

RNC *For Life* REPORT

A Publication of the Republican National Coalition for Life

SUMMER 2009 – No. 72

Reading the Fine Print in the Health Care Bill

By Phyllis Schlafly

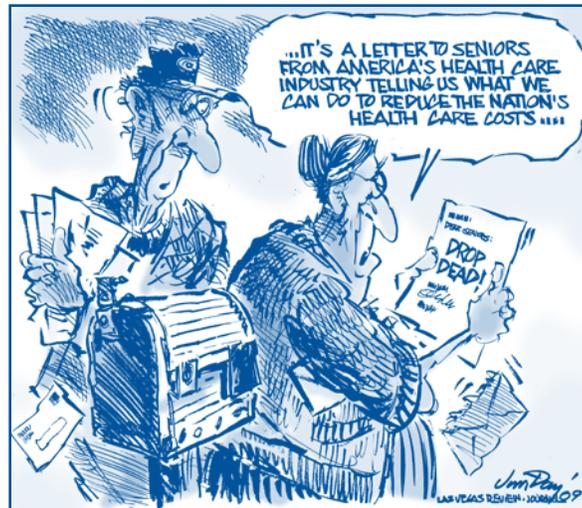
The House Democrats' health care bill is entitled "*America's Affordable Health Choices Act of 2009.*" No clue is given as to how long we will have a choice, but it will probably be only until the "public option" chases private insurance out of business.

The bill's subtitle states its purpose as health care for everyone, reducing "the growth in health care spending," "and for other purposes." Note that the goal is not to reduce spending but only the "growth" in spending, and we need to worry about the "other purposes" that will be added by the bureaucrats' regulations.

- The bill states that health-care benefits require "shared responsibility among workers, employers, and the government." That means the government will force all taxpayers to pay for health care for millions of people who don't now buy insurance because they don't need it, or because insurance doesn't cover what they do need. (p.5)
- The bill states that the government will investigate "self-insured employers not being able to pay obligations." Government agents will audit and then harass small business owners to force them to pay for insurance they cannot afford. (p.22)
- The bill provides for optional "nurse home visitation services" without specifying who has power to exercise the option. **Among the various purposes**

listed are "increasing birth intervals between pregnancies" (this reminds us of China's policies to reduce childbirth by married couples), reducing "child abuse, neglect, and injury" (giving more authority to the already too powerful Child Protective Services), and promoting school readiness (will homeschooling be scorned?). (p.768)

- **The bill covers family planning. Those are well-known code words for taxpayer-funded contraception and abortion, and will impose mandatory coverage of abortion on demand in all health plans. (p.772)**
- The bill provides for "culturally and linguistically appropriate communication and health services," and "shall give priority to applicants that have developed partnerships with community organizations or with



agencies with experience in language access." This opens up plenty of funding for health and translation services for illegal aliens. (pp.405 & 407)

- Title II of the bill creates a "Health Insurance Exchange," pretending to be a marketplace for health insurance plans. Of course, so long as the "public option" is subsidized by the taxpayers, it can always undersell private plans. (p.72)
- The government will specify the health benefits that must be included in any plan participating

Health Care Bill *continued on next page*

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in the Health Insurance Exchange. If all private plans must include all government-specified benefits (which will surely include benefits unwanted by many people and will inevitably drive up costs), whatever happened to choice? (p.84)

- Anyone who does not enroll in an Exchange-participating plan will be “automatically enrolled under Medicaid.” The government will thus use force to achieve its goal of universal coverage. (p.102)

- Employers will be subjected to a play-or-pay mandate. Those who do not provide health insurance to their employees must give the government a “contribution” equal to 8 percent of average wages paid. (p.149)

- **Seniors must submit to “advance care planning consultation” (a.k.a. end-of-life discussions) every five years, or more often if there is “a significant change in the health condition of the individual, including diagnosis of a chronic, progressive, life-limiting disease, a life-threatening or terminal diagnosis or life-threatening injury.” Will these consultants advise seniors to hurry up and die because they are costing too much money? (pp.425 & 429)**

- Government bureaucrats will conduct “Comparative Effectiveness Research” to decide the effectiveness of treatments and drugs. That is the exotic label for rationing and, as House Appropriations Chairman David Obey (D-WI) admitted, drugs and treatments that are “found to be less effective and more expensive will no longer be prescribed.” (pp.502 & 520)

- Government bureaucrats (not the medical profession) shall determine national priorities for research. (p.505)

- Preference in awarding grants or contracts will be given to entities that have trained “the greatest percentage” of public health workers in the government, and that have trained large percentages of “under-represented minority groups.” (pp.909-910) Think ACORN!

The Senate bill’s official summary also authorizes “home visits” to “improve immunization coverage.” Will Americans tolerate a knock on the door from a government agent demanding that we and our children receive all government-ordered vaccines?

The fine print of the Democrats’ health-care bill (which imposes incredible debt on our children) gives enormous power to the Obama bureaucrats to impose uniform, government-defined-benefits insurance, to decide how much we must pay or be hit with fines and penalties, and to determine what treatments and drugs are “effective” and will be permitted. This isn’t America; this is Marxist Socialism. ❑

Brownback-Landrieu Join Forces to Prevent Human-Animal Hybrids

On July 10, U.S. Senators Sam Brownback (R-KS) and Mary Landrieu (D-LA) introduced the *Human-Animal Hybrid Prohibition Act of 2009, S.1435*.

“This legislation works to ensure that our society recognizes the dignity and sacredness of human life,” said Brownback. “Creating human-animal hybrids, which permanently alter the genetic makeup of an organism, will challenge the very definition of what it means to be human and is a violation of human dignity and a grave injustice.”

The Act would ban the creation of human-animal hybrids, which are defined as those part-human, part-animal creatures, which are created in laboratories, and blur the line between species. The bill is modest in scope and only affects efforts to blur the genetic lines between animals and humans. It does not preclude the use of animals or humans in legitimate research or health care where genetic material is not passed on to future generations, such as the use of a porcine [pig] heart valve in a human patient or the use of a lab rat with human diseases to develop treatments.

“The issue is that when you make changes in the germ-line, such changes are passed along to one’s offspring. You could make a change now that could be passed along through the gene-pool for the rest of humanity. We do not know what the full effect of this could be, and it could be disastrous.”

[If evidence of the cultural degradation of our society is needed, the fact that this bill had to be filed provides it.] Please ask your Senators to co-sponsor **S.1435**. ❑

Gardasil Causes 400 Per Cent More Deaths Than Other Common Vaccine

Researchers with the Federal Vaccine Adverse Events Reporting System have reported that Gardasil, marketed by Merck and touted as a preventive against strains of human papillomavirus that cause cervical cancer, has a 400 per cent higher rate of adverse effects than another comparable vaccine, the Menactra anti-meningitis shot.

Gardasil is associated with twice as many emergency room visits, four times as many deaths, four times as many heart attacks, seven times as many “disabled” reports and fifteen times as many strokes when compared to Menactra, manufactured by GlaxoSmithKline. All reported cases of blood clots and heart attacks associated with Gardasil occurred when the vaccine was given alone, not in conjunction with other drugs.

Researchers compared Gardasil and Menactra because they are given to similar age groups at similar frequencies. Gardasil has been promoted for use by girls as young as nine years old through national advertising campaigns.

The report recommends that the government more thoroughly investigate reports of dangerous side effects from the HPV vaccine and that parents be more adequately warned of the risks before vaccination.

It also recommends that Congress investigate how the vaccine was fast-tracked for approval in the absence of safety data on girls younger than 17. (*Natural News*, 7/29/09) □

New York Taxpayers on the Hook for Egg Donations

New York State has decided to offer women up to \$10,000 to donate their eggs for stem cell research. Taxpayers will foot the bill.

This comes as a result of Barack Obama’s repeal of President Bush’s prohibition on Embryonic Stem Cell Research (ESCR) that involves the killing of human embryos. Wendy Wright, president of

Concerned Women for America, said that the move “treats women like commodities ...” Women have something that researchers want to get their hands on, and now the government will pay for it.

Donor eggs are necessary for the generation of human embryos who are brought into existence so that they can be killed for their stem cells. Now that the Bush ban has been lifted, there is a tremendous demand for human eggs which are retrieved through a complicated and painful process.

Miss Wright pointed out that, aside from ethical concerns, New York residents could find themselves “on the Hook” for medical costs if serious complications from egg extraction procedures occur. (*FOX-News.com*, 7/30/09) □

NY Nurse Threatened, Forced To Assist in Late-Term Abortion

NEW YORK — Alliance Defense Fund attorneys filed a lawsuit Tuesday against Mount Sinai Hospital on behalf of a Catholic nurse who was forced to participate in a late-term abortion under the threat of disciplinary action, including possible termination and loss of her license. The hospital has known of her religious objections to abortion since 2004.

Hospital administrators told the nurse that the scheduled abortion was an “emergency,” though evidence shows otherwise, and insisted moments before the procedure that she assist doctors despite her repeated objections to the procedure, which dismembered a preborn child in the 22nd week of gestation. By federal law, hospitals that receive federal funds cannot force employees to participate in abortion procedures under any circumstances.

“Pro-life nurses shouldn’t be forced to assist in abortions against their beliefs,” said ADF Legal Counsel Matt Bowman. “Requiring a devout, Catholic nurse to participate in a late-term abortion in order to remain employed is illegal, unethical, and violates her rights of conscience. Federal law requires that employers who receive funding from tax dollars must not compel employees to violate their sincerely held religious beliefs, but this nurse’s

NY Nurse Threatened *continued on next page*

objections fell on deaf ears.”

“Chasing away workers from the health care field is disastrous health care policy,” said Bowman. “An individual’s conscience is likely what brought them to the health care field. Denying or coercing their conscience will likely drive them right out.”

Administrators at Mount Sinai Hospital threatened senior nurse Cathy Cenzone-DeCarlo with disciplinary measures if she did not honor a last-minute summons to assist in a scheduled late-term abortion. Despite the fact that the patient was not in crisis at the time of the surgery, the hospital insisted on her participation in the procedure on the grounds that it was an “emergency” even though the procedure was not classified as such.

“Category I” is the classification reserved for “patients requiring immediate surgical intervention for life or limb threatening conditions.” The surgery in this case was classified as “Category II,” for operations needing to take place within six hours, indicating that the hospital had no reason to insist upon Cenzone-DeCarlo’s assistance in the abortion in order to protect the patient. Plenty of time existed to find a different nurse to assist, especially since evidence indicates that the patient’s condition did not rise even to a Category II. In fact, Cenzone-DeCarlo observed no indications that the abortion was a medical emergency while in the operating room.

ADF attorneys filed the complaint in *Cenzone-DeCarlo v. The Mount Sinai Hospital* with the U.S. District Court for the Eastern District of New York. They are also requesting a preliminary injunction that would order the hospital to honor Cenzone-DeCarlo’s religious objection against assisting in abortion and refrain from retaliation against her while the case moves forward. She is Catholic and her uncle is Bishop Carlito J. Cenzone, who leads the Roman Catholic diocese of Baguio in the northern Philippines. □



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