worcester.

#### For the Massachusetts Senate

The PAC Endorses **Sandi Martinez** (R), Third Middlesex.  
The PAC Recommends **Stephen Michael Palmer** (D), Plymouth and Barnstable.

# Physician's Perspective on Doctor-Prescribed Suicide Concludes 2012 Summer Academy Sessions

**D**r. John Howland presented a physician's perspective on Ballot Question 2, the proposed law to legalize Doctor-Prescribed Suicide, to students and concerned citizens at the final session of the Summer Academy on Aug. 16. "This law would make it legal for a physician to prescribe a lethal dose of medication so that a terminally ill person could end his own life," began Howland.

The requirements to be eligible for DPS are: the patient must be age 18 or over and be mentally competent. Two doctors must certify that the patient is terminally ill and have only six months left to live. The patient has to request the lethal medication on two separate occasions 15 days apart. A doctor has to inform the patient of alternatives to suicide and the patient has to sign the request for the lethal dose in the presence of two witnesses. One of the witnesses can be a relative, the other could not.

Said Howland, "This particularly bothers me as a physician, the death certificate would say that the underlying illness was the cause of death. You would be forbidden by law to list suicide as the cause of death."



**Despite popular belief, a lethal dose is not one pill. Approximately 100 capsules are needed.**

"The lethal prescription is almost always for a drug called **secobarbital**. It's a powerful barbiturate, a sleeping pill. Because it's a sleeping pill, the fatal dose causes you to not only fall asleep, but you stop breathing. The drug tastes very bitter, it has to be taken quickly or it will induce vomiting."

To give students an idea of the size of a fatal dose, Howland had a student come up and hold 100 large, orange capsules filled with gelatin. "I need someone with big hands. You'll need to hold out both hands," he said. Students audibly groaned when Howland explained, "You don't need to take just one or two of these capsules, you have to take 100."

"People who promote doctor-prescribed suicide think they are acting out of a sense of compassion. These people think they are helping those who are suffering. Those of us who oppose this also think we are trying to prevent suffering by preventing suicide."

"People who are interested in assisted-suicide are at the end of life and are depressed and hopeless. There's a desire to control the time and place of their death. They don't want to be a burden on others. They have concerns about their quality of life. These are common worries when people are ill."

"Physical pain is not the primary reason patients choose DPS, most often it's emotional or psychic pain. As a physician, my job is to help people choose a better way than suicide. Palliative care and hospice care provide loving compassionate care for people at the end of life. There's been tremendous progress in both pain control and hospice care.

"Doctors have to be healers," Howland said. "The American Medical Association has consistently opposed suicide. A 2003 statement said, 'Physician-assisted suicide is fundamentally incompatible with physician's role as a healer. It would be difficult or impossible to control and would impose serious societal risks.'"

Howland listed many problems that he, as a physician, sees with Question 2. "There's no referral to a palliative care specialist or a hospice program. People don't know what kind of help is available. There's no requirement to inform family members."

He continued, "There's no requirement that the prescribing doctor have experience in end of life care. A dermatologist can write a lethal prescription.

"The law doesn't prevent doctor shopping. A patient can go to multiple doctors to find one willing to prescribe a lethal dose. This is a problem in Oregon, where small number of doctors are doing most of the prescribing.

"You'll hear 'everything is fine in Oregon,' but this is not the case. Their few reporting requirements result in a lack of information.

"This law doesn't improve palliative care. There are a lot of things we can do to make it better. It doesn't require psychological testing for depression.

"There are prognosis difficulties. Many people outlive their initial prognoses. Whether the diagnosis is cancer or ALS (Lou Gehrig's disease), predictions are not always accurate. You might have many years to live or even get better.

"Since legalization, suicide rates in Oregon have risen sharply. We see suicide prevention as a compassionate act. People who are assisting or promoting suicide sees it as a choice, a reasonable option, and 'compassionate' in some circumstances. Be careful when you hear stories presenting suicide as a wonderful option."

Howland asked, "Is suicide wrong? Doctor-Prescribed Suicide says that under some circumstances, suicide is right. This is a matter of life and death. You need to be certain beyond a reasonable doubt, that what you are going to do is right."

Howland finished his presentation with a story of a patient who was dying of esophageal cancer. At first, the man wanted to die, but when he started to reconnect with his family, he regained his desire to live. While receiving hospice care, the man reconciled with his son. "They made their peace," Howland said.

**Watch Dr. Howland's presentation**

## What Do Physicians Say is Wrong With Question 2 ?

- **No required referral to a palliative care specialist or hospice program.** Patients remain unaware of help that is available.
- **No requirement to inform family members.** Family members can't help prevent, or will never know, that their loved died from suicide.
- **No requirement that the prescribing doctor be an end-of-life specialist.** A dermatologist can write the lethal prescription.
- **No prevention of doctor-shopping** A patient can go, or be taken by a family member, to multiple doctors looking for one willing to prescribe a lethal dose.
- **Saying that Oregon is problem-free** Oregon's few reporting requirements result in a lack of information.
- **No requirement to improve palliative care** There's room for improvement in palliative (pain-relieving) care.
- **Relying on a six-month prognosis** Many people outlive a diagnosis of "only six months left to live."
- **No requirement for psychological evaluation.** Depression can be treated.

*'Physician-assisted suicide is fundamentally incompatible with physician's role as a healer. It would be difficult or impossible to control and would impose serious societal risks.'*  
- American Medical Association, 2003

## No on 2 Why Vote No On Ballot Question 2

Poorly written and flawed

**Six months to live often a guess**  
• Eligibility is based on a six-month life expectancy. But doctors agree these estimates are often wrong. Individuals outlive their prognoses by months or even years. Question 2 will lead people to give up on treatment and lose good years of their lives.

**No screening for depression**  
• Patients are not required to see a psychiatrist or counselor before obtaining the lethal drug, fewer than 7% have been referred for psychiatric evaluation in Oregon. This means ill people with treatable depression can get a life-ending prescription, rather than effective psychological care.

**Sham Safeguards**  
• The supposed safeguards are hollow. And nothing in Question 2 will protect patients when there are pressures, whether financial or emotional, which distort patient choice.

**Elder Abuse Certain**  
• Question 2 is a recipe for elder abuse. Key provisions allow an heir or abusive caregiver to serve as a witness to help sign the patient up for the lethal drugs, and no witnesses are required when the drugs are taken.

**Oregon Not Okay**  
• We are told that in Oregon, where assisted suicide is legal, the data shows zero problems. But actually, Oregon's annual reports tell us very little. Doctors who fail to make required reports face no penalty. The State does not talk to doctors who denied a request to prescribe lethal drugs, to find out why. Just as in Oregon, Question 2 fails to give Massachusetts any resources or even the authority to investigate violations or provide oversight.

For more information  
[No On Question 2](#)

## Resources

[Doctors Against Suicide](#)

[Secondhand Smoke](#)

Blog of Bioethicist Wesley Smith

[Physicians for Compassionate Care Educational Foundation](#)

P.O. Box 1933  
Yakima, WA 98907  
(503) 533-8154

[Patients Rights Council Euthanasia, Assisted-Suicide and Healthcare Decisions](#)

P.O. Box 760  
Steubenville, OH 43952  
(740) 282-3810

[Robert Powell Center for Medical Ethics](#)

[MCFL News](#)

# Balch Explains Philosophy Behind Obamacare



**Burke J. Balch is Director of the Robert Powell Center for Medical Ethics**

*MCFL News interview with Burke Balch is from Sept. 2010*

**MCFL:** In a 2009 article in the NY Times, "Why We Must Ration Health Care," Princeton bioethicist Peter Singer said that if you don't agree that spending a million dollars for a cancer treatment that will give a patient six extra months of life is a good value for the money, then you think that health care should be rationed.

**BALCH:** The fundamental difference about what Singer calls "rationing" and the rationing we are talking about: governmental involvement in limiting or apportioning health care resources. About Singer's comment, it's true that resources are not unlimited, but the difference is that when you are making health care decisions, it is the government making a specific recommendation on what your insurance will or will not pay for. When the government limits by law what can be charged for health insurance, it limits what people are allowed to pay for medical treatment, it's an artificial constraint.

When an employer is deciding about choosing an insurance plan, he balances the costs and benefits of specific plans, using cost as one of the criteria. It's not the same thing as the government saying, for example, "in order to buy a television set, people have to meet a certain criteria."

**MCFL:** In the article, Singer's argument rapidly shifts to the idea that certain lives are more valuable than others, "The death of a teenager is a greater tragedy than the death of an 85-year-old and this should be reflected in our priorities."

**BALCH:** Singer is clever in that after making his view of rationing seem reasonable he decides that the amount of health care anyone can get should be based on discriminatory criteria, such as age. The fundamental difference is that Singer advocates using quality and efficiency standards as criteria for who may get treatment, rather than for assessing the treatment itself.

**MCFL:** Is there a difference between

your concept of exchanges and the state-based exchanges in the health care bill?

**BALCH:** An exchange is based on a concept of a market place where you can pick among a variety of competing health care plans. It's a good way to comparison shop. The critical problem is how the exchanges are regulated under Obamacare. These exchanges will limit what people can pay for insurance. Government officials will exclude health insurers whose plans inside or outside the exchange allow private citizens to spend whatever government officials think is an "excessive or unjustified" amount on their own health insurance.

**MCFL:** Why would the Center for Medicare and Medicaid Services (CMS) want to keep people from using their own money for private-fee-for-service plans? If people are paying extra money into a system that needs money, why is it being cut?

**BALCH:** It comes from the ideological vision of President Obama and Donald Berwick, the newly appointed Director of the CMS, that there is a "two-tier" health care system in the US. In their egalitarian vision, the problem of inadequate health care for the poor can be

**"In the last chapter of suicide advocate Derek Humphrey's *Freedom to Die*, he acknowledges an 'unspoken argument' that economics will push physician-assisted suicide towards acceptance. It creates a 'duty' to die."  
- Burke J. Balch**

fixed by redistribution. Healthcare will be made fair by taking from those who have health care resources and transferring them to those who have less.

When you take away the incentive for people to be able to improve circumstances for their own retirement and what kind of health care they'll have, you've removed a lot of what drives the economy leaving it stagnant. For example, a new drug, TPA, was developed to treat heart attack. It was more expensive than earlier drugs, but also more effective. In Canada, where it's wrong to have a two-tier system, health care is decided by the provinces. In British Columbia, no poor people's lives were saved because use of TPA was denied. In California, where TPA was available, one out of three poor people were able to receive TPA and their lives were saved.

Many innovations are initially expensive, but eventually become more available to everyone. An analysis by Sherry Glied, *Chronic Condition*, shows how we can afford more and better health care when it's not focused on limiting access.

**MCFL:** In your analysis of the Senate bill passed 12-22-2009, you write that government price controls prevent access to lifesaving medical treatment that costs more to supply than the price set by the

government. What effect might this have on the creation of new life-saving treatments?

**BALCH:** Medical innovation will slow to a crawl. Donald Berwick is hostile to new medical technology saying it will need a heavy burden of proof in order to be authorized. The American Cancer Society said that the pace of medical innovation is so fast that if you were being treated for cancer using treatment standards of 1990, you would be dead. If the Clinton health care plan had gone through with its similar antipathy to technological improvements, it makes you wonder if the same progress in treating cancer would have occurred.

**MCFL:** How will health care reform affect the current shortage of physicians?

**BALCH:** In trying to switch away from fee-for-service, doctors will get paid like managed care for hospitals. Instead of getting reimbursed for individual tests and treatments, doctors will receive a lump sum based on a diagnosis. This "one size fits all" care is treatment based not on what the individual patient needs, but on what treatment the government has decided is standard treatment and will pay for.

The need for primary care physicians will grow. They will provide low level health care that will be decent for things like broken legs and appendicitis. Far fewer specialists will be available for expensive higher-level health care such as treatment for cancer or heart disease.

**MCFL:** Shared decision making is: funding to non-government groups to develop "patient-decision making aids" to help "patients, caregivers or authorized representatives...to decide with their health care givers what treatments are best for them." What's wrong with that?

**BALCH:** Should patients have information and discuss it? Of course, it's informed consent. The legislation looks praise-worthy. But the problem is how it's being implemented. Look at the various groups who are involved with shared decision making. The legislation establishes regional "Shared Decision making Resource Centers...to provide technical assistance to providers and to develop and disseminate best practices..." What groups will be paid tax dollars to set the guidelines for and create "decision making aids."

Look at the website of the Foundation for Informed Decision Making. In a

## Balch's Routes to Rationing:

- IPAB and "quality and efficiency" standards
- Medicare limits
- Exchange limits on what people can choose to pay for insurance.

website box called "Did You Know?" various statements appear such as "More care does not equal better outcomes," "In many people with stable heart disease, medications are just as good as stents or bypass surgery," or "About 25% of Medicare dollars are spent on people in their last 60 days of life." From Healthwise: "Avoid unnecessary care with Healthwise consumer health information." From the Center for Information Therapy: "Toward the end of life too many people receive ineffective, expensive medical treatments."

You can see very clearly that they are not unbiased. The information is skewed in order to persuade people that they'll be better off if they avoid expensive treatment. By using the governments coercive arm, the quality and efficiency standards, they'll teach us to like rationing, and convince us that we're better off without treatment. The government's idea of shared decision making is not benign discussion between patients, families and doctors of the risks and benefits of medical treatment, but a way to discourage people away from expensive treatments.

**MCFL:** In the final bill, language prohibiting the use of federal money to pay for physician-assisted suicide was removed. While the Assisted Suicide Funding Act of 1997 bars such funding, doesn't this leave the states open to using PAS to reduce its own costs for federally mandated health care?

**BALCH:** In the last chapter of suicide advocate Derek Humphrey's *Freedom to Die*, he acknowledges an "unspoken argument" that economics will push PAS towards acceptance. It creates a "duty to die." Some surveys of people asking them if they would consider PAS under certain circumstances, indicate not that they would choose PAS for intractable pain, but if they became a burden. This creates incentives for and a resort to PAS.

**Burke Balch discusses health care reform at the MCFL 2009 Convention**

# Balch, Popik Expose Rationing Dangers in Health Care Law

Experts from National Right to Life's [Robert Powell Center for Medical Ethics](#) continue to warn of the rationing dangers inherent in the Patient Protection and Affordability Care Act, 'Obamacare,' as provisions of the law start to come into effect.



Jennifer Popik

## Medical Loss Ratios

Jennifer Popik recently explained the impact of new administrative requirements on healthcare insurers. The [provision relating to medical loss ratios](#) requires health insurers in the individual and small group markets to spend at least 85% of the premiums they receive on health care services to improve health care quality.

Explained Popik, "A medical loss ratio is the ratio between what the company actually pays out in claims or medical services and what it has left over to cover sales, marketing, underwriting, taxes, and other administrative expenses and profits. This would occur at the same time as other provisions in the health care bill impose significant additional administrative expenses on insurers involving reporting on quality and efficiency as well as managing care to achieve greater 'value' for the funds expended.

"This restriction could lead to the inability of insurers to operate in the black and may drive them out of the market. The medical loss ratio provision is designed to work with other provisions in the law to prevent Americans from spending what bureaucrats decide is 'too much' on health care."

"As NRLC has been warning all along, under Obamacare, private citizens' right to spend their own money to save their own lives will be subject to drastic restriction," Popik said.

[Life At Risk, How the Obama Health Care Plan Will Ration Your Family's Medical Treatment](#), from the Robert Powell Center for Medical Ethics, shows how limits on healthcare providers, Medicare and insurance exchanges will eventually result in rationing and denial of lifesaving medical treatment.

## Limits on Providers

Healthcare providers will be limited by a rationing commission, the Independent Payment Advisory Board. The Board *must* limit healthcare spending growth and report their recommendations to the Department of Health and Human Services. Bureaucrats have the power to impose 'quality' measures on all healthcare providers so that treatment

decisions between doctors and patients that run contrary to governmental standards will be denied.

The IPAB's recommendations to slow the growth in national health expenditures below the rate of medical inflation will affect both governmentally funded and *privately* funded healthcare.

The HHS Secretary has the authority to impose "quality and efficiency" standards on hospitals, who must report on compliance with them. Doctors also have to comply with quality measures in order to contract with health insurance plans. The standards don't just govern federally funded healthcare such as Medicaid, but *also health care paid for by private citizens and their insurers*. There will be one uniform, national standard of care established by the government.

## Medicare Limits

Seniors are now limited on what they can pay with their own money for their own health care. The Congressional Budget Office (CBO) has estimated that Obamacare will cut \$555 billion from Medicare over the next ten years, yet seniors may not make up the shortfall with their own money.

Medicare is paid for by payroll taxes, the currently working are paying for the healthcare of those already retired. As the baby boom generation retires, the proportion of the working/nonworking will decrease. With less money available for the elderly, the shortfall could be made up by financing Medicare premiums partly by the government and partly by private citizens' income and savings. "Private fee-for-service plans," are a Medicare option where seniors could choose health insurance plans whose value was not limited by what the government might pay toward it.

Medicare reimbursement rates for healthcare providers tend to be below the cost of giving care. Providers use "cost-shifting," using funds they get from treating privately insured working people, to make up for the losses in treating Medicare patients. As a result, comparatively low-income workers subsidize higher-income retirees.

When middle-income retirees voluntarily add their own money in addition to the government contribution in a fee-for-service plan, those who take advantage of this stop being the beneficiaries of cost-shifting and become contributors to it. They add money to the healthcare system and healthcare providers can offer more below-cost care to senior citizens with limited means.

Section 32098 indirectly amended the section in existing law allowing private fee-for-service plans to set premiums without approval by the Centers for Medicare and Medicaid Services (CMS) by adding, "Nothing in this section shall be construed as requiring the Secretary to accept any or every bid submitted by a MA organization under this subsection."

CMS can refuse to allow seniors the choice of fee-for-service plans that charge premiums that are "too high." CMS is authorized to refuse to allow private fee plans altogether. The only avenue to escape rationing, using one's money, is eliminated.

## Denial of Lifesaving Medical Treatment Under the Obama Health Care Law

### 1. Independent Payment Advisory Board

#### Rationing in the Law

#### A. Impact on Medicare

- The IPAB directs limits on Medicare funding so it doesn't keep pace with medical inflation.
- Methods: Limit reimbursement rates under government FFS and reduce payments to Medicare Advantage plans.
- Cuts automatically become law. Congress can substitute cuts, but can't prevent them.

#### B. The IPAB has a much more far-reaching role in rationing.

- Federal law will limit what private citizens can choose, out of their own funds to spend on medical treatment to save their lives
- Methods: IPAB makes recommendations every two years starting in 2015, to slow the growth of national health expenditures, i.e., non-governmental spending, below the rate of medical inflation.
- The recommendations are to include those that the Department of Health and Human Services can implement administratively.

#### C. How will the Dept. of Health and Human Services enforce this?

- HHS is empowered to enforce quality measures on hospitals, doctors and other health care providers. There will be one uniform standard of care specifying what can and cannot be given.
- Doctors who give treatment not permitted by "quality" measures are disqualified from contracting with insurance plans all Americans are required to have.

#### Recap

**A. The IPAB is required to push private spending below medical inflation by making recommendations every two years.**

**B. The HHS imposes "quality" standards which doctors must comply with or lose insurance contracts.**

**C. The individual person can't get healthcare exceeding the standards.**

### 2. Medicare Limits

- \$555 billion will be cut from Medicare over 10 years. (CBO estimate)
- Will the government allow seniors to make up the difference from their own funds?
- Before Obamacare, seniors can buy an insurance plan less likely to ration medical care by adding their own money to the amount the government was paying, these plans are known as Medicare Advantage private fee-for-service plans.
- Under Obamacare, the HHS has been given a standardless discretion to reject any Medicare Advantage plan. The HHS can limit or eliminate the ability of seniors to add their own money to obtain insurance less likely to ration healthcare.

### 3. Exchange Limits on what People Can Afford to Pay

- New state-based insurance exchanges. At first will include individuals and small businesses, later all employees.
- Government will exclude health insurers whose plans inside or outside the exchange allow private citizens to spend what officials decide is an excessive or unjustified amount on their own health insurance.

#### Limits on Insurance Exchanges

State-based insurance exchanges were originally designed to be marketplaces where consumers could comparison shop for health insurance plans. Instead, consumers may only choose plans offered by insurers who do not allow their customers to spend more than what is deemed "excessive or unjustified" amounts for their health insurance. Section 1003 of the law and Section 1311(e)(2), authorize state bureaucrats to limit the value of the insurance policies for purchase. State insurance commissioners are to recommend to their state exchanges the exclusion of "particular health insurance issuers ... based on a pattern or practice

of excessive or unjustified premium increases."

Not only will the exchanges exclude policies from competing in an exchange when government authorities do not agree with their premiums, but the exchanges will even exclude insurers whose plans *outside* the exchange are considered by government authorities to charge an "excessive or unjustified" amount. This "chilling effect," will deter insurers who hope to be able to compete within the exchanges, from offering adequately funded plans outside of them. Even outside the exchanges consumers will find it difficult to obtain health insurance that offers adequate, unrationed healthcare.

# Forty Years: Defending Life From Conception to Natural Death

## Annual Fund-Raising Banquet

Friday, October 19, 2012

**Lantana Restaurant  
Randolph**

**6:00 pm Social Hour  
7:00 pm Dinner**

**Keynote Speaker  
Professor Mary Anne  
Glendon**



Professor  
Mary Anne Glendon

Keynote speaker [Mary Anne Glendon](#) is Learned Hand Professor of Law at Harvard Law School. Serving as US Ambassador to the Holy See (2009-2009), Professor Glendon has been recognized as one of the "Fifty Most Influential Women Lawyers in America."

Glendon has served on the President's Council on Bioethics. As a woman of principle, Professor Glendon [refused reception of the Laetare Medal](#) at Notre Dame University's Commencement in 2009. Glendon refused the Medal after learning that pro-abortion President Barack Obama was to be awarded an honorary degree at the Commencement saying, "we should not honor those who act in defiance of our fundamental moral principles."

**Dr. Mildred Fay Jefferson  
Youth Award**



St. Brendan's Youth Group, Bellingham

**Peggy McCormick  
Award**



Connie and Cathy Murphy

**Francis A. Schaeffer  
Award**



Chai Ling, [All Girls Allowed](#)

### Chapter Service Awards



Richard Carey  
Needham Chapter



John Curry  
West Roxbury Chapter



Warren & Mary Murray  
North Suburban Chapter

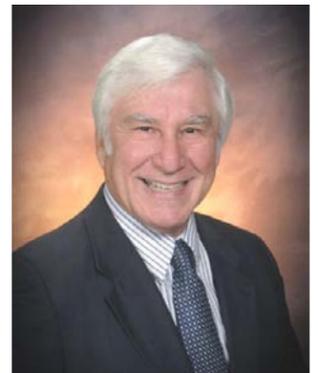


Dorothy Nicolau  
Fall River Chapter

### Pro-Life Community Awards



Irene Hickey



Rep. Angelo M Scaccia



Fr. William Salmon  
Immaculate Conception, Weymouth



Fr. Michael Racine  
St. Bernard's Church, Assonet



*Dinner Menu : Chef's Salad, Choice of Chicken  
Piccata or Boston Baked Cod,  
Seasonal Vegetables, Brownie Sundae, Freshly  
Brewed Coffee, Herbal Teas*



Tickets: • Individual \$60.00 • Table of Ten \$500.00  
Call: 617 242-4199, or mail check to: MCFL Inc.,  
529 Main St., Suite 1M9, Boston, MA 02129

[Reserve tickets online](#)



# Romney Picks Pro-Life Paul Ryan for Vice-President

Massachusetts Citizens for Life applauded the selection by Governor Romney of Paul Ryan as his running mate. Said MCFL President Anne Fox, "Congressman Ryan has long been a friend of life at all stages. His voting record is 100% pro-life, protecting the lives of unborn children, their mothers, the disabled, and the elderly."

Ryan has written, "Personally, I believe that life begins at conception, and it is for that reason that I feel we need to protect that life as we would protect other children...I remain committed to restoring the value of human life and fighting

for the rights of the unborn...Most importantly, we must ensure that the most vulnerable among us - both unborn children and mothers struggling with unplanned pregnancies - are afforded the compassion and opportunities they need to choose life." (February 2009, Op-Ed published in *The Journal Times of Racine, Wisconsin*)

Fox continued, "Paul Ryan has a proven pro-life record. He will work to protect life with his sensible fiscal plans, which will protect patients from rationing and denial of care. Romney-Ryan is a win-win for the children, the disabled, the elderly, and every person in this country."

## Brazilian Television Host Visits MCFL



From left to right: Blackstone legal intern, Jake Merkel, Atty. Tom Harvey, Fr. Bob Carr, Pastor of St. Benedict Parish in Somerville, Adriano Gonçalves and Isaura Cunha from Project Rachel.

Adriano Gonçalves, host of the popular Brazilian television show *Canção Nova*, met with MCFL on June 28 to learn about abortion in America. Gonçalves wants to educate his audience as the legalization of abortion is being considered in Brazil.

Isaura Cunha spent several weeks in Brazil last fall explaining Project Rachel

to area bishops, other clergy and lay professionals.

MCFL created an opportunity for Fr. Bob Carr and Gonçalves to visit A Woman's Concern in Revere in order for Gonçalves to learn how a pregnancy care center operates. The following day Gonçalves and Fr. Carr prayed outside of Planned Parenthood in Boston.

Through an outright Estate Gift or by leaving a percentage of your Estate you can make a real and substantial impact on our Mission.



### ESTATE PLANNING

Contact: John Triolo (617) 242-4199 ext. 224  
jtriolo@masscitizensforlife.org

## Founders Sought for New Ethical Stem Cell Research Institute

The Iowa Knights of Columbus has partnered with the John Paul II Stem Cell Research Institute in a national gift campaign that raises funds to advance ethical adult stem cell research and to fund a cord blood bank for donations of life-saving cord blood from newborn babies. *Give Cures* is seeking founders to support the newly created, nonprofit John Paul II Stem Cell Research Institute whose mission is to develop innovative treatments for rare diseases and cancer.

The Institute's focus will be on therapeutic research geared to finding cures and therapies using cutting-edge, disease specific, adult stem cells.

"The challenge is daunting when so many research organizations and labs support embryonic stem cell research," *Give Cures* says. "Even worse is the prospect that patients may one day be faced with the moral dilemma of choosing between a cure and having a clear conscience. You can help to advance an ethical alternative for research that respects the dignity of every human life."

## Is September the Month to Renew Your MCFL Membership?



Help Massachusetts Citizens for Life with its life-saving work and continue to receive the MCFL News without interruption.

### Type of Membership

- Family \$50
- Individual \$30
- Youth \$10
- Additional Donation \$ \_\_\_\_\_



Make check out to: Massachusetts Citizens for Life  
Mail to: Massachusetts Citizens for Life  
The Schrafft Center-Suite 1M9  
529 Main Street  
Boston, MA 02129-1122

[Renew Online](#)

## Memorials

**Keith and Doris (Dot) Newell**  
By all the volunteers at Birthright in Marlborough

Congratulations to Edward and Patricia Boylan on June 26th birth of their first grandchildren **Seamus Daly and Margaret Murphy Boylan**  
By the South Shore Chapter

**James T. Shaughnessy**  
By Joseph and Jill Sylvestro

Congratulations to our own Melissa Vieira and her husband Victor on the June 13th birth of their daughter, **Nora**  
By the MCFL Board

**Marguerite Philbin**  
By the MCFL Board of Directors

**Sandra Lundrigan**  
By Ken and Anne Fox

**James Custy**  
By the MCFL Board of Directors

**Congratulations to Alan and Helen MacKay on their 50th Wedding Anniversary**  
By the South Shore Chapter Ken and Anne Fox

**Welcome Baby**  
Sally and Steve Habermas and Daniel, Sarah, Mary, and Charlie welcome **Clare Patricia Habermas** who was born on July 19

**Congratulations to Bob and Susan Horne on their 25th Wedding Anniversary**  
By the Needham Chapter



STATE SENATE DISTRICT	STATE SENATE CANDIDATES INCUMBENT IS CAPITALIZED MCFL ENDORSEMENT MCFL RECOMMENDATION NARAL ENDORSEMENT	(CO-)SPONSORED							POSITION DETERMINED BY OTHER DATA		
		LAURA'S LAW SEX-SELECTION BAN PBA BAN PAIN-CAPABLE TAX-PAYER CONSCIENCE									
		LL SS PBA PC TC	1	2	3	4	5	6		7	8
First Middlesex and Norfolk	CYNTHIA STONE GREEM (D) NARAL										Anti-life
Second Middlesex and Norfolk	KAREN E. SPILKA (D) NARAL										Anti-life
Middlesex and Suffolk	SAL N. DIDOMENICO (D) NARAL										Anti-life
Middlesex and Worcester	JAMES B. ELDRIDGE (D) NARAL <i>Dean J. Cavaretta (R)</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Norfolk, Bristol and Middlesex	<b>RICHARD J. ROSS (R)</b> LL										Pro-life
Norfolk, Bristol and Plymouth	BRIAN A. JOYCE (D)										Anti-life
Norfolk and Plymouth	JOHN F. KEENAN (D)										
Norfolk and Suffolk	MICHAEL F. RUSH (D)										Pro-life
Plymouth and Barnstable	THERESE MURRAY (D) NARAL Stephen Michael Palmer (D) MCFL RECOMMENDATION <i>Thomas F. Keyes (R)</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
First Plymouth and Bristol	MARC R. PACHECO (D) NARAL										Mixed
Second Plymouth and Bristol	THOMAS P. KENNEDY (D)										Pro-life
Plymouth and Norfolk	<b>ROBERT L. HEDLUND, JR. (R)</b> NARAL Genevieve S. Davis (D) Steve May (D)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Pro-life
First Suffolk	JACK HART (D)										Pro-life
Second Suffolk	SONIA ROSA CHANG-DIAZ (D) NARAL Roy Owens (D)										Anti-life
First Suffolk and Middlesex	ANTHONY W. PETRUCCELLI (D) <i>Thomas J. Dooley, III (R)</i>										Anti-life
Second Suffolk and Middlesex	WILLIAM N. BROWNSBERGER (D) NARAL <i>Steven W. Aylward (R)</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
First Worcester	HARRIETTE L. CHANDLER (D) NARAL										Anti-life
Second Worcester	MICHAEL O. MOORE (D) NARAL <i>Stephen R. Simonian (R)</i>										Anti-life
Worcester, Hampden, Hampshire and Middlesex	STEPHEN M. BREWER (D)										Mixed
Worcester and Middlesex	JENNIFER L. FLANAGAN (D) NARAL										Anti-life
Worcester and Norfolk	RICHARD T. MOORE (D)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Pro-life

## State Candidate Questionnaire

1. Would you vote for legislation that bans partial-birth abortion?
2. Would you vote for a law which makes the unborn child a second victim when a crime is committed against a pregnant woman?
3. Would you vote for or sponsor A Woman's Right to Know Act / "Laura's Law," which would offer women facts about both abortion and childbirth and provide a 24-hour "reflection period?"
4. Would you vote for legislation that bans sex selection abortion?
5. Would you vote for legislation requiring a woman to have the option to see an ultrasound of her unborn child prior to an abortion?
6. Would you support legislation that would prohibit abortion coercion?
7. Would you vote for the Pain-Capable Unborn Child Protection Act which would require that no abortion should be done after 20 weeks because there is substantial evidence that unborn children can feel pain at this point?
8. Are you opposed to Doctor-Prescribed Suicide (aka "Death with Dignity")?

\*\*Note: A "Yes" response indicates agreement with MCFL's position.\*\*

# Candidates for State House of Representatives Election

STATE REPRESENTATIVE DISTRICT	STATE REPRESENTATIVE CANDIDATES INCUMBENT IS CAPITALIZED MCFL ENDORSEMENT MCFL RECOMMENDATION NARAL ENDORSEMENT	SIGNED MARIA TALKS LETTER	LAURA'S LAW				RESPONSES TO 2012 CANDIDATE QUESTIONNAIRE								POSITION DETERMINED BY OTHER DATA		
			SEX-SELECTION BAN		PAIN-CAPABLE PROTECTION		1	2	3	4	5	6	7	8			
			LL	SS	PBA BAN	PC	TAXPAYER	CONSCIENCE	TC	LL	SS	PBA	PC	TC			
First Barnstable	CLEON H. TURNER (D) NARAL																Anti-life
Second Barnstable	DEMETRIUS J. ATSALIS (D) Brian R. Mannal (D)	Y															Anti-life
Third Barnstable	DAVID T. VIEIRA (R)	Y															Anti-life
Fourth Barnstable	SARAH K. PEAKE (D) NARAL																Anti-life
Fifth Barnstable	RANDY HUNT (R) R. Patrick Ellis (D)	Y	LL									Y	Y	Y	Y		Anti-life
Barnstable, Dukes & Nantucket	TIMOTHY R. MADDEN (D)																Anti-life
First Berkshire	GAILANNE M. CARIDDI (D) NARAL																Anti-life
Second Berkshire	PAUL W. MARK (D) NARAL																Anti-life
Third Berkshire	TRICIA FARLEY-BOUVIER (D)																Anti-life
Fourth Berkshire	WILLIAM "SMITTY" PIGNATELLI (D) Lee Scott Laugenour (GR)	Y															Anti-life
First Bristol	FRED "JAY" BARROWS (R)	Y	LL	SS	PBA	TC											Pro-life
Second Bristol	GEORGE T. ROSS (R) Paul R. Heroux (D) Stephen Vincent Kane (D)	Y	LL	SS	PBA	PC	TC						Y	Y	Y		Pro-life
Third Bristol	SHAUNA L. O'CONNELL (R) Sherry Costa Hanlon (D)	Y															Anti-life
Fourth Bristol	STEVEN S. HOWITT (R) A. Keith Carreiro (D)	Y															Anti-life
Fifth Bristol	PATRICIA A. HADDAD (D) NARAL																Anti-life
Sixth Bristol	DAVID B. SULLIVAN (D)												Y				Mixed
Seventh Bristol	KEVIN AGUIAR (D) Alan Silvia (D) MCFL ENDORSED												Y	Y	Y	Y	Anti-life
Eighth Bristol	PAUL A SCHMID, III (D)																
Ninth Bristol	CHRISTOPHER MARKEY (D)																
Tenth Bristol	WILLIAM M. STRAUS (D) Abilio Bill Soares (D)																Anti-life
Eleventh Bristol	ROBERT M. KOCZERA (D)																Anti-life
Twelfth Bristol	KEIKO M. ORRALL (R) Adam M. Bond (D) Roger Brunelle, Jr. (D)	Y											Y	Y	Y	Y	Anti-life
Thirteenth Bristol	ANTONIO F.D. CABRAL (D)																Anti-life
Fourteenth Bristol	ELIZABETH A. POIRIER (R)	Y	LL	SS	PBA	PC	TC										Pro-life
First Essex	MICHAEL A. COSTELLO (D)																Anti-life
Second Essex	Barry P. Fogel (D) Robert H. Cronin (R) Gary C. Fowler (R) Leonard Mirra (R)												Y	Y	Y	Y	Anti-life

STATE REPRESENTATIVE DISTRICT	STATE REPRESENTATIVE CANDIDATES INCUMBENT IS CAPITALIZED MCFL ENDORSEMENT MCFL RECOMMENDATION NARAL ENDORSEMENT	SIGNED MARIA TALKS LETTER	LAURA'S LAW					RESPONSES TO 2012 CANDIDATE QUESTIONNAIRE								POSITION DETERMINED BY OTHER DATA		
			SEX-SELECTION BAN	LL	SS	PBA	PC	1	2	3	4	5	6	7	8			
			PBA BAN PAIN-CAPABLE PROTECTION TAXPAYER CONSCIENCE	LL	SS	PBA	PC	TC										
Third Essex	BRIAN S. DEMPSEY (D)																	Anti-life
Fourth Essex	BRADFORD R. HILL (R)	Y	LL															Mixed
Fifth Essex	ANN-MARGARET FERRANTE (D)		NARAL															Anti-life
Sixth Essex	JERALD A. PARISELLA (D)																	
Seventh Essex	JOHN D. KEENAN (D)		NARAL															Anti-life
Eighth Essex	LORI A. EHRLICH (D)		NARAL															Anti-life
Ninth Essex	DONALD H. WONG (R)	Y																
Tenth Essex	ROBERT F. FENNEL (D) Gardy Jean-Francois (D) Dwight J. Caulfield (R)																	Mixed Anti-life
Eleventh Essex	STEVEN M. WALSH (D)																	Anti-life
Twelfth Essex	JOYCE A. SPILLOTIS (D)	Y	LL SS															Mixed
Thirteenth Essex	THEODORE C. SPELIOTIS (D)																	Anti-life
Fourteenth Essex	DAVID M. TORRISI (D) Diana DiZoglio (D) Karin K. Rhoton (R)		NARAL															Anti-life
Fifteenth Essex	LINDA DEAN CAMPBELL (D)	Y	LL															
Sixteenth Essex	MARCOS A. DEVERS (D) Chally Ramos (D) Frank A. Moran (D)	Y																
Seventeenth Essex	FRANK A. MORAN (D)																	
Eighteenth Essex	JAMES J. LYONS, JR. (R) Barbara L'Italian (D)	Y	LL SS PBA PC TC															Pro-life Anti-life
First Franklin	STEPHEN KULIK (D)		NARAL															Anti-life
Second Franklin	DENISE ANDREWS (D) Rebecca J. Bialecki (D) Genevieve C. Fraser (D) Jim White (D) Susannah M. Lee (R)		NARAL															Anti-life
First Hampden	TODD M. SMOLA (R)	Y	LL SS															Pro-life
Second Hampden	BRIAN MICHAEL ASHE (D) Marie Angelides (R) Enrico John Villamaino, III (R)	Y																Pro-life
Third Hampden	NICHOLAS A. BOLDYGA (R) Samuel Salvatore DiSanti, Jr. (D)	Y	LL															Anti-life
Fourth Hampden	DONALD F. HUMASON, JR. (R)	Y	LL SS															Pro-life
Fifth Hampden	MICHAEL F. KANE (D) Aaron Vega (D) Linda Vacon (R) - Write-in Candidate																	Anti-life
Sixth Hampden	MICHAEL J. FINN (D)	Y																
Seventh Hampden	THOMAS M. PETROLATI (D)																	Mixed
Eighth Hampden	JOSEPH F. WAGNER (D)																	Mixed
Ninth Hampden	SEAN CURRAN (D) Joseph R. Fountain (D)																	Pro-life Anti-life

STATE REPRESENTATIVE DISTRICT	STATE REPRESENTATIVE CANDIDATES INCUMBENT IS CAPITALIZED MCFL ENDORSEMENT MCFL RECOMMENDATION NARAL ENDORSEMENT	SIGNED MARIA TALKS LETTER	LAURA'S LAW				RESPONSES TO 2012 CANDIDATE QUESTIONNAIRE								POSITION DETERMINED BY OTHER DATA			
			SEX-SELECTION BAN PBA BAN	PAIN-CAPABLE PROTECTION TAXPAYER CONSCIENCE	LL	SS	PBA	PC	TC	1	2	3	4	5		6	7	8
										LL	SS	PBA	PC	TC				
Tenth Hampden	CHERYL RIVERA (D)																Anti-life	
Eleventh Hampden	BENJAMIN SWAN (D)		LL														Anti-life	
Twelfth Hampden	ANGELO J. PUPOLO, JR. (D) Dennis John McCarthy (R)	Y						Y	Y	?	?	?	Y	?	Y		Pro-life	
First Hampshire	PETER V. KOCOT (D)			NARAL													Anti-life	
Second Hampshire	JOHN W. SCIBAK (D)			NARAL													Anti-life	
Third Hampshire	ELLEN STORY (D)			NARAL													Anti-life	
First Middlesex	SHEILA C. HARRINGTON (R)	Y	LL	SS	PBA	PC		Y	Y	Y	Y	Y	Y	Y	Y		Pro-life	
Second Middlesex	JAMES ARCIERO (D) Valerie A. Wormell (R)	Y						Y	Y	Y	Y	N	Y	Y	Y			
Third Middlesex	KATE HOGAN (D) Chuck S. Kuniewicz, Jr. (R)			NARAL				Y	Y	Y	Y	Y	Y	Y	Y		Anti-life	
Fourth Middlesex	STEVEN L. LEVY (R) Joseph Paul Richard Collins, Sr. (D) Danielle W. Gregoire (D)	Y	LL	SS	PBA	TC		Y	Y	Y	Y	Y	Y	Y	Y		Pro-life	
Fifth Middlesex	DAVID PAUL LINSKY (D)			NARAL													Anti-life	
Sixth Middlesex	CHRIS WALSH (D)			NARAL													Anti-life	
Seventh Middlesex	TOM SANNICANDRO (D) Jon Andrew Fetherston (R)			NARAL													Anti-life	
Eighth Middlesex	CAROLYN C. DYKEMA (D) Martin A. Lamb (R)			NARAL				Y	Y	Y	Y	Y	Y	Y	Y		Anti-life	
Ninth Middlesex	THOMAS M. STANLEY (D)																Mixed	
Tenth Middlesex	JOHN J. LAWN, JR. (D) Francis Xavier Stanton, III (R)	Y						Y	Y	Y	Y	Y	Y	Y	Y			
Eleventh Middlesex	KAY S. KHAN (D) Greer Ian Swiston (R)			NARAL													Anti-life	
Twelfth Middlesex	RUTH B. BALSER (D)			NARAL													Anti-life	
Thirteenth Middlesex	THOMAS P. CONROY (D) Steven Hakar (D)			NARAL													Anti-life	
Fourteenth Middlesex	CORY ATKINS (D) Michael J. Benn (R)			NARAL				Y	Y	Y	Y	Y	Y	Y	Y		Anti-life	
Fifteenth Middlesex	JAY R. KAUFMAN (D)			NARAL													Anti-life	
Sixteenth Middlesex	THOMAS A. GOLDEN, JR. (D)	Y															Pro-life	
Seventeenth Middlesex	DAVID M. NANGLE (D) Martin D. Burke (R)	Y							Y	Y	Y	Y	Y	Y	N		Mixed	
Eighteenth Middlesex	KEVIN J. MURPHY (D)																Mixed	
Nineteenth Middlesex	JAMES R. MICELI (D) Douglas W. Sears (R)	Y	LL					Y	Y	Y	Y	Y	Y	Y	Y		Pro-life	
Twentieth Middlesex	BRADLEY H. JONES, JR. (R)	Y															Mixed	
Twenty-first Middlesex	CHARLES A. MURPHY (D) David Fiorida (D) - Write in Candidate Walter Zenkin (R) - Write in Candidate																Anti-life Anti-life	
Twenty-second Middlesex	MARC T. LOMBARDO (R)	Y	LL	SS	PBA			Y	Y	Y	Y	Y	Y	Y	Y		Pro-life	





