

Religious Coalition for Reproductive Choice  
Research Report

# The Medical Right

Remaking Medicine  
in Their Image

Religious  
Coalition  
*for* Reproductive  
Choice 

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*This publication is one in a series of educational resource materials. The views are those of the author and do not necessarily reflect those of the member groups of the Religious Coalition for Reproductive Choice.*

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# Foreword



**T**he Religious Coalition for Reproductive Choice developed this research report to shed new light on the Religious Right political agenda around reproductive health and bioethics. While the explosive growth of religiously influenced medicine and science has been documented, less attention has been paid to the connections with fundamentalist religion and conservative politics that have made this growth possible. As we researched the organizations and individuals in this religion-politics-medicine network, a pattern became clear: science and medicine are being purposely used to provide a convincing rationale for political activities that appeal to Religious Right constituencies.

The name “Medical Right” was coined to show the connection of religiously influenced medical organizations to the “Religious Right,” a political force primarily comprising fundamentalists in the Protestant and Roman Catholic traditions. We use the term “Christian Right” to refer to organizations that are religious in nature and also are involved in some political issues. The divisions are certainly not clear; the Religious Right, by intention, mingles politics and religion.

This report was developed and written by Marjorie Brahm Signer, communications and policy director of the Religious Coalition for Reproductive Choice. Cynthia Cooper and Patricia Miller, both of whom have extensive experience in researching and reporting on reproductive health issues, contributed significantly to the report. Graphics designer Jeannette Feldner of Letterforms designed the publication to help the reader move easily through a great deal of information. The Religious Coalition for Reproductive Choice appreciates their talents and dedication to the completion of this project.

We are grateful for the scholarship of Paul D. Simmons, whose understanding of reproductive freedom and religious freedom has shaped the

views of the pro-choice religious movement, and Dallas A. Blanchard, whose sociological analyses have illuminated the motivations of the Religious Right. Errors in this report are solely those of the author.

Religious Coalition for Reproductive Choice staff assisted at every step of the way: Chief Operating Officer Sonya Crudup gave ongoing support to this project; Beth Colalella of the Communications and Policy Department provided ongoing research and legislative monitoring, and Development Director Joan Woods was generous in giving her advice and guidance.

The Religious Coalition for Reproductive Choice is a coalition of many organizations and individuals working together for reproductive justice. It is important to note that the views in this report are those of the main author and do not necessarily reflect the views of the member organizations.



**Reverend Carlton W. Veazey**

President and CEO, Religious Coalition for Reproductive Choice  
April 2007



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# The Medical Right

## Remaking Medicine in Their Image

### Executive Summary



Research by the Religious Coalition for Reproductive Choice shows the growing influence of medical associations that apply fundamentalist Christian “biblical values” to policy and research that affect reproductive healthcare. In addition, new consortiums, think tanks, institutes, and programs are adapting Religious Right ideology to medical concerns under the mantle of “bioethics” or “biomedical ethics.” These groups work with conservative advocacy, outreach, and legal organizations and politicians to advance Religious Right policy agendas. Because of the confluence of conservative politics, fundamentalist religion, and ideologically influenced medicine and science, we refer to this rapidly growing sector as the “Medical Right.”

**Unlike the traditional anti-abortion movement, the Medical Right has a broad array of targets, including contraception and assisted reproductive technologies.**

Unlike the traditional anti-abortion movement with its focus on ending abortion, the Medical Right has a broad array of targets, including contraception and assisted reproductive technologies. This report identifies the national organizations and individuals that are most active in the Medical Right and the major reproductive health and related issues on which they focus: securing embryo and fetal legal protections, limiting the availability of contraception, funding abstinence education and crisis pregnancy centers, and expanding the grounds for refusing medical

services. The contribution of the Medical Right has been to provide the necessary medical/scientific foundation for laws and policies on these issues.

This report was developed by RCRC, an educational and advocacy organization of diverse faith traditions, to provide information on how the incorporation of religious views into secular policy and law is limiting medical services. Detailed information is provided on four organizations that have clear religious missions and are involved in most of the current Medical Right issues and activities: the Christian Medical and Dental Associations, the Catholic Medical Association, the American Association of Pro-Life Obstetricians and Gynecologists, and the Center for Human Life and Bioethics of the Family Research Council.

## The Effect of the Medical Right

Mingling science and fundamentalist religious views, the Medical Right has made substantial inroads in limiting access to women's reproductive healthcare. Since 2000, it has been successful in giving pharmacists and other healthcare providers broad rights to refuse to fill prescriptions for birth control and emergency contraception, placing abstinence education in schools in 47 states, building a network of highly-funded crisis pregnancy centers that reinforce the Religious Right political agenda, delaying the approval of non-prescription sales of emergency contraception for three years, casting doubt about the effectiveness of condoms in preventing transmission of HIV and other sexually transmitted diseases, and placing obstacles before medical researchers studying stem cells as an avenue for cures for a host of diseases. Working with allied legal groups, it has injected its definition of personhood in laws and regulations across the country, laying the foundation for declaring fetal life to be equal in status to children and adults and potentially upending abortion rights.

Whether offshoots of professional associations, single-issue groups, multi-issue "family values" organizations, advocacy agencies or bioethics institutes, Medical Right groups are interlinked with each other and numerous Religious Right policy organizations. Many are funded by the same donors. Most have close ties to the Bush Administration and have access to high-level officials. Individual members of these groups have been named to key policy and advisory bodies of special interest to the Religious Right, including the U.S. Food and Drug Administration (FDA) and the Department of Health and Human Services (HHS). The political strength of these groups can be gauged by the steady growth of

the drive to overturn *Roe v. Wade*, exemplified by an abortion ban passed in South Dakota (but ultimately rejected by voters) and state and federal late-term abortion bans.

Individuals associated with the Medical Right use their medical and science backgrounds as platforms to promote and lend authenticity to ideologically based views that contradict accepted medical consensus. They present their views in the courts, legislative bodies, government policy committees, scientific journals, and the media. As a result, scientific, health, and medical issues are increasingly being blurred and distorted in areas of reproductive health, reproductive technology, sexual health education, fertility and infertility treatments, stem cell and other medical research, contraception, HIV/AIDS care, healthcare funding, and family relations.

The growth of the Medical Right should be a cause for concern to those who value scientific integrity and healthcare based on medical need and informed decisions. Equally disturbing is the disregard of the principle of the separation of church and state in the drive to impose sectarian religious tenets on people of all faiths and beliefs. In sum, the Medical Right threatens basic democratic values by its determination to impose its theological views on a religiously pluralistic public. The danger of the Medical Right is not only that it will limit reproductive healthcare and medicine but that it will undermine gains in women's rights, gender equity, respect for diversity, and the acceptance of diverse forms of family.

# Introduction



*“I don’t think there’s any question that this president’s heartbeat is close to the heartbeat of Southern Baptists when it comes to very serious and important public policy issues to Southern Baptists. The first one, unquestionably, undeniably is the question of the sanctity of human life...*

*He believes that the Bible is very clear that life begins at conception, that God is involved when conception takes place, which is what the Bible clearly teaches.”*

— Richard Land, president of the Southern Baptist Convention Ethics and Religious Liberty Commission<sup>1</sup>

**T**he administration of George W. Bush involved itself with religiously based opponents of abortion and contraception from the outset. Even before he took office, President Bush nominated John Ashcroft, a devout Pentecostal and pro-life advocate, as the U.S. attorney general. Ashcroft was well-known as a religious man. In 1999, accepting an honorary degree from Bob Jones University, a fundamentalist Christian institution, he told the audience that “unique among the nations, America recognized the source of our character as being godly and eternal, not being civic and temporal” and “because we have understood that our source is eternal, America has been different. We have no king but Jesus.”<sup>2</sup> While serving as attorney general of Missouri, Ashcroft sought to overturn *Roe v. Wade* through U.S. Supreme Court cases. In 1998, as a U.S. senator, Ashcroft introduced a proposed federal statute called the “Human Life Act,” which would have defined a fetus as a human being from the moment of fertilization and banned all abortions, even in cases of rape and incest.

The U.S. attorney general is charged with, among other things, enforcement of the Freedom of Access to Clinic Entrances Act, a measure designed to protect safety at women’s clinics. Ashcroft promised to put an end to the task force set up by Clinton Administration Attorney General Janet Reno to deal with violence against abortion clinics but dropped the idea when women’s groups protested. When the “Partial-Birth Abortion Ban of 2003” was signed, Ashcroft moved its enforcement to the Justice Department’s Civil Rights Division. According to historian Gary Wills, this was “a signal that evangelicals

appreciated, implying that the fetus is a person with civil rights to be protected.”<sup>3</sup>

Just days after he took office in 2001, President Bush met with the senior leadership of the U.S. Catholic Church, including Washington Archbishop Theodore McCarrick and Bishop Joseph Fiorenza, who was then the president of the U.S. Conference of Catholic Bishops (USCCB). Ten days later, Bush met with 30 Catholic leaders to solicit their support for his “faith-based initiative.” In addition to prominent cardinals such as Frances George of Chicago and Edward Egan of New York, attendees included Domino’s

## The Medical Right Emerges

- 2000**— John Ashcroft appointed attorney general
- 2001**— Bush begins meetings with Catholic hierarchy, Protestant fundamentalists
- 2001**— Kay Coles James appointed personnel chief
- 2001**— Tommy Thompson named HHS secretary
- 2002**—
  - Dr. W. David Hager appointed to FDA panel
  - Fetuses ruled eligible for healthcare under State Children’s Health Insurance Program
  - Federal funds available for embryo “adoption”
  - Born-Alive Infants Protection Act signed
  - Embryos given status as “human subjects”

Pizza magnate Thomas Monaghan, a major funder of anti-abortion efforts, and leaders from Catholic Charities and Catholic Relief Services.<sup>4</sup> Father Richard John Neuhaus, editor-in-chief of the journal *First Things*, became a close adviser to President Bush. Deal Hudson, editor and publisher of *Crisis* magazine, held weekly strategy phone calls on outreach to Catholics with Bush political adviser Karl Rove. Michael Gerson, a politically conservative evangelical, directed the Administration’s speechwriting office, and Timothy Goeglein was employed as a full-time liaison to conservative Christians.

The head of the Bush White House Office of Personnel was Kay Coles James, a former dean of Pat Robertson’s Regent University and a former vice-president of the Family Research Council, the conservative Christian lobbying group. Gary Wills wrote: “She knew whom to put where, or knew the religious right people who knew. An evangelical was in charge of placing evangelicals throughout the bureaucracy.”<sup>5</sup> In 2003, James, among the highest-ranking women in government, received the Distinguished Christian Statesman award from the D. James Kennedy Institute for Christian Statesmanship in Washington, DC. The institute’s purpose is “to train Christians serving in government to be effective Christian statesmen—applying biblical truth always.”<sup>6</sup>

Tommy Thompson, who signed multiple pieces of anti-abortion legislation while governor of Wisconsin, was named Secretary of the Department of Health and Human Services (HHS) with oversight for family planning programs and the Food and Drug Administration (FDA). As HHS secretary, Thompson was also in charge of the commissioner of the FDA and

the U.S. Surgeon General, both of whom have the power to either protect or restrict reproductive rights. He oversaw the administration of the Title X family planning program, which has provided millions of women with a wide range of reproductive health services, including pap smears and breast cancer screening.<sup>7</sup> Thompson named Dr. Alma L. Golden, an abstinence education proponent, to serve as Deputy Assistant Secretary for Population Affairs, responsible for the family planning program.

### Firestorm of Protest

But it was a relatively minor appointment that set off a firestorm of protest about the growing influence of religion and ideology in women’s health policy. In 2002, the Bush Administration appointed Dr. W. David Hager, a fundamentalist Christian obstetrician-gynecologist, to chair the FDA Advisory Committee for Reproductive Health Drugs, which reviews the safety and efficacy of birth control products. Well-established medical groups, including the American Medical Women’s Association, Association of Reproductive Health Professionals, and National Association of Nurse Practitioners in Women’s Health, protested, charging that Hager used “ideological beliefs to guide medical decision-making.”<sup>8</sup> Members of Congress, led by Representative Louise Slaughter (D-NY), took up the cause, and the administration backed down from appointing Hager to chair the FDA panel, but retained him as a committee member.

Hager, a member of the Christian Medical and Dental Associations (CMDA) and chair of the Focus on the Family Physicians Resource Council, opposes abortion and the abortion pill (mifepristone) and derided the use of birth control by unmarried women. He had solid Medical Right connections as co-author, with his then-wife, of *As Jesus Cared for Women: Restoring Women Then and Now* and of *The Reproductive Revolution: A Christian Appraisal of Sexuality, Reproductive Technologies, and the Family*, with John F. Kilner, then director of the Center for Bioethics and Human Dignity,

a Religious Right think tank, and Paige C. Cunningham, a board member of Americans United for Life, a Religious Right legal group. He served as the consultant on a “citizen’s petition,” filed by Concerned Women for America (CWA), American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), and the CMDA, that called on the FDA to reverse its approval of mifepristone. The petition charged that the drug had been improperly approved by the FDA and referred to the medical expertise of the petitioners to assert the legitimacy of its claim, a pattern repeated in testimony, court cases, and committee hearings.<sup>9</sup>

In December 2003, Hager was one of 4 (out of 27) members of the FDA expert panel to vote against approval of the sale of the emergency contraceptive Plan B<sup>10</sup> without a prescription, despite ample scientific evidence that the medication was safe and qualified for approval under FDA standards. Women’s health advocates strongly supported emergency contraception because of its potential to reduce the number of unintended pregnancies in the United States, a goal shared by many social conservatives, and their reaction was one of outrage. Hager continued his opposition by filing a minority report outside the normal FDA process, again urging rejection of the product. In a highly unusual (some said unprecedented) move, the FDA overruled its own expert panel and refused to approve the product for non-prescription sales.<sup>11</sup> It was only after three years of delays that the FDA agreed to a partial release of the product for women 18 and over.

### Increasing Influence

Like the November 2006 designation by President Bush of physician Eric Keroack, who is associated with abstinence-only and crisis pregnancy programs, to head the nation’s \$280 million family planning program,<sup>12</sup> the Hager nomination reflected the increasing influence of a small number of religiously based groups that promote non-scientific opinions about abortion, contraception, and sexual behavior, while relying

upon medical credentials to advance their beliefs. Consortiums, think tanks and institutes that adapt Religious Right ideology to medical concerns are expanding rapidly, with several operating under the mantle of “bioethics” or “biomedical ethics.”<sup>13</sup> These groups use activist approaches to promote Religious Right agendas in public policy. By working with and for conservative politicians and the larger Religious Right community, they have been able to give legitimacy to beliefs that defy scientific analysis and install their views in public laws, regulations, policies, and attitudes that extend their reach far beyond their numbers.

Since 2000, these groups have made significant inroads in limiting women’s access to reproductive healthcare. They were successful in giving pharmacists and other healthcare providers broad rights to refuse to fill prescriptions for

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### **Consortiums, think tanks and institutes that adapt Religious Right ideology to medical concerns are expanding rapidly.**

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birth control and emergency contraception, placing abstinence-only education in public schools in 47 states, building a strong network of crisis pregnancy centers that reinforce a political agenda, delaying the approval of non-prescription sales of emergency contraception for three years, and casting doubt about the effectiveness of condoms in preventing transmission of HIV and other sexually transmitted diseases. Working with allied legal groups, they have injected their definition of personhood into laws across the country, laying the foundation for declaring the fetus a person and overturning abortion laws.

“The effects of the growing cohort of legislators favorable to Christian Right positions are reflected in significant policy decisions and initiatives,” concluded Rice University professor William Martin in *With God on Our Side, The Rise of the Religious Right in America*. Of the four policy categories he cited, two involve reproductive healthcare and rights:

## “We serve the greatest Scientist.”

Bush appointee Dr. W. David Hager captured the essence of the growing Medical Right when he described his activities to block pharmacy sales of emergency contraception to an audience at an evangelical college in Kentucky:

*I argued it from a scientific perspective, and God took that information, and he used it through this minority report [sic] to influence the decision. You don't have to wave your Bible to have an effect as a Christian in the public arena. We serve the greatest Scientist. We serve the Creator of all life.<sup>14</sup>*

- 1) restrictions on access to abortion including state and federal bans, mandatory parental notification, mandatory state-written information for physicians to provide to women, and denial of funding to certain family planning clinics overseas and to the United Nations Population Fund; and
- 2) abstinence education in the United States and as part of the global HIV/AIDS initiative, the latter requiring that one third of funds go for abstinence programs rather than disease prevention.<sup>15</sup>

The contribution of the Medical Right has been to provide a necessary medical or scientific foundation for these policies.

# Core Beliefs of the Medical Right



## The Basics

- Literal interpretation of church dogma
- Conviction the Bible condemns abortion—and for some, that includes contraception
- Belief every pregnancy is divinely intended
- Ethic based on “traditional” family
- Religion as the central social institution

*“A Woman’s Concern is persuaded that the crass commercialization and distribution of birth control is demeaning to women, degrading of human sexuality and adverse to human health and happiness.”*

— A Woman’s Concern crisis pregnancy center<sup>16</sup>

Although abortion—and contraception, to those who believe it can cause an abortion—is only one issue of importance to the Christian Right social agenda, it is pursued with the greatest zeal<sup>17</sup> because it is central to a much larger fundamentalist worldview about the family and about America as a “Christian nation,” governed by men who accept the Bible as the literal word of God.

Abortion “is about who decides when life begins: individual women, hegemonic churches, and/or state institutions. Beyond life-and-death questions, though, the abortion debate was also about

the legitimacy of the welfare state, the terms of government funding for women’s healthcare and government’s protection of a woman’s right to choose to have an abortion,” wrote sociologist Sara Diamond in an authoritative history of the Religious Right.<sup>18</sup>

Understanding the basic commonalities of fundamentalism (Protestant, Catholic, and Mormon) helps to make sense of the ceaseless religious and cultural war against abortion. As identified by sociologist and United Methodist minister Dallas A. Blanchard, they are:

- 1) an attitude of certitude and an antagonism to ambiguity;
- 2) an external source for that certitude—the Bible or church dogma;
- 3) a belief system that is at root dualistic;
- 4) an ethic based on the “traditional” family;
- 5) a justification for violence; and, therefore,
- 6) a rejection of modernism (secularization).<sup>19</sup>

Blanchard noted: “The classic fundamentalist position embraces a return to religion as the central social institution, with education, the family, economics, and politics serving religious ends, fashioned after the social structure characteristic of medieval times.”<sup>20</sup> Fundamentalism also is preoccupied with control, Blanchard wrote, and, for example, wants to limit

sexual expression to suppress the propensity to sin.

In addition to abortion, religious fundamentalists generally oppose contraception because it limits family size “and the intentions of God in sexuality;” sex education in schools, which they fear may free teens from parental control; prenatal testing because “every pregnancy is divinely intended;” reproductive technologies such as in vitro fertilization, artificial fertilization and surrogate motherhood that interfere with the “natural” process of pregnancy; and using fetal tissue in research because it may encourage abortion.<sup>21</sup> Leading figures in the Medical Right

## “Dangers” of Reproductive Technologies

Reproductive technologies, including contraception, pose many dangers to traditional culture as seen through the eyes of the Medical Right. Primarily, they allow the “divorce” of sexuality, reproduction, and marriage, in contradiction to the biblical command (in Genesis, 1, 2 and 3) to “unite and procreate.”<sup>24</sup>

By enabling infertile couples, those who are unmarried, same-sex couples, and even a single individual to produce children, assisted reproductive technologies undermine genetic family ties and traditional families and promote the commercialization of childbearing, in the view of Medical Right experts. Blended or step-parent families are acceptable, but “in general there is usually an emotional and social cost to simply ignoring or rejecting these (genetic) ties which God has built into the created order of things.”<sup>25</sup>

expressed such views on those and related subjects in the 2000 book, *The Reproductive Revolution, A Christian Appraisal of Sexuality, Reproductive Technologies, and the Family*.<sup>22</sup> Dr. David Stevens, executive director of the CMDA, commented about the book: “The major ethical battles of the next twenty years will be fought in the field of reproductive technology. This book is the training manual for winning that war.”<sup>23</sup>

## Drive to Limit Secular Politics

The term “theoconservatives,” as used by Damon Linker, a former editor of the journal *First Things* (*The Journal of Religion and Public Life*), is an apt descriptor for many individuals in the Medical Right. “Theocons” refers to the fundamentalist movement led by Father Richard John Neuhaus, founder of the Institute on Religion and Public Life and of *First Things* and a Bush advisor, which wants not only to roll back the separation between church and state but also to drive out secular politics “in favor of an explicitly theological approach to ordering the nation’s public life.” Absolute opposition to legal abortion is at the core of the theocon ideology, Linker wrote.<sup>26</sup>

Several organizations or groups with ties to political and governmental leaders reflect fundamentalist commonalities and worldview. The largest membership association in the Medical Right, the CMDA, requires members to believe in “the divine inspiration and final authority of the Bible as the Word of God,” commit to “influencing their families, colleagues, and patients toward a right relationship with Jesus Christ,” and agree to “advancing Biblical principles in bioethics and health to the Church and society.”<sup>27</sup> CMDA officers are in contact with the Bush Administration on issues such as revoking the approval of mifepristone for early abortion, rejecting stem cell research, and overturning *Roe v. Wade*.

Biblical authority is also a uniting factor for the prominent fundamentalist theologians and political leaders who came together in 1992 in a project known as Evangelicals and Catholics Together. Despite what they called their many differences in theology, the group issued a statement in 2006, published in *First Things*, asserting that there is an “unbreakable connection between a Christian worldview and the defense of human life.”<sup>28</sup> They cited scriptural references to support their efforts to outlaw abortion. Those who endorsed the statement—called “That They May Have Life”—included Tony Perkins, the former Louisiana state legislator who is now head of the politically influential Family Research

Council in Washington, DC; Rick Warren, pastor of a mega-church, Saddleback Church; Charles Colson, founder of the Prison Fellowship Ministries, which has a biomedical institute in its Wilberforce Forum; Dr. Ron Sider, president and founder of Evangelicals for Social Action, and Ted A. Haggard, then-president of the National Association of Evangelicals.

## The Personhood Question

In 2000, when Alison Miller and Todd Parrish learned that the Center for Human Reproduction in Illinois had discarded an embryo they had had frozen several months earlier and wished to use for a pregnancy, they filed a wrongful-death suit, seeking some compensation for their disappointed hopes. A Chicago judge broke precedent by letting the suit stand, underscoring the changing perceptions of “life” that have occurred with rapid advances in technology. The judge wrote in his decision: “Philosophers and theologians may debate...But there is no doubt in the mind of the Illinois legislature when life begins. It begins at conception.”<sup>29</sup>

Like the Illinois judge, political and religious conservatives such as Richard Land and John Ashcroft take it as scientific and biblical fact that “life begins at conception.” They assert that the Bible teaches that abortion is murder and that, therefore, the Constitution must give equal protection to “unborn children.”<sup>30</sup> The 16-million member Southern Baptist Convention, the second-largest denomination in the country after the Catholic Church, holds that “at the moment of conception, a new being enters the universe, a human being, a being created in God’s image. This human being deserves our protection, whatever the circumstances of conception.”<sup>31</sup>

The notion of the embryo as a person has found its way into state and federal policy and has been endorsed by some courts. South Dakota legislators in 2004 passed legislation that granted fetuses, embryos, and even fertilized eggs the same rights under the state’s Bill of Rights as human beings already born. The measure included a finding that “the life of a human

## First Things

*First Things* is a flagship journal of a movement within the Religious Right that has been termed “theoconservatism.” It publishes numerous articles on abortion, *Roe v. Wade*, stem cell research and related topics, referring to the “culture of death” and the degradation of secularized society. Father Richard John Neuhaus, editor-in-chief and a founder of the theocon movement, is a member of the boards of the Institute on Religion and Democracy (IRD), a right-wing lobbying group, and the Ethics and Public Policy Center, a think tank. Neuhaus, an absolutist on abortion, served as a close adviser to George W. Bush in his 2000 presidential campaign and met regularly with him about abortion, stem cell research, cloning, and gay marriage.<sup>32</sup>

On the editorial advisory board are:

- **Hadley Arkes**, the Edward Ney Professor of American Institutions at Amherst College, a member of the IRD board and the Circle of Advisors to the Family Research Council’s Center for Human Life and Bioethics and the main architect of the bill that became known as the Born-Alive Infants Protection Act;
- **Robert George, JD, DPhil**, McCormick Professor of Jurisprudence and Director of the James Madison Program in American Ideals and Institutions at Princeton University and a member of the President’s Council on Bioethics and the boards of the IRD and Family Research Council; and
- **Mary Ann Glendon**, Learned Hand Professor of Law at Harvard University, the first female president of the Pontifical Academy of Social Sciences and a member of the President’s Council on Bioethics and the board of the National Catholic Bioethics Center, and winner of the \$250,000 Bradley Prize offered by a major Religious Right funder.

being begins when the ovum is fertilized by male sperm.” In testimony to the South Dakota Task Force to Study Abortion in 2006, former National Right to Life Committee President Dr. John Willke said that the *Roe v. Wade* decision was based on assumptions that are now known to be “incorrect.” The “knowledge gained from the advances in science and medicine over the past thirty years” has answered the question of when life begins, said the task force report. Referring to testimony by a molecular biologist, an embryologist, and a human geneticist, the

report concluded: “It can no longer be doubted that the unborn child from the moment of conception is a whole separate human being.”<sup>33</sup> This interpretation of “personhood” has been grafted to a host of measures, generally to restrict contraception or eliminate abortion.

## The Groundwork

- During the Bush Administration, the push to lay the groundwork for constructing constitutional protections for fetal life began in April 2001, when the U.S. House of Representatives first passed the Unborn Victims of Violence Act.
- In March 2002, HHS Secretary Tommy Thompson announced new rules making fetuses eligible for prenatal care in the State Children’s Health Insurance Program.
- In July 2002, the administration announced that approximately \$900,000 was available for financial assistance and applications for embryo “adoption.”
- In August 2002, the Born-Alive Infants Protection Act was signed.
- In October 2002, the HHS Secretary’s Advisory Committee on Human Research Protection Charter gave embryos new status as “human subjects.”
- In February 2004, the House again passed the Unborn Victims of Violence bill, which was passed by the Senate and signed by the president in April of that year.

### BORN-ALIVE INFANTS PROTECTION ACT

The Born-Alive Infants Protection Act ostensibly did not address the legal status of someone not yet born and had nothing to do with abortion. Its sponsors said the law, signed on August 5, 2002, was drafted to declare that a child born alive after a botched abortion is subject to the full protection of the law, as is any other person. But the drafter of the bill and its prime advocate, Hadley Arkes, saw another, more important purpose for the act, namely that it would “plant a premise” in the law that eventually could lead to affirming that a fetus at any stage has full rights and thus provide

the legal foundation for overturning the *Roe v. Wade* decision and criminalizing abortion.<sup>34</sup> “By the simple device of declaring in law that a child who survives an abortion is entitled to protection, the act reintroduces the central issue that the Supreme Court for 31 years has refused to acknowledge,” according to a commentary in *Crisis* magazine, which covers religion and culture from the Catholic Church’s perspective, “How is it, one is now bound to ask, that a child who must be legally protected at point X may nevertheless be killed with impunity two minutes before?”<sup>35</sup>

President Bush, signing the bill, thanked Arkes for his work and said:

*“The Born-Alive Infants Protection Act is a step toward the day when every child is welcomed in life and protected in law. It is a step toward the day when the promises of the Declaration of Independence will apply to everyone, not just those with the voice and power to defend their rights.”*<sup>36</sup>

### UNBORN VICTIMS OF VIOLENCE ACT

The Unborn Victims of Violence Act (“Laci and Connor’s law”) was another “significant step forward in reasserting, for the unborn, the legal rights of all human beings,”<sup>37</sup> said Richard Land of the Southern Baptist Convention. Drawing on the enormous media attention to the murder of Laci Peterson, who was eight months pregnant, Congress passed and the president signed in 2004 the law establishing two separate penalties for killing a pregnant woman—one for killing the woman and one for the death of the fetus. Medical Right organizations, pro-life groups, and pro-life denominations declared the passage of the law a major victory. Land commended Bush for signing a “just and compassionate bill into law.” *Crisis* magazine wrote: “*Roe* to the contrary notwithstanding, two separate statutes now attest that unborn children have legally cognizable rights. We do not know how these statutes will play out in practice, but their very existence undermines the core premise of the abortion cases.”

## “God’s Design for the Family”

What some Christian fundamentalists call “God’s design for the family” is linked to dominion theology, an ideology that has influenced Christian Right anti-abortion activists such as Operation Rescue leader Randall Terry. “Essentially, dominionism revolved around the idea that Christians, and Christians alone, are Biblically mandated to occupy all secular institutions until Christ returns,” wrote sociologist Sara Diamond.<sup>38</sup> Reconstructionism, a “brand” of dominion theology whose leading proponent was John Rousas Rushdoony, has been influential in spreading the idea that America was ordained as a Christian nation and Christians were to rule. Reconstructionism seeks to replace democracy with a theocracy that would govern the three main areas of society—family, the church and government—according to its own version of “biblical law.” Reconstructionism argues that:

*“Under God’s covenant, the nuclear family is the basic unit. The husband is head of the family, and the wife and children are ‘in submission’ to him. In turn, the husband ‘submits’ to Jesus and to God’s laws as detailed in the Old Testament. The church has its own ecclesiastical structure and governance. Civil government exists to implement God’s laws.”<sup>39</sup>*

Rushdoony saw abortion as a symptom of society’s failure to implement biblical law as he understood it.

The aims of Reconstructionism may seem remote, and its leaders may not press overtly for writing their understanding of Christianity into the Constitution, noted Americans United for Separation of Church and State, a religious freedom watchdog group in Washington, DC. But elements of their agenda are creeping into policy and law and, if more fully implemented, would force Americans to live under a system of laws based on fundamentalist interpretations of the Bible. “Nowhere is this more apparent than their anti-abortion and anti-reproductive health agenda, which is closely tied to their view of

the proper constitution and role of the family,” according to Americans United.<sup>40</sup>

Abortion, according to religious conservatives, is the “bloody crossroads” of the “culture wars.” Neuhaus’ *First Things* editorialized in 1998: “The abortion debate is about more than abortion. It is about the nature of human life and community. It is about whether rights are the product of human decision or, as the Founders declared, an endowment from our Creator.... It is about euthanasia, eugenic engineering, and the

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**“By the simple device of declaring in law that a child who survives an abortion is entitled to protection, the act reintroduces the central issue that the Supreme Court for 31 years has refused to acknowledge,” according to a commentary in *Crisis* magazine.**

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protection of the radically handicapped. Press almost any of the great social and moral disputes in our public life and, usually sooner rather than later, the argument turns to abortion.”<sup>41</sup> The attack on abortion, observed Catholic theologian Daniel Maguire, a supporter of legal abortion, is actually “the start-off point of attack on a whole range of civil liberties and human rights” that go far beyond motherhood.<sup>42</sup>

## Importance of Motherhood

Along with opposition to abortion itself, a unifying theme for both fundamentalist Protestants and traditional Catholics in the Christian Right is the role of women in society. Both consider motherhood a woman’s most important and satisfying role and her principal obligation, wrote James Davison Hunter in his 1991 book *Culture Wars*.<sup>43</sup> In stark contrast to secular, legal views of individual rights, the fundamentalist religious worldview easily can place the life of a fetus on par with that of a woman or child. According to Hunter, fundamentalism suggests that abortion “represents an attack on the very activity that

gives life meaning and on religion itself” and is contrary to the mother’s duty to “protect her children,” including children yet to be born.

An article published by the Southern Baptist Convention Ethics and Religious Liberty

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**Along with opposition to abortion itself, a unifying theme for both fundamentalist Protestants and traditional Catholics in the Christian Right is the role of women in society.**

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Commission explained how the virtue of motherhood should overcome any questioning:

*“We can also point out that motherhood is a gift from God. God has blessed women with the marvelous privilege of participating in the creation of new life. This God-given privilege is entrusted solely to women, and as such it grants women a special place in God’s plan for His creation. Women should consider conception as a special privilege and treat it with all the respect and wonder it deserves.”<sup>44</sup>*

## Applying Beliefs to Policy

Just as specialists in areas such as environmental science and education have translated fundamentalist beliefs into public policy and law, the Medical Right has applied them to medical policy.

The use of medical and scientific references is a dramatic shift in the public policy approach of the Religious Right, wrote investigative reporter Chris Mooney in 2004 in *The Washington Monthly*: “Instead of simply lecturing about the moral evils of abortion, they’ve increasingly depicted the procedure as damaging to women’s health...Their claims—that abortion causes mental problems in women, that condoms aren’t very effective in preventing HIV and other sexually transmitted diseases, that adult stem cells have more research promise than embryonic ones, and so on—now frequently comprise the right’s chief arguments on these issues.”<sup>45</sup>

What sets apart the organizations and people in the Medical Right is the attempt to turn their religious views into the dominant philosophy and to apply their policies to people from all walks of life, whether or not they share the same belief system.<sup>46</sup> This theocratic medical prescription is consistent with the overall views of the Religious Right about the role of civil society. At the same time, the Medical Right offers credibility and a platform to influence decision-makers of the validity of their views.

# Emerging Trends



## Medical Right Buzz Words

- Biomedical ethics
- “Culture of Life”
- “Human Dignity”
- Cloning
- “Right to know”
- Risks to women

*At a White House press conference to threaten a veto of legislation loosening restrictions on federal funding of embryonic stem cell research, families with children wearing t-shirts saying “former embryo” and “this embryo was not discarded” appeared with President George W. Bush. “I think appearing with Snowflakes kids is a potent symbol, and I think it illustrates the truth, which is that the embryo is just that child at an earlier stage of development,” commented Bill Saunders, director of the Family Research Council’s Center for Human Life and Bioethics.<sup>47</sup>*

Christian Right medical organizations are delving more deeply into activism, policy promotion and politics, expanding the range of issues they work on, forming new organizations, and consciously taking front and center roles in media and legal debates.

Three trends highlight this push for expansion: creation of the bioethics frame, focusing on embryos, and women-centric language.

### Creation of the Bioethics Frame

A number of Religious Right consortiums, think tanks, institutes, programs, and divisions of national policy organizations have opened under the mantle of “bioethics” or “biomedical ethics” or “biotechnology,” incorporating the Medical Right perspective in their missions. Some of these organizations are new; others are existing organizations that have added divisions or changed names to add “bioethics.”

Bioethics is seen by the Religious Right as offering an overarching framework for “culture of life” concerns. In this arena, the theological and the medical find a comfortable place to mix and mingle, building new connections, theories, and language.

The definition of bioethics is “the exploration of moral and ethical questions surrounding life, health, science, medicine and the environment.”<sup>48</sup>

according to Kathryn Hinsch, founder of the Women’s Bioethics Project, who surveyed conservative bioethics organizations. Traditional bioethics had roots in philosophy and theology, but now incorporates medicine, biology, politics, law, and “fundamental concerns about the nature of humanity,” she wrote. She found that conservative bioethics think tanks “cover an amazing breadth,” including abortion, stem cell research, reproductive technologies, genetics, and physician-assisted suicide. “They are incredibly adept at tying these issues together in a unified conservative framework based on a concept of ‘human dignity,’” she wrote.

Several of the conservative bioethics groups have similar names, and their boards and “fellows” cross over from one to another. Key organizations have many joint connections and alliances within the Medical Right. Some key Medical Right bioethics organizations are described below.

## Who's Who at the Center for Bioethics and Human Dignity

CBHD produces resources for “thought leaders” examining bioethical issues in the context of “biblical values,” according to its website. The organization says it has “ongoing collaborative relationships with many U.S. groups, including the Christian Medical and Dental Society, Nurses Christian Fellowship, and the Christian Legal Society, as well as non-U.S. institutions such as the Centre for Bioethics and Public Policy in London, England, the Linacre Center, London, England, the Lindeboom Institute for Medical Ethics in Ede, Holland, and the Ustav Medicinskej Etiky a Bioetiky, in Bratislava, Slovakia.”

Leading figures include:

- **John Kilner, PhD**, founder and head of CBHD until 2005, now Franklin Forman Chair of Ethics, Professor of Bioethics and Contemporary Culture, and the Director of the Bioethics Program at Trinity International University in Deerfield, Illinois;
- **Carrie Gordon Earll**, senior policy analyst at Focus on the Family;
- **Dr. Edmund Pellegrino**, former chair of the President’s Council on Bioethics and on the board of the Medical Right group, the American Academy of Medical Ethics;
- **Dr. Eugene Diamond**, past president of the Catholic Medical Association;
- **Paige Cunningham**, attorney and board member of Americans United for Life;
- **Dr. Sharon Falkenheimer**, a CMDA member appointed by the Bush Administration to the National Center for Environmental Health; and
- **Nancy Jones**, PhD in biochemistry and a CMDA member appointed to an HHS Advisory Committee on Human Research Protections by the Bush Administration.

Two senior policy officers of the Family Research Council are CBHD fellows or advisors; other CBHD connections are to the Rockford Institute, the American College of Pediatricians (a conservative organization formed in opposition to the mainstream American Academy of Pediatricians), the Wilberforce Forum, Center for Bioethics and Culture Network, Senator Tom Coburn (R-OK) and former U.S. Surgeon General C. Everett Koop.

**The Center for Bioethics and Human Dignity** (CBHD, [www.cbhd.org](http://www.cbhd.org)), formerly known as the Bannockburn Institute, is located at Trinity International University, a Christian university in Deerfield, Illinois, near Chicago. CBHD was formed after a 1994 conference, “The Christian Stake in Bioethics.” CBHD has a formal relationship with the CMDA, and most of the Religious Right medical or bioethics groups have some connection to CBHD.

**The Center for Bioethics and Culture Network** ([www.thecbc.org](http://www.thecbc.org)) is located in Oakland, California. The president of the board, Dr. David Pauls, is on the Ethics Commission of the CMDA. Special advisors include John Kilner and C. Ben Mitchell, former and current directors of CBHD. Founder Jennifer Lahl, a nurse, is a member of CBHD, as well as the bioethics council formed by the Wilberforce Forum in Washington, DC.

**The Wilberforce Forum** ([www.wilberforce.org](http://www.wilberforce.org)) is the advocacy arm of the Prison Fellowship, Charles Colson’s Christian ministry and “world-view think-tank.” The organization, headquartered in Washington, DC, has an annual income of more than \$57 million. The Council for Biotechnology Policy is among the Wilberforce projects.

The Wilberforce Forum held a conference in 2002 on the pro-life movement and the human embryo, “A Christian Vision for the Biotech Century.” It featured Richard Doerflinger of the USCCB, William Saunders of the Family Research Council, Dr. David Stevens of the CMDA, and Paige Cunningham of Americans United for Life, the latter three of whom are fellows of the Wilberforce Forum. In 2004, Colson and Council on Biotechnology Project President Nigel M. de S. Cameron released a book, *Human Dignity in the Biotech Century: A Christian Vision for Public Policy* (Intervarsity Press, 2004).

**The American Bioethics Advisory Commission** ([www.all.org/abac](http://www.all.org/abac)) was established by the American Life League (ALL), the rigidly anti-abortion, anti-contraception advocacy

organization in Stafford, Virginia. ALL, headed by Judie Brown, has an annual budget of \$7 million. Among its positions, the American Bioethics Advisory Commission opposes in vitro fertilization as “unethical because it violates the moral right of a child to be conceived directly as a result of his parents’ conjugal actions in the context of marriage.”

### **The National Catholic Bioethics Center**

(www.ncbccenter.org) in Philadelphia is funded directly by the Catholic Church, according to the Women’s Bioethics Project. Previously called the Pope John Center, the National Catholic Bioethics Center’s (NCBC) mission is to “promote human dignity in healthcare and the life sciences,” and it “derives its message directly from the teachings of the Catholic Church.” The director, John M. Hass, is a consultant to the USCCB Secretariat for Pro-Life Activities and recently was appointed by Pope Benedict XVI to serve on the Pontifical Academy for Life. The USCCB lobbyist on pro-life issues, Richard Doerflinger, serves as an “adjunct fellow” at NCBC and is a primary writer for its *Washington Insider* newsletter on public policy issues. The NCBC also publishes the National Catholic Bioethics Quarterly and Ethics and Medics, which frequently carries articles by Dr. Eugene Diamond, former president of the Catholic Medical Association and executive director of its Linacre Institute. William Saunders also writes a column for the *National Catholic Bioethics Quarterly* (www.cathmed.org).

**The Center for Human Life and Bioethics** is a division of the Family Research Council, which is itself a sister organization to Focus on the Family, a vast Religious Right policy and advocacy group. Its activities are described in further detail elsewhere in this report.

### **Focusing on Embryos**

On July 1, 1999, a group calling itself Do No Harm: The Coalition of Americans for Research Ethics (www.stemcellresearch.org) issued a statement opposing embryonic stem cell research. Signed by Protestant and Catholic Medical

Right and Religious Right leaders, “On Human Embryos and Stem Cell Research: An Appeal for Legally and Ethically Responsible Science and Public Policy” argued that embryonic stem cell research is unethical and scientifically unnecessary.

Embryonic stem cells had only been isolated in November 1998. While scientists saw great promise for treatment of disease from cell transfer research, most Americans had little knowledge of stem cell biology or specific research technology. The Religious Right quickly coalesced to oppose scientific developments, drawing upon the opinions and authority of Medical Right personalities.

Quoting Neuhaus’ Institute on Religion and Public Life, the statement declared: “The [embryo] is human; it will not articulate itself into some

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### **Medical Right bioethics think tanks tie issues together in a framework based on a concept of “human dignity.”**

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other kind of animal. Any being that is human is a human being. If it is objected that, at five days or fifteen days, the embryo does not look like a human being, it must be pointed out that this is precisely what a human being looks like—and what each of us looked like—at five or fifteen days of development.”

Making comparisons to slavery, Auschwitz and the Tuskegee experiments, the statement said that “human beings must not be conscripted for research without their permission....Of all human beings, embryos are the most defenseless against abuse.”

Do No Harm and the individuals in this coalition make the same arguments today with little alteration. Some of their analysis is highly technical—details of the exact type of cell transfer or type of replication of cells. They also say that research on adult stem cells can secure the same results as research on fetal cells, a position with which mainstream researchers disagree. Their

## Who's Who at Do No Harm

A group calling itself Do No Harm: The Coalition of Americans for Research Ethics issued an early statement on embryonic stem cell research. Key founders of Do No Harm include **William Saunders** and **David Prentice** of the Family Research Council. Among those who announced the release of the Do No Harm statement were **Nigel Cameron** of the Wilberforce Forum's Council for Biotechnology Policy, **Dr. Edmund Pellegrino**, a fellow at the Center for Biology and Human Dignity and later named by President Bush to chair the President's Council on Bioethics, and **Richard Doerflinger**, policy specialist for the USCCB.

Other signers included:

- **Dr. Bernard Nathanson** of the American Association of Pro-Life Obstetricians and Gynecologists;
- **Dr. David Stevens** of the CMDA;
- **James Sedlak** of ALL's Stop Planned Parenthood (STOPP);
- **Focus on the Family**;
- **Thomas Glessner** of the National Institute for Family and Life Advocates;
- **R. Albert Mohler, Jr.**, president of the Southern Baptist Convention Theological Seminary;
- **Richard D. Land**, president of the Southern Baptist Convention Ethics and Religious Liberty Commission;
- **Dr. Joe S. McIlhaney, Jr.**, president of the Medical Institute (previously called Medical Institute for Sexual Health), later appointed by President Bush to the advisory committee to the director of the Centers for Disease Control and Prevention and the President's Advisory Council on HIV and AIDS;
- **Father Richard John Neuhaus**, president of the Institute on Religion and Public Life;
- **Dr. Robert Saxer** of the Catholic Medical Association; and
- **Dr. Joseph B. Stanford**, who was president of the American Association of Natural Family Planning at the time and later appointed to the FDA Reproductive Health Technologies committee by President Bush.

literature raises inflammatory issues, comparing stem cell research to cloning and calling it contrary to God's plan. A November 2006 press release from Do No Harm about a constitutional amendment in Missouri to permit stem cell research flatly stated: "Amendment 2 creates a constitutional right for researchers to engage in human cloning. Efforts to deny this are misleading and deceptive."

Opposition to embryonic stem cell research is consistent with Religious Right views. As a result, a wide swath of the Medical Right opposes stem cell research and other medical advances, a trend that will continue in the foreseeable future and influence U.S. policy and research.

## Woman-Centric Language

In the early battles over reproductive rights, organizations such as the National Right to Life Committee emphasized the sanctity of fetal life. Beginning in the mid-1990s, the emphasis increasingly was placed on women and the overt or implicit need to protect them. Religious Right campaigns are using language that reflects this perspective, such as "Abortion Harms Women" and "I Regret My Abortion." The Silent No More awareness campaign,<sup>49</sup> a project of the National Organization of Episcopalians for Life and Priests for Life, a Catholic pro-life group, encourages women to give testimonies about their abortion experience, reinforcing the idea that abortion, and even contraception, is a sin (although one that may be forgiven). The anti-abortion group Feminists for Life uses only pro-women language, adopting "Women Deserve Better" as its motto.<sup>50</sup>

The purveyors of these slogans insist that supporters of legal abortion callously disregard women's well-being. They claim that abortion increases women's risk of breast cancer, depression, substance abuse, suicide, and other psychological distress. Non-marital sex is claimed to result in sexually transmitted diseases that cause infertility or death. Over-the-counter sales of emergency contraception would also endanger women's health. Dr. Gene Rudd, associate

executive director of the CMDA, argued, in an article in *The Annals of Pharmacotherapy*,<sup>51</sup> that the leading reason women visit a physician is for reproductive-related issues, and, consequently, making emergency contraception available without a prescription would keep women from having to visit a physician for comprehensive care in addition to a prescription.

Wendy Wright of CWA and others argued that non-prescription sales of emergency contraception could encourage teen promiscuity, although there is no medical evidence to support this claim and several studies indicated there would be no effect. Again without evidence, Wright said: “We’re also quite concerned about a problem that we have in the United States with statutory rape, that is older men having sex with minors. Now, if something like the morning after pill is available over the counter, this could exacerbate that problem, because the statutory rapist can simply go to the drug store and pick up a pack to give to the young girl in order to allow the rapes to continue.”<sup>52</sup> In the *Annals of Pharmacotherapy* article, Rudd speculated that emergency contraception would provide “the illusion of a safety net against pregnancy” and thus encourage unprotected sex and increase the risk of sexually transmitted diseases.

This emphasis on women’s needs derives from a conscious strategy promoted by David Reardon of the Elliot Institute,<sup>53</sup> an organization he founded and that is located in Springfield, Illinois. Reardon argued to the pro-life community that merely talking about fetuses failed to win over the public and that damage to women would be a much more appealing pitch for pro-life arguments. In an interview with Father Frank Pavone, founder of the aggressively anti-abortion group Priests for Life, Reardon said: “On the political side, we have kind of fallen in to the trap set up by the other side: a choice between helping the baby or helping the woman . . . . That’s a false dichotomy. God joined woman and child together in such a way that to help one you have to help the other, if you hurt one you are going to hurt the other. It’s unavoidable.”<sup>54</sup>

Reardon’s call has been taken up by a bevy of pro-life programs, including anti-abortion crisis pregnancy centers, counseling programs, and pro-life websites. Images feature smiling women who are happy to have babies or women who are depressed and distraught for having had an abortion. Pro-life counseling programs urge women to repent their abortions, which includes joining anti-abortion political activism.<sup>55</sup>

Crisis pregnancy centers, which have opposition to abortion as their primary mission, have been rewarded with federal government funding by the Bush Administration. Although scientific evidence proves otherwise, they distribute literature telling women that abortion will cause breast cancer and portraying the issue as concern for women and their “right to know” about medical and health issues.

In 2006, Focus on the Family sent tens of thousands of brochures to homes in Missouri, where stem cell research was on the ballot, stating that stem cell research poses “risks to women” and would “exploit” them in egg transfer procedures.<sup>56</sup> In the 2006 referendum in South Dakota to ban abortion, pro-life advertisements for the abortion ban featured medical personnel saying that the abortion ban “is a caring approach to protecting women.”<sup>57</sup>

The “woman-centric” messages are likely to continue to be polished, with organizations and individuals from the Medical Right featured prominently as the spokespersons.

## Not only “fetus-lovers”

Women-centric language has grown in popularity as the Medical Right discovered that focusing on fetuses was backfiring as a political strategy. In an interview with Priests for Life founder Father Frank Pavone, Medical Right strategist David Reardon said:

“My advice and my advocacy is that we need to make post-abortion healing a very high priority within the Church. We have to defuse this notion that we are only ‘fetus-lovers’ and don’t care about women.”



# Key Medical Right Organizations and Individuals

## The “Shadow” Medical Establishment

Unlike professional societies such as the American Medical Association that represent doctors and other healthcare providers, medical schools and teaching hospitals, most of the Medical Right groups are relatively unknown because they act outside of the normal channels of medical policy and practice.

Evidence of this “shadow” medical establishment can be found in legislatures, the courts, and obscure professional societies and journals. The goal is to establish an alternative body of medical fact to validate certain beliefs of the Christian Right and advance a political agenda.

Characteristics of this “shadow” establishment include:

- Dogged opposition to abortion
- Assertion that opponents are anti-Christian
- Non-standard medical views
- Links with like-minded political groups
- Primary focus on legislation, regulations, court cases



**M**edical Right organizations foster and promote medical opinion reflecting fundamentalist beliefs.

Whether offshoots of professional associations, single-issue groups, multi-issue “family values” organizations, advocacy groups, or bioethics policy organizations, the various parts of the Medical Right are linked. They intersect with the same Religious Right policy organizations and, in many cases, the same Religious Right funders. Most have close ties to the current Bush Administration and access to high-level officials and politicians. Individual members have been named to policy and advisory bodies. The political strength of these groups can be gauged by the steady growth of the drive to overturn *Roe v. Wade*, exemplified most recently by South Dakota legislation to virtually ban abortion, which relied on Medical Right findings that “as a matter of scientific fact an abortion terminates the life of a whole separate unique living human being,” according to the South Dakota Task Force to Study Abortion report.

As a result, scientific, health and medical issues are increasingly being blurred and distorted by conservative religious views in areas of reproductive health, reproductive technology, sexual health education, fertility and infertility, medical research, contraception, HIV/AIDS care, healthcare funding, and family relations.

The Medical Right makes effective use of a limited number of experts to give the impression that it has a legitimate body of medical fact behind its opinions. Through the targeted repetition of their views, the Medical Right has established an alternative body of medical fact that provides the larger Religious Right community with the arguments it needs to pass laws and otherwise enact their views into public policy.

The Medical Right defends the credentials of its experts against attacks from the women's health community and often charges that the attacks are religiously motivated against those who are Christians (on the erroneous assumption that being Christian indicates a particular view on reproductive health topics).<sup>58</sup> A recent deposition in which the credentials of three Medical Right experts were discussed suggests otherwise, at least in these cases. In the July 18, 2006, deposition in a lawsuit filed by the Center for Reproductive Rights against the FDA for delaying the

**As the three-year battle against emergency contraception showed, a strategy of the Medical Right is to use minority medical opinion to create controversy where none or little exists.**

approval of non-prescription sales of emergency contraception, Florence Houn, director of the FDA Office of Drug Evaluation, said she was concerned about "the lack of expertise in some of the nominees relevant to the function of the FDA Reproductive Health Drugs Advisory Committee." **Dr. Susan Crockett**, she said, was not regionally or nationally recognized as an expert in the field. **Dr. Joseph Stanford's** expertise in "natural family planning" did not seem relevant because "you don't have any drugs being developed in that area, and we don't use natural family planning as a control arm in our trials," she said. Finally, **Dr. David Hager**, whose specialization was in sexually transmitted diseases, did not have "the right expertise" to chair the Reproductive Health Drugs Advisory Committee, which did not handle that area.<sup>59</sup>

As the three-year battle against emergency contraception showed, a strategy of the Medical Right is to use minority medical opinion to create controversy where none or little exists.

Even when the opinion is without scientific basis, based on religious dogma, or has been scientifically disproved, it is stated with certainty; contrary positions are rarely addressed. Within the conservative community, Medical Right opinion is circulated widely, utilizing an extensive network of publications, seminars, radio commentary, and websites operated by Religious Right organizations. Expanded by this whirling internal discussion, the opinion is passed into arenas of public policy and exploited to offer a rationale and sometimes a "cover" for legislative proposals favored by the Religious Right. The opinions are also used to shape public perceptions and influence media commentators.

Medical Right organizations work hand-in-glove with large-scale Christian Right policy, advocacy, and legal organizations and with like-minded politicians.

- The most active organizations are the National Right to Life Committee, Focus on the Family, Family Research Council, Americans United for Life, and Concerned Women for America, along with others that amplify the messages, such as the American Family Association, the Christian Coalition, and Coral Ridge Ministries.
- Among the legal organizations are the Alliance Defense Fund, Americans United for Life, the American Center for Law and Justice, Liberty Counsel, the Christian Legal Society, and the Rutherford Institute.<sup>60</sup>
- Prominent political colleagues include **President George W. Bush**, **Senator Tom Coburn** (R-OK), **Senator Sam Brownback** (R-KS), former **Senator Rick Santorum** (R-PA), and **U.S. Representative Steve Chabot** (R-OH).

# Key Medical Right Organizations

From information available on organization websites unless otherwise noted.

ORGANIZATION	SUMMARY	KEY ISSUES
<b>Abstinence Clearinghouse</b>	An "association for the abstinence community," located in Sioux Falls, SD, providing "factual and medically accurate materials," conferences, etc. Leslee Unruh, head of the 2006 South Dakota campaign for an abortion ban, is president. In 2002, awarded \$2.7 million three-year contract by HHS to review abstinence-only curricula.	<ul style="list-style-type: none"> <li>■ promoting the appreciation for and practice of sexual abstinence (purity) until marriage, partly to prevent behaviors that place young people at risk for HIV infection, other STDs and unintended pregnancy</li> </ul>
<b>American Academy of Medical Ethics</b>	A conservative bioethics think tank that holds an annual bioethics conference. The president is Dr. David Stevens, who is also president of the Christian Medical and Dental Associations.	<ul style="list-style-type: none"> <li>■ stem cell research</li> <li>■ cloning</li> <li>■ abortion</li> <li>■ fetal pain</li> <li>■ emergency contraception</li> <li>■ end-of-life issues</li> </ul>
<b>American Association of Pro-Life Obstetricians and Gynecologists</b>	2,500-member organization of doctors and other medical personnel; a special interest group of the American College of Obstetricians and Gynecologists. Dr. Elizabeth Shadigian is president. Dr. Susan Crockett, a Bush appointee to the FDA advisory committee on reproductive health drugs, is a past president.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ "post-abortion syndrome"</li> <li>■ mifepristone</li> <li>■ abortion–breast cancer link</li> </ul>
<b>American College of Pediatricians</b>	Represents pro-life pediatricians. Dr. Joseph Zanga is president. Dr. Jean Wright, former board member of Christian Medical and Dental Associations, and Dr. Robert Saxer of the Catholic Medical Assoc. are among the 60 charter members.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ emergency contraception</li> <li>■ abstinence</li> <li>■ conception/beginning of life</li> </ul>
<b>Americans United For Life</b>	A conservative public interest law firm whose slogan is "Changing law to protect human life, state by state." Active in litigation on healthcare refusals and high-profile abortion cases ( <i>Casey</i> , late-term abortion). Peter Samuelson is president and general counsel. Paige Cunningham previously was president.	<ul style="list-style-type: none"> <li>■ health provider refusals</li> <li>■ abortion, esp. parental notification and abortion clinic regulation</li> <li>■ assisted suicide, euthanasia and end-of-life issues</li> <li>■ abortion–breast cancer link</li> </ul>
<b>Association of American Physicians and Surgeons</b>	Represents physicians who oppose abortion across a range of medical specialties.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ late-term abortion</li> <li>■ informed consent</li> </ul>
<b>Care Net</b>	Formerly Christian Action Council. Represents 1,000+ crisis pregnancy centers in the U.S. and Canada. Operates the call center OptionLine with Heartbeat International.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ "post-abortion syndrome"</li> </ul>
<b>Catholic Medical Association</b>	Approximately 1,200 members, organized into 11 regional chapters. Dr. Robert Saxer is president.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ contraception (opposes all forms except natural family planning)</li> <li>■ stem cells/cloning</li> </ul>
<b>Center for Bioethics and Human Dignity</b>	Conservative think tank with a number of physician fellows, founded to contribute a conservative viewpoint to medical bioethics debates. Fellows include Paige Cunningham, former president of Americans United for Life.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ end-of-life issues</li> <li>■ euthanasia</li> <li>■ cloning</li> <li>■ stem cell research</li> </ul>
<b>The Center for Human Life and Ethics, Family Research Council</b>	Bioethics division of large, politically influential, multi-issue "family values" organization based in Washington, DC. President is Tony Perkins.	<ul style="list-style-type: none"> <li>■ stem cell research</li> <li>■ cloning</li> </ul>
<b>Christian Medical and Dental Associations</b>	Founded in 1931; claims to be the largest organization of Christian doctors, with 17,000 members. 75 full-time employees headquartered in Bristol, Tennessee. Dr. David Stevens is executive director; Dr. Gene Rudd is associate executive director.	<ul style="list-style-type: none"> <li>■ cloning</li> <li>■ stem cell research</li> <li>■ abortion, especially late-term abortion and fetal pain</li> <li>■ physician-assisted suicide</li> <li>■ emergency contraception</li> <li>■ mifepristone</li> </ul>

ORGANIZATION	SUMMARY	KEY ISSUES
<b>Coalition on Abortion/Breast Cancer</b>	Clearinghouse for information on abortion and breast cancer. Karen Malec is president, Dr. Joel Brind is a key advisor.	<ul style="list-style-type: none"> <li>■ abortion-breast cancer link</li> </ul>
<b>Concerned Women for America</b>	Large conservative women’s policy and activist institute, says it is based on biblical values. Claims a membership of 500,000. Beverly LaHaye is founder and chair; Wendy Wright is president.	<ul style="list-style-type: none"> <li>■ mifepristone</li> <li>■ stem cell research</li> <li>■ emergency contraception</li> <li>■ fetal pain</li> <li>■ abstinence-only sex ed</li> </ul>
<b>Elliot Institute</b>	Promotes the idea of “post-abortion syndrome.” Directed by David Reardon.	<ul style="list-style-type: none"> <li>■ “post-abortion syndrome”</li> </ul>
<b>Focus on the Family</b>	Multi-issue, \$140 million organization with a vast communications empire that includes six publications and daily radio broadcasts to 160 nations. Its Physicians Resource Council (25 U.S. members, 15 Canadian members) provides a platform for a number of anti-abortion experts, including Dr. David Hager, Bush appointee to FDA committee on reproductive health drugs, and Dr. Jean Wright. Dr. Walter L. Larimore is vice president of medical outreach. Its statement on hormonal contraception advises that there is no consensus that it is an abortifacient and promises further study. In 2000, it filed a brief in the Supreme Court case <i>Stenberg v. Carhart</i> with a number of Medical Right groups and individuals. <sup>61</sup>	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ oral contraceptives</li> <li>■ emergency contraception</li> <li>■ mifepristone</li> <li>■ abstinence-only sex ed (operates National Coalition for Abstinence Education)</li> <li>■ crisis pregnancy centers</li> <li>■ stem cell research</li> </ul>
<b>Institute for Pregnancy Loss</b>	One-man institute run by Vincent Rue dedicated to “post-abortion trauma.”	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ “post-abortion syndrome”</li> </ul>
<b>The Medical Institute (previously The Medical Institute for Sexual Health)</b>	Dedicated to stopping the “global epidemic of non-marital pregnancy” by promoting abstinence-only sex education; run by Dr. Joe S. McIlhane, Jr. Dr. David Hager sits on the National Advisory Board.	<ul style="list-style-type: none"> <li>■ abstinence-only sex ed</li> <li>■ failure of condoms to prevent sexually transmitted diseases</li> <li>■ negative effects of contraception</li> </ul>
<b>National Association of Pro-Life Nurses</b>	Largest organization of pro-life nurses; organization does not provide membership numbers. Sue Meyers, RN, is president.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ fetal pain</li> <li>■ abortion-breast cancer link</li> </ul>
<b>National Institute for Family and Life Advocates (NIFLA)</b>	Organization in Fredericksburg, Virginia, providing services to crisis pregnancy centers, including information on converting to a licensed medical clinic and an obstetrical ultrasound training course. Thomas Glessner, JD, author of <i>Achieving An Abortion Free America</i> (Multnomah Press), is the president. Advisory Board includes Beverly LaHaye, Mildred Jefferson of the Right to Life Crusade, and Samuel Casey of the Christian Legal Society.	<ul style="list-style-type: none"> <li>■ converting non-medical crisis pregnancy centers to licensed medical facilities</li> <li>■ ultrasounds for pregnant women</li> </ul>
<b>National Right to Life Committee</b>	The largest anti-abortion group, founded in 1973 after <i>Roe v. Wade</i> was decided. Lobbies on a host of abortion issues, but does not take positions on contraception. Asserts it operates solely from a scientific basis, without regard to religious views. Headquartered in Washington, DC, with at least six interlocking national organizations, political action committees that donate to candidates, independently chartered chapters in every state and 3,000 communities.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ post-abortion trauma</li> <li>■ physical complications of abortion</li> <li>■ informed choice</li> <li>■ mifepristone</li> </ul>
<b>Pharmacists for Life International</b>	Founded in 1984 by pharmacists who believe oral contraceptives are abortifacients; claims a membership of 1,500, but has assets of less than \$25,000 and no paid staff. President is Karen Brauer, who was fired by K-Mart in 1996 for refusing to fill a prescription for birth control.	<ul style="list-style-type: none"> <li>■ refusal clauses</li> <li>■ contraception (opposes and claims oral contraception, emergency contraception, and IUDs are abortifacients)</li> <li>■ mifepristone</li> </ul>
<b>Pro-Life Maternal-Fetal Medicine</b>	A specialty group within the Society for Maternal-Fetal Medicine; does not provide membership numbers.	<ul style="list-style-type: none"> <li>■ abortion</li> <li>■ fetal development/pain</li> </ul>

## Key Medical Right Organizations

- **Christian Medical and Dental Associations**
- **Catholic Medical Association**
- **American Association of Pro-Life Obstetricians and Gynecologists**
- **Center for Human Life and Bioethics of the Family Research Council**

**The CMDA mission** is to “motivate, educate, and equip Christian physicians and dentists to glorify God by living out the character of Christ in their homes, practices, communities and around the world; pursuing professional competence and Christ-like compassion in their daily work; influencing their families, colleagues, and patients toward a right relationship with Jesus Christ; advancing Biblical principles in bioethics and health to the Church and society.” As a statement of faith, members agree that they believe in “the final authority of the Bible as the Word of God.”

# Christian Medical and Dental Associations—Evangelism in Medicine

**Mailing Address:** P.O. Box 7500, Bristol, Tennessee 37621

**Street Location:** 2604 Hwy 421, Bristol, Tennessee 37620

**Phone:** 423-844-1000

**Website:** <http://www.cmda.org>

### Sources of information:

Christian Medical and Dental Associations website, [www.cmda.org](http://www.cmda.org)

2006 Annual Report, “Transformed Doctors, Transforming the World,” Christian Medical and Dental Associations

CMDA Amicus Brief, *Gonzales. v. Planned Parenthood Federation of America*, 05-1382, U.S. Supreme Court, 2006

2004 IRS Form 990, CMDA

Christian Medical Association Brochure, “Changing the heart of healthcare”

**T**he Christian Medical and Dental Associations (CMDA), also known as the Christian Medical Association, the Christian Medical Society and the Christian Medical and Dental Society, is a substantial hub for Medical Right activity. Founded in 1931 to hold Bible readings for medical students, it later sponsored missionary trips abroad and today has active lobbying and policy programs.

Headquartered in Bristol, Tennessee, CMDA operates from a 52,000-square foot national service center built in 2002. The organization has approximately 100 employees, and according to a recent brief CMDA filed in the U.S. Supreme Court, the organization has “over 17,000 members, primarily practicing physicians.”

**Dr. David Stevens**, author of *Jesus, M.D.*, is the chief executive officer of the organization, and **Dr. Gene Rudd**, associate executive director, is a prominent media commentator. **Jonathan Imbody**, senior policy analyst, operates the Washington Bureau from an office in Ashburn, Virginia. The organization has 17 board members, all medical doctors except for one dentist, one resident, and one student. **Dr. Ruth A. Bolton** is president; **Dr. Bruce MacFadyen** is president-elect.

### MEMBERSHIP

Membership is open to “all Christian healthcare professionals,” including doctors, dentists, nurses, physician therapists, PhDs in academic programs, missionaries, and other allied health professionals, active or retired. Members may be from the United States, Canada or other nations. Dues for practicing physicians are \$326 per year, \$163 for retired doctors, less for non-physicians, and international members

may join for free. While CMDA claims 17,000 members, the exact numbers of members in each category is unknown. An analysis of income tax reports shows that if all of the members were from the practicing physician category, CMDA would

only have 3,680 physician members in fiscal year 2003 and 1,338 physician members in fiscal year 2004. Tax documents show steadily decreasing membership income, with a sharp drop-off in the fiscal year ending June 2005.

The organization website says it has doctors in 78 communities with “local ministry groups,” 24 regional directors, and 49 graduate groups in medical schools. It operates a placement service and doctor locator program; its Global Health Outreach organizes short-term trips for medical professionals to 15 countries.

CMDA also partners with the Fellowship of Christian Physician Assistants ([www.fcpa.net](http://www.fcpa.net)), a self-described “evangelical organization.” CMDA members may participate in accredited continuing medical education. One 2006 continuing education program offered limited obstetrical training with the National Institute of Family and

Life Advocates, a pro-life education and service organization for crisis pregnancy centers.

CMDA has seven internal commissions. One, the Ethics Commission, develops policy statements for the board. CMDA’s 2006 annual report says that the board has approved statements on “The Beginning of Human Life,” “Eugenics,” “Stem Cell Research,” and “Population Stewardship,” and new statements are underway on “Human Abuse,” “Human Chimeras,” and “Human Life—Its Moral Worth (Sanctity).” The Ethics Commission also works with the CBHD in co-sponsoring summer bioethics conferences in Illinois.

### EVANGELISM

CMDA encourages evangelism by doctors. It sponsors a program called “The Saline Solution,” a weekend seminar that promises to help doctors to “effectively share Christ with your patients” and “to share the gospel in three minutes in the exam room.” The education program was co-written by **Dr. Walter L. Larimore**, vice-president of medical outreach at Focus on the Family.

In the 2006 annual report, Dr. Stevens identified his goals, which include training more doctors to speak out on issues, promoting legislation to decrease abortions and abortion-related health consequences, banning human cloning and “lethal research on living human embryos,” advancing “embryo adoption,” and encouraging “biblical sexual standards.”

CMDA is associated with the American Academy of Medical Ethics (AAME) ([www.ethicalhealthcare.org](http://www.ethicalhealthcare.org)), also located in Bristol. In addition to his CMDA functions, Dr. Stevens also is the AAME executive director.

### Policy Participation

CMDA takes a visible and active role on national policy issues and encourages Christian physicians to participate in policy matters. In the 2006 annual report, Dr. Stevens said that he wants to “help provide opportunities for more CMDA members to get involved in politics and government service.”

## Key Facts About CMDA

- 17,000 members
- Income of \$11,128,891
- Assets of \$14,701,733
- Encourages doctors to “share Christ” with patients
- Maintains Washington bureau
- Members hold Bush Administration positions

## American Academy of Medical Ethics

AAME, which holds conferences and publishes a quarterly journal, was started in 1986 by **Dr. John Willke**, then president of the National Right to Life Committee. AAME has an explicit anti-abortion stance, incorporating in its values that a physician “must not take the life of the unborn.” Willke, now president of the Life Issues Institute and International Right to Life, is on the Board of Reference, along with **John Kilner**, former director of the Center for Bioethics and Human Dignity, **Dr. C. Everett Koop**, U.S. surgeon general in the Reagan Administration, **Dr. Edmund Pellegrino**, chair of the President’s Council on Bioethics, **Dr. Robert Orr**, former chair of the CMDA Ethics Commission, and **Nigel Cameron**, president of the Wilberforce Forum Council for Biotechnology Policy. **James Bopp**, general counsel to the National Right to Life Committee, is the executive editor of the AAME publication, *Issues in Law and Medicine*. In litigation in 1990, AAME stated that it had 20,000 members, although no current information is on its website or otherwise available.

CMDA's policy positions are aligned with the Religious Right. CMDA opposes abortion and emergency contraception and holds that oral contraceptives cause abortion and are harmful. CMDA supports laws that allow medical personnel, hospitals and pharmacists to refuse to provide services if they disagree with them. It promotes medical views that reflect fundamentalist Christian perspectives, such as the claim, much refuted, that adult stem cells offer more promise for cures than embryonic stem cells.

Jonathan Imbody, senior policy analyst, describes the Washington Bureau of CMDA, which he runs, as "CMDA's connection to Washington Legislators and pro-life leaders." The office has a distinct URL, <http://cmawashington.org>. The in-house newsletter, *Infusion*, says CMDA "provides government leaders with Christian medical experts to testify in Congress, files amicus curie briefs in important court cases and nominates members for influential government commissions. It works extensively behind the scenes on a wide range of bioethical and healthcare issues."

## COALITIONS AND PETITIONS

CMDA lends its name to coalitions and petitions and frequently writes to politicians, often releasing the letter publicly to attract attention. In 1999, Dr. Stevens was one of the signers of the original Do No Harm statement opposing embryonic stem cell research. In August 2001, CMDA sent a petition signed by 623 "medical leaders" to the president, applauding him on supporting a "culture of life" and asking him to retain the ban on federal funding of embryonic stem cell research.<sup>62</sup> CMDA posted a petition on its website in 2003 by the Family Research Council and Focus on the Family and urged Christian doctors to ask President Bush to stand firm in his position on stem cells.<sup>63</sup> In June 2005, Dr. Stevens again signed a joint statement prepared by the think tank Ethics and Public Policy Center and posted on its website, asking for limits on stem cell research.<sup>64</sup> In October 2006, CMDA wrote to Senator Tom Coburn (R-OK) to support a bill requiring all recipients of federal family planning funds to include parents in decisions, according to excerpts posted on its website.<sup>65</sup>

This advocacy extends to other actions as well. **Dr. Jean Wright**, a former CMDA officer and a member of the Physicians Resource Council of Focus on the Family, has testified frequently in support of bills requiring women who seek abortions to be notified that a fetus feels pain, a scientifically controversial position that is nonetheless supported strongly by anti-abortion groups. She testified before the U.S. House Subcommittee on the Constitution in 1996, 1998, and 2005<sup>66</sup> as well as in several states, including Virginia, Indiana, and Wisconsin.<sup>67</sup>

## CMDA and the White House

During the current Bush Administration, CMDA has served as a "veritable placement agency," wrote journalist Esther Kaplan in *With God on Their Side*.<sup>70</sup> CMDA member **Dr. Sharon Falkenheimer** was appointed to the Advisory Committee to the National Center for Environmental Health of the Centers for Disease Control and Prevention and to another federal board, the Board of Regents of the Uniformed Services University of the Health Sciences. **Nancy L. Jones, PhD** (in biochemistry), and a CMDA member, was named to the HHS Advisory Committee on Human Research Protections. **Dr. W. David Hager**, a CMDA member and sometimes spokesperson for the organization, was appointed to the FDA Advisory Committee for Reproductive Health Drugs by President Bush.

The friendliness of the White House is trumpeted by CMDA. Its membership recruitment brochure features a picture of President Bush shaking hands with Dr. Stevens. Web photos show Imbody attending a meeting with presidential advisors on August 10, 2006, to discuss issues "related to bioethics, religious freedom and human trafficking," and on April 4, 2006, in tandem with **Wendy Wright**, president of Concerned Women for America, to "discuss life issues."

CMDA files petitions before government bodies to advocate for its positions. In August 2002, CMDA joined with Concerned Women for America and the AAPLOG to file a 90-page petition with the FDA requesting immediate revocation of the approval of mifepristone, also known as RU-486. Dr. Hager helped prepare the petition and served as the spokesperson for CMDA<sup>68</sup> prior to his appointment by President Bush to the FDA reproductive drugs panel. In November 2005, CMDA joined with the Family

Research Council, CWA, and the AAPLOG to file comments to the FDA arguing against the release of emergency contraception for sale without a prescription.<sup>69</sup>

## LITIGATION

CMDA engages in litigation to achieve its policy objectives, both filing lawsuits and presenting “friend of the court” briefs.

## CMDA Litigation

- Against HHS and National Institutes of Health to stop potential funding for embryonic stem cell research
- Supports mandated information
- Supports federal refusal clause
- Supports parental notification without health exception
- Supports 2003 federal abortion ban

■ In March 2001, CMDA, represented by the Christian Legal Society, filed a lawsuit against the National Institutes of Health (NIH) and the U.S. Department of Health and Human Services (HHS) to stop the NIH from funding research using embryonic stem cells.<sup>71</sup> A co-plaintiff in the action, **David Prentice**, is the senior policy analyst on bioethics at the Family Research Council.

■ In February 2003, CMDA joined with the Catholic Medical Association to file a brief defending a Florida “informed consent” law requiring doctors to provide mandated information to women seeking abortions. CMDA was represented by Liberty Counsel, a group that identifies itself as a “ministry” and is headquartered at Liberty University, where **Rev. Jerry Falwell** is president. Liberty Counsel provides pro bono legal assistance in the areas of religious liberty, the sanctity of human life and the traditional family, according to its website, <http://www.lc.org>. The court permitted the law to stand after the state agreed that doctors could give information they deemed appropriate rather than deliver a script provided by the state.<sup>72</sup>

■ In 2006, CMDA intervened in a lawsuit brought by the National Family Planning and Reproductive Health Association (NFPRHA) to challenge the Weldon-Hyde Amendment, which prohibited healthcare entities from taking any action against medical personnel

who refuse to refer patients for abortions or to provide them. CMDA was joined in this action by the AAPLOG, with legal representation by the Alliance Defense Fund and the Christian Legal Society’s Center for Law and Religious Freedom. In that case, the U.S. Court of Appeals for the District of Columbia Circuit said NFPRHA lacked standing. CMDA and AAPLOG are still part of a second case in California, arguing for the validity of the amendment in the face of a challenge against it brought by the state’s attorney general.<sup>73</sup>

■ In 2005, CMDA joined with CWA, AAPLOG, the National Association of Evangelicals, the Catholic Medical Association, Christian Legal Society, and the Alliance Defense Fund to ask the U.S. Supreme Court to support a New Hampshire parental notification law passed without safeguards for women’s health in the *Ayotte v. Planned Parenthood of Northern New England* case.<sup>74</sup> In a 2006 case heard by the U.S. Supreme Court on a federal “partial-birth abortion” ban in *Gonzales v. Planned Parenthood*, CMDA and the Catholic Medical Association filed a brief in support of the ban.<sup>75</sup>

■ The AAME, of which the CMDA’s Stevens is the executive director, has a long history of litigation, filing amicus briefs when CMDA, seemingly less politicized, did not. In 1992, James Bopp, counsel for the National Right to Life Committee, filed an amicus brief on behalf of AAME in the U.S. Supreme Court case *Planned Parenthood v. Casey*, which redefined the standards of *Roe v. Wade*. Previous to that, AAME filed amicus briefs in *Webster v. Reproductive Health Services*, a 1989 Supreme Court case that said Missouri could put a ban on the use of public employees and facilities for the performance of abortion,<sup>76</sup> and in *Rust v. Sullivan*, a 1991 Supreme Court case that said recipients of federal family planning funds could be barred from providing counseling or referrals for abortion. AAME was represented in that instance by **Carolyn Kuhl**, later nominated to the Ninth Circuit U.S. Circuit Court of Appeals by President Bush.<sup>77</sup>

## Media

CMDA is at the forefront of media campaigns, with extensive outreach and facilities. The organization releases publications, videos, radio programs, and press releases and conducts speaking tours to gain a public platform for its biblical perspective of public policy. According to its 2006 Annual Report, CMDA has TV studio facilities with a satellite uplink and radio studios and is adding podcasting and web upgrades. CMDA conducts media training for members as one of its central activities.

## PUBLICATIONS

Members receive two publications, *Today's Christian Doctor* and *Christian Doctor's Digest*. DVDs also are available. CMDA's program on physician evangelism, "The Saline Solution," is available in a series of short videos for lunchtime discussions. In the DVD, "The Truth About Stem Cells," Dr. Stevens describes why CMDA opposes laws that would allow "cloned human beings" and then "mandate that they be killed." The "Tough Questions" DVD is aimed at medical students, and public service announcements and power point presentations are available for members, according to the CMDA newsletter *Infusion* (Spring 2005).

CMDA also generates reports, articles, and books. An article by Dr. Rudd described health risks for women from non-prescription access to the morning-after pill, which would arise, he said, by keeping them from seeing doctors and getting appropriate care, as well as encouraging risk-taking sexual behavior and the spread of sexually transmitted diseases.<sup>78</sup> Senior policy analyst Jonathan Imbody frequently publishes opinion pieces in newspapers. One, "The Abortion Lobby and Parental Rights," in the *Washington Times* in July 2006, described "political plots to block the Child Custody Protection Act,"<sup>79</sup> a bill that would make it a crime for an adult to travel with a minor who seeks an abortion to another state if she has not met her own state's parental consent laws.

## CMDA Financials

Sources: CMDA IRS 990, fiscal year (FY) ending June 30, 2005, available from The Foundation Center (Note: figures cited are rounded down.)

In the financial year ending June 30, **2006**, CMDA reported total income of \$11,128,891 and total assets of \$14,701,733. A capital campaign had generated \$9,444,206. CMDA gave \$36,000 in grants and \$89,248 in scholarship funds, according to [www.charitynavigator.org](http://www.charitynavigator.org).

In the latest available IRS 990 for the year ending June 30, **2005** (FY 04), CMDA reported an income of \$10.5 million. CMDA also claimed building assets of approximately \$9 million.

Of the income reported in FY 04, \$439,350 is described as membership dues, although in prior years membership dues were \$1.3 million (FY 03), \$1.4 million (FY 02), and \$1.5 million (FY 01). Other income is described as \$1.6 million in "medical missions fees/transportation;" \$289,000 from conferences; and \$413,000 from physician placements. Program service revenue, including government fees and contracts, was \$2.56 million. Contributions, gifts and grants were reported at \$7.29 million.

The bulk of these monies were expended on conferences, according to the IRS 990, with \$6.96 million spent on programs on "evangelism, marriage, singleness, medical ethics, women in healthcare, and family." The organization gave grants of \$208,605 and spent \$1.5 million on global health outreach.

The Bush Administration's Department of Health and Human Services, through its Administration for Children and Families, granted \$1,128,330 to CMDA and four other organizations in **2002** as part of the "Compassion Capital Program" to build the capacity of faith-based organizations in developing community-based healthcare "ministries."<sup>80</sup>

CMDA received a grant of \$309,000 from HHS for "embryo adoption awareness," along with the Baptist Health System Foundation in Knoxville and the National Embryo Adoption Center (NEAC), an organization created by CMDA.<sup>81</sup> The grant was to promote the idea of using embryos left over from one woman's in vitro fertilization procedure for another woman's procedure. Within months, the NEAC announced it was in partnership with Baptist Health System, which had received two new cooperative agreement grants from HHS to promote public awareness of embryo donation and adoption.<sup>82</sup>

Consistently, CMDA is listed in the pool of organizations that may receive money from a long list of federal-, state- and city-coordinated charity campaigns—groups that collect funds from government employees and, like the United Way, distribute the monies to pre-screened participants.

## CMDA Interlinkages

**T**he CMDA is linked to a wide array of Medical Right and Religious Right organizations.

Executive Director Dr. David Stevens is in the “Circle of Advisors” of the **Family Research Council’s Center for Human Life and Bioethics** in Washington, DC. Other advisors include Hadley Arkes and Robert George, both on the board of **First Things**, the publication of Neuhaus’ **Institute on Religion and Public Life**; Dr. Walter Larimore, vice-president of medical outreach at Focus on the Family (also a member of CMDA); and Dr. Edmund Pellegrino, chair of the **President’s Council on Bioethics**.

CMDA jointly conducts training sessions with the **Center for Bioethics and Human Dignity** at Trinity International University. Seven CBHD fellows are members of CMDA, including those who are on the Ethics Commission.

Stevens is also the executive director of the **American Academy of Medical Ethics**, an offshoot of the **National Right to Life Committee**, and receives funding from three entities associated with NRLC: the **National Legal Center for the Medically Dependent and Disabled, Inc.**, and the **Horatio R. Storer Foundation**, which is, in turn, funded by the **National Right to Life Educational Trust Fund**.

Stevens was a founding signer of Do No Harm, a coalition with links to most Medical Right and Christian Right organizations (see “Trends”). CMDA has received funding in modest amounts

from the **John Templeton Foundation**, regarded as a leading funder of religiously-based science programs. CMDA worked with the **Baptist Health System Foundation** and the **National Embryo Adoption Center**, which it created, to secure a federal grant from HHS. CMDA conducts training with the **National Institute of Family and Life Advocates**, an umbrella group for crisis pregnancy centers.

CMDA has worked with Senator Tom Coburn and Representative Dave Weldon, members of **Congress** and physicians, in jointly issuing public statements. CMDA Senior Policy Analyst Jonathan Imbody works with elected representatives and other advocacy organizations in Washington, has testified before a committee hearing held by Senator Sam Brownback, and has attended signings and briefings held by President George Bush. Sharon Falkenheimer, Nancy L. Jones, and W. David Hager, all CMDA members, were appointed to, respectively, **CDC**, **HHS** and **FDA** national advisory positions by President Bush. Dr. Susan Crockett is also a board member of **AAPLOG** and was appointed to the FDA panel.

CMDA has joined with AAPLOG, **Concerned Women for America**, and the **Family Research Council** to file petitions to the FDA, and has jointly filed lawsuits with the **Catholic Medical Association**, AAPLOG, the **Alliance Defense Fund**, CWA and the **Christian Legal Society**.

## Key Medical Right Organizations

- Christian Medical and Dental Associations
- Catholic Medical Association
- American Association of Pro-Life Obstetricians and Gynecologists
- Center for Human Life and Bioethics of the Family Research Council

**The mission of the CMA** is “to grow in the spirit of Christ... to bring His Spirit to all that is touched by our science and art, and to assist the Vicar of Christ, the Bishops... with the particular knowledge, skill, and experience we have as Christian Physicians.” According to its website, the association underscores that its purpose is: “To uphold the principles of Catholic faith and morality as related to the science and practice of medicine,” and members promise “to defend and protect human life from conception to its natural end;” “to cooperate with the applications of just law, except on the grounds of conscientious objection when the civil law does not respect human rights, especially the right to life.”

also is active on the board of Georgia Right to Life. Immediate past-president **Dr. Thomas M. Pitre**, a urologist in Oregon, is a board member of Physicians for Compassionate Care, which opposes physician-assisted suicide. Ex-officio board member **Dr. Eugene Diamond** is also the executive editor of the CMA publication, *The Linacre Quarterly* (named after a 16<sup>th</sup> century British physician), which focuses on “ethical, medical and moral” issues.

# Catholic Medical Association—Targeting Contraception

**Mailing Address & Street Location:** 333 E. Lancaster Avenue #348

Wynnewood, Pennsylvania 19096-1929

**Phone:** 781-455-0259

**Web:** [www.cathmed.org](http://www.cathmed.org)

### Sources of information:

Catholic Medical Association website, [www.cathmed.org](http://www.cathmed.org)

Dr. Lynne Bissonnette-Pitre, “The Brief History of the CMA,” online at [www.cathmed.org/abouthtecma/ourhistory.htm](http://www.cathmed.org/abouthtecma/ourhistory.htm)

“Bioethical Principles of Medical Practice,” The Linacre Institute of the Catholic Medical Association, online at [www.cathmed.org/publications/bioethical.htm](http://www.cathmed.org/publications/bioethical.htm)

2004 IRS 990, Catholic Medical Association, online at [www.guidestar.org](http://www.guidestar.org)

**T**he Catholic Medical Association (CMA) is building a new constituency and increasingly stepping into the conservative policy arena. Dedicated to “upholding the principles of the Catholic faith in the science and practice of medicine,” it has vital connections to Catholic doctors in applying the Ethical and Religious Directives for Catholic Health Care Services issued by the USCCB, which establish strict limitations on the provision of contraception, abortion, and other reproductive health services. Relocating to Philadelphia from Boston in fall 2006, the CMA named **John F. Brehany**, who holds a PhD in healthcare ethics, as its executive director and ethicist, a new title.

### MEMBERSHIP

The association has approximately 1,200 members and 11 regional chapters. **Dr. Robert Saxer**, a Catholic deacon and former pediatrician who dedicates himself to pro-life activities, is serving as president in 2007. Saxer was one of the founding members of the small American College of Pediatricians, a conservative group that formed in 2002 to protest the support of lesbian and gay rights by the mainstream American Academy of Pediatrics. Dr. Saxer studied at the National Catholic Bioethics Center and serves on the State Pro-Life Coordinating Committee of the Florida Catholic Conference. President-elect **Dr. Kathleen M. Raviele** is an obstetrician-gynecologist in Georgia, where she

The Linacre Institute is a separate entity within the CMA, with Dr. Diamond as its executive director. The author of several books, including *AIDS and the Contraceptive Mentality* and *A Catholic Guide to Medical Ethics*, Dr. Diamond was the named plaintiff in a failed attempt by Americans United for Life in the 1980s to challenge the constitutionality of the Illinois abortion law in the U.S. Supreme Court.

The CMA is open to doctors and dentists in the United States and Canada, as well as nurses,

medical students, allied healthcare professionals and clergy. Annual dues are \$300 for practicing physicians and \$100 for allied health professionals. In addition to regional chapters, the CMA has a student division, the Catholic Medical Students Association, with approximately 250 members, according to the CMA's November 2006 newsletter.

### HISTORY

The CMA emerged from the National Federation of Catholic Physicians Guilds, which formed in 1932 "to foster the Catholic physicians' faith and relationship with God and his Church,"

according to the organizational history by Dr. Lynne Bissonnette-Pitre. An umbrella for local guilds, the national federation met annually at American Medical Association meetings and reached peak membership in 1967 with 10,000 members. The national federation set up headquarters with the Catholic Hospital Association (CHA) in St. Louis. Both were supervised by the Social Action Department of the Conference of Catholic Bishops. But the national federation severed its relations with the CHA in 1965 when the CHA endorsed "socialized medicine." Contraception also became an issue, with some segments within the national federation supporting use of birth control and others opposing it. In the following

years, the guilds suffered due to "successive presidents elected from opposite sides of the contraception controversy," wrote Bissonnette-Pitre. Local guilds became inactive and membership dropped to 300. What membership existed was carried on by the more conservative faction of "physicians loyal to the Catholic Church and her magisterial teaching."

In 1997, the national federation changed its name to the Catholic Medical Association and began to rebuild. Now, the CMA "is challenged to ... keep biotechnology in conformity with the Laws of God; to promulgate the Catholic concepts of person, rights and the common good as applied to the practice of medicine; to defend the sacredness and dignity of life at all stages," consistent with the "concept of orthodoxy," wrote Bissonnette-Pitre.

The Linacre Institute within the CMA was established to develop position papers on bioethical issues based on 19 moral and ethical principles. The principles state, in part, that there "is no incompatibility between science and religion;" "the patient's autonomy does not supersede the conscience of the physician;" "abortion is an unspeakable crime and no Catholic physician should cooperate formally or materially in its performance;" and the "unitive and procreative ends of marriage may not be artificially separated."<sup>83</sup>

### PLANS FOR THE FUTURE

In the fall of 2006, the CMA celebrated its 75<sup>th</sup> anniversary at a meeting in Boston, attended by 300 people. Speakers included **Father Tad Pacholczyk** of the NCBC, on stem cells; **John Hass**, NCBC president, who said "contraceptives are intrinsically evil because of natural law;" *First Things* editorial board member **Hadley Arkes**, whose talk in opposition to abortion said that the strains of pregnancy on a mother and family finances "do not justify taking a life;" **Richard Fitzgibbons** on "same-sex attraction disorder;" and keynoter **Rev. Neuhaus**, founder of the Institute on Religion and Public Life, on "the natural moral law."<sup>84</sup>

## Key Facts About CMA

- 1,200 members
- Formerly the National Federation of Catholic Physicians Guilds
- Severed relations with Catholic Hospital Association
- Organization restructuring, new executive director and ethicist
- Several prominent members oppose contraception

Key accomplishments in the past year, according to the November 2006 *CMA Newsletter*, include a joint task force with the NCBC on medical research and another collaboration with NCBC and the USCCB to study ethical issues in vaccine development. CMA members are working with the NCBC to prepare Catholic ethical principles for the use of human subjects in drug trials.

The theme of the 2007 annual CMA conference will be “Theology of the Body: The Dignity of Woman,” and a task force is planned on the threat to “the conscience” of healthcare providers. CMA Adviser **Rev. Robert F. Vasa** writes in the November 2006 *Newsletter* that these are difficult times for Catholic health practitioners because of “aggressive secularity and even positive evil expanding into every branch and field of the practice of medicine.”

## Policy Participation

The CMA has become increasingly involved in the political sphere, taking positions on issues related to abortion, stem cell research, vaccine development, Catholic hospitals merging with or taking over community hospitals, condom usage, contraception and sterilization, emergency contraception, religious refusals, homosexuality, assisted suicide, and sexual abuse. In the past, some policy development occurred quietly, while other positions were developed by task forces or through the Linacre Institute, operating from Dr. Diamond’s Chicago base. With organizational restructuring and a new executive director and ethicist on board in 2007, more changes are likely.

The CMA is decidedly against abortion in all circumstances, consistent with the policies of the Catholic Ethical and Religious Directives. A 1998 “Declaration of Life” opposing contraception and prepared by the anti-abortion anti-contraception organization ALL, drew the support of several prominent CMA board members or division directors, including Drs. Diamond, Saxer, and Raviele, **Lawrence Lyons, Catherine Dowling, Paul Bryne, George**

**Isajiw, and Lorna Cvetkovich.** The declaration states that “the pill and similar birth control products act, part of the time, by design, to prevent implantation of an already created human being. These products clearly cause an early abortion . . . . We further declare that the so-called emergency contraceptive products . . . work in the same fashion and are also abortifacient.”<sup>85</sup>

In November 2003, the CMA passed a public resolution declaring a connection between

## CMA Financials

**C**MA’s annual revenue in the fiscal year ending July 31, 2004, the most recent for which information is available, was \$291,000. Of this, \$139,000 was reported from membership dues or assessments. This translates to 643 practicing physicians, if all of the members fell in that category. In the prior years, CMA reported only \$51,700 (2002), \$83,800 (2001) and \$106,700 (2000) from membership dues. The bulk of the remaining income—\$100,000 in 2003-04—came from its conference income and \$38,440 came from direct public support.

As with other organizations, it is difficult to know the exact source of contributions to income. In 2001, however, the CMA received one traceable grant of \$1,000 from the Ave Maria Foundation, an ultraconservative, theocratic and Catholic-oriented foundation established by Thomas Monaghan, the former owner of Domino’s Pizza.

abortion and breast cancer and endorsing “the passage of state legislation to require abortionists to inform all women of their future increased vulnerability to breast cancer.”<sup>86</sup>

**Dr. Robert Carroll**, a CMA member, testified to the FDA in December 2003 that over-the-counter sales of emergency contraception would cause an epidemic of sexually transmitted diseases. While Carroll said he was not representing the CMA, the CMA endorses the testimony on its website as an organizational position, writing in a heading: “CMA Opposes FDA Proposal for OTC Emergency Contraception-Testimony of Robert Carroll, MD.”

## TASK FORCE REPORTS

Other policy positions are the result of reports from task forces organized by CMA, such as “Issues of Conscience,” “Healthcare in America,” and “Ethical and Religious Directives,” released in May 2005.<sup>87</sup> The report on healthcare resulted in the formation of a coalition of organizations to promote healthcare reform and a collaboration with the Christus Medicus Foundation to establish a Catholic healthcare plan for the Federal Employees Health Benefit Program.

The Ethical and Religious Directives Task Force, convened by the Linacre Institute, met to analyze how hospital mergers “undermine the independence of Catholic hospitals.” Members included Dr. Diamond, **Denise Burke** from Americans United for Life, and **John Hass** from the NCBC. The group’s report, published in *The Linacre Quarterly*, acknowledges a “public outcry” when community hospitals merge

with Catholic institutions that prohibit vasectomy, tubal ligation, abortion, contraception and emergency contraception but insists upon the need to maintain “the independence of conscience of Catholic hospitals” by clearly eliminating these procedures according to Catholic doctrine. Tubal ligation is “not morally acceptable,” the report says;

## CMA Litigation

- Supports 2003 federal abortion ban
- Supports mandated information
- Supports parental notification without health exception

## CMA Press Releases

**C**MA press releases have been intermittent in the past. But in June 2006, with the support of **Richard Doerflinger** of the USCCB, CMA issued a statement calling for vaccine makers to develop vaccines that are not cultured from cells taken from aborted fetuses.<sup>89</sup> In a August 21, 2006, release, the CMA, describing itself as “the largest professional organization of Catholic physicians in the U.S.” and with **Dr. Raviele** as the contact person, said that the FDA was erring in releasing emergency contraception for over-the-counter sales.<sup>90</sup> Ten days later, on August 31, the *Washington Post* quoted board member Dr. Raviele, who explained that the CMA promotes natural family planning.<sup>91</sup>

hormonal contraception has the potential to be an abortifacient and cannot be provided, and “physicians and other medical professionals must be protected in their refusal to cooperate in immoral medical or surgical activities.”<sup>88</sup>

## INFLUENCE ON ELECTED OFFICIALS

CMA representatives work to influence office holders, as well. CMA jointly wrote a letter with the USCCB and the CHA urging all U.S. senators to support the Weldon-Hyde Amendment, which prohibits healthcare providers from taking disciplinary action against medical personnel who refuse to provide or refer for abortions.<sup>92</sup> According to the CMA July 2006 *Newsletter*, CMA representatives have joined President Bush on at least two occasions to support his opposition to embryonic stem cell research, including events in April 2002 and May 2005. The organization gave an award to **Florida Governor Jeb Bush** for “heroic service” in introducing pro-life legislation and working with CMA to oppose ending end-of-life measures in the Terry Schiavo case.

## LITIGATION

The CMA is steadily increasing its participation in the legal arena.

- The CMA filed an amicus brief with the CMDA to support a national ban on “partial-birth abortion” in cases heard by the U.S. Supreme Court in the fall of 2006.<sup>93</sup>
- In 2006, the CMA joined the CMDA in filing a brief to support a law in Florida requiring mandated information be given to women seeking abortions.<sup>94</sup>
- In 2006, CMA, together with CWA, AAPLOG, the National Association of Evangelicals, CMDA, the Christian Legal Society and the Alliance Defense Fund, asked the U.S. Supreme Court to support a parental notification law passed without safeguards for the patient’s health in New Hampshire in the case of *Ayotte v. Planned Parenthood of Northern New England*.<sup>95</sup>

## Media

As in other areas, the CMA has taken a more public press role in recent years and its new executive director set more public communications as one of his goals. Currently, in addition to *The Linacre Quarterly*, the CMA publishes an in-house newsletter and releases news online. Task force reports and other publications, including one on stem cell research produced by the Family Research Council, are published on its website.

In 2001, the CMA participated with **Senator Tom Coburn** and **Representative Dave Weldon** and

CMDA in releasing a statement in Washington, DC, to challenge the Centers for Disease Control because, they said, the CDC failed to inform the public about condom ineffectiveness in preventing sexually transmitted diseases.<sup>96</sup>

CMA drew negative publicity in October 2005 when a controversy arose in a Long Island parish about a CMA publication that it displayed. The publication, *Homosexuality and Hope*, states that same-sex attraction is a disorder that is preventable with psychotherapy. After complaints, the parish removed it.<sup>97</sup>

## CMA Interlinkages

**T**he Catholic Medical Association works within the Catholic Church and Religious Right circles. The organization is closely allied with the **National Catholic Bioethics Center**, which is funded by the Catholic Church. NCBC president John Haas, also a consultant to the **U.S. Conference of Catholic Bishops** and a Vatican committee, served on a CMA task force on hospital mergers and addressed the annual CMA convention, as did another NCBC executive, Father Tad Pacholczyk. The CMA is working collaboratively on several task force projects with the NCBC and is promoting the annual NCBC conference on medical ethics. Dr. Diamond, director of CMA's Linacre Institute, frequently publishes commentaries in NCBC publications.

The CMA also is collaborating directly with the USCCB and sent letters to senators with the USCCB and the **Catholic Health Association** to lobby for the Weldon-Hyde amendment to permit healthcare refusals without recrimination.

The CMA has jointly filed amicus curiae briefs with the **Christian Medical and Dental Associations** in several cases at the U.S. Supreme Court and in Florida and joined with the CMDA and **Concerned Women for America**, the **American Association of Pro-Life Obstetricians and Gynecologists**, the **National Association of Evangelicals**, the **Christian Legal Society** and the **Alliance Defense Fund** to file an amicus brief in the U.S. Supreme Court supporting a parental notification law in New Hampshire. The CMA and CMDA jointly worked with Senator Tom Coburn and Representative Dave Weldon to challenge government statements about condom efficacy. The CMA has

been invited to briefings with President George W. Bush and gave an honor to Florida Governor Jeb Bush.

Several CMA board members signed a declaration of life prepared by the **American Life League**. Denise Burke of **Americans United for Life** participated on a CMA task force, and regional representative Dr. Lorna Cvetkovich is a representative-at-large for AAPLOG.

CMA's Dr. Diamond is a fellow at the **Center for Bioethics and Human Dignity**, which holds a summer institute with the CMDA and has fellows from most conservative bioethics institutions. Dr. Diamond is a former president of the **Illinois Family Council**, a group affiliated with the **Family Research Council** and **Focus on the Family**, and also is a former officer in the **American Association of Pro-Life Pediatricians** and the **World Federation of Doctors Who Respect Life**. He was honored by **Birthright International**, a crisis pregnancy umbrella group.

Dr. Saxer, current president, is founder of the **American College of Pediatricians**, a conservative breakaway group, and Dr. Diamond has served on its board. Saxer also is on the State Pro-Life Coordinating Committee and Health Affairs Committee of the **Florida Catholic Conference**, and president-elect Dr. Ravielle is on the board of **Georgia Right to Life**.

CMA received a grant from the **Ave Maria Foundation**, a major funder of conservative Catholic institutions founded by Thomas Monaghan, and is working with **Christus Medicus Foundation** on a Catholic healthcare plan.

## Key Medical Right Organizations

- Christian Medical and Dental Associations
- Catholic Medical Association
- American Association of Pro-Life Obstetricians and Gynecologists
- Center for Human Life and Bioethics of the Family Research Council

# American Association of Pro-Life Obstetricians and Gynecologists— Minority Opinion

**Street Address:** 339 River Ave., Holland, Michigan 49423

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**Source of information:** AAPLOG website, [www.aaplog.org](http://www.aaplog.org)

**To join AAPLOG**, members must affirm that “the unborn child is a human being from the time of fertilization; the elective disruptions of the human conceptus at any time from fertilization on constitutes the willful destruction of a human being and that this procedure will have no place in our practice... As physicians trained in both the art and science of the medical practice ... we are deeply concerned about the profound, adverse consequences that unrestricted abortion, physician assisted suicide and euthanasia impose on women, unborn babies, children, and families .... we pledge to use our talents and skills ... to promote respect for life in all stages of development; and, thus, to enhance the well-being of our entire society.”

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) is one of the chief sources of doctors who testify in court cases and before legislative bodies in support of further restrictions and bans on abortion and contraception. While the religious affiliations of AAPLOG are not clear, the organization is well-placed within the Religious Right and provides pivotal support for its agenda.

AAPLOG was formed in 1973, shortly after the *Roe v. Wade* decision, as a special interest group within the mainstream American College of Obstetricians and Gynecologists (ACOG), a status that it still retains. The year before, ACOG had affirmed the right of abortion.

## MEMBERSHIP

AAPLOG states on its website that it has 2,500 members; a publisher of a directory of associations lists its membership at 900.<sup>98</sup> A press release from AAPLOG dated August 26, 2005, states that that the group “represents over 1,000 obstetricians and gynecologists.” AAPLOG is now incorporated in Michigan and has nine districts and a military district. In addition to ob-gyns, other physicians or “paramedical persons” who agree with the mission statement may join. Membership is \$100; medical students pay \$10.

The current president of AAPLOG is **Dr. Elizabeth Shadigian**, a clinical associate professor at the University of Michigan Department of Obstetrics and Gynecology; the president-elect is **Dr. Donna Harrison**, and **Dr. Byron Calhoun**, one of the AAPLOG founders, is the immediate past-president. Dr. Calhoun also serves as a medical advisor for the National Institute of Family and Life Advocates, a training group for anti-abortion crisis pregnancy centers, and, with an AAPLOG regional representative,

**Dr. Nathan Hoeldtke**, is a key proponent of “perinatal hospices” to care for pregnant women with fetuses with fatal abnormalities.<sup>99</sup> Director emeritus **Dr. Bernard Nathanson**, a former abortion doctor who now opposes abortion, is the producer of the anti-abortion video, “Silent Scream.” AAPLOG at-large representative **Dr. Lorna Cvetkovich** also is a regional representative for the CMA. **Dr. Susan Crockett**, a former AAPLOG board member, co-authored a chapter in the

book *The Reproductive Revolution: A Christian Appraisal of Sexuality, Reproductive Technologies, and the Family*, edited by **John Kilner, Paige Cunningham** and **David Hager**. Crockett, like Hager, was a controversial addition to the FDA Advisory Committee for Reproductive Health Drugs and one of the four members who voted against making emergency contraception available without a prescription.

## ANNUAL PROGRAMS

The organization holds an annual continuing medical education program each winter and hosts booths at meetings of ACOG and other medical groups and crisis pregnancy programs. It gives an annual research grant “to the best scientific project with respect for life and its origin,” according to a history of AAPLOG posted on its website. AAPLOG’s mid-year symposium in 2006 offered updates from experts “exploring the relationship of abortion to adverse medical and psychological effects in women,” according to its website. Other topics included embryo adoption, “post-abortion emotional trauma in men,” ultrasound training via the Internet, mifeprex (RU-486), stem cell issues, crisis pregnancy centers, adolescent sexual health and legislation related to pro-life issues. Speakers included AAPLOG veterans Calhoun and Shadigian as well as **Joel Brind**, who promotes a link between breast cancer and abortion; **Vincent Rue**, who asserts that women suffer from post-abortion trauma; **Dr. Jeffrey Keenan** of the National Embryo Donation Center; and **Clarke Forsythe** of the Americans United for Life Project in Law and Bioethics. The conference was held at the Florida campus of Coral Ridge Ministries, a large-budget Religious Right and evangelical organization headed by **D. James Kennedy**.

AAPLOG cites its 1995 opposition to a proposal by the Accreditation Council for Graduate Medical Education that would have required abortion training for prospective obstetricians and gynecologists as one of its most important accomplishments. As passed, the provision states: “No program or resident with a religious or moral

objection will be required to provide training in, or to perform, induced abortions.”<sup>100</sup> AAPLOG worked on this effort with the USCCB and the National Right to Life Committee, according to then-president **Dr. Pamela E. Smith**.<sup>101</sup>

## Policy Participation

As its name and mission clearly state, AAPLOG is anti-abortion. It supports laws that would ban so-called “partial-birth abortion” and opposes the continuing availability of mifepristone (RU-486) for abortions without surgery. In keeping with its origins, the group advocates strongly for the right of healthcare providers to refuse to participate in or refer for abortions. AAPLOG supports the notion that there is a link between abortion and breast cancer and asserts that abortion causes suicide, depression, and increased risks for future pregnancies. In addition, it opposes embryonic stem cell research and cloning and supports parental notification laws. It promotes the idea of hospices for women carrying a fetus with fatal abnormalities.

## CONTRACEPTION

On contraceptives, AAPLOG declines to take a firm position. On the question of whether hormonal or other contraceptives prevent a fertilized egg from implanting in the womb, AAPLOG states: “we feel that each individual physician should evaluate the available information, and then follow the leading of her/his conscience in this matter.”

Despite the seeming balance of mildly contrary views of contraception among its members, AAPLOG took an active role in opposing the approval of emergency contraception, an ordinary high-dose birth control pill, without a prescription. AAPLOG also separately sent a

## Key Facts About AAPLOG

- Special interest group within ACOG
- Between 1,000 and 2,500 members
- Budget of \$250,000
- Blocked requiring abortion training for ob-gyns
- No position on contraception
- Active in court and legislative testimony

letter to the FDA on August 15, 2006, opposing over-the-counter approval of emergency contraception for women 18 and over “based on the scientific literature.”<sup>102</sup> In a letter signed by Dr. Shadigian, AAPLOG referred to a study in Scotland that emergency contraception does not reduce abortion rates or unintended pregnancy

and to a small British study that appeared to show a slightly higher number of ectopic pregnancies in cases in which emergency contraception did not inhibit a pregnancy. With no scientific back-up, the letter asked for labeling stating that emergency contraception could act “as an abortifacient” and “may destroy a human embryo.” The letter stated that sexually transmitted diseases may go undetected and, in language much like that of CWA,<sup>103</sup> said that the FDA should consider limiting sales so that emergency contraception “is not being purchased by adults for the purpose of surreptitiously [sic] aiding perpetrators of statutory rape.”

#### OPINIONS AND TESTIMONY

AAPLOG regularly submits its minority opinions to the mainstream ACOG. For example, AAPLOG voiced its opposition to an ACOG position against a law that would prohibit intact dilation and extraction procedures in so-called “partial-birth abortion” bans.

AAPLOG joined with and served as the central authority for **Representative Christopher Smith** (R-NJ), chair of the Pro-Life Caucus in the House of Representatives, in calling for a law to restrict doctors’ use of mifepristone (RU-486), at a Capitol Hill press conference in February 2006. In March 2006, when AAPLOG members

completed a study of mifepristone cases, Smith announced the results via a press release from his office.<sup>104</sup>

AAPLOG members also provide testimony to congressional committees and state legislatures to support abortion restrictions. Dr. Harrison testified as an AAPLOG representative in hearings called by **Representative Mark Souder** (R-IN) in May 2006 before a subcommittee of the House Committee on Government Reform on the safety of Mifeprex (RU-486). Dr. Harrison testified that she personally examined adverse event reports on RU-486 incidents acquired through Freedom of Information Act request and concluded: “The hazards to women’s health ... clearly constitute ample cause for the FDA to withdraw approval from RU-486.”<sup>105</sup>

Dr. Shadigian testified at hearings before the U.S. House Subcommittee on Health called by **Representative Joe Pitts** (R-PA) in 2004 about post-abortion depression, providing material for a feature carried on the website of CWA.<sup>106</sup> She also testified in a hearing convened by **Senator Sam Brownback** (R-KS) for the Subcommittee on Science, Technology and Space that abortion increases the risk of suicide and maternal mortality and has a link to breast cancer.

In South Dakota, Dr. Shadigian testified in support of a near-total ban on abortion before the South Dakota Task Force to Study Abortion in 2005; Dr. Calhoun testified in support of a ban and Dr. Nathanson supplied a declaration.<sup>107</sup>

#### LITIGATION

AAPLOG has a long history of filing amicus briefs and testifying to support anti-abortion restrictions in law and in litigation.

■ In 1989, AAPLOG filed an amicus brief, written by **Paige Cunningham** of Americans United for Life, in the U.S. Supreme Court case, *Webster v. Reproductive Health Services*, in which the court held that Missouri could ban public employees from performing, and public facilities from being used for, abortion.<sup>108</sup>

## AAPLOG Financial

No reliable financial information is available on AAPLOG. If all 2,500 members it claims pay the \$100 dues, its annual budget would be \$250,000, according to the organization’s website.

Other income derives from conferences. Registration for the 2007 mid-winter conference, for example, was \$200 for physicians and \$100 for nurses.

## AAPLOG Litigation

- Filed brief in *Webster v. Reproductive Health Services*
- Supports 2003 federal abortion ban
- Supports mandated information
- Supports parental notification without health exception

- More recently, AAPLOG filed a citizen's petition to the FDA in August 2002 requesting immediate revocation of the approval of mifepristone (RU-486) from use by U.S. doctors.<sup>109</sup> The petition was filed jointly with CWA and the CMDA.
- In a federal court case in Ohio, Dr. Crockett testified in favor of a state law that tried to make medical abortions with mifepristone illegal.<sup>110</sup>
- Dr. Shadigian has testified in court in support of "partial-birth abortion" bans. At a trial in federal district court in San Francisco, she testified on behalf of the Bush Administration, which was seeking to uphold a federal ban signed by the president, even though Shadigian had never performed the procedures at the heart of the case.<sup>111</sup> She also testified for the Bush Administration in a similar case in a trial in federal court in Kansas, where, under questioning by the judge, she admitted that the procedures might be necessary in certain complicated pregnancies.<sup>112</sup>
- When the "partial-birth abortion" ban cases were appealed to the U.S. Supreme Court, AAPLOG filed an amicus brief to support the ban, joining with physician-members of Congress **Senator Tom Coburn** and **Representatives Charles Boustany** (R-LA), **Mike Burgess** (R-TX), **Phil Gingrey** (R-GA) and **Dave Weldon** (R-FL), as well as former **U.S. Surgeon General C. Everett Koop** and **Dr. Edmund Pellegrino**, chair of the President's Council on Bioethics. Americans United for Life filed the brief.
- AAPLOG filed an amicus brief to the U.S. Supreme Court in the *Ayotte* case, in conjunction with the CMDA and the CMA, arguing in support of a law passed in New Hampshire requiring parental notification before an abortion was performed on a minor, even if the patient's health was at risk.

## Media

Articles by AAPLOG members are circulated and cited by the Religious Right to further their arguments. For example, Dr. Shadigian co-authored a study of existing literature on the long-term health consequences of abortion, published in *OB/GYN Survey* in 2003,<sup>113</sup> and AAPLOG founder Dr. Calhoun co-authored a study printed in the *Journal of American Physicians and Surgeons* on abortion and the risk of premature birth.<sup>114</sup> Both articles were cited in an amicus brief submitted to the U.S. Supreme Court by the

## AAPLOG on Contraception

Two contrasting positions are presented on the issue of contraception on the AAPLOG website. One view, "Hormone Contraceptives Controversies and Clarifications," was prepared in 1999 by AAPLOG former board member **Dr. Susan Crockett**, current president-elect Dr. Donna Harrison, and two others. It states that "how a medication works is a scientific question" and concludes that "there is no credible evidence to validate a mechanism of pre-implantation abortion as a part of the action of hormone contraceptives." However, the authors add: "for the follower of Christ, discernment based on prayer and the evaluation of factual information in the light of Scripture is the basis of ethical decision making"<sup>116</sup> A contrary position, "Birth Control Pill: Abortifacient and Contraceptive," was presented by **Dr. William Colliton, Jr.**, currently a director emeritus, and is signed by several doctors, including **Dr. Cvetkovich**, **Dr. Nathanson**, current AAPLOG officer **Dr. Julie Mickelson**, and others. It calls the conclusion that hormonal contraception is not an abortifacient "the big lie." The facts, it states, "indicate the abortifacient nature of hormonal contraception." All contraception, other than natural family planning, is "anti-life," it states, quoting Samuel 2:6: "The Lord puts to death and gives life."<sup>117</sup>

Christian Legal Society, the National Association of Evangelicals, the Pro-Life Legal Defense Fund, the Alliance Defense Fund, and CWA, written by the Eagle Forum Education and Legal Defense Fund to argue in favor of the federal government's ban on so-called "partial-birth abortion."<sup>115</sup>

The press often turns to AAPLOG for an anti-abortion perspective on a variety of stories. An October 30, 2006, article in *USA Today* about the “partial-birth abortion” ban quoted AAPLOG as the sole anti-abortion voice.<sup>118</sup> A segment on NBC-TV News on August 12, 2006, about a rape survivor who was not advised about the morning-after pill featured Dr. Harrison as a representative of AAPLOG. Harrison defended the situation, saying, “Once fertilization occurs, we have two patients that we have to consider, both the mother and her unborn child.” Dr.

## AAPLOG Press Releases

**A**APLOG issues a limited number of reports and press releases, but garners significant mainstream media attention, especially considering its small size.

One report released by AAPLOG contained the findings of Dr. Harrison on a study of mifepristone and adverse indications reported to the FDA; that, along with her testimony to Congress on the topic, resulted in an article in the *Chicago Tribune* and other media.<sup>120</sup> Dr. Harrison previously attracted attention with an editorial published in *The New York Times*, accusing the Clinton Administration of inappropriately giving the green light to mifepristone because of political interference,<sup>121</sup> a charge that lives in myth but not in fact.<sup>122</sup>

Shadigian, a frequent commentator on a wide range of anti-abortion issues, was featured on the program “Religion and Ethics Newsweekly” (PBS-TV)<sup>119</sup> as a supporter of **Kansas Attorney General Phill Kline** and his efforts to define child abuse to include any physical contact between teenagers, including kissing. AAPLOG officers, particularly Drs. Shadigian and Calhoun, are frequent speakers. Dr. Shadigian spoke at the 2005 conference of the National Institute of Family and Life Advocates, a group that provides training to crisis pregnancy centers and works closely with Focus on the Family to place ultrasound equipment in anti-abortion centers. Dr. Calhoun is on the board of the National Institute of Family and Life Advocates.

Drs. Hoeldtke and Calhoun are the main source for articles about perinatal hospices. One article is featured on the AAPLOG website. According to an article in the September 22, 2006, issue of *Conscience* magazine, a publication of Catholics for a Free Choice, Calhoun coined the term in 1997 and since then has published many pieces outlining a model of care for patients who are carrying fetuses with fatal abnormalities but choose not to seek or cannot have an abortion.

## AAPLOG Interlinkages

In opposing training of obstetricians and gynecologists in abortion, the **American Association of Pro-Life Obstetricians and Gynecologists** worked with the **U.S. Conference of Catholic Bishops** and the **National Right to Life Committee**. In 1997, **Feminists for Life**, an anti-abortion organization, said it intended to work with AAPLOG “to tackle pro-choice rhetoric in medical schools.”

AAPLOG joined with physician-members of Congress—Coburn, Boustany, Burgess, Gingrey, and Weldon—along with Dr. C. Everett Koop, former surgeon general, and Dr. Edmund Pellegrino, chair of the President’s Council on Bioethics, and board members of the **American Academy of Medical Ethics**, affiliated with the **Christian Medical and Dental Associations**, and the National Right to Life Committee on a Supreme Court brief supporting the ban against “partial-birth abortion.” Americans United for Life filed the brief. AAPLOG joined Representative Chris Smith (R-NJ), head of the House Pro-Life Caucus, in public appearances to demand suspension of approval of RU-486. Dr. Shadigian testified at a hearing convened by Senator Brownback (R-KS) and a committee convened by Representative Joe Pitts (R-PA). D son testified at a congressional committee hearing called by Representative Mark Souder (R-IN). Drs. Shadigian, Calhoun and Nathanson testified in support of an abortion ban before the South Dakota Task Force to Study Abortion.

Former board president Dr. Susan Crockett, also a member of the **Focus on the Family Physicians Resource Council**, was appointed to a key FDA committee by President Bush.

AAPLOG filed a citizen’s petition to the FDA with **Concerned Women for America** and CMDA, for which Dr. Hager served as spokesperson.

Dr. Shadigian, AAPLOG board president, testified for the Department of Justice under Attorney General John Ashcroft at “partial-birth abortion” trials, including in federal district courts in San Francisco and Nebraska. Dr. Shadigian and others are cited in briefs filed by CWA, the **Christian Legal Society**, the **Alliance Defense Fund**, the **Eagle Forum Education and Legal Defense Fund**, and others.

Several AAPLOG officers are signatories on a “Declaration of Life” prepared by **The American Life League**. Officer Dr. Bernard Nathanson was a signer of the Do No Harm statement against embryonic stem cell research of **The Coalition of Americans for Research Ethics**. AAPLOG at-large representative Dr. Lorna Cvetkovich is also a regional representative for the **Catholic Medical Association**; AAPLOG past president and founder Dr. Calhoun is an adviser to the **National Institute of Family and Life Advocates**. Dr. Shadigian addressed the 2005 and 2007 conferences of NIFLA.

The 2007 meeting of AAPLOG was held on the campus of **Coral Ridge Ministries**. Among those speaking were Joel Brind of the **Breast Cancer Prevention Institute** (promoting a breast cancer-abortion link), Vincent Rue of the **Institute for Pregnancy Loss** (promoting post-abortion trauma syndrome), Dr. Jeffrey Keenan of the **National Embryo Donation Center** (which is affiliated with CMDA), and Clarke Forsythe of the **Americans United for Life Project in Law and Bioethics**.

## Key Medical Right Organizations

- Christian Medical and Dental Associations
- Catholic Medical Association
- American Association of Pro-Life Obstetricians and Gynecologists
- Center for Human Life and Bioethics of the Family Research Council

### The mission of the Family

**Research Council** is to “reaffirm and promote nationally, and particularly in Washington, DC, the traditional family unit.” “Believing that God is the author of life, liberty, and the family, FRC promotes the Judeo-Christian worldview as the basis for a just, free, and stable society.” FRC has adopted among its core principles: “God exists and is sovereign over all creation. He created human beings in His image. Human life is, therefore, sacred and the right to life is the most fundamental of political rights.”

The goal of FRC’s **Center for Human Life and Bioethics** is to influence public debate and policy “so that the inherent dignity of the human person is respected in law, science, and society.” In addition, it states that: “Threats to human life include abortion, euthanasia, and many forms of new biotechnologies.”

# Center for Human Life and Bioethics, Family Research Council—Partner to Focus on the Family

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### Sources of information:

2004 IRS 990, fiscal year ending September 2005, Family Research Council on Guidestar, [www.guidestar.org](http://www.guidestar.org) Family Research Council website, [www.frc.org](http://www.frc.org)

Tax Exempt/NonProfit Organization Information, Family Research Council Action, [www.taxexemptworld.com/organizations/washington\\_dc\\_20001.asp](http://www.taxexemptworld.com/organizations/washington_dc_20001.asp)

**T**he Family Research Council (FRC), a well-heeled, ultra-conservative policy and advocacy organization in Washington, DC, is one of the many Religious Right organizations that have transformed their “pro-life” activities into a bioethics framework. In January 2003, FRC established the Center for Human Life and Bioethics as an internal division. The center incorporates topics of abortion, abortion counseling, in vitro fertilization, stem cell research, assisted suicide, fetal harvesting, emergency contraception, and more. Its director is the director of pro-life activities.

The FRC is a sister organization to Focus on the Family, located in Colorado, and shares many initiatives with it. FRC was founded in Washington, DC, in 1983 with **James Dobson**, founder and chairman of Focus on the Family, on the founding board and the key player in its formation. In 1988, the two groups merged, but divided again in October 1992 because of IRS concerns related to the nonprofit status of Focus on the Family and lobbying by FRC. As of 1992, FRC was incorporated as a separate nonprofit organization in the District of Columbia.

Dr. Dobson is currently a member of the FRC board, as well as chairman of the board of Focus on the Family. In addition, the chairman of the 13-person FRC board, **Lee Eaton** also is secretary of the Focus on the Family board, and **Stephen W. Reed**, secretary and counsel to the FRC board, is assistant secretary on the Focus on the Family board. Also on the FRC board as recently as 2005 was **Dr. Tom Coburn**, currently a U.S. senator and formerly a U.S. representative from Oklahoma.

Since 2003, **Tony Perkins**, a former Louisiana state representative and founder of the Louisiana Family Forum, a state council allied with Focus on the Family and the FRC, has served as the President and CEO of FRC. Prior presidents include **Gary Bauer**

(1988-1999), now president of American Values, chairman of the pro-life Campaign for Working Families, and head of Americans United to Preserve Marriage, and **Kenneth Connor** (1999-2003), whose resume includes serving as vice chairman of Americans United for Life, chairman of Florida Right to Life, and board chairman of Care Net, an umbrella organization for crisis pregnancy centers.

The Center for Human Life and Bioethics is headed by **William (Bill) L. Saunders**, a lawyer who authored “Building a Culture of Life: A Call to Respect Human Dignity in American Life” for FRC. Saunders also is a member of the boards of the International Right to Life Federation, headed by **John Willke**, and the CBHD, and is vice chair for Religious Liberty for the Federalist Society, an influential legal organization founded to change the legal system to favor what it calls “traditional values.”

**David Prentice**, PhD, a biochemist, is the senior fellow for life sciences of the FRC Center for Human Life and Bioethics and one of the highest paid employees of FRC. He also is a fellow of the Wilberforce Forum Council for Biotechnology Policy and the Institute on Biotechnology and the Human Future and is an Advisory Board member for the CBHD. Both Prentice and Saunders are founding members and authors of the initial statement of intent of Do No Harm: The Coalition of Americans for Research Ethics, which gathers a wide cross-collection of Medical Right participants.

Among the Circle of Advisors to the Center for Human Life and Bioethics are conservative scholar **Robert George** of Princeton; **Dr. David Stevens**, executive director of the CMDA and executive director of the AAME; **Dr. Walter Larimore**, vice-president of medical outreach at Focus on the Family and a member of the CMDA; **Dr. Edmund Pellegrino**, senior fellow at the CBHD and chair of the President’s Council on Bioethics; and **Hadley Arkes**, on the boards of the Institute on Religion and Democracy and *First Things*.

FRC has approximately 75 staff members. Other top FRC names include **Cathy Cleaver Ruse**, senior fellow for legal studies, a former spokesperson for the USCCB and wife of Austin Ruse, president of the Culture of Life Foundation, and Vice-President for Government Affairs **Connie Mackey**, a former consultant or campaign staff member for **John Ashcroft**, **Gary Bauer** and **Pat Buchanan**. Former Senior Director of Legal Studies **Janet M. LaRue** is now Chief Counsel for CWA.

In addition to its Center on Human Life and Bioethics, FRC is engaged in several other policy areas: human sexuality, education, marriage and family life, the courts, economics and taxes, religion and culture, and government.

The FRC also formed FRC Action (formerly called “American Renewal”), as its 501(c)4 political action arm, with its own website, [www.frcaction.org](http://www.frcaction.org), which states that it “is dedicated to preserving and advancing the interests of family, faith, and freedom in the political arena.” FRC Action supports “constitutional and legal protections for life in all stages from conception to natural death.”

## Policy Participation

The FRC is one of the most active conservative policy organizations in the nation’s capital and works closely with conservative members of Congress on many policy initiatives. Reproductive rights, stem cell research, abortion, and comprehensive sex education are key FRC targets. “In its capacity as think tank, the FRC helps to craft the arguments used by Christian Right activists,” wrote Sara Diamond in *Not by Politics Alone*.

## Key Facts About Center for Human Life & Bioethics

- An internal division of FRC; sister organization to Focus on the Family
- FRC income was \$9.98 million in fiscal year 2004
- Think tank for Christian Right activists
- Provides testimony to high-level bodies, scientific advice to Congress

## ACCOMPLISHMENTS

The FRC cites among its policy accomplishments that it “framed the debate over critical bioethical issues, such as embryonic stem cell research and cloning;” won passage in Congress of a ban on “partial-birth abortion;” led the fight to confirm former Senator John Ashcroft as the

U.S. Attorney General; secured “pro-life amendments” to Title X, the publicly funded national family planning program; led the effort for abstinence education; “protected America’s families and healthcare system by opposing the Clinton plan to nationalize it;” and blocked legislation that would have created “a government-run daycare system.”

## Litigation

- Supports 2003 federal abortion ban
- Supports parental notification without health exception
- Opposed legalizing abortion in Colombia

## Focus on the Family

Focus on the Family, located in Colorado Springs, Colorado, is closely affiliated with the Family Research Council. Focus on the Family has a vast media empire, broadcasting on 6,000 radio stations daily and employing over 1,300 people. Its websites include [www.focusonsocialissues.org](http://www.focusonsocialissues.org) and [www.citizenlink.org](http://www.citizenlink.org) and [www.focusaction.org](http://www.focusaction.org). “Focus on the Family is a Christian, non-profit organization committed to strengthening the emotional, psychological, and spiritual health of children and their families,” according to an amicus brief the organization filed in the U.S. Supreme Court.<sup>123</sup> **R. Albert Mohler, Jr.**, president of the Southern Baptist Theological Seminary, is a member of the board. Like FRC, Focus on the Family also has a 501(c)4 Action Fund.

Focus on the Family created a Physicians Resource Council, which at one time was headed by **Dr. W. David Hager**. Other members include **Dr. Jean Wright** and **Carrie Gordon Earll**. Sixteen state policy organizations connected to FRC and Focus on the Family have state physician councils with over 2,000 physicians. The Texas Physicians Resource Council, for example, is “a statewide network of approximately 200 Christian physicians and dentists” that works to impact local and state policy by providing medical expertise, according to the website [www.freemarket.org](http://www.freemarket.org). The network in Alabama claimed in 1999 that it could mobilize over 350 doctors to respond to medically related public policy issues.

The FRC, which features a picture on its website of its leadership sitting with President Bush in the White House, said that in 2007, faced with a newly elected Congress, it planned to hold an abstinence leadership workshop to secure “institutionalization of abstinence education” in schools.<sup>124</sup>

The director of the Center for Human Life and Bioethics, William Saunders, has briefed congressional staff many times on stem cell research and cloning. The FRC has submitted testimony on several occasions to the President’s Council on Bioethics. David Prentice, senior fellow at the Center for Human Life and Bioethics, who focuses on stem cell research issues, has testified before the U.S. Congress and numerous state legislatures, the U.S. National Academy of Sciences, the President’s Council on Bioethics, the United Nations and several foreign parliaments. Prentice has provided scientific advice to Senator Brownback (R-KS) and U.S. Representative Dave Weldon (R-FL), and other members of Congress. In January 2007, Saunders traveled to Rome to meet with the president of the Pontifical Council for the Family and with the president of the Pontifical Academy for Life to discuss how they might cooperate.<sup>125</sup>

Prentice and Saunders are the key people behind the 1999 statement and founding of Do No Harm: The Coalition of Americans for Research Ethics, which advocates against embryonic stem cell research. At a time when stem cells were new discoveries, they called for limitations on research to “adult” stem cells that avoid the “destruction of embryonic life,” still an issue of contention.

## LITIGATION

In litigation, the FRC also joins, and sometimes writes, amicus briefs on reproductive health and rights.

- In 1989, FRC and Focus on the Family filed a brief supporting a Missouri ban on the use of public facilities or public employees for abortion services in a case heard by the U.S. Supreme Court case, *Webster v. Reproductive Health Services*. In a sign of willingness to place

restrictions on abortion, the Supreme Court upheld the state's right to ban these activities.<sup>126</sup>

- In 2006, FRC and Focus on the Family filed an amicus brief before the U.S. Supreme Court in the case of *Gonzales v. Carhart*, supporting the “partial-birth” abortion ban signed by President Bush.<sup>127</sup>
- William Saunders, head of FRC's Center for Human Life and Bioethics, filed an amicus brief for FRC before the Constitutional Court in the country of Colombia to oppose lawsuits seeking to legalize abortion.
- Along with the Focus on the Family, FRC filed an amicus brief in the U.S. Supreme Court supporting implementation of a parental notification law for abortion in New Hampshire in the *Ayotte* case, even though the law had no safeguards for a patient's health.
- FRC and the Alliance Defense Fund filed an amicus brief to the U.S. Supreme Court to challenge a decision in California that Catholic Charities must cover contraceptive prescriptions for its employees.

## Media

FRC personnel are exceptionally active as press commentators. FRC and its Center for Human Life and Bioethics publish reports, deliver newsletters, speak on panels, and are frequent guests on television news programs.

In its 2005 annual IRS report, FRC said it “employs virtually every form of modern media—direct mail, print, DVDs and CD-Roms, live radio and television, an Internet site, and, of course, we employ the old technique of hosting Washington conferences.” FRC produced 1,450 different informational products, shipped 115,000 educational items and received 365,000 contacts in a year. The organization said it was cited more than 900 times each month in print media and its website had an average of 6.5 million hits weekly. Its monthly newsletter, *Washington Watch*, was delivered to 42,000 recipients, a daily

## Related Advocacy

The Center for Human Life and Bioethics takes the lead on many reproductive health issues, but other advocacy efforts of the FRC also touch upon them.

- The FRC was the main sponsor of “Justice Sunday,” telecasts to rally religious people on political issues. For example, speakers at one Justice Sunday, simulcast to churches around the nation, argued for President Bush's “right” to nominate “people of faith” to the U.S. Supreme Court.<sup>128</sup>
- FRC's annual Pastors' Briefing, called “Watchman on the Wall,” introduces religious leaders to policymakers in Washington, helping to frame “what they and their churches can do to impact our nation for righteousness.” In 2005, 300 clergy attended, and Prentice of the FRC Center for Human Life and Bioethics was a key speaker.<sup>129</sup>
- In 2006, FRC Action coordinated “The Washington Briefing: 2006 Values Voter Summit,” a program that replaces the Christian Coalition's “Road to Victory.” Approximately 1,700 Religious Right activists heard an array of politicians, including prospective and announced presidential candidates Governor Mike Huckabee (R-AR), Senator Brownback, former Speaker of the House Newt Gingrich (R-GA), and Governor Mitt Romney (R-MA), while a bloggers' table and radio row were encouraged to spread the word.<sup>130</sup>
- FRC and Focus on the Family are participants on the Values Action Team (VAT), a congressional caucus of conservative Christian groups that lobby on the Hill. Others are Concerned Women for America, the Eagle Forum, Southern Baptist Convention, Traditional Values Coalition, and the Christian Coalition. U.S. Representative Joseph Pitts (R-PA), a winner of the FRC “True Blue” award, was designated by the parent House Republican Study Committee to chair the Values Action Team.
- FRC Action, together with Focus on the Family Action, releases Voter Scorecards on members of Congress. In 2006, 11 issues were scored, the biggest selection of which related to reproductive rights, including votes on abortion restrictions in military facilities, embryonic stem cell research, sex education, and interstate teen abortion notification. Three others were connected to votes on judges, including confirmation and cloture on the vote of Supreme Court Justice Samuel Alito.<sup>131</sup>
- FRC's “Prayer Team” issues policy analysis and prayers for desired outcomes, with citations to religious texts. A January 13, 2007, prayer action message on the FRC website said: “Pray that efforts to end abortion will continue to advance....”

bulletin went to 140,000 people, and daily radio commentaries were carried on 500 stations. Its “Washington Watch Weekly” radio show of “Washington news from a conservative Christian perspective” airs on American Family Radio Network, Bott Radio, the KTLW Radio network and Christian stations. “Material from FRC and newsletters becomes fodder also for the right-wing talk show hosts and sympathetic politicians,” wrote Sara Diamond in *Not by Politics Alone*.

## FRC Financials

The FRC reported \$9.98 million in income in the fiscal year ending September 2005. This revenue is similar to prior years, although in 1998, it reported revenue of over \$13 million.

Among its other outlays, FRC maintained a \$64,000 consulting agreement with The Howard Center, an ultra-conservative organization in Illinois dedicated to the natural family and religion as the center of society and founder of the World Congress of Families.

Family Research Council Action reported \$1.95 million in revenue in 2005, according to a database of Washington, DC, nonprofits.<sup>147</sup> The Faith and Freedom Foundation, according to the same system, had no income and no funds.

Although public documents do not tell all of the funding sources of an organization, some of the FRC funding sources have been researched by watchdog groups. Several ultraconservative foundations are benefactors of the FRC, including the Orville D. and Ruth A. Merillat Foundation (also a major donor to Coral Ridge Ministries, Focus on the Family and Campus Crusade for Christ), the William E. Simon Foundation (also a major donor to Charles Colson’s Prison Fellowship, which operates a bioethics institute), the Roe Foundation (also a major donor to the Heritage Foundation), and the Lynde and Harry Bradley Foundation, Inc. (also a major donor to the American Enterprise Institute, the Heritage Foundation, and the Free Congress Foundation).

FRC also is a participant in a substantial number of federal-, state- and city-coordinated charity campaigns that collect and distribute donates from government employees to pre-screened participants.

FRC’s sister organization, Focus on the Family, had revenue of \$137.8 million in the year ending September 30, 2005. Of this, \$57 million went to salaries and \$25 million was expended on film production. Focus on the Family Action reported revenue in 2005 of \$24.9 million.

Saunders has appeared on BBC World News, CNN, Fox News, and NPR, among others. His articles on bioethics, the family, and Christian social responsibility appear in a variety of journals, including Neuhaus’ *First Things*, *Human Events*, *Human Life Review*, *The Legal Times*, and *Touchstone*, and he writes a column twice a year for the *National Catholic Bioethics Quarterly* and speaks at programs and conferences, such as a 2005 panel discussion on “partial-birth abortion” at Georgetown University Law Center.

Prentice, as the senior fellow at the FRC bioethics program, is the author of several FRC brochures, including: “Embryo Adoption: In the Words of Their Parents,” “Adult Stem Cell Treatments—9 Faces of Success,” and “Human Cloning and the Abuse of Science.” Prentice frequently speaks at meetings sponsored by FRC, such as the annual pastors’ meet-up in Washington. He was the key speaker at an FRC-cosponsored conference on genetics and eugenics at the National Press Club in Washington, DC. In one week in January 2007, Prentice was on CNN’s Situation Room, CBS Evening News, in *Newsweek*, and in a United Press International article, all on stem cell research.

Other FRC personnel address reproductive choice issues, as well. Chuck Donovan, executive vice-president, delivered the FRC Witherspoon Fellowship Lecture in December 2006 on “The Empire of Emptiness: Planned Parenthood and the End of Romance.” Donovan is the co-author of a book with Virginia State Delegate Robert G. Marshall, *Blessed are the Barren: A Social History of Planned Parenthood*.

An innovative program of FRC sponsored bloggers during the annual “March for Life” in Washington, DC, first in January 2006 and again in January 2007. The 2007 blog event welcomed Senator Sam Brownback (R-KS) and U.S. Representative Duncan Hunter (R-CA), both prospective candidates for president.

## FRC Interlinkages

**F**amily Research Council and Focus on the Family maintain a close and united relationship. FRC and Focus on the Family release policy briefs together and conduct joint conferences and educational sessions. James Dobson, founder and chairman of Focus on the Family, sits on the board of the FRC, as do two other members of the Focus on the Family board. Senator Tom Coburn (R-OK), a doctor, served on the FRC board and was paid for 8 hours of work per month. Albert Mohler, Jr., president of the **Southern Baptist Theological Seminary** is on the Focus on the Family Board; Dr. David Hager and Dr. Jean Wright are on the Focus on the Family Physicians Resource Council. Both FRC and Focus on the Family have working partnerships with state policy councils, 16 of which have Physicians Resource Councils.

Among the Circle of Advisors to the FRC Center for Human Life and Bioethics Policy are: Dr. David Stevens, executive director of the **Christian Medical and Dental Associations** and executive director of the American Academy of Medical Ethics, Dr. Edmund Pellegrino, chair of the **President's Council on Bioethics**, Dr. Walter Larimore, vice-president of medical outreach at Focus on the Family and a member of the CMDA, and professors Hadley Arkes and Robert George, both on the boards of the **Institute on Religion and Democracy** and *First Things*.

William L. Saunders, director of the FRC Center for Human Life and Bioethics, is a member of the boards of the **International Right to Life Federation**, headed by John Willke, and the **Center for Bioethics and Human Dignity**. He is vice chair for religious liberty for the **Federalist Society**. David Prentice, senior policy analyst at the FRC Center for Human Life and Bioethics, is a fellow of the **Wilberforce Forum Council for Biotechnology Policy** and the **Institute on Biotechnology and the Human Future**, and on the advisory board of the CBHD. Prentice is a consultant to Senator Sam Brownback and Representative Dave Weldon. In 1999, Prentice and Saunders founded Do No Harm, a coalition of Religious Right leaders who signed on to a petition against stem cell research, including Dr. Joe S. McIlhane of **The Medical Institute** (formerly Medical Institute for Sexual Health), Father Richard John Neuhaus of the **Institute on Religion and Public Life**, Dr. Joseph Stanford, then president of the **American Association of Natural Family Planning**, Richard Doerflinger of the

**U.S. Conference of Catholic Bishops**, Richard Land of the **Southern Baptist Ethics and Religious Liberty Commission**, and others.

FRC receives funding from numerous conservative religious funders, including the **Orville D. and Ruth A. Merillat Foundation**, the **Roe Foundation**, the **Lynde and Harry Bradley Foundation**, and the **William E. Simon Foundation**.

Family Research Council and FRC Action are pivotal in lobbying for Religious Right issues in Washington, DC, and participate in the **Values Action Team** established by the **House Republican Study Committee**, which has Representative Joseph Pitts (R-PA) as its president and works with Representative Christopher Smith (R-NJ), head of the House of Representatives Pro-Life Caucus, as well as **Concerned Women for America**, the **Traditional Values Coalition**, the **Christian Coalition**, the **Southern Baptist Convention**, and the **Eagle Forum**. Pitts was given an award by FRC.

FRC Action lobbied heavily for the nomination of John Ashcroft as U.S. attorney general. It worked with R. Albert Mohler to present Justice Sunday simulcasts to engage churchgoers across the country in politics, inviting guests Senator Bill Frist, Massachusetts Governor Mitt Romney, Focus on the Family leader James Dobson and **Prison Fellowship's** Charles Colson. Speakers at the annual Pastors' Briefing in Washington in 2005 and 2006 included Senators Brownback, Frist and Coburn, as well as Father Frank Pavone, director of the aggressive **Priests for Life**, and Jordan Lorence of the **Alliance Defense Fund**.

FRC and Focus on the Family co-sponsored the Values Voter Summit with Don Wildmon's **American Family Association** and Gary Bauer's **Americans United to Preserve Marriage**. Among the guests in fall 2006 were Newt Gingrich, Governor Mike Huckabee, Governor Romney, and Senator Brownback.

FRC filed an amicus brief in a California case on the provision of contraception to employees of Catholic Charities with the Alliance Defense Fund and jointly filed comments to the FDA on emergency contraception with CWA, the CMDA and the **American Association of Pro-Life Obstetricians and Gynecologists**.

# Individual Experts

Experts are key to the Medical Right’s successful propagation of its ideology. The total number of physicians and other medical or scientific experts working on these issues is small—the 18 listed here are among the most active—but they have an influence much greater than their numbers would suggest.<sup>132</sup>

## Key Experts in the Medical Right

EXPERT	SUBJECT	KEY ACTIVITIES
<b>Joel Brind, PhD</b>	Abortion and breast cancer	<ul style="list-style-type: none"> <li>■ Founder of the Breast Cancer Prevention Institute.</li> <li>■ Attempted to establish a link between abortion and breast cancer with a 1996 meta-analysis that found a 30% increased risk of breast cancer for women who had had an abortion.</li> <li>■ Filed the only minority dissenting comment from among 100 experts at a National Cancer Institute conference that found no link between abortion and breast cancer.</li> <li>■ Has testified in cases and before legislatures in Arizona, Florida, Massachusetts, Ohio, North Dakota, New Hampshire, and Alaska on risks of abortion.</li> <li>■ Lobbied Congress and the FDA regarding mifepristone.</li> <li>■ On the advisory board of the National Physicians Center for Family Resources.</li> </ul>
<b>Byron Calhoun, MD</b>	Negative effects of abortion; mifepristone	<ul style="list-style-type: none"> <li>■ Immediate Past President of the American Association of Pro-Life Obstetricians and Gynecologists</li> <li>■ One of the pioneers of the crisis pregnancy center movement, especially the provision of ultrasound to these clinics to pressure women into forgoing abortion.</li> <li>■ Contributed to several amicus briefs for key abortion cases (including <i>Stenberg v. Carhart</i>).</li> <li>■ Author of a study that concluded that abortion leads to later premature births.</li> <li>■ Opposes FDA approval of mifepristone.</li> <li>■ Key proponent and writer on concept of perinatal hospices for pregnant women with fetuses with fatal abnormalities.</li> </ul>
<b>Priscilla Coleman, PhD</b>	“Post-abortion syndrome”	<ul style="list-style-type: none"> <li>■ Associate Professor of Human Development and Family Studies at Bowling Green University.</li> <li>■ Studies link abortion to increased rates of substance abuse and child abuse.</li> <li>■ Testified on post-abortion effects before South Dakota task force that recommended a total ban on abortion.</li> <li>■ Developing the <a href="http://abortionresearch.net">abortionresearch.net</a> website with Reardon to promote research into effects of abortion.</li> </ul>
<b>Eugene Diamond, MD</b>	Bioethics; pediatrics; AIDS and “contraceptive mentality”	<ul style="list-style-type: none"> <li>■ Catholic Medical Association ex-officio board member and past president.</li> <li>■ Executive editor of the CMA publication, <i>The Linacre Quarterly</i>, which focuses on “ethical, medical and moral” issues.</li> <li>■ Executive Director of the Linacre Institute, an entity within CMA.</li> <li>■ Professor of pediatrics at Loyola University Stritch School of Medicine in Chicago.</li> <li>■ Fellow at the Center for Bioethics and Human Dignity.</li> <li>■ Past president of the Illinois Family Institute, a policy organization associated with the Family Research Council and Focus on the Family.</li> <li>■ Past president of the American Association of Pro-Life Pediatricians and the World Federation of Doctors Who Respect Life.</li> <li>■ Author of <i>AIDS and the Contraceptive Mentality</i> and <i>A Catholic Guide to Medical Ethics</i>.</li> </ul>
<b>W. David Hager, MD</b>	Emergency contraception; late-term abortion; mifepristone	<ul style="list-style-type: none"> <li>■ Part-time faculty, Department of Ob-Gyn, University of Kentucky School of Medicine.</li> <li>■ Former member of the FDA’s Advisory Committee on Reproductive Health Drugs; voted against approval of over-the-counter sales of Plan B emergency contraception.</li> <li>■ Member and chair of Focus on the Family’s Physicians Resource Council.</li> <li>■ Member of the Christian Medical and Dental Assoc.; spokesman on opposition to mifepristone.</li> <li>■ Serves on the National Advisory Board of The Medical Institute (formerly the Medical Institute for Sexual Health).</li> </ul>

EXPERT	SUBJECT	KEY ACTIVITIES
<b>Donna Harrison, MD</b>	Mifepristone	<ul style="list-style-type: none"> <li>■ President-elect, American Association of Pro-Life Obstetricians and Gynecologists.</li> <li>■ Chair, Subcommittee on Mifeprex, American Association of Pro-Life Obstetricians and Gynecologists.</li> <li>■ Testified before the House Committee on Government Reform, Subcommittee on Criminal Justice that mifepristone is unsafe.</li> <li>■ Author of several journal articles claiming that mifepristone is unsafe and was incorrectly approved by the FDA.</li> <li>■ Author of <i>New York Times</i> op-ed claiming the Clinton Administration inappropriately pushed through approval of mifepristone.</li> </ul>
<b>Walter Larimore, MD</b>	Contraception as abortifacient; emergency contraception	<ul style="list-style-type: none"> <li>■ Vice President of Medical Outreach at Focus on the Family.</li> <li>■ Has published several influential articles with Dr. Joseph Stanford on the supposed abortifacient properties of contraceptives and emergency contraception.</li> <li>■ Member of the Christian Medical and Dental Associations.</li> <li>■ Circle of Advisors, Family Research Council Center for Human Life and Bioethics.</li> </ul>
<b>Joe McIlhaney, MD</b>	Abstinence-only sex ed; negative effects of premarital sex and contraception; condoms and STDs	<ul style="list-style-type: none"> <li>■ Ob-Gyn, in 1992 founded The Medical Institute (formerly the Medical Institute for Sexual Health), which is a major proponent of abstinence-only sex ed and negative effects of premarital sexual activity. Institute received \$1.5 million from federal government for abstinence education.</li> <li>■ Long-time friend of George W. Bush; appointed to the President's Advisory Council on HIV/AIDS in December 2001 and continues to serve.</li> <li>■ Has said that condoms do not prevent spread of HIV; was cited by the Texas Dept. of Health for spreading incorrect information about the effectiveness of condoms in preventing HIV.</li> <li>■ Appointed April 2003 to the Advisory Committee to the Director of the Centers for Disease Control and Prevention.</li> </ul>
<b>Bernard Nathanson, MD</b>	Abortion/beginning of life; medical profession and abortion	<ul style="list-style-type: none"> <li>■ Ex-abortion doctor; co-founder of the National Association for the Repeal of Abortion Laws (now NARAL Pro-Choice America).</li> <li>■ Producer of "The Silent Scream."</li> <li>■ Past-President, American Association of Pro-Life Obstetricians and Gynecologists.</li> <li>■ Provided testimony in South Dakota in support of a total ban on abortion.</li> <li>■ Signer of Do No Harm statement against embryonic stem cell research.</li> </ul>
<b>Edmund D. Pellegrino, MD</b>	Medical ethics	<ul style="list-style-type: none"> <li>■ Chair, President's Council on Bioethics.</li> <li>■ Professor emeritus of medicine and medical ethics and adjunct professor of philosophy at the Center for Clinical Medical Ethics at Georgetown University Medical Center.</li> <li>■ Former President of Catholic University.</li> <li>■ Signer of Do No Harm statement against embryonic stem cell research.</li> <li>■ Circle of Advisors, Family Research Council Center for Human Life and Bioethics.</li> <li>■ Member of UNESCO International Bioethics Committee, only UN advisory body on the ethical implications of advances in life sciences.</li> </ul>
<b>David Reardon, PhD</b>	"Post-abortion syndrome"; negative effects of abortion	<ul style="list-style-type: none"> <li>■ Background in electrical engineering, PhD in biomedical ethics from Pacific Western University, an unaccredited correspondence school.</li> <li>■ Runs the Elliot Institute, a non-profit he founded that is dedicated to promoting the idea of post-abortion trauma.</li> <li>■ Published a widely quoted study on abortion and post-traumatic stress syndrome with Vincent Rue and Priscilla Coleman.</li> <li>■ Author of a number of books on abortion trauma, including <i>Aborted Women: Silent No More</i> and <i>Making Abortion Rare: A Healing Strategy for the Nation</i>, which lays out the strategy of using "informed consent" laws to reduce abortion access.</li> <li>■ Developing the abortionresearch.net website with Coleman to promote research into effects of abortion.</li> </ul>
<b>Gene Rudd, MD</b>	Condoms and STDs; emergency contraception; mifepristone	<ul style="list-style-type: none"> <li>■ Associate executive director, Christian Medical and Dental Associations.</li> <li>■ Led CMDA's opposition to over-the-counter status for Plan B.</li> <li>■ Opposes mifepristone; claims it would be more psychologically damaging to women than surgical abortion.</li> <li>■ Author of "Avoiding Pregnancy: 'A Plan' versus Plan B," <i>The Annals of Pharmacology</i>, July 30, 2004</li> </ul>

EXPERT	SUBJECT	KEY ACTIVITIES
<b>Vincent Rue, PhD</b>	"Post-abortion syndrome"	<ul style="list-style-type: none"> <li>■ PhD in Family Relations, University of North Carolina.</li> <li>■ Runs the Institute for Pregnancy Loss out of his home in Florida.</li> <li>■ Has authored a number of influential articles claiming widespread evidence of "post-abortion syndrome."</li> <li>■ Testified before the South Dakota Legislature on the inadequacy of abortion informed consent procedures.</li> <li>■ Has served as an expert witness in more than three dozen court cases and worked as a consultant for 18 attorneys general, including Kansas Attorney General Phill Kline's unsuccessful attempt to subpoena Planned Parenthood's client records in an attempt to find incidences of underage sex.</li> </ul>
<b>Elizabeth Shadigian, MD</b>	Medical and psychological consequences of abortion; informed consent	<ul style="list-style-type: none"> <li>■ Clinical Assoc. Professor, Department of Obstetrics, University of Michigan.</li> <li>■ President of the American Association of Pro-Life Obstetricians and Gynecologists.</li> <li>■ Author of the AAPLOG brochure, "Long Term Health Effects After Abortion," which claims abortion increases the risk of breast cancer, complications in later pregnancies, depression and suicide."</li> </ul>
<b>Joseph Stanford, MD</b>	Abortifacient effects of contraceptives; emergency contraceptives	<ul style="list-style-type: none"> <li>■ Family physician associated with the Dept. of Family and Preventive Medicine, University of Utah; noted for refusing to provide contraception in his practice.<sup>133</sup></li> <li>■ Proponent of the idea that oral contraception is a possible abortifacient and that all contraception is inherently damaging to relationships. Also against in vitro fertilization because the procedure often creates more embryos than are used.</li> <li>■ Appointed by President Bush in 2002 to the FDA's Advisory Committee on Reproductive Health Drugs, where he reviewed the application for Plan B's switch to over-the-counter status; he was one of four panel members who opposed the application, which was approved by 23 members.</li> <li>■ Has written articles with Larimore calling for "informed consent" procedures for emergency contraception regarding its supposed abortifacient nature.</li> <li>■ President of the American Association of Natural Family Planning as of 1999.</li> <li>■ Signed Do No Harm statement against embryonic stem cell research.</li> </ul>
<b>David Stevens, MD</b>	Physician-assisted suicide; cloning; parental notification; provider exemptions; mifepristone	<ul style="list-style-type: none"> <li>■ Executive director of the 17,000-member Christian Medical and Dental Associations; also executive director of the American Academy of Medical Ethics.</li> <li>■ Key spokesperson for CMDA on bioethics and abortion-related issues, including late-term abortion, fetal pain and CMDA petition for the withdrawal of FDA approval for mifepristone.</li> <li>■ Author of <i>Jesus, MD</i>, about his years as a medical missionary.</li> <li>■ On the Circle of Advisors to the Family Research Council's Center on Human Life and Bioethics.</li> <li>■ Signed Do No Harm statement against embryonic stem cell Research.</li> </ul>
<b>John Willke, MD</b>	Abortion; abortion and rape; abortion and breast cancer; stem cell research	<ul style="list-style-type: none"> <li>■ "Founding father" and former president of the National Right to Life Committee.</li> <li>■ Credited with making the poster-sized, so-called "fetal" photos a staple of the anti-abortion movement.</li> <li>■ President of Life Issues Institute, which advocates against abortion.</li> <li>■ Serves on the board of the American Academy of Medical Ethics.</li> <li>■ Testified to the South Dakota Task Force to Study Abortion.</li> </ul>
<b>Jean Wright, MD</b>	Fetal pain	<ul style="list-style-type: none"> <li>■ Executive director of Children's Services, Backus Children's Hospital, Memorial Health University Medical Center, Savannah, Georgia.</li> <li>■ Major proponent of claim that even very early fetuses may feel pain; has testified that fetuses have the nerve endings to feel pain as early as six weeks and that "the fetus may even suffer more than an adult."</li> <li>■ Has served on the board of the Christian Medical and Dental Associations and is a member of the Focus on the Family Physicians Resource Council.</li> <li>■ Testified before U.S. House Subcommittee on the Constitution in 1996 that fetuses feel pain as part of late-term abortion debate.</li> <li>■ Testified before the U.S. House Subcommittee on the Constitution in 1998 that new understandings of fetal pain are cause to rethink <i>Roe v. Wade</i>.</li> <li>■ Testified before the U.S. House Subcommittee on the Constitution in 2005 that studies show fetuses have pain responses after 16 weeks.</li> <li>■ Recently testified in favor of fetal pain legislation in Virginia, Indiana, and Wisconsin; anti-abortion state legislators frequently refer to her testimony.</li> </ul>

# The Goal: Institutionalizing Medical Right Views in Law



## THE BOTTOM LINE

- Overturn the 1973 *Roe v. Wade* decision, opening the way for state abortion bans
- Reverse public support for early abortion
- Eliminate second- and third-trimester abortions
- Discourage use of common contraceptives
- Expand and medically equip crisis pregnancy centers
- Legalize “right” of all healthcare institutions (hospitals, insurers, pharmacies) to refuse to provide or pay for abortion, contraception, voluntary sterilization
- Restrict information and services available to teens

*Texas urges that ... life begins at conception and is present throughout pregnancy, and that, therefore, the State has a compelling interest in protecting that life from and after conception. We need not resolve the difficult question of when life begins. When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, at this point in the development of man's knowledge, is not in a position to speculate as to the answer.*<sup>134</sup>

— U.S. Supreme Court in *Roe v. Wade*

Members and organizations in the Medical Right aim to institutionalize their views into law, using their so-called scientific and medical findings to advocate for the need for these laws. In the past six years, their advocacy efforts have included:

- Redefining the beginning of life
- Establishing the existence of fetal pain
- Supporting a right to refuse to provide medical services
- Discrediting contraception
- Blocking emergency contraception
- Expanding abstinence-only education
- Building networks of crisis pregnancy centers
- Instituting sonogram testing
- Pursuing an abortion ban

## Redefining the Beginning of Life

The Medical Right seeks recognition for the personhood of the embryo and fetus. The view of the embryo as a living child is a core belief among fundamentalist Protestants and traditional Roman Catholics, who interpret the Bible to hold that human life begins when a sperm and an egg bond and that any interference with this union constitutes murder.<sup>135</sup>

### “Personhood” in Law

Failing to gain acceptance for a “Human Life Amendment,” the Religious Right has attempted to insert similar definitions of “personhood” in other state and federal laws. Recent examples include:

- A bill on sexuality education introduced in Missouri in 2006 declared that students must be taught that “at conception, an unborn child’s life begins.”<sup>136</sup>
- A bill in Indiana, passed by the House but not the Senate, would have required doctors to tell women that human life begins when an egg is fertilized by a sperm.<sup>137</sup>
- The near total-abortion ban signed by Governor Mike Rounds in South Dakota in March 2006 and ultimately defeated at the polls in November 2006 defined “pregnant” as “the human female reproductive condition, of having a living unborn human being within her body throughout the entire embryonic and fetal ages of the unborn child from fertilization to full gestation and childbirth.” In addition, “fertilization” was defined as “that point in time when a male human sperm penetrates the zona pellucida of a female human ovum.”<sup>138</sup>

Innumerable initiatives on abortion, contraception, stem cell research, in vitro fertilization, emergency contraception, and government funding and insurance coverage of reproductive health services pivot on this singularly-focused and unwavering belief system. Yet many religions view the beginning of life and abortion differently and find that the Bible does not support laws prohibiting or prescribing abortion. According to Christian ethicist Paul D. Simmons, the idea that the fetus is a person from the moment of conception derives from natural law theory, not from the Bible.

*The biblical portrait of person is focused in the man and woman who unquestionably bear the image of God, who stand directly responsible to God, and who are called to render a faithful stewardship of procreative powers before God.*<sup>139</sup>

Although the Religious Right has sought since *Roe* to pass a “Human Life Amendment” to the U.S. Constitution that would define “life,” none has succeeded. One of many versions was introduced by U.S. Senator Jesse Helms (R-NC) in 1975: “With respect to the right to life guaranteed in this Constitution, every human being, subject to the jurisdiction of the United States, or of any State, shall be deemed, from the moment of fertilization, to be a person and entitled to the right to life.”<sup>140</sup>

# Establishing the Existence of Fetal Pain

A recent initiative of the Religious Right is to pass legislation mandating that women seeking abortions who are more than 19 weeks pregnant be advised that a fetus suffers pain and be offered pain medication for the fetus.

Fetal pain became a prominent Medical Right issue during the three federal court trials in 2004 on the constitutionality of the federal abortion ban (“Partial-Birth Abortion Ban Act of 2003”) that had been signed by President Bush. Testifying for the government was Kanwaljeet S. Anand, a pediatrician and professor at the University of Arkansas for Medical Sciences, who said that a fetus experiences pain after 20 weeks of gestation. He based his analysis on fetal response to external stimuli such as needling or moving away from a sharp object.<sup>141</sup> Anand’s view differs considerably from the findings of mainstream neuroscience experts. The *Journal of the American Medical Association* published a review of existing studies on fetal pain conducted by a panel of experts on anesthesia, obstetrics, neonatal development, and neuroanatomy. The consensus opinion was that a fetus does not feel pain until approximately 28 weeks of gestation. The nerve fibers needed to carry pain signals to the brain do not appear until 22 to 24 weeks of gestation and do not function for another 5 to 7 weeks, according to the report. The researchers said that, while a fetus may react to stimuli in a manner that mimics a pain response, it does not feel pain. In addition, the panel reported that fetal anesthesia in the fifth or sixth month of pregnancy may pose health risks for the

woman.<sup>142</sup> Questioned under oath at the federal trials, Anand acknowledged that it is actually not possible to measure whether a fetus experiences pain and that Britain’s Royal College of Obstetricians and Gynecologists in London had studied the topic and reported that a fetus cannot experience pain until 26 weeks, when nerve and brain structures are more fully developed.<sup>143</sup>

## “Fetal Pain” in Law

- The FRC, the CMDA, the National Right to Life Committee, and CWA advocate for fetal pain legislation.
- Some of this effort is aimed at swaying public opinion about abortion.
- The Unborn Child Pain Awareness Act was introduced in the 109<sup>th</sup> Congress, but failed to pass (it needed a two-thirds vote in the Senate because it was fast-tracked at the end of the session). At the start of the 110<sup>th</sup> Congress on January 22, 2007—the *Roe v Wade* 34<sup>th</sup> anniversary—Senator Sam Brownback (R-KS) re-introduced the bill. In 2006, Oklahoma adopted a measure requiring that a woman seeking an abortion be told that a fetus may feel pain after 20 weeks of gestation; Minnesota, Illinois, Georgia and Arkansas also require that women be given unsupported information about fetal pain.<sup>144</sup>

## Supporting a Right to Refuse to Provide Medical Services

Religious refusal clauses are legal provisions that permit a healthcare provider to refuse to provide abortion, contraception, or other services because of the provider's personal religious or moral convictions. Called "conscience clauses" by those who advocate for them, these refusal provisions are strongly supported by the Medical Right and are expanding rapidly in state and federal laws.

### Refusals Proliferate

The CMDA, the CMA, Americans United for Life, Pharmacists for Life International, and AAPLOG are all active in advocating for healthcare refusal clauses.

As of January 2007, according to The Guttmacher Institute, 46 states had refusal clauses of some sort. All of them allow individual practitioners to refuse to provide abortions and 43 permit institutions (as well as individuals) to refuse to provide abortion services. Thirteen states allow individual practitioners to refuse services related to contraception, including four states that specifically allow pharmacists to refuse to dispense contraceptives (four others could be interpreted to apply to pharmacists). Nine states allow healthcare institutions to refuse to provide contraception-related services. Seventeen states allow individuals or institutions to refuse to provide sterilization services.<sup>145</sup>

Numerous reports have surfaced in the last several years of pharmacists refusing to fill prescriptions for emergency contraception or birth control pills, or even to provide a referral, and of physicians who refuse to forward medical records for a patient who has had an abortion or to provide fertility services to a gay patient.<sup>146</sup>

A study by University of Chicago bio-ethicists, published in the February 8, 2007, edition of *The New England Journal of Medicine*,<sup>147</sup> indicates the seriousness of the problem. Of the 1,144 physicians who responded, 8% felt they had no obligation to present all options to patients and 18% believed they do not have to tell patients about other physicians who provide care that they object to. Farr Curlin, one of the study co-authors, said, "I think doctors have an obligation to

disclose information to the extent that is required to be respectful to patients," but added, doctors are not "obligated to help patients obtain things" that they strongly object to.

In recent years, the right to refuse has also been broadened to include institutions and the "institutional conscience." The Catholic Church has lobbied vigorously for clauses that permit hospitals and insurance plans to decline patient requests for sterilization, contraception, and emergency contraception to rape survivors and others, as well as abortion or referrals or information about abortion.

The federal government also has refusal clauses. The Weldon-Hyde Amendment, introduced by Representatives Dave Weldon (R-FL) and Henry Hyde (R-IL) in 2004, is an expansive provision that forbids any entity, including, but not only those that receive federal funds, from requiring individuals or institutions to refer for an abortion, or to perform, provide or pay for one, according to The Guttmacher Institute.<sup>148</sup> The breadth and wording of this provision is a substantial expansion of 1973 legislation by then-Senator Frank Church (R-ID) (known as the Church Amendment) that permits providers to withdraw from abortion or sterilization procedures. A lawsuit challenging the amendment was filed in federal court by the Attorney General of California.<sup>149</sup> Another suit brought by the National Family Planning and Reproductive Health Association in federal court in the District of Columbia was dismissed for lack of standing.

Mainstream medical societies object to refusal provisions, especially in filling prescriptions for contraception. Dr. Lewis Wall and Dr. Douglas Brown, both obstetrician-gynecologists, wrote that the refusal to provide emergency contraception based on personal values "is inimical to the public welfare and should not be permitted."<sup>150</sup> In 2005, the American Medical Association passed a resolution declaring that pharmacists should be required to fill any valid prescription or provide an immediate referral.<sup>151</sup>

## Discrediting Contraception

Consistent with the view held by the Catholic Church and some conservative Christians that sexual relations should be limited to monogamous, married partners in acts of procreation, the Medical Right voices numerous warnings and reservations about contraception use. Using the strategy of stirring up controversy when none exists, the most visible, recent effort of the Medical Right has been to discredit condoms as ineffective in preventing sexually transmitted diseases; but there is also an intense debate within the Medical Right about the birth control pill.

**Condoms:** In 2000, FRC joined with Dr. Tom Coburn, then a representative and now a senator from Oklahoma, to decry the ineffectiveness of condoms. Coburn demanded that condom labeling and information state that condoms are not effective in preventing the spread of the human papillomavirus (or HPV) and herpes, a provision opposed by ACOG.<sup>152</sup> In 2001, the CMA and Coburn assailed the CDC, asserting that the agency “hid and misrepresented vital medical information” about the effectiveness of condoms.<sup>153</sup> As a result of the measures initiated by Coburn, in November 2005 the FDA proposed revising labels on condoms to say that condoms provide “less protection” from HPV and herpes. Health advocates warned that these statements “may confuse consumers about the risks and benefits” and “lead to decreased use of condoms.”<sup>154</sup>

The Medical Institute (formerly the Medical Institute for Sexual Health), founded by a long-time friend of President Bush, Dr. Joe McIlhaney, a conservative Christian, works to convince young people that the only safe sex is sex within marriage, a key element of which is to insist that condoms are unreliable. McIlhaney was appointed by President Bush to the President’s Advisory Council on HIV/AIDS and to the Advisory Committee to the director of the CDC. The Institute itself has received \$1.5 million

from the federal government for education about abstinence and sexually transmitted diseases.<sup>155</sup>

In 2002, Secretary of State Colin Powell provided an opportunity for the Christian Right to vent its views on condoms. Powell appeared on an MTV program and recommended to youth that if they are sexually active, they should use

### “Biblical Morality”

“...biblical morality with respect to human sexuality is really the only true way to go to prevent disease,” said Tim Wildmon of the American Family Association.

condoms.<sup>156</sup> Kenneth Connor of the FRC said: “Secretary Powell is promoting the lie that condoms ‘protect’ young people, giving them a false sense of security when they engage in life-threatening sexual behavior.” CWA posted an essay on its website criticizing what they described as Powell’s “advocacy of condom use by teenagers and tacit approval of pre-marital sex for teenagers.” Then-CWA President Sandy Rios commented: “Last year, an NIH study on condoms showed that condoms were not found to provide universal protection from any of the eight sexually transmitted diseases (STD) tested, including, HIV, gonorrhea, chlamydia, syphilis, chancroid, trichomoniasis, genital herpes, and human papillomavirus (HPV).”<sup>157</sup>

In fact, it is well known that condoms do have a small failure rate. HPV can be passed between sexual partners even if a condom is worn because HPV can occasionally infect areas of the skin not covered by a condom.

Tim Wildmon, spokesperson for the American Family Association, said: “We can’t say ‘Use condoms to prevent AIDS,’ because condoms don’t work. We need to communicate to the

culture and to the world that biblical morality with respect to human sexuality is really the only true way to go to prevent disease.”<sup>158</sup>

Public health organizations come to a different conclusion: condoms are essential in the prevention of sexually transmitted disease transmission and unwanted pregnancy.

**The birth control pill:** Some Medical Right experts think hormonal contraception causes an abortion because it may prevent implantation, and others are not sure whether it does and so counsel that the decision to use this method involves “science, Scripture, and conscience.” The two camps both stress that they have fully studied the scientific literature. Since it cannot be proven that the pill does not prevent implantation of a fertilized egg, “the Pill should be considered a possible cause of death for pre-born children and therefore cannot be ethically used, recommended or prescribed for Christians for contraceptive

purposes,” Medical Right expert Walter L. Larimore states (in an article written with Randy Alcorn). The CBHD notes in the same article that decisions about prescribing and using the pill should not be based solely on whether it causes abortion but “should also take into account such factors as its effects on a woman’s health and well being, and one’s understanding of God’s intended relationship between sex and reproduction.”<sup>159</sup>

In the United States, the birth control pill is used by 11 million women a year; overall, 62% of the 62 million women aged 15-44 are currently using a contraceptive method. More than 6.8 million women and their partners use condoms as a means of birth control.<sup>160</sup> For women and men, the potential consequence of discrediting condoms and raising concerns about hormonal contraception is an increase in unwanted pregnancy and sexually transmitted infections, including those that cause infertility.

## Blocking Emergency Contraception

The Medical Right was the driving force in the opposition to easier access to emergency contraception (EC) or the “morning-after” pill.

Emergency contraception, marketed as Plan B, is a concentrated dose of ordinary birth control pills that can be taken up to 72 hours after sexual intercourse to prevent the establishment of a pregnancy. Although widely accepted by mainstream medical organizations as both safe and effective, the Medical Right has created an evolving list of reasons for opposing emergency contraception, claiming there is a scientific basis for doing so.

The first objections to EC declared that the pill was an abortifacient, based on claims that it may prevent a fertilized egg from implanting in a woman’s uterine wall. This contrasts with the scientific views of ACOG and the American Medical Association. According to ACOG, EC does not interfere with an established pregnancy. EC is effective only if taken within two to three days following intercourse, whereas a pregnancy is not established until after a fertilized egg has implanted into the lining of the uterus, about eight days following intercourse/fertilization.<sup>161</sup>

Initial opposition to EC was raised by Pharmacists for Life International, a small group rooted in conservative Catholic beliefs, which holds that all contraceptives, including EC, are abortifacients, as former President Bogomir Kuhar wrote in his book, *Infant Homicides Through Contraceptives*.<sup>162</sup> A small number of pharmacists began to refuse to fill EC prescriptions, and an unknown number of Catholic hospitals also declined to provide EC to patients, including rape survivors. Four states (Arkansas, Georgia, Mississippi, and South Dakota) passed laws permitting pharmacist refusals.<sup>163</sup>

Because EC is most effective if taken soon after unprotected intercourse, other medical associations called for expanded access, and several states passed laws permitting women to buy EC directly from a pharmacy without a doctor’s

prescription.<sup>164</sup> In 2000, women’s health groups and mainstream medical organizations called upon the FDA to make the product available nationally without a prescription. In 2001, ACOG voiced its support, and in 2005, the American Academy of Pediatrics supported over-the-counter access for teens and young adults. When a pharmaceutical company formally applied for

### Controversy Causes Delays, Restriction

Despite a lack of information showing adverse effects, the FDA limited the availability of emergency contraception to those aged 18 and over and required those aged 18 and under to obtain a prescription. Disruptions to the availability of emergency contraception are ongoing, however, because of pharmacists who refuse to provide the product to customers.

over-the-counter status in 2002, the proposal met fierce resistance, led by CWA and Pharmacists for Life, with additional objections by AAPLOG, the CMDA, and the CMA.<sup>165</sup>

An FDA advisory committee reviewing the issue strongly supported wider access in December 2003 by a vote of 23 to 4. Three of the dissenting votes came from appointees of President Bush: Dr. W. David Hager, a member of the CMDA and the Physicians Resource Council of FRC; Dr. Susan Crockett, a former board member of AAPLOG; and Dr. Joseph Stanford, who in 1999 described himself as president of the American Association of Natural Family Planning and who believes that all artificial birth control is wrong because it perverts the relationship between men and women. Ruling against the majority consensus of the scientific panel, apparently for the first time, the FDA initially denied the application for over-the-counter status and sided with the small minority in opposition. Three years later, after much controversy about the role of politics in this decision, a re-application and many delays, the FDA finally approved non-prescription sales for adult women in August 2006, but with limitations.

## Expanding Abstinence-Only Education

Abstinence-only sex education reflects a core belief of the Religious Right that any sexual encounter outside of a heterosexual marriage is biblically prohibited. Medical Right institutions such as the FRC churn out statistics on condom failure rates for schools and youth centers. The National Abstinence Clearinghouse sells books by Focus on the Family founder James Dobson.

### No Evidence Required

With no evidence that abstinence-only education was effective despite years of evaluation, conservative groups tried to fill the gap.<sup>166</sup> Joe McIlhaney founded the Texas-based Medical Institute for Sexual Health to provide scientific support for abstinence programs. In 2002, Leslee Unruh's South Dakota Clearinghouse on Abstinence received a \$2.7 million technical assistance contract from HHS for, among other things, developing criteria to judge whether abstinence curricula meet the restrictive language of the federal statute.

Frank Shelton, a graduate of the Billy Graham School of Evangelism, can be hired to preach the good word about abstinence using parables and celebrity impersonations.<sup>167</sup>

Federal funding for abstinence-only education has increased dramatically in recent years and has become more openly ideological.<sup>168</sup> Three federal programs are dedicated to funding restrictive abstinence-only education: Section 510 of the Social Security Act, the Adolescent Family Life Act's teen pregnancy prevention component, and the Community-Based Abstinence Education program. The total funding for these programs was \$176 million in fiscal year 2006, according to the Guttmacher Institute. Funding for the Community-Based Abstinence Education program has increased 465% since 2001 to \$113 million. Total funding for abstinence-only programs is slated to increase from \$204 million in 2007 to \$270 by 2009.

Abstinence-only programs begin in 1981, when the Adolescent Family Life Act was introduced. In 1996, the welfare reform act opened up new funding sources for conservative social programs.

Through a last-minute provision championed by then-Senator Lauch Faircloth (R-NC), the new law provided federal grant funds to state health departments to create abstinence-only education programs. Robert Rector, a policy analyst at the Heritage Foundation, a conservative Washington think tank, helped write the provision for abstinence education. Funded programs were required to adhere to a strict, eight-point definition of "abstinence-only education" that reflected conservative religious roots. Students were to be taught that "non-marital sex can undermine the capacity for healthy marriage, love and commitment." The law also prohibited programs from advocating contraceptive use or discussing contraceptive methods, except to emphasize their failure rates. Federal guidelines now define sexual activity to include any behavior between two people that may be sexually stimulating, which could be interpreted as including even kissing or hand-holding.<sup>169</sup>

In December 2006, HHS sponsored a three-day national conference for abstinence education grantees, titled "Strengthening the Absitnence Community." Several workshops were dedicated to seeking evidence and evaluations that abstinence education was working, with an eye to assisting "abstinence program staff to use the information provided to develop their own program evaluation strategies and evaluate the evidence of effectiveness of other educational programs." "Evidence" in this case implied foregone conclusions that abstinence education worked. Two of the presenters were affiliated with McIlhaney's Medical Institute: Dr. Gary L. Rose and Dr. Anjum Khurshid.<sup>170</sup>

Meanwhile, recent research shows that abstinence-only strategies may deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and sexually transmitted infections.

After undertaking a study of abstinence-only education funding, Representative Henry Waxman (D-CA) protested new guidelines in February 2006 because "funding ... will be awarded based on ideology, not the effectiveness of the programs in reducing teen sexual activity, teen pregnancy, and teen sexually transmitted diseases."<sup>171</sup>

# Building Networks of Crisis Pregnancy Centers

Crisis pregnancy centers have strong support from the Medical Right. These pseudo-clinics generally are run by Christian charities and have a specific religious viewpoint.

Often using women-centric names and misleading or ambiguous advertising, these centers see their mission as convincing pregnant women to continue their pregnancy, regardless of their circumstances. The centers attract women who are worried about an unplanned pregnancy by offering free pregnancy testing and other services. Since their mission is to discourage abortion, women are bombarded with anti-abortion propaganda and emotional pleas to continue their pregnancy. What they will not offer is birth control. Married clients wanting information on contraception are referred to their own doctor or pastor. Deborah Wood, CEO of Asheville Pregnancy Support Services in Asheville, North Carolina, told *Time* magazine, in a story on “The Grassroots Abortion War,” that most clients are unmarried, and “the Bible clearly states that sex outside of marriage is against God’s will for our lives.”<sup>172</sup>

Crisis pregnancy centers are responsible for conveying Medical Right “facts” to women considering abortion. Some tell women that research shows that abortion has medical risks such as an increased risk of breast cancer or infection. *Time* magazine reported: “Doctors routinely see terrified women who come in for an abortion after hearing such warnings and ask over and over, ‘Am I going to die?’”

An estimated 2,300 to 3,500 crisis pregnancy centers operate in the United States, yet relatively few are in inner cities where abortion rates typically are highest. To close the urban gap, the two largest networks, Care Net and Heartbeat International, have begun to open centers in African-American communities.<sup>173</sup>

The Medical Right works closely with the crisis pregnancy center movement. For example, Dr. Byron Calhoun, founder of AAPLOG, is also on the advisory board of the National Institute of Family and Life Advocates, which provides training to crisis pregnancy centers. Dr. Shadigian, president of AAPLOG, is one of the trainers. The National Institute of Family and Life Advocates

## Centers Grow with Faith-based Funding

Crisis pregnancy centers have been major beneficiaries of federal funding under the Bush Administration’s faith-based initiatives. Anti-abortion and crisis pregnancy centers are estimated to have received more than \$60 million in federal grants for abstinence-only education programs, according to an analysis by the *Washington Post*.<sup>174</sup> Crisis pregnancy centers have used this money to dramatically expand their staff and programs.

States also are funding crisis pregnancy centers. Pennsylvania created the Women in Need project with a \$2 million grant in 1996; Missouri and Delaware also fund crisis pregnancy centers.<sup>175</sup> The Texas Legislature diverted \$5 million in family planning funding to crisis pregnancy centers to implement a “statewide program for women seeking alternatives to abortion focused on pregnancy support services that promote childbirth.”<sup>176</sup> As of June 2006, five states had programs using proceeds raised from the sale of “Choose Life” license plates to fund crisis pregnancy centers: Alabama, Hawaii, Kentucky, Maryland and Montana.<sup>177</sup>

works closely with Focus on the Family, which has an extensive program for crisis pregnancy center support. In addition, Dr. Eric Keroack, appointed by President Bush in December 2006 to oversee the \$280 million HHS program that provides contraceptive access and information (he resigned in March 2007), was the medical director for A Woman’s Concern, a chain of crisis pregnancy centers in Boston. The centers received

a grant from HHS for \$488,000. Anti-abortion leaders described Keroack as “a pioneer in using medical arguments for discouraging women from having abortions and teenagers from having sex,” according to the *Boston Globe*.<sup>178</sup>

Keroack also is a proponent of abstinence education. In a 2003 presentation to the International Abstinence Leadership Conference in Las Vegas, he wrote in a PowerPoint

presentation that “pre-marital sex is really modern germ warfare” and outlined a “scientific” basis of how premarital sex ruins later relationships. He compared sex to drug use and said premarital sex can lead to overproduction of oxytocin, the hormone produced by the brain after orgasm, which eventually will diminish a person’s ability to form emotional attachments, the *Globe* reported.

# Instituting Sonogram Testing

Widely used in crisis pregnancy centers, sonograms have emerged as a potent instrument for the Medical Right in the quest to convince women to forego abortions.

Recent legislative initiatives require abortion clinics to offer sonograms. Several states, including Indiana, Michigan and Oklahoma, passed measures that require women seeking abortions to be offered a sonogram.<sup>179</sup>

Professional medical organizations have ethical concerns about non-medical uses of ultrasound technology, as well as the emerging evidence of the damaging effects of repeated, prolonged and unnecessary ultrasound exposure to a developing fetus. According to an article in a publication for imaging and oncology administrators,<sup>180</sup> the American Institute of Ultrasound in Medicine, the Society for Diagnostic Medical Sonography, the American College of Radiology, and the FDA have clarified statements on ultrasound's non-medical use. "These statements support the use of sonography for medical diagnostic purposes," says Stephanie Ellingson, director of the diagnostic medical sonography program at the University of Iowa Hospitals and Clinics. "That is very different from a nondiagnostic image created and shared specifically with the purpose of influencing a patient's decision," she said.

Sonograms are used extensively in crisis pregnancy centers. In 2005, Focus on the Family committed \$4.2 million to provide sonograms to 150 crisis pregnancy centers, with

the ultimate goal of equipping another 650 centers with sonograms by 2010.<sup>181</sup> The Southern Baptist Convention has also provided funding for ultrasound machines, which cost between \$20,000 and \$30,000 each.<sup>182</sup>

According to the publication for imaging and oncology administrators, Thomas Glessner, president of the Medical Right group the

## Public Funds for Ultrasound

Although the measure did not pass, in 2002, Senator Jim Bunning (R-KY) and Representative Cliff Stearns (R-FL) introduced a bill that would have provided crisis pregnancy centers with \$3 million through the Department of Health and Human Services to purchase ultrasound machines.<sup>183</sup>

National Institute for Family and Life Advocates, is pushing for a law that would mandate an ultrasound for the medical reason of determining whether the woman has a viable pregnancy before she obtains an abortion. Glessner's group provides legal education, consultation and support training to crisis pregnancy centers and helps them convert to medical clinics—facilities that provide medical services supervised by a physician. He said that crisis pregnancy centers that became medical clinics have reported 75-95% of their clients decided not to terminate after an ultrasound,<sup>184</sup> but other authorities say there is no credible research data about how an ultrasound affects a decision by a pregnant woman.

## Pursuing an Abortion Ban

Many elements of the Medical Right and the Religious Right played a part in the fight to pass a near-total ban on abortion in South Dakota in 2006. The ban was passed by the legislature and signed by Governor Mike Rounds in March 2006, but was rejected by voters in a general election in November 2006. The law would have made providing an abortion a felony, subjecting a

*v. Wade* and making recommendations to the legislature in the form of a formal report.<sup>185</sup> Nine of the 15 participants named to the task force had anti-abortion credentials, including chiropractor Dr. Alan Unruh, married to Leslee Unruh and founder of the local right-to-life organization; a lawyer with a local Catholic diocese; and an officer of the state and National Right to Life Committee.

### Legislature Relies on Biased Report

In South Dakota, a legislative task force researching a ban on abortion concluded that women suffer widespread negative effects from abortion and that medical evidence had determined that fetuses are human beings from the moment of conception. Dr. Marty Allison, the physician chair of the task force who described herself as pro-life, said: "It should have been scientifically based and objective. Instead, it was very subjective and biased .... it included false information not reflective, in my opinion, of the testimony we heard."<sup>186</sup> When the request of members who did not support the ban to file a minority report was rejected, they walked out, and the report was approved. The law passed by the legislature, HB 1215, stated that it relied on the task force report.

In September and October of 2005, the task force heard testimony from a range of experts on abortion, including supporters of legal abortion. The full report is at [www.dakotavoices.com/Docs/South%20Dakota%20Abortion%20Task%20Force%0](http://www.dakotavoices.com/Docs/South%20Dakota%20Abortion%20Task%20Force%0)

Leading Medical Right authorities lent their expertise to the report. Dr. Elizabeth Shadigian, president of the AAPLOG, testified about harm to women from abortion. She said that 10% of women undergoing abortion suffer immediate complications, of which approximately one-fifth are life-threatening. The two-paragraph section dealing with rape and incest consisted of a quote from Dr. John Wilke, president of International Right to Life, who testified that only 0.1% of rapes result in a pregnancy, and a pediatrician who testified that most children born of incest are normal and "may become the brightest person in the family." He praised a "very young teenage mother who was allegedly raped by her brother" for carrying her baby to term and said that women who had been victims of rape or incest would want to have their attackers' babies. Dr. Bernard Nathanson testified that the fact the abortion "terminates the life of a living human being is generally known among obstetricians and scientists," but "abortion doctors and operators of abortion clinics often deny this fact for strategic reasons." Dr. Byron Calhoun testified that "the evidence supports the conclusion that the unborn can feel pain much earlier than 24 weeks." The report concluded that fetuses can potentially feel pain at five-and-one-half weeks post-conception.

doctor to five years in prison and a \$10,000 fine. The sole exception to the ban was if a woman's life were at stake, in which case a doctor was required to attempt to save the life of the fetus and of the woman.

Of little note is how the law came into being. How did a state manage to justify a law so extreme that it made no exception for women who had been the victims of rape or incest or whose health was threatened by a pregnancy? The answer lies in a toxic alliance of the Medical Right and local legislators who were determined to challenge *Roe v. Wade*, a priority of Christian Right political organizations, according to journalists Cynthia Cooper and Patricia Miller. In 2005, Gov. Mike Rounds and state legislative leaders appointed the South Dakota Task Force to Study Abortion, with the mission of examining the practice of abortion since *Roe*

Dr. Priscilla Coleman testified that half of all women having abortions feel guilt and 10-20% have serious, long-term consequences. Ironically, while many researchers dismiss the studies of Coleman and other proponents of post-abortion trauma for failing to adequately control for confounding variables, she testified that the studies that found little psychological impact from abortion suffered from poor methodological design and that improved methods have detected significant post-abortion trauma, from depression to poor parenting skills and post-traumatic stress syndrome.

Kate Looby, state director for Planned Parenthood of South Dakota, told Patricia Miller in an interview that the task force relied heavily on Vincent Rue when the final report was drafted. He testified extensively on post-abortion syndrome and supported the report's conclusion that "traumatic disruption" of the bond between mother and fetus "is capable of causing enduring psychological damage."

As with many of the so-called informed consent materials, the report was worded to suggest that complications from abortion were common and severe and that abortion was more dangerous than childbirth. It dismissed widely quoted numbers issued by the federal Centers for Disease Control and Prevention finding that early abortion is safer than carrying a pregnancy to term. It discounted the CDC statistics as "not a reliable basis for determining death rates due to abortion... it is clear that the CDC statistics do not include the vast majority of deaths due to abortions because they do not include deaths from suicide, deaths from physical complications from abortions, and deaths due to any of the cancers in which abortions may be a significant contributing factor." The report noted that while the American College of Obstetricians and Gynecologists had issued a medical opinion that the literature "clearly demonstrates no significant negative impact on any of these factors with surgical

abortion," the "Task Force disagrees with this statement due to other testimony and materials."

In December, the task force was to meet to vote on a final report that was supposed to serve as the basis for the legislature's actions on abortion. Instead, a report drafted by unidentified authors, with no input from the task force participants, was presented to the task force for a vote the night before the final meeting. The report omitted the testimony presented by women's health experts and women who had been victims of rape or incest and was riddled with unproven assertions about the psychological effects of abortion and outright medical inaccuracies, such as the need for more research about the link between abortion and breast cancer. Testimony from leading women's health experts such as Stanley Crenshaw of The Guttmacher Institute was given only perfunctory coverage, and according to Looby, included only after the final task force vote because of legal concerns.

Among the findings of the report that are not substantiated by the broad medical and scientific community are that women who have abortions are at significantly higher risk for psychiatric disorders, including depression and sleep disorders, "bipolar disorder, depressive psychosis, neurotic depression, and schizophrenia," post-traumatic stress disorder, suicide, and substance abuse.

Existing pre-abortion counseling offered by organizations such as Planned Parenthood was summarily dismissed in the report as inadequate because it did not inform women that they were taking the life of a "separate human being" and that they would regret the decision for the rest of their lives. However, testimony from the directors of several crisis pregnancy centers "that in a significant portion of abortions, the pregnant mothers' consents are not truly informed or voluntary" was taken as fact. The report commented: "We find the testimony of these

pregnancy help center personnel particularly credible because they are free of any conflict of interest” and “they do not take payment from the women they serve.”

The report concluded: “The picture that emerged from the record before both the House and Senate committees was that it was common for women to sign consents for abortion without being truly informed. Many women reported that they were pressured into having an abortion, often by the father of their child, but by others as well. They typically did not understand that the procedure would terminate the life of a human being, and this lack of understanding was further complicated by the fact that abortion providers had misled them at the time of the abortion.... Many of the women testified or reported to post-abortion counselors that if they had been given accurate information, they would not have submitted to the abortion.”

As a result of the barrage of one-sided evidence, the report concluded that a complete ban on abortion was necessary “to fully protect the rights, interests, and health of the mother and the life of her unborn child.”

Leslee Unruh, founder and president of the South Dakota-based Abstinence Clearinghouse, which has received \$3 million in federal funds from the Bush Administration, and founder of Alpha Center, the state’s largest crisis pregnancy center, led the lobbying for the bill. A complaint filed by a watchdog group accused Unruh of violating the tax status of the Abstinence Clearinghouse and Alpha Center in her lobbying activities. Journalist Cynthia Cooper reported in an article on [www.women’senews.com](http://www.women’senews.com) that numerous Religious Right advocacy groups and religious organizations donated to the campaign, providing about \$500,000 of its \$2.65 million in funds.<sup>187</sup> Individual churches or church organizations, including the Catholic Chancery Office in Sioux Falls, South Dakota, and churches in Oklahoma, Washington and Missouri, were responsible for \$153,000 in donations.

After the law was passed, Planned Parenthood and other groups collected signatures to put it on the ballot as a referendum, a procedure permitted in South Dakota. Once the law was referred to the voters for the November 2006 election (as Referred Law 6), Unruh was named to head Yes for Life, the campaign that advocated for the law. The campaign adopted a women-centric approach, arguing that abortion hurts women. Among the donors to the campaign were Focus on the Family, Concerned Women for America, American Family League, Operation Rescue, the Catholic Chancery of Sioux Falls, Knights of Columbus, Faith2Action, and churches from many states. Rev. Jerry Falwell of the defunct Moral Majority issued a fundraising appeal, and Coral Ridge Ministries founder James Kennedy, who also founded Center for Reclaiming America, wrote to South Dakota pastors, urging them to become politically involved. The Baptist Seminary housed pro-life volunteers. Rev. James Dobson stumped the state, as did American Life League’s Rock for Life and other groups.

A wide array of Medical Right organizations supported the South Dakota efforts in other ways. The CMDA issued a statement in October in favor of the law. Executive Director Dr. David Stevens said, “From a medical and ethical perspective, this law gets it right on every point .... when it comes to the law’s scientific and ethical foundations, it is above reproach....The law confirms, for example, the indisputable biological fact that ‘life begins at the time of conception.’”<sup>188</sup>

Days before the election, Focus on the Family featured an interview with Leslee Unruh on CitizenLink, its activist website, also used as a destination for activists by the Family Research Council. The South Dakota Family Policy Council, an FRC chapter, advocated for the ban on the Family Research Council website. When the ban lost, the Family Research Council said the fight would carry on.

# Conclusion



The Medical Right uses its expertise to provide legitimacy to fundamentalist ideological views in policy and legislative action. By blending religious perspectives with scientific authority, the Medical Right has been able to exploit areas of minor discrepancy, such as the mechanism of action of emergency contraception or the definition of the establishment of a pregnancy, to give the impression that there is a genuine scientific disagreement that deserves to be aired. Once these wedge issues are established, a small stable of medical “experts” repeats the claims in medical journals, courts, state legislatures and media outlets across the country, expanding their reach and influence.

In this way, the Medical Right has aided the Religious Right in numerous advocacy efforts. It has been successful in giving pharmacists and other healthcare providers broad rights to refuse to fill prescriptions for birth control, in delaying the approval of over-the-counter emergency contraception, and in inserting a religiously-derived definition of the beginning of life into legislative and regulatory measures in a long-range attempt to limit access to abortion or make it illegal. The Medical Right has changed the nature of sexuality education in public schools from a public health-based educational program to an ideologically driven perspective and has endeavored to convince vulnerable populations

that contraception is harmful and condoms are ineffective.

Ultimately, the agenda of the Medical Right must be exposed in order for the mainstream medical community to provide a full range of services and rigorous scientific analysis to be conducted unimpeded by ideology. However, exposing the Medical Right will require a clear understanding of its goals. It is our hope that this research contributes to clarifying how the Medical Right works and provides some of the information that is needed to refute its claims and defeat its legislative and regulatory initiatives.

## Endnotes

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It is important to note the distinction between the Religious Right's use of medical expertise to shape public policy and those religions that adopt specific approaches to medical care for their own followers. For example, Christian Scientists believe in using prayer to treat physical illnesses, rather than conventional medical care; Jehovah's Witnesses reject whole blood transfusions, and Seventh-Day Adventists follow strict dietary restrictions. These groups follow their own healthcare guidelines without trying to change public policy or to insist upon their application to the general public.
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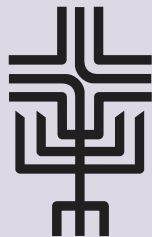
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RCRC is the only interfaith organization in America dedicated to preserving reproductive choice and religious freedom. Founded by clergy and lay religious leaders in 1973, the Coalition is an education and advocacy organization of national religious and religiously affiliated agencies. We work for responsible policies in sexuality education, family planning, and healthcare that respect basic values and enable individuals to follow their own religious views in reproductive decisions. Our programs strive to make reproductive justice a reality by ensuring the resources necessary for healthy children, families and communities, with particular emphasis on the reproductive issues of people of color, those living in poverty, and other underserved populations.



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