

RNC *For Life* REPORT

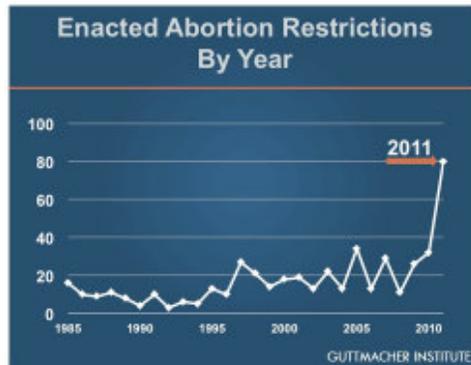
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Which States Have Legislated For Life? *19 States Help Break Pro-life Legislative Record*

It's been virtually impossible to get any meaningful pro-life legislation through the Congress as pro-abortion Democrats control both the Senate and the veto pen in the White House. So while the GOP-controlled U.S. House valiantly tries to protect innocent unborn life and defund the nation's largest abortion provider, Planned Parenthood, those efforts have failed to go beyond the walls of the lower chamber. However, in the "real world" outside the beltway, Republicans control 26 state legislatures and are taking the **pro-life agenda to the state capitals**.

Indeed, it's been a **record year for pro-life legislation**, with **19 states enacting new laws**. "In the first six months of 2011, states enacted **162 new provisions** related to reproductive health and rights," bemoans the Guttmacher Institute. "49% of these new laws seek to restrict access to abortion services, a sharp increase from 2010, when 26% of new laws restricted abortion. The



80 abortion restrictions enacted this year are more than double the previous record of 34 abortion restrictions enacted in 2005 — and more than triple the 23 enacted in 2010."

Still other pro-life bills may yet pass, though most state legislatures have adjourned. Only 8 are in session as of July 1st, including **CA, MA, MI, NJ, NY, PA, WI, and OH**, where a remarkably protective bill, passed by the Ohio House, **forbids abortions once**

the unborn baby's heartbeat is detected. At this writing, the bill has not yet passed the GOP-controlled Senate.

At least 8 states were successful in partially or fully **defunding Planned Parenthood: IN, KS, NJ, NH, NC, TN, TX, and WI** cut more than **\$60 million of tax monies which now will NOT go** to the nation's largest abortion chain. Planned Parenthood spokeswomen are whining about the loss of this taxpayer funding, yet the national head-

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Should Down Syndrome Equal a Death Sentence?

Can you imagine a world in which it would be an unacceptable choice for a woman to carry to term a child who has been deemed "less than perfect"?

Can you imagine the pressure such a world would put upon parents who choose to welcome God's gift of a child with special needs such as Down Syndrome?

If current trends and medical "advances" continue, such a world could become reality — in fact, it is becoming reality today.

DOWN SYNDROME = 90% ABORTIONS

Down Syndrome (DS) is caused by the presence of an extra chromosome which slows the growth of the cerebellum. It occurs in about 1 of every 733 live births, nearly 80% in women younger than 35. But if DS is diagnosed in utero, **9 of every 10 DS babies will be aborted**.

That's right — about 90% of babies who are believed to be DS children are killed before they leave their mothers' wombs. This has resulted in only about 5,500 American children born annually with Down Syndrome and a national Down Syndrome population of only about 350,000. These children suffer mild to moderate mental retardation, are at higher risk for congenital heart defects and other medical problems, and have an average life expectancy of 49.



Many people believe that those with Down Syndrome cannot live fulfilling lives and will be an "unbearable burden" upon their families. So thousands of these babies are deemed "not perfect" and thus unfit to live, having their lives snuffed out before they are even born. **But does this**

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common belief reflect reality?

Many parents speak of the **fullness of their DS children's lives**, as early medical intervention has helped to treat or prevent some health issues, while legally mandated inclusion in public schools has led to more socializing, extracurricular activities and friendships for their DS children. Down Syndrome teens have been selected as Homecoming or Prom Kings and Queens, Student Council members, and other honors. DS young men have earned Boy Scouting's highest honor, Eagle Scout, taking a bit longer than some other Eagle Scouts, as BSA allows.

Among public figures, parents such as **Gov. Sarah Palin, Sen. Rick Santorum, Cong. Pete Sessions and columnist George Will** have spoken lovingly of their DS children and their potential. Perhaps Gov. Palin put it best: "Many people will express sympathy, but you don't want or need that, because Trig will be a joy. . . . Trig is no different, except he has one extra chromosome."

Cruel and mean-spirited people such as the infamous Larry Flynt responded to her pro-life affirming attitude by telling a London reporter that Palin "is the dumbest thing. She did a disservice to every woman in America." Refusing to call Trig by name, but always referring to the baby with an impersonal pronoun, Flynt continued, **"It's brain dead. A virtual vegetable. . . .** How long is it going to live? . . . Doesn't even know it's in this world." These heartless and untrue statements came from the founder of *Hustler* pornographic magazine, who was accused by one his daughters of molestation and of asking another daughter to marry him.

Yet less outspoken or crude comments reflect many other people's belief that the abortion debate is not just about a woman's right to choose whether or not to have a baby; it's also about a woman's **"right to choose" which kind of baby** she wants to have — a PERFECT baby.

EARLIER TESTING "ADVANCES"

Recently, a new medical test became available which claims to be able to detect the DS extra chromosome through ultrasound and blood testing performed **as early as the 11th week of pregnancy**. Disturbingly, both the American College of Obstetricians and Gynecologists and the Canadian Society of Obstetricians and Gynecologists have recommended that ALL pregnant women be offered

this test, so that **"a greater number of women would have the option to terminate their pregnancies should fetal abnormalities be detected."**

According to Dr. Steve Calvin, a Minneapolis physician and co-chair of the Program in Human Rights and Health at the University of Minnesota, prenatal diagnosis is a major advance in obstetrics when it allows appropriate care at or even before birth. "But," he asks, **"is facilitating the prenatal destruction of 'less-than-perfect' babies really a medical advance?"** Columnist George Will certainly doesn't view expanded prenatal testing as an advance, calling it rather a "search and destroy mission" for the "not perfect" babies.



This early prenatal test will also make it easier for women to choose "secret" abortions as they will not yet be "showing" and perhaps have not yet shared their pregnancy with anyone else, even the baby's father. Pregnancy counselors feel that because the baby probably has not been felt kicking at that early stage, the mother hasn't yet bonded with her unborn child, making the abortion decision less "personal."

Many parents are concerned that this planned destruction of preborn Down Syndrome babies is leading to **a society where children like theirs will not be welcome or accepted**. If this trend continues, it may eventually become "unacceptable" for parents to continue a DS pregnancy, according to the International Down Syndrome Coalition for Life. Harvard Medical School researcher Brian Skotko produced a 2004 study which reveals that the **vast majority of DS families have affirmative feelings toward their DS children**. Ordinary families share their positive perspectives regarding raising their DS children, such as the brother who described his sister as "an incredible blessing to many people. It grieves me to think of how impoverished we would be if she had been aborted."

Recently, some DS children have happily described their own lives. One such compelling speaker was Sarah, "almost eleven-and-a-half" by her own description, who told a roomful of genetic counselors and obstetricians at Detroit's Henry Ford Hospital about herself recently. She related her love of reading and playing clarinet in her school band, and how she had won three medals in the Special Olympics. Like many students, she admitted that math was hard, but getting easier. Ending

her presentation, she told the group that, **“I am lucky to get to do so many things, and even though I have Down Syndrome, it is ok.”**

And for those skeptics who suggest that children like Sarah are “high performing” and thus not representative of all DS children, they might consider the “star” of that Henry Ford Hospital gathering, 19-year-old Trevor, who cannot communicate verbally. As his sister read his remarks to the group, Trevor, a natural ham, acted them out and ended by using sign language to “sing” along to “What a Wonderful World” and then blew a kiss to the audience.

WHEN THE DIAGNOSIS IS DS

The same Harvard Medical School study showed that when presented with a Down Syndrome diagnosis, women felt anxious and frightened, and about **half felt rushed or pressured into making a decision on continuing the pregnancy.** Skotko says studies show that medical students are poorly trained regarding disabilities, and thus some doctors emphasize negative information when making a prenatal DS diagnosis. Indeed, some physicians admit that they often are unsure of how to deliver the news that the unborn child may have Down Syndrome to the parent(s). Also, many **physicians assume that women consenting to prenatal screenings are willing to consider abortion.** Parent advocates for DS children suggest that doctors **NOT** begin with “I’m sorry,” or “I have bad news.” And certainly, they urge the physicians, **don’t assume or urge that abortion is the best answer.**

Conversely, when doctors present the DS diagnosis, they can also positively influence the outcome if they present balanced information about the Syndrome and its effect on the family. To help other DS families who have received the diagnosis, some parents have taken it upon themselves to become **resources about the Syndrome for parents.** These parent advocates are convinced that **more couples would choose to continue their DS pregnancies, if they could see first hand** what it really means to raise a DS child. Indeed, the Harvard study confirmed that mothers who choose to continue their pregnancies do so for personal reasons such as conscience or religion, but **also because of positive information gleaned** either from printed literature or talking to parents of a DS child. So they encourage — even insist at times — that obstetricians refer couples to them who have been given a DS prenatal diagnosis so that the prospective parents can meet the advocates’ children and families.

With no formal financing or organization — just a passion to reach out and possibly help others in similar cir-

cumstances be **fully informed before making a life-ending decision** — these advocates literally plead with medical professionals to give their phone numbers along with test results and to provide updated DS literature.

One such advocate is Gabe Lyons, a young evangelical leader, who was challenged a decade ago when his son was born with the syndrome. Disturbed by horror stories being painted online for DS families, Lyons formed a team composed of a photographer and people connected to someone with DS, and created a booklet, *Understanding a Down Syndrome Diagnosis*, to more accurately portray life with a DS child. The booklet shows brothers and sisters just hanging out together, kids skateboarding in the street with their neighbors, a lady doing ballet and others working in the medical field. First distributing it to Atlanta physicians, Lyons was recently notified by the National Association for OB/Gyns that it **plans to place the booklets in their members’ offices nationwide.**



Certainly, as Minnesota’s Dr. Calvin points out, no parents would deliberately make their child face a life with Down Syndrome — or any other disability, for that matter. But many parents accept that responsibility when it comes. There is even a **waiting list of adoptive parents for Down Syndrome children.** Yet when DS is confirmed, **abortion is almost always offered.** Dr. Calvin supports responsible use of medical resources, prudent public policy, truly informed consent and ethical consistency. In his opinion, this newly promoted DS testing should be examined by each of these standards.

Some of these DS advocates see themselves as a **“first line defense” against the use of genetic testing as a prelude to eugenics.** Remember, Margaret Sanger, the founder of Planned Parenthood, was a eugenicist who advocated abolition both of “people of color” and those who were “mentally incompetent.” She undoubtedly would be pleased with the trend towards elimination of the “not perfect” children before their birth.

Discouragingly, even some pro-life legislation recently passed in some states still allows for abortion in the case of “fetal abnormalities”, including Down Syndrome. **Clearly, there is work yet to be done.** When earlier testing is promoted, more and more women choose to abort these “not perfect” babies. We in the pro-life community must speak for them and share the truth about the richness their lives can encompass.

quarters' latest financial statement shows billions of dollars in assets. So why did Planned Parenthood need our tax money in the first place? Perhaps because statistics prove that **as tax-funded abortions are more accessible, abortion rates climb in direct proportion**. Since abortions are PP's biggest "profit item," its business plan likely would seek continuous increases in federal, state or local tax funding. In many cases, the money actually goes to PP's affiliates, who frequently share staff, facilities, overhead, etc. Thus tax funds for the affiliates pay most of the shared expenses and the abortions performed by PP's contracted abortionists become big money-makers.

In 2014, ObamaCare's **Health Exchanges** become effective, and seeking to offset this, 13 states now **restrict abortion coverage through exchanges**; **FL, ID, IN, KS, NE, OK, UT** and **VA** also **restrict abortion coverage in private health plans**; and 14 states **limit it in public employee insurance**. (For a complete list of state abortion laws, visit gutmacher.org/statecenter)

According to the National Council of State Legislatures, many other pro-life bills have been passed. Some restrict abortions based on **fetal pain (AL, ID, IN, KS, NE and OK)**, 19 states require **sonograms**, and 14 states have some **pre-abortion waiting period**. **IN, KS, ND, SD** and **TX** mandate at least **24-hour pre-abortion waiting periods**, while **SD** not only has a 72-hour wait but also **mandatory counseling from a pregnancy help center**. Thirty-four other states mandate **counseling** prior to an abortion and 7 require **information about the link between abortion and breast cancer**. **"Choose Life" license plates** to encourage adoption rather than abortion are offered in 29 states.

Twenty-four states have **parental consent laws**, while **11 require parental notification**. Among these states, courts have blocked **CA, IL, MT, NV, NJ** and **NM** from enforcing their parental notification or consent laws. While the **NE** fetal pain bill has yet to be challenged, other pro-life legislation is attracting many lawsuits which ultimately may end up in the Supreme Court.

When we recapture the U.S. Senate and the White House in 2012, it finally will be possible to pass strong pro-life federal laws. But until then, **RNC for Life is working with other pro-life organizations to help states pass as much good life-affirming legislation as possible** (such as protecting the "not perfect" babies) while Republican landslide election results are still in place in 26 legislatures. We plan an initiative which will help pro-life advocates in individual states work with legislators to pass the strongest possible life-affirming bills.



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