

CONNECTOR



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SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT

A CLOSER LOOK at the Healthcare Situation

By J. C. Wilke, MD

Sarah Capewell's son is dead in-part because of Britain's nationalized health care system. Little Jayden was born premature at 21 weeks and 5 days after conception. Had he been born two days later, doctors would have worked to save his life. But the cutoff age for a premature baby under Britain's National Health Service rationing guidelines is 22 weeks. Forty-eight hours denied Jayden the lifesaving healthcare that he needed to live. Even without it, he breathed on his own for two hours before dying. In spite of his mother's pleas with doctors to save his life, they refused to offer even the most remedial care—granted saving Jayden would have been a strenuous, uphill fight.

The above, earlier email to friends of Life Issues Institute, demonstrates that this and worse are what we can expect if President Obama successfully imposes government-controlled healthcare on American citizens. Do we really need such drastic changes? Even *ABC News* in June 2008 reported that 89% of Americans were satisfied with their healthcare, and there are good reasons. One is the availability of twenty-four hour first-class care, almost anywhere. And the other is that if you have a serious ailment, your chance of surviving in the US is better than anywhere else on the globe. This is why over 400,000 foreign patients come to America for medical

treatment. Yes, we have problems, but in the overall, our care is far superior than anywhere else.

During the last decade, the two biggest breakthroughs regarding diagnosing and caring for patients are computerized tomography (CT) and magnetic resonance imaging (MRI). Stanford University reports that the US has twenty-seven MRIs per million Americans, while Canada and Britain each have six per million. The US has thirty-four CT scanners per million, while Canada only has twelve per million and Britain has eight. The use of these remarkable diagnostic machines has become routine in the US. In other countries it is an exception or a privilege.

But let's look at stories claiming that overseas care is better. In the Sept. 2007 edition of *Lancet Oncology*, survival rates for Americans and Europeans were compared. For all cancers, 66% of American men and 64% of women survived for five years, while in Europe the figures are 47% and 55%. Again, 99% of men with prostate cancer in the US survived five years compared to 77% in Europe. For those with colon or rectal cancer, survival rates were 65% in the US and 56% in Europe. For breast cancer it was 90% for Americans and 79% for Europeans.

Looked at from a different angle,

mortality for breast cancer is 52% higher in Germany than in America and 88% higher in the United Kingdom. Compared to the US, prostate cancer mortality is 600% higher in the UK and 460% higher in Norway, while colon-rectal cancer deaths in both sexes of UK citizens are 40% higher. In Canada, breast cancer mortality is only 9% higher than in the US, but prostate cancer is 184% and colon cancer 10% higher.

Why is this? Treating cancer successfully is largely due to early diagnosis and treatment, and using the best available drugs. The US does an excellent job on all three of these parameters. In the US, preventive diagnosis takes priority. Nine out of every ten middle-aged women have had a mammogram and 96% have had a Pap smear. Over 50% of men have had a PSA test for prostate cancer, 30% have had a colonoscopy.

Since most advances in medical care—including 90% of the research and development of new drugs occurs here—Americans are the early beneficiaries, frequently several years before their international counterparts. Newt Gingrich recently gave a good example:

"A 3-year-old boy was recently diagnosed with a rare, aggressive, soft-tissue cancer in his bladder. Radiation treatment would have stunted the growth of his pelvic bones, hip and bladder and left him

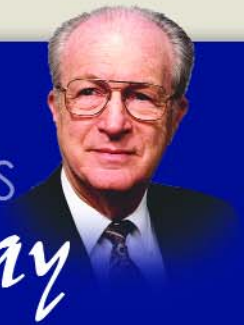
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AARP Is Hopelessly Liberal

And Against the Values of Most Seniors

LIFE ISSUES
Today

with J.C. Willke, MD



AARP's recent support for Obamacare demonstrates once again the fact that it does not represent the core values of most retired persons. Muted but straight out hostility might be a better description.

In the years ahead, our aging population—those over 50 and therefore eligible for AARP membership—will increase by 30%. In the face of this, AARP leadership is supporting Democrat “healthcare reform.” This proposes to cut 500 billion from the Medicare and Medicare Advantage Programs. But it doesn’t support adding a single doctor or nurse to these programs.

President Obama and his supporters in Congress have publicly promised that these cuts won’t lead to any reduction in benefits, rationing or reduced services. As the saying goes, if you believe this I have a bridge in Brooklyn that I would like to sell you.

This is a clear, direct attack on a federal program that has been crucial to the care of senior citizens in the US. One would think that AARP, which claims to represent those seniors, would raise an alarm. Quite the contrary, this organization has publicly thanked one of the bill’s authors, Representative Henry Waxman,

for the bill. Both President Obama and AARP have publicly stated that there will be no cut in benefits, but this is simply impossible and untrue. For example, Mr. Obama has stated he will cut 177 billion dollars from the Medicare Advantage Program. This is a supplemental insurance option for seniors that is highly popular. A recent survey showed 97% of those in this program are happy with the care it provides. Yet the proposed program, which AARP supports, would make deep cuts in this, forcing seniors to either forgo treatment or supplement it even more from their own pockets.

Recently, there has been much publicity about “death panels.” This is an attack upon senior citizens or those who are ill, yet there has been no word of complaint from AARP. Incidentally, AARP is publicly in favor of gun control, amnesty for illegal aliens and retaining the death tax. Now tell me, do a great majority of seniors agree with these three positions?

AARP tells us that they are not endorsing Obamacare, but they’re running ads on FoxNews.com telling people to call their congressmen to get those who oppose healthcare reform (Obamacare) out of the way. One ad shows an ambulance, partly

blocked by cars getting in the way, hinting that by “opposing reform now” we are killing people. One doubts if most seniors will buy the lie that AARP is not aggressively for socialized medi-

cine, for it has long been for socializing everything. Recall its support for the *Medicare Catastrophic Coverage Act* of 1988 which did become law. When seniors found out about this outrageous bill, and that they were paying for a new government bonanza, their protests were so loud that Congress took the unheard step of repealing it the following year.

Let us also remember that AARP bitterly opposed efforts to reform Social Security under Bush four years ago, but now strangely, when Obama offers huge cuts in actual coverage in Medicare and Medicare Advantage, suddenly we hear nothing from them about the bill. This lack of response, we assume, is a tacit endorsement considering the almost hysterical response four years ago. Nor did we hear any response from AARP when President Bill Clinton proposed increasing taxes on Social Security benefits. Instead of opposing this hardship on seniors, AARP remained silent. In fact, it urged approval of a federal budget which would have increased these taxes.

It is about time that taxpayers, especially senior citizens, realized that AARP does not represent the best interest of the people it supposedly serves. Rather consistently and almost without exception, it has enthusiastically supported those forces pushing for more and more taxes, and more and more government control.

Seniors would be well advised to support other groups that really do have their interests at heart. 🌀



disabled. Radical surgery could remove his bladder, prostate and portions of his rectum. That would have left him impotent, using a colostomy bag, and urinating through another bag in his abdomen.

"His parents chose a new therapy where a proton beam precisely targeted the radiation dose so that it didn't cripple their son for life. The boy is now cancer-free and his body functions normally."

This treatment would not even be thought of in other countries.

Let's look at commonly used statin drugs—used for reducing cholesterol. This major advance in treatment has sharply reduced deaths from heart disease, strokes, etc., but while they are commonly used in the US, only 36% of the Dutch, 29% Swiss, 26% German, 23% British and 17% of Italians have access to these drugs.

But aren't these drugs expensive? Yes, and it is reflected in the fact that 17% of our gross national product is spent on medical care. But we benefit from them immeasurably. In the 1960s the chance of dying in the US immediately after a heart attack was 30 to 40%. By 1975 it was 27%, by 1984 19%, 1994 10%, and today it is about 6%. How about coronary heart disease? In the 1970s, the fatality rate was 448 per 100,000 people. Today it is 135. These numbers are stunning.

And yet the World Health Organization still rates US healthcare as 37th in the world behind Malta, Morocco, Cyprus, Colombia, and just ahead of Cuba. How this ranking was achieved is not explained, but it is simply a farce to keep repeating it.

Let's look at one other parameter. We are told our infant mortality rate is higher than much of the rest of the world. E.g. the Dutch have a much lower rate than us, and they have full national socialized medicine. Why? This answer is easy. We count infant life from the first breath taken after delivery, and if a child dies after that, it is listed as a death. Holland and some other countries don't count infant deaths until twenty-four hours after delivery. Others register babies below a certain

weight automatically as a stillborn, so we are comparing apples and oranges. In fact, our infant mortality rate is probably almost the lowest in the world, bested only by certain Scandinavian countries which do not have the large percentage of low income, poorly educated immigrant population that the US does.

Overall, there is more good news. If you are an American who is over 80, you're more dependent on medical care than ever before. But still, you have a better chance of seeing 90, or even 100, than those in other countries.

Fraud and Waste?

According to President Obama, a large percent of the so-called savings that he is relying on would be achieved by eliminating "hundreds of billions of dollars in waste and fraud" from Medicare. In a recent column, Charles Krauthammer said, "That is not a lie. That's not even deception. That is just an insult to our intelligence." He noted the editorialist, Meg Greenfield, once said waste, fraud and abuse were "the dread big three" which Krauthammer added, was "the all-purpose piggy bank for budget savings [that] has been a joke since Jimmy Carter first used it in 1977. Moreover, if half a trillion is waiting to be squeezed painlessly out of Medicare, why wait for healthcare reform? If, as Obama repeatedly insists, Medicare overspending is breaking the budget, why hasn't he gotten started on the painless billions in 'waste and fraud' savings? Obama doesn't lie. He merely elides, gliding from one dubious assertion to another. This has been the story throughout his whole healthcare crusade."

Baucus Healthcare Bill

Without a single Republican vote on the committee, Senator Baucus has offered an 856-billion dollar plan to replace the original Obamacare. Doug Johnson, Legislative Director for National Right to Life, says it provides "massive federal sub-



“It provides massive federal subsidies directly to pay for elective abortions.”

sidies directly to both private insurance plans and government-chartered cooperatives that pay for elective abortions. It requires that a specific charge must be included in the premiums paid, by those who enroll in such subsidized plans, of at least \$1 per enrollee, per month, which amounts to a surcharge specifically for elective abortions. Funds spent by federal agencies are, by law, federal funds. The claim that under these bills, a federal agency would use 'private funds' to subsidize abortions is absurd on its face—a political hoax."

This bill uses 6-billion tax dollars to set up health insurance co-ops and provides absolutely zero limits on how much can be used to pay for abortions. In addition, the Baucus bill allows the government to determine that abortion is a "mandated benefit" as part of a minimum benefit package, and this would apply in any situation in which the federal Medicaid program could pay for an abortion. While giving a nod to

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1821 W. Galbraith Rd., Cincinnati, OH 45239

Phone: 513.729.3600

E-mail: info@lifeissues.org • www.lifeissues.org

President & Publisher

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J.C. Willke, MD

Bradley Mattes

Andrew W. Mellish

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Protecting Black Life goes to the United Kingdom

By Arnold M. Culbreath, Urban Outreach Director

I recently traveled to England, at the invitation of John Smeaton, National Director of the Society for the Protection of Unborn Children (SPUC), to be a keynote speaker at their international conference in Swanwick, Derbyshire, England. At their request, I spoke about the dangers of the Obama presidency.

I shared three dangers we face relative to current pro-abortion actions by President Obama: One—too many church-going African Americans seem to be more Afro-Centric than Christo-Centric. Having a black president appears to be serving as an opiate in that regard. Two—a temptation for pro-lifers to give in to despair or allow themselves to become overwhelmed by roadblocks that this unique presidency has placed in our paths relative to reaching the Black community with the pro-life message. Three—there is the danger of many pro-lifers slipping into hatred toward our President because of his pro-abortion position. When one slips down this slope of disdain toward President Obama, it has the strong potential of keeping you from regularly praying for him.

While in the UK, Peter Smith (Chief Administrative Officer to the UN for SPUC) and I participated in a 90-minute, live interview on Genesis Revelation TV. My new relationship with Peter has resulted in a November 2009 trip to the United Nations in New York to gain insight on effective strategies used to influence UN delegates toward life-affirming policies.

I was able to visit the Old House of Commons in London and stand on the exact location of St. Steven's Chapel, which burnt down in 1834. I stood within "inches" of where William Wilberforce—the Christian abolitionist and British Member of Parliament—argued on behalf of the abolition of slavery. It was quite a moving experience. I pray that we will battle with the same level of passion and perseverance on behalf of the unborn, as Wilberforce did for the slaves!

Following this, I spoke at the Brixton Pregnancy Advice Center (BPAC) in Brixton, which officially launched while I was in England. We prayed and commissioned Marcia Jones and her husband, Pastor Howard Jones, to run the BPAC. They will operate under the direction of Keith Brooks, pastor of the Raleigh Park Christian Center (RPCC), where the pregnancy center is located.

Brixton is a very dangerous, predominantly black city in England, with many notorious street gangs. Brixton is known for having produced many great boxers in the 1970s and 80s.

BPAC is located adjacent to the international, pro-abortion behemoth, Marie Stopes, that provides and advocates for abortion worldwide. Marie Stopes wants the land Pastor Brooks occupies in order to build a high-rise abortion facility. However, Pastor Brooks boldly declares, "They are not getting our land. In fact, we will be getting their land, to the glory of God!"

I preached at Pastor Brooks' church, during a Sunday evening weekly service at RPCC in Brixton. The church is called Christian Transformed and its members are former drug addicts, gang members, prostitutes, etc. I will be partnering with them to educate, motivate and activate the black pastors to become defenders of the unborn in Brixton.

I hope reading this account motivates you to pray for our ongoing urban outreach efforts in America and abroad. ☀

Protecting Black Life is an outreach project of Life Issues Institute.



Marcia Jones, Executive Director of BPAC and Arnold M. Culbreath



Arnold M. Culbreath speaking at the SPUC Conference in Derbyshire, England

FACING LIFE HEAD-ON

with TV host Brad Mattes



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The **Telly Awards** honor the very best in local, regional, and cable television programs, as well as the finest video and film production, and work created for the Web. Today, the Telly is one of the most sought-after awards by industry leaders, from large international firms to local production companies and ad agencies. Over 11,000 entries were received for the 30th Annual Telly Awards.

The **Accolade Award of Excellence** is an internationally respected award which recognizes film, television and videography professionals who demonstrate exceptional achievement in craft and creativity, and those who produce standout entertainment. Entries are received from around the world and are judged by highly qualified professionals in the film and television industry.



Accolade
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Join us as Life Issues Institute's weekly television show, *Facing Life Head-On*, heads into its fourth season. A half-hour you won't soon forget! The Davert family will *move* you by the challenges they've overcome. A pastor's persecution by the abortion industry will *inspire* you. Today's incredible pro-life youth will literally *amaze* you! Just 3 examples of new episodes this fall.

Visit www.facinglife.tv to: watch full episodes, read summaries, get resources and register to win free gifts!

Facing Life Head-On has also been nominated for the "Best Television Talk Show" by the National Religious Broadcasters (NRB).

the *Hyde Amendment* restricting funds through the Dept. of HHS, it still allows a “qualified health plan” in an insurance exchange to be free to provide coverage for all abortions.

The proposed 40-billion dollars in new taxes on medical device manufacturers is the same amount of venture capital that this industry now spends on research. The result would be that no new research treatments will be forthcoming.

The inevitable result of this will be sharply reduced care for seniors, otherwise known as rationing.

How many of our readers know that a significant percent of physicians do not accept Medicare patients? The reason is that the doctor can’t afford to treat them because Medicare payments are so low. In the face of this, these proposed plans would cut Medicare funds by nearly a one-half trillion dollars. The inevitable result of this will be sharply reduced care for seniors, otherwise known as rationing. Minority Leader, Mitch McConnell had it right when he said it “puts massive new tax burdens on families and small businesses, to create yet another thousand-page, trillion-dollar government program.” It requires everyone to purchase health insurance and penalizes those who do not. This penalty for an individual begins at \$750 a year and increases to a fine for families of up to \$3,800 a year. Unbelievable? Yes, that is what the bill says.

And here is another sleeper. Under these bills, Medicare physicians who are in the top 10% of cost to the government each year will lose 5% of their total reimbursement for that year. This will drive doctors to relentlessly limit tests and treatment to stay under the limit. This is a cruel form of healthcare rationing and people will die. No wonder polls show that up to 1/3 of physicians may retire if this bill becomes law.

So What Should Be Done?

First of all, let’s sink these thousand-page monstrosities in the depths of the sea and start over. This reorienting of one-sixth of our entire economy is simply bad for seniors, tax payers and the United States as a whole. It would reduce the level of our care to that of most of the high tax, low healthcare European nations. It would drastically limit the excellent level of care that now exists, and would essentially choke off the ongoing research and remarkable medical advances that have continued to enhance and lengthen our lives.

So what should we do? In place of

Obamacare there are several major things that Congress could adopt that would go a long way toward removing some of the present inequities:

- Tort reform — It is not generally realized that the tort bar with its malpractice cases against physicians and healthcare providers has increased the cost of medical care by approximately 30%. This has enriched malpractice lawyers. Some of it goes for paying judgments, but the overwhelming percentage of this cost goes to vastly increase the defensive medical tests that doctors now order to cover their own possible liabilities. Thorough reform could all but eliminate malpractice activity in the US. Yes, there are medical mistakes and some people are injured, but it is possible to set up panels of arbitration to insure that any awards go to the patient injured and not to a malpractice attorney. Are you aware that these federal bills do not even touch tort reform?
- Health insurance today can only be sold within that state, which curtails competition. We need interstate portability and Congress could accomplish this in a single statute. It would dramatically lower some of the high cost of medical care in certain states. Right now, the very same

procedure might cost two to three-times more in one state than another. Interstate competition would eliminate this.

- Pre-existing conditions. If you have them you may not be able to get health insurance. But there are ways around this, including healthcare vouchers, without adopting a suffocating, one-size fits all federal mandate.
- Let’s stop paying for healthcare through our employers and replace it with the wildly successful Health Savings Accounts. Under these, each person gets an “allowance” and is free to use it for healthcare, with the unused portion staying with the individual.
- The conscience rights of all Americans must be respected. Further, we need laws to insure respect for human life by not funding or mandating abortion as a healthcare benefit.

The minimum bottom line for pro-lifers is this: If President Obama is serious about preventing funding for abortion in healthcare reform; he should immediately adopt amendments to these bills specifically excluding any and all support for elective abortion.

America has many years of experience with healthcare. As a result, we enjoy by far the best healthcare system in the world. We live the longest and have the most effective, medical care devices. So let’s enact the suggested reforms above and observe their effectiveness for the next few years. Concentrate on first fixing what we know is wrong and can be fixed. And by all means, continue to give charity care to those unfortunates among us who have no insurance.

Finally remember that the loud cry today of being “uninsured” does not mean such people have not been cared for—they have. Everyone who needs help gets it in emergency rooms throughout the nation. Improvements can and should be made, but without demolishing the entire system. In the process, we *must* protect innocent human life. 🌀



Bradley Mattes

The Dark Side to Being Green



What do global warming and abortion have in common? Tons, according to environmentalists—tons of carbon dioxide emissions that is. There's a growing trend within the environmental activist community to promote abortion as a way of going green. Reducing the world's population, they claim, is central to protecting the planet.

First of all, it's helpful to understand that when these groups talk about access to birth control and reproductive health they're talking about more than condoms and birth control pills. It almost universally means that abortion is a critical element of their strategy.

One of the most extreme examples of this earth-worship theology is the Voluntary Human Extinction Movement. According to them, all of the earth's environmental problems would disappear if we followed their plan—but then, so would all of mankind: “Phasing out the human race by voluntarily ceasing to breed will allow Earth's biosphere to return to good health.” Before you dismiss the misguided link between abortion and global warming as some “wing-nut” segment of environmentalism, take note that the National Wildlife Federation, Audubon Society, Sierra Club, Defenders of Wildlife, Environmental Policy Institute, Friends of the Earth and the Cousteau Society all subscribe to the view that people are a major threat to the environment, even if their answer isn't wiping out the *entire* population.

Recently so-called mainstream, green-advocacy experts are jumping on the abortion bandwagon. A September 19, 2009 editorial in the British medical journal *Lancet* said, “There is now an emerging

debate and interest about the links between population dynamics, sexual and reproductive health and rights [abortion], and climate change.” An expansive distribution of abortion and other population control strategies would, in their opinion, slow population growth and ease pressure on the environment.

Following their lead, the prestigious London School of Economics and Political Science was commissioned by a group called the Optimum Population Trust to come up with a “cost-benefit analysis of reducing carbon emissions.” The study equated human beings with the derogatory term of “emitters.” The title of the study is “Fewer Emitters, Lower Emissions, Less Cost.” Their finding was that for every seven dollars spent on “basic family planning”—by their own definition this includes abortion—they would cut carbon dioxide emissions by more than one ton. This proposed solution, they say, should be considered a “primary method” of solving global warming.

Lest you think America is going to let the British have all the glory labeling humans a plague on the earth, Oregon State University weighed in. Its research says the best thing you can do for the environment is to not have any children at all. According to their report, “Reproduction and the Carbon Legacies of Individuals,” we're responsible for the carbon footprint of our descendants. They say going childless is more “green” than a lifetime of recycling.

My more entrepreneurial readers are probably wondering if abortionists have yet caught on to this trend. The answer would be yes. They don't call it the abortion industry for nothing. Warren Hern operates an abortion facility in Boulder,

Colorado and is one of the few remaining notorious, late-term abortionists. He has written extensively on man and his impact on the environment, but has gone farther than most though by calling humans a “malignant eco-tumor.” Therefore he's come to the conclusion that his gruesome practice of killing unborn babies is healing the planet and thus all mankind. He said to an *Esquire* magazine reporter that abortion “is highly consistent with helping people be responsible citizens of the planet.” What planet does he live on?

No doubt Mr. Hern has found it hard to gain the acceptance of his peers and society when, according to his website, his “specialty” is late-term abortions through the 8th month of pregnancy. By joining countless other modern-day hucksters selling their products as helpful to the environment, regardless of their value, Mr. Hern hopes to eclipse the ghastly reality of his bloody trade.

Being good stewards of the environment is a noble idea. However, not everyone is on the same page as to how that can effectively be done, including the reality of global warming. But we should all agree the intentional killing of innocent unborn babies cannot ever be an acceptable strategy for a better world. If abortion is part of the environmental equation, we won't be “green,” we'll be stained red from the blood of our children. 🌱



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1821 W. Galbraith Rd.
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November is National *Adoption* Awareness Month



Every year approximately 1.3 million single women become unexpectedly pregnant. Sadly, less than two percent choose the loving option of adoption, while two million couples eagerly wait to adopt children.

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