

Date	Publication	Headline
<u>2017</u>	<i>Philanthropy Daily</i>	Congress: Don't tax charity
<u>2016</u>	<i>The Hill</i>	What candidates should know
10/17/16		
<u>2015</u>		
3/22/15	<i>Washington Post</i>	Playing politics over abortion
3/14/15	<i>The Tennessean</i>	Tennessee affirms opposite-sex marriage
2/21/15	<i>Baltimore Sun</i>	Assisted suicide is not death with dignity
2/4/15	<i>Washington Times magazine</i>	Selling suicide
<u>2014</u>		
7/4/14	<i>Los Angeles Times</i>	What the Hobby Lobby ruling means
3/25/14	<i>Fox News</i>	Two courageous families fight Team Obama
2/7/14	<i>Los Angeles Times</i>	Religion and the government
<u>2013</u>		
11/22/13	<i>Washington Times</i>	Empower patients, not bureaucrats
11/7/13	<i>USA Today</i>	Republicans need to stick to principles
3/13/13	<i>Washington Times</i>	Sex trafficking needs more awareness
2/8/13	<i>Washington Post</i>	What the contraception fight is about
2/7/13	<i>Washington Examiner</i>	Population-control ideology contraceptive mandate
1/28/13	<i>Washington Times</i>	Obama 'freedom to worship,' First Amendment
<u>2012</u>		
9/12/12	<i>Washington Times</i>	Abortion agenda erodes party platform
7/5/12	<i>Washington Examiner</i>	Repeal Obamacare and really reform health care
3/27/12	<i>National Right to Life News</i>	Oregon report shows more assisted suicides
3/24/12	<i>LifeNews</i>	Oregon report shows more assisted suicides
3/17/12	<i>LifeNews</i>	HHS Contradicts FDA on Plan B

PHILANTHROPY DAILY

NEWS DESK FORUM PRACTICALITIES



Congress, don't tax giving: Charity helps people while saving government costs

By Jonathan Imbody

September 7, 2017

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Congress is currently contemplating a plan that would trigger a drop in charitable giving of \$13.1 billion annually, according to research [analysis](#). The cuts would come from decreasing current incentives for charitable gifts through tax deductions.

Unfortunately for Congressional leaders focused on trimming government spending, charity losses will

simply trigger corresponding increases in spending on government social programs, to pick up the slack left by hobbled charities no longer able to provide social services.

That potential transfer of responsibility and expense from charities to government should remind lawmakers why historically Congress has not taxed citizens when we give our money away to help others.

It's really quite simple: charities do work and fund programs that government otherwise would have to do, and charities hold advantages that can deliver help more efficiently and effectively.

Of course, the government does certain things that no other organization can, such as maintaining a military force, administering justice and building an infrastructure for commerce. But when it comes to social services programs, even well-intentioned government programs all too often bog down in cumbersome bureaucracy, duplication among agencies, expensive overhead, a maintenance mentality and a byzantine tangle of people, policies and politics.

Government agencies often add to these obstacles a yawning gap of physical distance and detachment from those who need help.

All these encumbrances make it much more difficult for government agencies to realize and respond to changes at the local level, or to adjust

policies and approaches, or to mobilize quickly to address crises.

The larger the organization and the more distant the source of help, the less likely it is to succeed in the same way that a more directly responsive local source of help can succeed.

Charities, by contrast, are usually much smaller and nimbler than government bureaucracies and much less encumbered by bureaucracy and employee policies that retard accountability. Unlike government, charities don't have the luxury of a bottomless (compulsory) income source to create and sustain such a bureaucracy, and they learn to operate more efficiently.

Because charities typically operate on the local level, where they can see, hear and respond to the needs of service recipients, their results are more likely to prove more effective than programs managed from a distance.

Thus the Tenth Amendment to our Constitution, framed by colonists who had experienced government oppression:

"The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

Employees and volunteers of charities often bring to their work a remarkable resolve and intensity

fueled by faith and compassionate concern for those they serve.

Some years ago, I visited a charitable health clinic in Philadelphia and noticed donated food in one of the rooms. The director explained to me that the food had been donated to feed the medical staff, who had gone without paychecks in order to keep ministering to patients during the charity's financial crisis.

What had caused the financial crisis? Staff and their families had been forced to go without pay because the health clinic was still waiting on government reimbursements due *three years ago*.

When Government replaces the private and charitable sectors, individual freedoms--including freedom of faith--tend to decrease and oppression tends to increase. Just ask the prisoners of the former Soviet Union or the desperate citizens of Venezuela who are rioting for food.

In the mid-nineteenth century, Alexis de Tocqueville wrote of Europe's trend toward a more powerful and expansive government:

"Everywhere the State acquires more and more direct control over the humblest members of the community, and a more exclusive power of governing each of them in his smallest concerns. Almost all the charitable establishments of Europe were formerly in the hands of private persons or of corporations; they are now almost all dependent on

the supreme government, and in many countries are actually administered by that power. The State almost exclusively undertakes to supply bread to the hungry, assistance and shelter to the sick, work to the idle, and to act as the sole reliever of all kinds of misery."

The good news is that in order to accomplish tax reform, Congress need not travel down the perilous path of ceding more and more power and responsibility to the State. Charity leaders have proposed a "universal deduction" to allow *all* Americans—not just those who typically itemize—to deduct their charitable gifts.

After all, why should the government tax us on money we give away to help others?

A matter of conscience

Abortion and Hippocratic tenets

By Jonathan Imbody

Americans blanch at abortion coercion in China, where population control agents force mothers to end the lives of their unborn babies who exceed the mandated limit of one child per couple. Yet few Americans realize that abortion-related mandates are also threatening to U.S. health care professionals who follow medical standards such as the Hippocratic Oath.

Conscientious physicians and other health care professionals are being pressured, under threat of job loss, to violate medical ethics standards by performing abortions and referring patients to abortion clinics to do the deed.

Abortion advocates have been lobbying vociferously to cast abortion as standard medical care and to mandate abor-

tion participation by all health care professionals. Only a tiny fraction of U.S. physicians otherwise are willing to violate the Hippocratic Oath, which has guided medicine for well over two millennia, by participating in abortions.

The abortion mandate strategy may be ill-conceived, but unfortunately it is not ill-fated.

Abortion, which neither heals nor comforts, does not qualify as standard medical care under historical medical standards; it has only recently and politically infiltrated health care. Since American health care professionals have long enjoyed a measure of autonomy in making professional decisions, mandating participation in a procedure prohibited by longstanding medical ethics standards seems likewise implausible.

But abortion ideology and zeal have a way of trumping all

notions of ethics and professionalism.

Aggressive abortion mandate advocates dominate the American College of Obstetricians and Gynecologists (ACOG), a highly politicized medical specialty group with vast influence over the profession of obstetrics and gynecology. Last November, ACOG issued an official ethics statement tellingly entitled, "The Limits of Conscientious Refusal in Reproductive Medicine." The ACOG statement ignores the role of objective standards in conscientious objections to abortion. ACOG instead denigrates conscience as a mere subjective "sentiment." In reality, however, health care professionals who object to abortion do so not because of subjective feelings but because killing the unborn contravenes Hippocratic, biblical and other life-affirming objective ethical stan-

dards.

By contrast, abortion ideology rests on the subjective, unanchored notion of "privacy" and "patient autonomy." By ripping conscience from its foundation of objective standards and demoting it to the level of subjective feelings, ACOG paints abortion objections as a clash between a physician's feelings and a patient's autonomy. With autonomy elevated as the ethical trump card, physicians and all ethical standards must bow in submission.

Having demoted conscience to the subjective realm and elevated patient autonomy to a position of unchallengeable supremacy, ACOG opposes faith-based ethical standards as "an imposition of religious or moral beliefs on patients." ACOG even incredibly contends that pro-life obstetricians should not only be required to perform or refer for abortions; they should also relocate their practices close to abortionists to make such referrals more convenient.

Given the official link between ACOG ethics positions and physician board certification, obstetricians who refuse to follow ACOG's abortion man-

date now presumably stand to lose their hospital privileges and their livelihood. Medical ethics thus would be turned upside down, as life-honoring physicians lose the ability to practice medicine simply for following the Hippocratic Oath.

Meanwhile, the abortion mandate movement will soon tap potentially irrepressible numbers in Congress and powerful advocates in the White House and the administration.

President-elect Barack Obama, Sen. Hillary Clinton and other abortion advocates have strenuously opposed a modest U.S. Department of Health and Human Services (HHS) regulation that would ensure freedom of conscience in health care. The regulation would finally implement over 35 years of federal civil rights law aimed at protecting health care professionals from abortion-related coercion.

The HHS regulation, expected to be finalized before Dec. 20, could be overturned by a pro-abortion Congress and president, either through new legislation or a new regulation.

Mandating abortion participation in health care is rife with irony. Most Americans easily

recognize the hypocrisy of forcing "pro-choice" ideology on all health care professionals. The injustice of ending the lives of innocent unborn children has only persisted in this country, where most citizens oppose abortion on demand, under the smokescreen of choice.

By driving out pro-life obstetricians and gynecologists who refuse to participate in abortions, abortion mandates would ironically decrease women's access to some of the most conscientious and compassionate physicians in America, many of whom volunteer free medical services to poor women. Abortion mandates threaten to shut down thousands of life-affirming, faith-based hospitals and clinics that provide care in some of the nation's most underserved communities.

Maybe that's what it will take for Americans to penetrate the fog of abortion propaganda and recognize that breaching the foundational right to life imperils all other rights.

Jonathan Imbody is vice president of government relations for the Christian Medical Association.



Health care, access served by regulation

The Wichita Eagle, Dec. 15, 2008

Columnist Davis Merritt would flout the will of the people, First Amendment protections and patient access to medical care by trashing a proposed regulation designed to protect patients and health care professionals from abortion-related coercion and discrimination ("Right of conscience' ignores the patients," Dec. 9 Opinion).

The regulation recently proposed by the U.S. Department of Health and Human Services simply would implement 35 years of bipartisan civil rights laws passed by Congress.

Those civil rights laws protect our First Amendment freedoms by forbidding the use of federal money to foist mandated abortion participation on conscientiously objecting physicians and others who adhere to the Hippocratic Oath and other life-affirming standards of medical ethics.

Exactly opposite of Merritt's hypothesis, the civil rights laws also serve to protect patient access in medically underserved areas. When abortion-participation mandates are allowed to force life-affirming professionals out of work, patients lose access to the very conscientious physicians and faith-based hospitals and clinics that serve the poor.

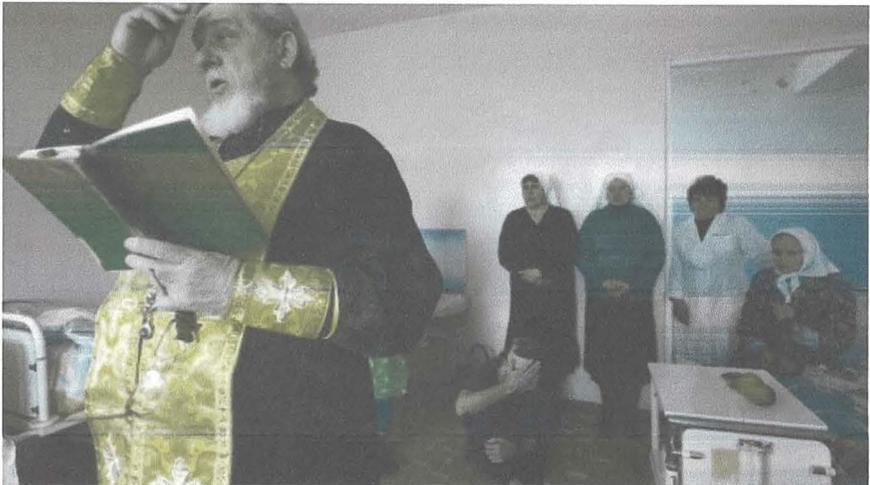
Protecting civil rights in health care not only protects our First Amendment freedoms, it also serves patients by respecting patient-protecting ethical codes and preserving access to compassion-based health care.

JONATHAN IMBODY
Vice president
Christian Medical Association

October 17, 2016, 12:50 pm

Religious freedom and healthcare — what our candidates should know

By Jonathan Imbody, contributor



Getty

I've enjoyed the rare opportunity to advise both presidential campaigns this election season, and in each instance I have highlighted the link between First Amendment freedoms and patient access to healthcare.

Freedom of faith, conscience and speech in healthcare has come under fire domestically and internationally in recent years, as politicians pander to special interest groups by mandating ideological conformity on issues such as homosexuality and abortion.

Regardless of one's stance on controversial social issues, sound practical considerations and compassion for needy patients should quell cries to coerce health professionals — particularly those professionals motivated by their faith — into ideological conformity.

According to a World Health Organization (WHO) survey of sub-Saharan African countries, between 30 percent and 70 percent of the healthcare institutions in each country are faith-based. Gallup found that people in this region trust faith-based institutions more than any other institutions.

That means that if the U.S. government wants to accomplish virtually any healthcare goal overseas, instead of focusing on bullying and browbeating dissenters into ideological conformity, U.S. officials instead should focus on learning how to understand and work with the faith-based organizations and individuals who have built the network and earned the trust of the people.

Even those who disdain faith, perhaps because religious principles counter their own ideological proclivities, can appreciate the fact that people of faith for centuries have been serving where no one else will serve and serving people whom no one else will serve. Impelled to do so by the principles of their faith, these servant-ambassadors serve anyone and everyone and especially seek out the poor, the vulnerable and the marginalized.

The same faith principles that motivate sacrificial service also impel faith-based health professionals and institutions to serve according to moral and ethical principles. The faith motivation to serve the needy cannot be severed from the faith motivation to serve according to moral and ethical principles. The motivations are one and the same — to glorify God by loving others according to His principles.

This inseparability of motivation explains why 91 percent of faith-based physicians surveyed say they will leave medicine if forced to choose between their careers and their conscience. When a physician is forced to leave, every patient served by that physician loses her doctor. When a faith-based institution is forced to close, in some cases a whole region loses healthcare.

So when government officials contemplate policies to force faith-based health professionals to follow an ideology that the faith community does not embrace, they must consider the punishing impact those policies will have on patients.

Cultural battles need not endanger patients in the crossfire.

In one exceptional instance during the Obama administration, U.S. Agency for International Development (USAID) officials wisely responded to the concerns of faith-based organizations being shut out from AIDS grants that required them to do morally objectionable activities. To keep the valuable networks and trustworthiness provided by faith-based organizations, USAID developed areligious freedom accommodation policy for faith-based grantees.

The result was that more patients were reached for AIDS care than if officials had continued to restrict its grants to only those in complete ideological agreement with the government.

More often however, the Obama administration has insisted that ideology trump both science and faith. The drive for ideological conformity translates into coercion of conscientious objectors while ironically violating supposed goals of toleration and diversity.

Notably, the Obama administration:

- gutted the federal conscience regulation protecting health professionals from abortion-related coercion;
- denied federal funds to a well-qualified ministry to human trafficking victims because the ministry declined to participate in abortions
- attempted (but lost in a unanimous Supreme Court ruling) to restrict the hiring rights of faith-based organizations
- tried to force companies like Hobby Lobby and ministries like Little Sisters of the Poor to participate in morally controversial contraceptives
- is now trying to force physicians to do sex change operations and hormone therapy for transgender patients, regardless of medical or moral concerns.

Government officials may relish the raw power to dictate that every doctor, every health institution bow to the administration's ideology. But if they continue down this perilous path, pretty soon there won't be enough doctors and health institutions left to coerce.

Try explaining that to all the patients who lose their access to healthcare because the government refused to accommodate the faith motivations of conscientious objectors.

Accommodating conscience may challenge government officials bent on wielding power and ideological bureaucrats who despise competing faith principles. But without such conscience accommodations to insure true toleration and inclusivity, the resulting loss of patient access to healthcare may prove an uncompromising administration's undoing.

Presidential aspirants take note.

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FRIDAY, MARCH 25, 2011

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LETTERS TO THE EDITOR

 letters@washpost.com

Playing politics over abortion

In annual appropriations bills since 1976, Democrats routinely have united with Republicans in passing the Hyde Amendment, which simply prevents taxpayer monies from funding abortions except in cases of rape or incest or to save the life of the mother. Americans overwhelmingly oppose opening public coffers to the abortion industry.

Nevertheless, Democrats increasingly have been injecting abortion partisanship into human trafficking programs. Congressional hearings revealed how Obama administration officials denied a grant to a faith-based organization over abortion and other morally objectionable issues.

Many would note that abortion would only add to the trauma that human trafficking victims have already experienced. Yet even the Hyde Amendment does not disallow government-funded abortions in cases of rape, nor does it prevent abortions paid for with nongovernment funds. So protests over the Hyde Amendment in this trafficking-victims program are little more than partisan politics designed to enforce a radical abortion ideology.

JONATHAN EMBODY, Ashburn

The writer is vice president for government relations for the Christian Medical Association.

Published March 14, 2015

Tennessee affirms opposite-sex marriage, not bigotry

Re: "Discriminated after crossing state lines," March 6.

In a letter to the editor, a Chicago resident complains that Tennessee does not recognize in law the fact that Illinois considers him married to another man; he labels Tennessee's legal definition of marriage a matter of discrimination and inequality.

The state of Tennessee retains a constitutional right, highlighted in the Supreme Court's recent Windsor decision, which deemed a federal definition of marriage as usurping states' rights, to determine by objective qualifications and definitions who qualifies for a marriage license.

Tennessee also uses objective qualifications to determine which of its citizens can vote, practice medicine, own a gun or teach in public schools.

These qualifications only constitute "discrimination" in the sense of discerning the relevant factors that merit granting legal status and privileges.

Why would Tennesseans legally define marriage as between a man and a woman?

Social science research clearly demonstrates that marriage between a man and a woman

in a lifelong, exclusive commitment offers society, and children in particular, unique benefits — economical, educational, psychological — that no other relationship offers as well.

These benefits have led governments for millennia to recognize and endorse in law the marriage of a man and a woman.

A state's recognition of the unique benefits of man-woman marriage does not preclude love, respect, dignity or the extension of a host of government benefits and privileges to non-married citizens.

It's simply an objective affirmation of what marriage is and an endorsement of the unique benefits it provides to society and children.

Jonathan Imbody

VP Government Affairs, Christian Medical Association

Selling suicide

By Jonathan Imbody*

Published in *Washington Times* magazine,
[American CurrentSee](#), Feb. 4, 2015

Compassion and Choices, the never-say-die advocates for state-sanctioned assisted suicide, seem to have mastered the art of putting lipstick on a pig. Whether or not Americans learn to see through their euphemisms and illogic may well determine the fate of many vulnerable patients, including those in California and 20 other [states](#) where the organization now is leading a well-funded lobbying campaign to legalize assisted suicide.

Reincarnated from a previous life when known as The Hemlock Society, the more politically correctly named Compassion and Choices nonprofit organization claims on its [website](#), "For over 30 years we have reduced people's suffering and given them some control in their final days."

That claim would come as news to the medical and pharmaceutical professions, which, unlike nonprofit advocacy groups, actually are trained and authorized to prescribe and provide medications that reduce suffering. Pain medication reduces suffering; lethal pills end lives. Suicide does not control death; it merely accelerates it.

The group also claims to "increase patient control and reduce unwanted interventions at the end of life." Yet the law has long recognized patients' right to decline "unwanted interventions at the end of life." Given the pressure by insurers, unscrupulous heirs and uncompassionate caretakers on

vulnerable, depressed and disabled patients to end their lives early, assisted suicide represents the real threat of an "unwanted intervention at the end of life."

What is the real purpose of Compassion and Choices?

Compassion and Choices remains a Hemlock Society, focused on securing lethal chemicals for people to kill themselves. Lacking the ability to legally obtain lethal pills, Compassion and Choices advocates would transform physicians from healers into killers. Their pro-suicide policies parallel the treatment of Socrates, who died a self-inflicted death by hemlock, while opposing the teachings of his contemporary, Hippocrates, which for millennia have protected patients from deadly physicians.

Suicide activists employ verbal engineering

Suicide, however, remains a hard sell in the United States, where just [16 percent](#) of the population views suicide as morally permissible. So suicide activists have learned to obfuscate reality with doublespeak.

Professional polling provides ample rhetorical ammunition. Gallup Polling [found](#), for example, that "70 percent of Americans favor allowing doctors to hasten a terminally ill patient's death when the matter is described as allowing doctors to 'end the patient's life by some painless means.'"

Gallup also [found](#) that 60 percent of Democrats (compared to just 41 percent of

Republicans) resonated with slanted language such as, "When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?"

Critical thinkers pull back the curtain of rhetoric

Apparently government-leery conservatives tend to critically analyze the smooth rhetoric designed to advance state-sanctioned assisted suicide, no doubt wondering:

- Would state governments that sanction suicide block the media, watchdog groups and the public from investigating suspected abuses? (Yes; Oregon's assisted suicide [law](#) actually stipulates that "information collected shall not be a public record and may not be made available for inspection by the public.")
- Might activist judges liberally construe and expand the phrase "pain" to mean not only physical but also psychological pain? (Yes; [European courts](#) already have slid down that slippery slope.)
- Could courts determine that disabled persons' inability to ingest lethal pills means that they must be allowed to request euthanasia--thus empowering doctors to actively kill their patients? (Almost certainly, under equal access principles.)

Critical thinkers who have studied history and health may also ask probing questions such as:

- Can physicians help kill their patients and still follow the Hippocratic ethic, which protects

patients by forbidding physicians to "give poison to anyone though asked to do so" and insists on, "first, do no harm"? (No.)

- Can physicians accurately predict a patient's life expectancy? ([No.](#))
- Can physicians treat most patients' pain? (Yes, and updating [legislation](#) could ensure even more aggressive pain treatment.)

Anyone with a loved one facing a difficult illness, depression or financial hardship should ask:

- Might family members not learn of their loved one's suicide until after she's dead? (Yes--as under [Oregon's law](#).)
- Could legalizing suicide send suicide-vulnerable young people a deadly message? (How could it not?)
- Would vulnerable patients be pressured into requesting assisted suicide? (Only when heirs, insurance companies and governments could save money with a quick death rather than expensive healthcare ... or when caregivers became tired or uncaring ... or when a depressed patient felt like a burden on others.)

State officials calculate the cost

Assisted suicide activists depend on carefully crafted emotional stories to convince legislators, judges and voters to sanction suicide. No wonder assisted suicide advocates recently have focused on Oregon resident Brittany Maynard, the 29-year-old woman diagnosed with brain cancer who publicly profiled her determination, which she ultimately and tragically fulfilled, to

take lethal drugs to end her life. A now-iconic photograph of a smiling Brittany lounging with her adorable puppy has helped paint a new face on a suicide movement marred by polarizing personalities such as macabre death doctor Jack Kevorkian and the recklessly [blunt](#) Hemlock Society founder, [Derek Humphry](#).

**Jonathan Imbody serves as VP for Government Relations for the [Christian Medical Association](#) and directs the [Freedom2Care](#) coalition.*

You won't find assisted suicide advocates profiling another Oregon resident, Barbara Wagner, who also found her cancer impacted by Oregon's legalization of assisted suicide. ABC News [reported](#) this revealing example of the pressure imposed on patients by state-sanctioned suicide:

"The news from Barbara Wagner's doctor was bad, but the rejection letter from her insurance company was crushing. The 64-year-old Oregon woman, whose lung cancer had been in remission, learned the disease had returned and would likely kill her. Her last hope was a \$4,000-a-month drug that her doctor prescribed for her, but the insurance company refused to pay. What the Oregon Health Plan did agree to cover, however, were drugs for a physician-assisted death. Those drugs would cost about \$50."

Barbara Wagner [appealed](#) the drug denial twice but lost both times. The drug maker eventually responded to pleas from her doctors and provided the medication at no charge, but it was too late; Barbara died three weeks after starting the treatment.

What remains to be seen is whether or not Americans will wake up before it's too late and recognize the financial and psychological pressures, the deceptive rhetoric and the threat to the vulnerable posed by state-sanctioned assisted suicide.

THE SUN

February 21, 2015

Assisted suicide is not 'death with dignity'

An advocate for a Maryland "death with dignity" bill complains, "Why is it that I can put my dying pet to sleep to end its suffering, then have to sit with my dying spouse at a hospice?" ("Md. needs a death with dignity law," Feb. 18)..

The comments suggest exactly why assisted suicide is far from "death with dignity."

Unlike animal pets, human beings possess the ability to transcend their physical bodies to achieve dignity and purpose.

The fact that a caretaker expresses regret at "having to sit with my dying spouse at hospice" unwittingly illustrates the pressures that can be brought to bear on the vulnerable, the disabled and the dying to end their lives prematurely.

The unpleasant truth is that when sick, elderly or disabled individuals are experiencing challenges that render them weak, depressed and extremely vulnerable, their caretakers will all too often prefer emotional relief to persevering in care-giving; insurers and governments will save money with a quicker end to life; overeager heirs may want to cut care short to preserve their inheritance; and coldly pragmatic health workers may want to clear the bed that patients nearing the end of life "uselessly" occupy.

As former Surgeon General C. Everett Koop observed, the "right to die" becomes the duty to die. We should instead focus on palliative care, assisting families with vulnerable patients and upholding the true human dignity that transcends our frail bodies.

Jonathan Imbody, Ashburn, Va.



July 4, 2014

What the Hobby Lobby ruling means to people of faith

The Times wrongly asserts that the Supreme Court's decision on the Obamacare contraceptives mandate "could embolden employers to assert a 'religious' right to deny other health benefits to their employees — from immunization to blood transfusions to psychotherapy — or to discriminate in other ways."

In fact, the opinion specifies that it "should not be understood to hold that all insurance coverage mandates, e.g., for vaccinations or blood transfusions, must necessarily fall if they conflict with an employer's religious beliefs. Nor does it provide a shield for employers who might cloak illegal discrimination as a religious practice."

Blind to the irony of its own assertion, The Times opines that the court "absurdly" held that "Hobby Lobby and the other companies qualified as 'persons,'" thus protected by 1st Amendment religious exercise rights. If the 1st Amendment did not apply to companies, The Times would have no right to free speech.

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OPINION

Two courageous families fight back against Team Obama at Supreme Court

by Jonathan Imbody

181 13



Published March 25, 2014 FoxNews.com

Why do so many Americans feel that we went to bed in the USA and woke up in China?

It seems that overnight, our government started tracking our phone calls, denying IRS approvals of organizations for political reasons, deciding which doctors we can visit and dictating decisions down to the level of what kind of light bulbs we can buy. Heavy-handed government edicts are making employers cut jobs, trim employees' hours and drop health insurance.

Secrecy and stonewalling still shroud the stories behind several of these government abuses of power, but the source of the loss of freedom related to our own health care is hardly mysterious.

In a time of economic crisis, ObamaCare has confronted employers with new business- threatening health insurance costs and heavy ObamaCare fines. Many employers predictably have had to cut jobs and drop healthcare insurance in order to survive.

By transferring massive power to the administration's federal bureaucracy, ObamaCare snatched away decision-making power not only from employers, but also from patients and physicians.

ObamaCare empowered ideologically driven Obama administration officials to make myriad health care decisions for us and our employers, literally down to the level of specific pills.

The audacity of this pill-level government decision-making was exposed in the mandate under ObamaCare that prescribes the provision of 20 specific contraceptives. While many Americans, including those with religious convictions, approve of and use certain contraceptives, the government-mandated, no-exceptions list includes four especially controversial items (Plan B, ella and two intrauterine devices--IUDs) that the FDA notes can end the life of a developing human being.

Despite a hot national controversy over the life-ending pills on the mandate list, the administration has wielded its new power under ObamaCare with a zeal and rigidity frighteningly similar to that with which totalitarian countries like China enforce its one-child-only, forced abortion policy. In fact, the Obama administration's enforcement of its new pill policy has been so harsh and unyielding that one of Mr. Obama's own appointees to the Supreme Court--Justice Sonia Sotomayor--intervened

OPINION ,



Putin wins 🗳️

- **John Stossel:** Bullies rule -- when government gets too big, you lose
- **Diane Katz:** Why EU's cheesy food fight stinks
- **Jonathan Imbody:** Two courageous families fight back against Team ...

with an injunction to stop the administration from forcing a group of elderly nuns engaged in hospice ministry, the Little Sisters of the Poor, to participate in the contraceptives mandate.

Why would the government intervene to force the provision of free contraceptives for every woman from the Hamptons to Beverly Hills?

Everyone who has easily bought and used contraceptives at the neighborhood drug store can readily see that the administration has no compelling interest to do so beyond raw politics and ideology.

President Obama unwittingly confirmed the lack of a compelling need for government intervention when he asserted in a White House address, "Nearly 99 percent of all women have relied on contraception at some point in their lives--99 percent."

Why would the federal government intervene to mandate the provision of what even the president admits is a ubiquitous product?

The existing ready access to contraceptives, combined with literally millions of exemptions handed out by the administration to virtually everyone but religious objectors, effectively rules out any government claim to a compelling reason for the mandate.

Tuesday Supreme Court heard arguments about whether the administration violated federal law that requires a "compelling" government justification for trampling Americans' conscience freedoms.

The Court heard two cases of family-owned businesses--the Conestoga Wood Specialties and the Hobby Lobby--whose only crime appears to be not sharing the administration's ideology.

The two families, based on their science- and faith-based objection to providing the four of the mandated contraceptives that can end a human life, have run afoul of ObamaCare and the administration's rigid mandate.

As a result, these two family-owned businesses face government fines totaling millions of dollars as the cost of exercising what they thought were every American's unalienable First Amendment freedoms.

They could also, of course, simply drop their employees' health care insurance altogether. But that option likewise incurs draconian ObamaCare fines, and the families want to continue providing excellent health coverage to employees as they were able to before ObamaCare.

These families now fight in court for the freedoms that other Americans have fought for on the battlefield. Ordinary shopkeepers, farmers and other patriots won our freedoms when they put their lives on the line to challenge and break the power of a tyrannical king.

As the words of George Washington warn us, "Government is not reason, it is not eloquence—it is force. Like fire, it is a dangerous servant and a fearful master; never for a moment should it be left to irresponsible action."

OPINION

Religion and the government

Re "The rights of the religious," Editorial, Feb. 4

The Times rightly defends but wrongly interprets a federal law that forbids the government from imposing "substantial burdens" on the exercise of religious convictions and requires federal officials to pursue the "least restrictive means" of achieving any "compelling interest."

The Times neglects 1st Amendment principles in defending the administration's attempts to force employers with conscientious objections to bow to the government's edict to have employee insurance policies that provide controversial contraceptives.

The government easily could avoid violating religious freedom by directly supplying poor women with contraceptives, just as it does worldwide.

Just as the 1st Amendment protects the free speech of citizens and corporations such as The Times, it also protects the free exercise of religion by citizens and employers. When the administration attempts to force even elderly nuns to violate their religious convictions, clearly the government has trampled on sacred 1st Amendment ground.

JONATHAN IMBODY
Washington

The writer is vice president for government relations at the Christian Medical Assn.



The Washington Times

SOME RAIN - HIGH 63, LOW 45 - DETAILS B13

FRIDAY, NOVEMBER 22, 2013

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Empower patients, not bureaucrats

In a swaggering defense of Obamacare, President Obama proclaimed to the American people, "If you like your health care plan, you'll be able to keep your health care plan, period. No one will take it away. No matter what." ("Obama blunders into his own 'Katrina,'" Web, Nov. 17).

Now we learn that what he really meant was: "You'll be able to keep my health plan, period. No one will take Obamacare away. No matter what." No matter if countless patients lose the health care plans they like. No matter if almost no one signs up for Obamacare.

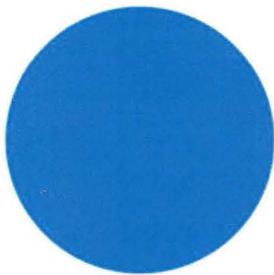
The president's perjurious promises and the Obamacare debacle have increased calls to repeal and replace the Jacobinic madness of Obamacare with truly democratic reform.

Empower patients instead of bureaucrats. Provide a sensible, sustainable safety net instead of industry-crippling mandates. Cut costs through reasonable regulation and competition instead of escalating costs through hyper-regulation, bureaucracy and incompetence.

But the president and his party press on without heed, so Americans await the next election. Meanwhile, the wry words of President Lincoln will prove pertinent: "The best way to get a bad law repealed is to enforce it strictly."

JONATHAN IMBODY

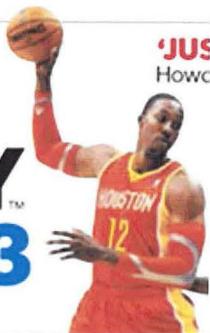
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THURSDAY, NOVEMBER 7, 2013

YOUR SAY

ELECTION 2013

Republicans need to stick to their principles



LETTERS

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If only the GOP would throw up the white flag and surrender "hard- line positions on abortion" and other social issues, its members might win like Democrats, suggests your editorial ("Results in Va., N. J. hold lessons for Republicans," Our view, Wednesday).

A 2013 Gallup Poll revealed that women, independents and young voters all favored the GOP position of making abortion illegal in most cases. The movement against abortion on demand garners even more support when the specific abortion issue is parental consent, partialbirth abortion, late- term abortions and informed consent.

Meanwhile, a Brookings Institution poll suggested that it would be better for Republicans to attract Democrats with a socially conservative message than an economically conservative one.

Republicans' socially conservative position on abortion clearly syncs with American voters' values. Yet even if polling on abortion ran counter to the GOP platform, who could ever trust a political party that sacrificed on the altar of political expediency its commitment to the "right to life, liberty and the pursuit of happiness"?

Jonathan **Imbody**
Ashburn, Va.



LETTERS TO THE EDITOR

Sex trafficking needs more awareness, reporting

Former sex-trafficking victim Barbara Amaya highlights the need to “educate the public about the horrors of human trafficking or modern day slavery” (“Sex trafficking: Has anything changed in 45 years?” Web, Saturday).

While federal government agencies, including the State Department, the Department of Homeland Security and the Department of Health and Human Services, have all impressively ramped up efforts to educate the public and law enforcement communities about sex trafficking, there remains a critical need to focus in-depth on medical professionals who see but fail to recognize and report many human-trafficking cases. One medical study of victims interviewed after rescue found that up to half had been taken to a medical facility, yet not a single victim had been reported for rescue.

One solution is to invite leaders of America’s medical specialty colleges to

a White House symposium on human trafficking and to challenge them to adapt existing awareness-building resources and data in order to educate their own members on how to recognize, report and treat victims. For example, the Christian Medical Association now offers an in-depth, online curriculum, with continuing medical education credit, to train health care professionals on how to recognize, report and treat human-trafficking victims.

If other medical specialty organizations do likewise, hundreds of thousands of health care professionals could learn how to recognize, rescue and rehabilitate thousands of victims who otherwise would languish in slavery.

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The Washington Post

AN INDEPENDENT NEWSPAPER

LETTERS TO THE EDITOR

 letters@washpost.com

Religious freedom or discrimination?

E.J. Dionne Jr. pontificated that “America’s Big Religious War ended Friday” [“Obama’s olive branch to Catholics,” op-ed, Feb. 4]. After a slew of court losses, the Obama administration now grudgingly exempts from its contraception mandate organizations it deems sufficiently religious. Mr. Dionne called that concession “a clear statement that President Obama never wanted this fight,” but the president and his campaign gleefully promoted this fight as a “war on women.”

Mr. Obama undermined any pretense of a compelling health justification for a government mandate by unwittingly observing that 99 percent of women already access contraceptives. His health department dismissed concerns of economic consequences, blithely contending that preventing babies is cheaper than having them.

The First Amendment protects all individuals — not merely government-certified religious institutions. Yet the administration continues to coerce conscience-objecting individual employers.

Mr. Dionne castigated the faith community for claiming First Amendment infringement since the government coercion did not restrict the “freedom to worship or to preach.” The Founders, however, clearly construed the First Amendment to also protect the free exercise of conscience.

JONATHAN IMBODY, *Washington*

The writer is the Christian Medical Association’s vice president for government relations.



By Jonathan Imbody

Obama 'freedom to worship' assaults First Amendment

Freedom of religion not just for private expression

President Obama marked Religious Freedom Day earlier this month by framing religious liberty as "the freedom to worship as we choose." If the president had not been restricting and attacking religious freedom so egregiously, he might merit a pass for using "freedom to worship" as poor shorthand for religious liberty.

The First Amendment of our Constitution actually reads, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof." The constitutionally guaranteed free exercise of religion in America extends well beyond the freedom to worship. It includes the freedom to live out our conscientiously held beliefs.

Worship at its core is essentially a private and personal process, a communion between God and an individual. No government could restrict such worship, any more than it could monitor and censor every citizen's thoughts and prayers. Even forbidding individuals to worship together in public, which coercive communist governments like China's have done, cannot actually prevent individuals from worshipping God in private.

So a law that merely protected the freedom to worship would hardly be worth heralding in a presidential proclamation.

The free exercise of religion under the American Constitution, by contrast, includes the freedom to openly express, follow and live out our faith — not just in private but also in the public square — without government coercion, censorship or any other form of restriction.

The concept of religious liberty held by the constitution's framers included not merely the freedom to worship, but also the free exercise of conscience — carrying out one's moral beliefs with conviction and action.

As Thomas Jefferson asserted, "[O]ur rules can have authority over such natural rights only as we have submitted to them. The rights of conscience we never submitted, we could not submit. We are answerable for them to our God."

James Madison expressed this understanding in his original

amendment to the Constitution: "The civil rights of none shall be abridged on account of religious belief or worship, nor shall any national religion be established, nor shall the full and equal rights of conscience be in any manner, or on any pretext infringed."

To be fair, Mr. Obama's statement eventually included a more expansive acknowledgment of religious freedom: "Because of the protections guaranteed by our Constitution, each of us has the right to practice our faith openly and as we choose."

Yet the record will show that the president's gilded rhetoric belies tarnished policies. The prioritization of the president's first statement — that religious freedom means simply freedom to worship — in fact parallels his policies. Those policies often violate not only the general principles of the First Amendment, but also the more specific Religious Freedom Restoration Act of 1993, which provides that "Government shall not substantially burden a person's exercise of religion" and must take "the least

restrictive means of furthering that compelling governmental interest."

The Obama administration has taken several actions to restrict or outright violate religious liberty. They have gutted the only federal conscience regulation protecting the conscience rights of American health care professionals.

Officials issued a coercive contraception and sterilization mandate that imposes the president's abortion ideology on all employers, exempting virtually only places of worship. The thousands of faith-based charities that actually exercise their faith and conscience beyond the four walls of their churches now face millions of dollars in fines by the Obama administration.

The administration has argued before the Supreme Court in *Hosanna-Tabor Evangelical Lutheran Church and School v. EEOC* against a religious institution in an attempt to restrict faith-based organizations' hiring rights. In a unanimous decision, even Mr. Obama's own

appointees to the court rejected the administration's radical arguments to restrict religious liberty.

The Obama administration failed for months to aggressively advocate on behalf of Pastor Saeed Abedini, an American citizen imprisoned, tortured and now on trial, facing possible execution by the Iranian government, for simply living out and speaking about his Christian faith.

The first American Congress enshrined religious liberty prominently in the Bill of Rights. Many of those leaders and their fellow patriots who ratified the First Amendment had risked everything they owned and their very lives to win those freedoms. They also recognized that threatening one group's freedoms, by either restricting or establishing a faith, threatens the freedoms of everyone.

Unless we act swiftly to guard against current assaults on religious liberty — by reversing the administration's coercive policies through the courts, by passing conscience-protecting laws in Congress and by re-educating the culture on religious liberty — our First Amendment freedoms will become an empty proclamation.

Jonathan Imbody is vice president for government relations at the Christian Medical Association.

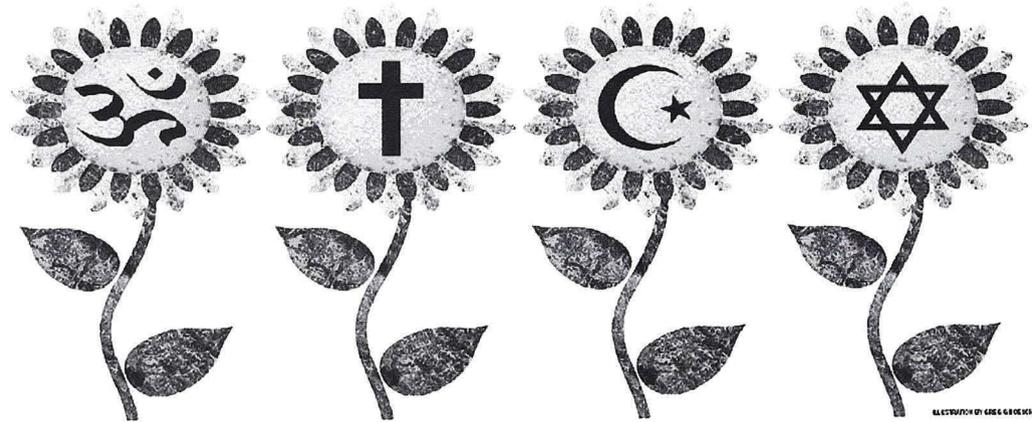


ILLUSTRATION BY GREG GARDNER



The Washington Times

★★

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THURSDAY, SEPTEMBER 13, 2012

washingtontimes.com 50¢

Abortion agenda erodes party platform

Even with polls showing that more Americans call themselves pro-life than pro-choice, with undercover recordings of Planned Parenthood scandals going viral on YouTube and with ultrasound images ripping the curtain off the “blob of tissue” deception, Democratic strategists incredibly persist in advancing abortion as a primary party plank (“Abortion issue sets tone for attracting women at DNC,” Web, Sept. 4).

The denseness of the Democrats’ decision betrays the desperation of those adhering to an ideology that has infiltrated a party once known for championing the rights of the most vulnerable among us. By asserting that ending the life of a developing baby provides a steppingstone to women seeking to advance professionally, what credibility remains

when the party attacks employers for putting profit over the welfare of employees? How can a party that devalues the life of developing children pretend to speak for the education of young children? How can the party advance the rights of undocumented aliens to be granted citizenship in this country while simultaneously undermining the rights of children to be born in this country?

With members of the up-and-coming generation joining the growing ranks of pro-life Americans, the Democrats’ abortion agenda appears poised to go down as one of the most tragic political miscalculations in history.

JONATHAN IMBODY
Ashburn, Va.



The Examiner
WASHINGTON

THURSDAY, JULY 5, 2012

Repeal Obamacare — and then really reform health care

Re: "As a tax hike, Obamacare is another broken promise," Editorial, July 2

Tax versus penalty semantics aside, let's focus on repealing Obamacare and enacting focused reforms:

- » Provide a targeted and sustainable safety net to assist the poor and patients with catastrophic health care costs;

- » Preserve patient access to health care professionals through conscience rights and malpractice reform;

- » Cut government bureaucracy and paperwork and return decision making to patients and their physicians;

- » Empower consumers with insurance competition between states and portability between jobs; and

- » Encourage health savings accounts that protect against unaffordable expenses and let consumers choose care and medicines through transparent pricing.

Reforming health care is unquestionably challenging, but it's not brain surgery. It works best when following basic principles most kindergartners learn: Help others up when they've fallen, keep your hands off other people's stuff and save your lunch money for when it's needed.

Jonathan Imbody
Washington

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NATIONAL RIGHT TO LIFE NEWS TODAY

March 27, 2012 [Assisted Suicide](#)

Oregon Report Shows More Assisted Suicides, More Secrecy

By Jonathan Imbody



Jonathan Imbody

Assisted suicide proponents argue that getting the government to sanction medically induced death results in patient autonomy. Of course, they may be the only people nowadays who believe that increased government involvement results in increased individual autonomy.

They would also have us believe that bureaucrats in a state like Oregon, which sanctions medical killing, are going to be forthcoming about problems with the assisted suicide law the state has adopted. The law actually mandates secrecy, which of course prevents any patient protections that might otherwise result from transparency and public and media oversight.

The Physicians for Compassionate Care Education Foundation recently issued the following critique of the Public Health Department of the Oregon Health Authority's report for physician-assisted suicides for the 2011 year, noting:

- There were more prescriptions and deaths than in any previous year; the number of prescriptions written for lethal doses of barbiturates increased from 97 in 2010 to 114 in 2011, and the reported deaths from assisted suicide increased from 65 to 71. This is indicative of an increase in hopelessness and despair among a vulnerable population with serious illness.

- 62 doctors wrote 114 prescriptions, with some writing up to 14 prescriptions each. Some doctors knew the patient for only one week before writing the prescriptions. It is known that some doctors are prominent prescribers of lethal barbiturates for assisted suicide.
- As has occurred in prior years, not all who attempt to take the drugs will die. Two patients ingested the medication but failed to die. Each regained consciousness and died more than a day later, 30 hours and 38 hours respectively, of their underlying illness; they were not considered to have died from the ingested drugs. These are not easy drugs to take, they are bitter and foul-tasting, and vomiting does occur despite anti-emetics.
- As in previous years, there was virtually no formal evaluation for underlying depression, anxiety or other serious mental health issue. Only one of the 71 patients was referred for psychiatric evaluation. OHSU researchers in 2008 reported that 25% of patients requesting assisted suicide were considered to be depressed.
- As in previous years, pain has not been a major concern; only one third of patients had inadequate pain control or concern about it. The most commonly expressed concerns of those dying from physician-assisted suicide were unchanged from previous reports: less able to engage in activities making life enjoyable, losing autonomy, and loss of dignity.
- In only six cases was the prescribing physician present at the time of ingestion, in 3 other cases another provider was present. Thus, very little is known or reported regarding events at the time of ingestion of the medications. For 62 patients there was either no provider present or the information regarding presence of a provider was unknown. Physicians appear to be disengaged with patients at the end.

In essence then, complications were unknown for 59 patients, and any information regarding minutes between ingestion and unconsciousness and death was unknown for 63 patients.

The shroud of secrecy surrounding assisted suicide is heavier than ever. With each passing year, Oregonians know less and less about what is really happening with assisted suicides in the state.

Editor's note. Jonathan Imbody is Vice President for Government Relations for the Christian Medical Association. This first appeared at <http://freedom2care.blogspot.com>.



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[Assisted Suicide](#), [Oregon assisted suicide](#)

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Oregon Report Shows More Assisted Suicides, More Secrecy

by Jonathan Imbody | LifeNews.com | 3/24/12 3:49 PM

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LifeNews.com Note: Jonathan Imbody is the vice president of government relations for the Christian Medical Association, a national organization for Christian doctors and other medical professionals. He is also a spokesman for the Freedom2Care coalition, an ad hoc group of pro-life organizations promoting ethical science.

LifeNews.com

HHS Info Contradicts FDA on Plan B's Abortifacient Nature

by Jonathan Imbody | LifeNews.com | 3/16/12 4:27 PM

A review of U.S. Dept. of Health and Human Services (HHS) documents on contraceptives raises questions as to why HHS is apparently:

(a) **contradicting Food and Drug Administration (FDA) labeling** in an HHS Office of Women's Health document on emergency contraception, and

(b) **leaving out vital information**, in an HHS Office of Population Affairs document, about the drug's post-fertilization, life-ending effect

—and whether ideological considerations are driving those decisions.



A recently revised web-based [fact sheet](#)^[1] published by the HHS Office of Women's Health appears to contradict FDA labeling on emergency contraception pills (levonorgestrel, also known as "Plan B," "Plan B One-Step," "Next Choice" and the "morning-after pill"). FDA [labeling](#)^[2] indicates that emergency contraception can end the life of a developing human embryo by preventing implantation.

The FDA notes, "Plan B One-Step is believed to act as an emergency contraceptive principally by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, it may inhibit implantation (by altering the endometrium)."

In other words, the drug may prevent a living, developing human embryo from implanting in the womb, thus ending the life of the embryo. Because that information is a key concern for any women with pro-life conscience concerns, it must be presented to allow women fully informed consent in making their medical choices.

However, a recently revised version of the HHS Office of Women's Health fact sheet casts the post-fertilization issue much differently than the FDA, asserting, "While it is possible that ECPs [emergency contraception pills] might work by keeping a fertilized egg from attaching to the uterus, the most up-to-date research suggests that ECPs do not work in this way." The fact sheet does not provide any scientific references to back up what is asserted to be "the most up-to-date research."

A previous version of the HHS Office of Women's Health fact sheet had included a distinct section entitled, "How does emergency contraception work?" The previous fact sheet noted, "Emergency contraception can keep you from becoming pregnant by: Keeping the egg from leaving the ovary; OR Keeping the sperm from

meeting the egg, OR Keeping the fertilized egg from attaching to the uterus (womb).”

The newly revised HHS document also refers readers for more information to (a) the FDA, (b) <http://ec.princeton.edu> and (c) Planned Parenthood. Both the original and revised HHS documents state that they were reviewed by James Trussell, PhD, Director of Office of Population Research at Princeton and a member of an FDA advisory panel that in 2003 recommended that Plan B be sold over the counter.

Another [HHS fact sheet](#)^[3] on emergency contraception, produced by the agency’s Office of Population Affairs, notes only that “Emergency contraception prevents pregnancy mainly by keeping the ovaries from releasing eggs. Emergency contraception also works by causing the cervical mucus to thicken, which blocks sperm from meeting with and fertilizing an egg.” The fact sheet does not mention at all the potential post-fertilization, life-ending effect of the drug.

Since 2002, the HHS Office of Public Health and Science has provided a [process](#) by which individuals and organizations can protest and request correction of wrong or incomplete public information disseminated by HHS.

The conspicuous omission of vital medical information needed to provided women with fully informed consent regarding emergency contraception, coupled with unsubstantiated assertions that contradict FDA labeling, lay the administration open to charges that it is advancing abortion ideology over science and violating President Obama’s barbed pledge in his inaugural address to “restore science to its rightful place.”

[1] <http://www.womenshealth.gov/publications/our-publications/fact-sheet/emergency-contraception.pdf>

2 http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/021998lbl.pdf

3 <http://www.hhs.gov/opa/pdfs/emergency-contraception-fact-sheet.pdf>

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