

Many Human Rights Organizations Don't Promote Pre-born Human Rights

“Clearly, abortion is the human rights abuse of today.”

“Abortion is a defining human rights issue of our time.”

These statements were made recently by the leaders of March for Life and by Speaker of the House John Boehner, respectively. But are you aware that most organizations that are recognized as “human rights” organizations do not stand up against

this human rights tragedy? Indeed, many of these groups actually help promote the killing of unborn human beings! Their names are familiar: Amnesty International, Human Rights Watch, Anti-Defamation League, and many others. Yes, it is true — **these organizations actually stand up for the right to kill little human beings in the name of “human rights.”** What could be more ludicrous? More to the point, Ward

Ricker of Eugene, Oregon asks, “What this is doing to our message?” When recognized “human rights” groups promote abortion in the name of human rights, it makes it hard for us to convince people that abortion is the greatest human rights abuse on the face of the earth with tens of millions of innocent human beings worldwide each year being deprived of their most basic human right — the right to life.



This hypocrisy compelled Mr. Ricker to create the **Human Rights for Born and Pre-born Campaign**, which was launched on December 10, 2012 — International Human Rights Day. The campaign is an effort to “call on the carpet” those organizations which are promoting (or even just ignoring) the killing of pre-born human beings all the while claiming that they stand for human rights. In part, the goal is to bring awareness to these groups and encourage them to support human rights for all. But it is more than that. Ricker believes, “It is also to bring out the awareness that we — the pro-life movement — truly are the human rights advocates of our day, those of us who uphold human rights for all ages, rather than those groups which support abortion.”

Is Organ Transplantation the Only or Even Best Treatment for Organ Failure?

The last issue of **RNC for Life REPORT** featured an article by Dr. Paul Byrne explaining the **difference between true death and medically-declared “brain death”** which, according to Dr. Byrne, allows the harvesting of organs while the donor is still alive; he also discloses the reasons for this excruciating procedure. In fact, Dr. Byrne contends that often it is the **testing for “brain death” that causes the true death of the patient**, while removing major organs and finally the still-beating heart most certainly will cause death. Dr. Byrne believes that excising organs imposes death. (Learn more from Dr. Byrne at www.thelifeguardian.org.)



During this excruciatingly painful process, the donor is not routinely given anesthesia but rather a paralytic

drug to **prevent movement in reaction to the pain**. Currently, many in the medical field promote organ transplantation through altruistic compassion for the eventual recipient. (Please note that while the **heart and lungs must be removed while the heart is still beating or immediately after it is stopped**, other organs such as **kidneys, skin, corneas and bone can be timely taken from an actual cadaver**.) When an organ transplant counts as a success, and the failure to obtain a vital organ may mean the death of another patient, **doctors always will be under pressure to declare a potential donor dead**, cautions Phil Lawler, Director of Catholic Culture. (Read his column here: <http://www.catholicculture.org/commentary/otn.cfm?id=901>)

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Promoting the Sanctity of Life

Since the pro-abortion Democrats control both the White House and the U.S. Senate, our pro-life Republican U.S. House frequently passes life-affirming legislation only to watch it quickly die in the upper chamber. So any sanctity of life laws will have to be enacted by the states, and many are taking on this responsibility. Indeed, the pro-abortion Guttmacher Institute recently bemoaned that, "Reproductive health and rights were once again the subject of extensive debate in state capitols in 2012. **Over the course of the year, 42 states and the District of Columbia enacted 122 provisions related to reproductive health and rights.** One-third of these new provisions, 43 in 19 states, sought to restrict access to abortion services. Although this is a sharp decrease from the record-breaking 92 abortion restrictions enacted in 2011, it is **the second highest number of new abortion restrictions passed in a year.**"

These laws clearly are saving babies' lives and cutting into the abortionists' profits or the pro-aborts wouldn't be fighting them so hard both in legislatures and then in the courts. Some directly affect the ability of abortionists to commit their butchery, some protect the safety of women who seek abortions, some alleviate the pain of the unborn child, but **all help to educate the public on the reality of what abortion really is** and how it harms both the woman and the child. **So what kinds of laws can states enact?** (Data below obtained from Guttmacher Institute, NARAL, Bloomberg Business Week, the Associated Press and other sources.)

Requiring Sonogram or Ultrasound

One of the most powerful tools in the pro-lifers' toolbox is the sonogram, as women view their pre-born baby as just that — a baby. Without this law, most abortion clinics don't offer or allow the woman to see their sonograms. Eight states require these ultrasounds. (AL, AZ, FL, KS, LA, MS, TX, and VA)

Requiring Waiting Period

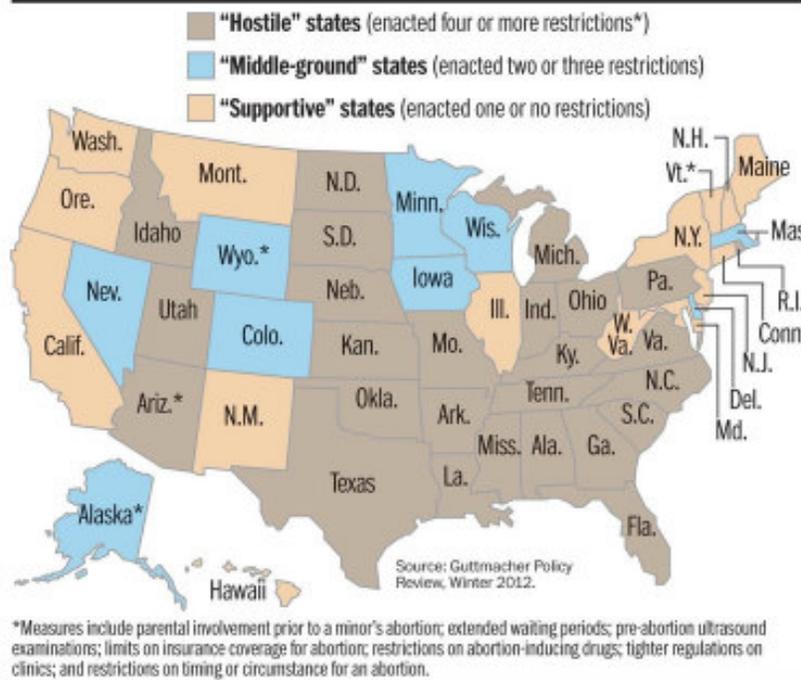
While nearly all states require pre-abortion counseling (and some eight require sonograms as stated above), 26 states require a waiting period between the counseling or sonogram and the abortion itself to give time for full realization and reflection about the abortion. 24 hours is the most common time period, though North Dakota and Utah require 72 hours. Former abortionists believe this waiting period, which necessitates two trips both for the abortionist and the woman, will drastically reduce the number of abortions.

Banning Insurance Standard Issue Abortion Coverage

Twenty states restrict abortion coverage in plans that will be offered through the ObamaCare insurance exchanges. Additionally, eight states don't allow it in private insurance, and 18 won't offer it to public employees. (However, there are often exceptions for life of mother, rape, incest, and, in some cases, for fetal impairment.)

RIISING 'HOSTILITY' TO ABORTION

A Guttmacher Institute survey categorized U.S. states as "hostile," "middle-ground" or "supportive" of abortion in 2011, using 19 kinds of restrictions* as a measure. Since 2000, the number of states "hostile" to abortion has doubled to 26.



Banning Sex-Selection Abortions

Five states (AZ, IL, ND, OK, PA) now ban abortions performed because of sex selection. Kansas likely will pass it this legislative session.

Banning Abortions Due to Fetal Pain

Scientific evidence shows that as early as 20 weeks' gestation, the unborn child can feel pain. Thus, ten states (AL, AZ, GA, ID, IN, KS, LA, NE, ND, OK) have outlawed abortions after 20 weeks of pregnancy to prevent the cruelty of the abortion. Eight additional states (AK, AR, GA, LA,

e — One State Law at a Time

MN, OK, SD, TX) have laws which inform the woman about fetal pain in their state-issued abortion-counseling literature. Pro-life proponents are predicting Texas will become the 11th state in the U.S. to enact “fetal pain” legislation in 2013.

Requiring Parental Notice and/or Consent

Some 38 states require parental involvement in a minor’s decision to have an abortion. States differ between consent or notification of one or both parents. However, any of these states allow for a judicial bypass to circumvent parental involvement. The Oklahoma House passed a bill in mid-February which removes the judicial bypass and requires consent from parents; it may well become law later this year. Other states also are considering ways to close loopholes in their bypass laws.

Requiring Nearby Hospital Privileges for Abortionists

Many women die due to botched abortions when abortionists cannot admit them to local hospitals. In 2012, legislation to require abortion providers to have hospital admitting privileges was introduced in five states and enacted in four (AZ, MS, ND, TN). Currently, at least two states are considering this type of legislation (AL, TX).

Regulating Health/Medical Standards in Abortion Surgical Centers

Fully half the states require the same medical and construction standards for abortuaries as other outpatient surgery centers (AK, AR, CT, GA, ID, IN, MA, MN, MS, MO, NV, NJ, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, UT, VA, WI). Others states are considering such legislation.

Requiring In-Person Doctor/Patient Consultations for Abortions

In the past two years, ten states (AZ, KS, MI, NE, ND, OK, SD, TN, WI, TX) have effectively outlawed what are known as “telemed” abortions, nine of them by passing legislation requiring doctors who prescribe abortion drugs to be in the same room as patients. This year, Republican lawmakers in Iowa, Alabama, Indiana, Missouri, and Mississippi have introduced similar bills restricting the use of telemedicine in prescribing abortion drugs.

The information in this article was accurate at the time of printing, however more legislation is being considered daily

throughout the states. **To see the most recent compilation of the various states and bills and what your state’s abortion-related laws are, go to GuttmacherInstitute.org and click on the *abortion* button for a current state by state listing.**

Organ Transplants *(Cont. from page 1)* —

Alternatives to Transplants

But some physicians are uncomfortable with the practice of causing death to give the “gift of life” to another. For instance, Dr. Anthony Atala, Director of the Wake Forest Institute for Regenerative Medicine asks, **“Can we grow organs instead of transplanting them?”** Indeed, his lab has done just that, having engineered more than 30 tissues and whole organs since 2007. Their breakthrough research with adult stem cells from amniotic fluid resulted in the development of **smart bio-materials and tissue fabrication technology which eventually may eliminate the need for donor-deadly organ harvesting.** “The technique of bio-engineering replacement tissues using cells and scaffolds can theoretically be applied to almost any tissue in the body,” Dr. Atala believes. One “outside the box” technique that could someday solve the organ-donor problem is a **3D printer that uses living cells to output a transplantable kidney.** (See a video demo here: <http://vimeo.com/27328063>)

Indeed, a decade ago, one of Dr. Atala’s patients received such a “printed” **lab-engineered bladder** and today is living a normal young adult life. Scandavian researchers have created a **bio-engineered esophagus**, and a Georgia company, CorMatrix, produces a **cardiovascular bio-engineered matrix** which is implanted into the heart and allows patients’ own stem cells to migrate into the matrix and **regenerate the tissue that is injured or has died.** “We have regenerated heart muscle, arteries, veins, and valve leaflets. We are currently heading toward the manufacture of heart valves and an injectable form for congestive heart failure,” CorMatrix’s Dr. Robert Methany reports. With about 70,000 implants having been performed in more than 720 U.S. hospitals, Dr. Methany hopes that **“... this technology will replace the need for heart transplantation in many instances as well as allowing for the regrowth of normal valves.”** (Read more here: <http://www.cormatrix.com/>)

Lawler sums up the dilemma succinctly, “Heart transplants (and transplants of other unimpaired vital organs) are no longer uncommon. Medical procedures have been established to streamline the operations, and ethical norms to encourage transplants. **The system is set up to help the recipient of the transplant.** But since all the momentum is working in that direction, **ordinary prudence — not to mention a reverence for life — cautions us to pause and think about the “other” patient.**”

Pre-born Human Rights *(Continued from page 1)*

Another way to think of this, Ricker says, is that there is a split, or dichotomy, between so-called “human rights” groups and “pro-life” or “anti-abortion” groups. Many people see these groups as representing two separate things. On the one hand, they perceive that there are the groups that are standing up against human rights abuses. On the other hand they see the “right-to-lifers” or “pro-lifers” (or even “anti-choicers”) who are trying to “preach religious dogma,” “promote their morality on others.” As long as this perception remains in place, he argues, it will be difficult if not impossible for us to gain recognition of the unborn human beings. By getting behind this campaign, specifically directed at human rights, we will start to close this gap, this dichotomy, and help people to see that we are not a “fringe or special interest group” but rather that we are the real human rights groups who truly are working for human rights today, especially the most basic human right of all, the right to life.



Ricker calls on all people who care about the human rights of the unborn to join in this effort to change the dynamic, to “challenge the prevailing paradigm” in our society, and help get our society, including the so-called human rights groups, to see that abortion is indeed “the human rights abuse of today.”

The campaign denotes various “human rights” groups as either pro-abortion or neutral on the issue, and can be accessed at this website, **AbortionReason.com**. The site lists dozens of organizations which support abortion as well as dozens (including **RNC for Life**) which are pro-life and includes contact information for them at <http://www.abortionreason.com/humanrightsgorsoriginal.php>.

Ricker encourages anyone who supports the human rights of the pre-born to support the campaign and help to bring about the recognition of the human rights of our youngest people.



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