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PHA Monthly

*Newsletter for the Pro-Life Healthcare Alliance
Twenty-Third Edition*

Welcome to the twenty-third edition of PHA Monthly, the e-newsletter for the Pro-life Healthcare Alliance. This newsletter provides another opportunity for the PHA to share pro-life information about current healthcare issues, PHA events, contributions from members and other relevant information.

Please share your ideas and suggestions with us.

Visit our website at www.prolifehealthcare.org for more information.

PRO-LIFE HEALTHCARE ALLIANCE MISSION STATEMENT

Promoting and developing concrete "pro-life healthcare"* alternatives and advocating for those facing the grave consequences of healthcare rationing and unethical practices, especially those at risk of euthanasia and assisted suicide.

*"Pro-life healthcare" means medical care in which the life and safety of each person comes first, where each person receives medical care across their lifespan based on their need for care, regardless of their abilities or perceived "quality of life."

FROM THE EDITOR'S DESK



SILENCING CONSCIENCE

By Julie Grimstad

"To sin by silence when they should protest makes cowards out of men."
-- Abraham Lincoln

There is a great effort afoot to compel people to sin by silence - that is, not to voice moral objections to the various moral evils prevalent in our age.

The inner voice that gives a person the ability to distinguish right from wrong, that moves him or her to do that which is good and to avoid that which is evil, is the conscience. It is God speaking to a person, whether or not that person believes in God. Practically nothing attests to the dignity God has bestowed on the human race more than our ability to recognize good and evil and choose between them. And nothing violates an individual person's dignity more than being coerced to act against his or her conscience.

Throughout the ages, many people have gone to prison or been executed because they were true to their conscience. That kind of courage is needed today as we experience bullying designed to reduce us to silent cowards and even to participants in the murder of innocent, helpless human beings, both unborn and born.

Some examples of the bullying to which I refer

We in the United States are well aware of the H.H.S. Mandate, part of the Affordable Care Act, which requires employers to provide abortion-inducing drugs in their insurance policies. Thus, Christian employers whose consciences won't allow them to purchase pregnancy-ending drugs are forced to choose between their livelihood and their faith.

In Canada, the Ontario College of Physicians and Surgeons, by a 21-3 vote, adopted a policy that doctors must provide patients with abortion referrals, regardless of their moral principles. Despite strenuous protests from the minority and from the Ontario Medical Association urging respect for physicians' conscience rights, the chairman of the drafting committee said the group "wanted to ensure there was no wiggle room." [*Catholic World News*, 3/6/2014]

In Britain, the Royal College of Obstetricians and Gynaecologists' Faculty of Sexual and Reproductive Healthcare ruled that doctors and nurses who object to contraception or the morning-after pill are ineligible for "diplomas in sexual and reproductive health as well as full membership of the faculty." [*Daily Telegraph*, 4/29/2014]

This has been coming for a long time. In 1985, at the Second National Voluntary Euthanasia Conference (Britain) sponsored by the Hemlock Society, called "Good Life, Good Death Through Control and Choice," Dr. Colin Brewer, a London psychiatrist addressing American participants, **compared attitudes on euthanasia, abortion and contraception and explained how to coerce doctors into cooperating.** He said, "First we ask if they will provide contraception and we won't pay them unless they do. It's amazing how quickly they change their minds."

Canadian Professor Udo Schuklenk, of Queens University and editor-in-chief of the journal *Bioethics*, attacked conscientious objection in his blog:

The very idea that we ought to countenance conscientious objection in any profession is objectionable. Nobody forces anyone to become a professional. It is a voluntary choice. A conscientious objector in medicine is not dissimilar to a taxi driver who joins a taxi company that runs a fleet of mostly combustion engine cars and who objects on grounds of conscience to drive those cars due to environmental concerns.

Professor Schuklenk wrote further, "Conscience clauses today are by and large a concession of special rights to Christian health care professionals, at least in secular Western democracies." Source: <http://www.bioedge.org/bioethics/canadian-bioethicist-attacks-conscientious-objection/11402>

Response to bullies who taunt and torment conscientious objectors

There was a time when people of conscience, particularly Christians, were considered to be of great benefit to society, not an enemy to be crushed. The Church built hospitals, schools and orphanages. She was renowned for her works of charity. People of good will with rightly formed consciences fed the poor, clothed the naked, instructed the ignorant and promoted the common good.

Christians still do all those things, but are now maligned and hindered in our efforts by those who want us to shut up and cooperate. But we are not cowards. We will not be silent. We will not participate in evil. We will protect human life with all the resources at our command and we will protest violations of human life until we draw our last breaths.

And, God help us, overbearing bullies will never silence that inner voice which moves us to do good and avoid evil.

Update

By Ann Olson

A few weeks ago the PHA sent out an email requesting prayers for Betty, who was in danger of being euthanized. We are happy to report that Betty is doing better.

When her son Kevin called, he was almost hysterical and extremely distraught. He had been trying to stop his mother's death and couldn't find anyone to help--until he called Human Life Alliance.

Jo Tolck, Executive Director of HLA, took Kevin's call and was able to calm Kevin enough to find out what the situation was and what needed to be done to save his mother's life. Jo contacted Mary Riley with Life Legal Defense Foundation.

Life Legal has been an indispensable help in this case and in other cases where immediate legal action has been needed to save a life or for advice and assistance in less urgent circumstances. Mary directed Kevin and helped him get a Power of Attorney for Health Care for his mother. Once Kevin had the POAHC he was able to get his mother the help she needed and stop those who were bent on ending her life.

Jo recently talked with Betty. She told Jo, "Physically I'm fine. Emotionally I'm terrified because, unfortunately, it was my children, other than Kevin, who were trying to have me euthanized."

Thank God HLA was able to find the resources that could help Kevin and thank God for Life Legal Defense Foundation's expertise and willingness to serve.

This case exemplifies the situations that HLA faces on a regular basis. Calls come in from people who have heard about the Pro-life Healthcare Alliance or have been searching online for an individual or group that can help with their desperate situations. Usually it is the

case that a family member is being denied medical help, actively being euthanized through stealth euthanasia, or has already been killed.

HLA tries in every possible way to find the resources needed in each individual case. However, it can be very difficult to locate pro-life doctors, attorneys, hospitals, nursing homes and especially hospice in areas the callers are from. It would be a huge help if you, our members and friends, would send us the names and contact information for pro-life professionals or institutions that you know of so we can build our resource and referral list. Please email information to toolson@humanlife.org. We, and those who call for help, thank you.

Available now!

[10 QUICK REASONS FOR OPPOSING THE LEGALIZATION OF ASSISTED SUICIDE](http://www.prolifehealthcare.org/PhysicianAssistedSuicide_OpposingArguments.pdf)
http://www.prolifehealthcare.org/PhysicianAssistedSuicide_OpposingArguments.pdf

For your copy contact Human Life Alliance at feedback@humanlife.org

Unexpected Recovery:

In order to introduce you to people who have recovered after supposedly "hopeless" diagnoses, we periodically feature the stories of surprising survivals/recoveries. Hopefully, these true stories will give you reason to pause before consenting to organ donation or accepting a medical prediction that a loved one will never recover consciousness.

Richard Marsh, a 60-year-old former police officer and teacher, suffered a massive stroke on May 20, 2009. Four months and nine days later, he walked out of a long-term care facility after having recovered 95% of his functionality. He wept as he remembered watching his wife tell the doctors they could not turn off his life support. "The doctors had just finished telling Lili that I had a 2% chance of survival and, if I should survive, I would be a vegetable," he said. "I could hear the conversation and in my mind I was screaming, 'No!'" Richard didn't want to die. The medics believed he was in a persistent vegetative state, but he was fully aware. He had locked-in-syndrome. "The doctors would just stand at the foot of the bed and just talk like I wasn't in the room. I just wanted to holler: 'Hey, people, I'm still here!' But there was no way to let anyone know." Finally, a doctor discovered Richard could communicate through blinking. Regarding his locked-in state, Richard recalled, "Time goes by so slow...I don't know how to describe it. It's almost like it stands still. It's a terrible, terrible place to be but there's always hope. You've got to have hope." [Amelia Hill, The Guardian (UK), 8/11/2012]

OUR GRANDSON WAS SAVED BY AN ADULT STEM CELL TRANSPLANT

By Nancy Valko, RN ALNC

Wednesday, July 1, 2015, our 2 year old grandson Liam and his family were featured on the local news by the St. Louis NBC affiliate. The video segment titled "St. Louis family meets life-saving bone marrow donor" is now online at: <http://www.ksdk.com/story/news/local/outreach/2015/06/30/bone-marrow-transplant-donor-reunion/29537057/>



It is wonderful.

The segment told the basic story: Liam Bryant, like his deceased older brother Noah, had a bone marrow transplant for a rare autoimmune disease called HLH. Liam is doing well thanks to the generosity of a stranger named Kevin who donated his bone marrow. There were many tears of joy when Liam and the family were able to meet Kevin in person.

But there is much more to the story.

There are two types of stem cell procedures: ethically controversial embryonic stem cell (ESC) procedures and non-controversial adult stem cell procedures.* ESC procedures are controversial because the cells used are derived from human embryos - babies at a very early stage of development - who are killed in the process. ESC procedures, so far, have not proved to be the breakthrough they were expected to be.

Liam's transplant came from adult stem cells. Adult stems cells are now proving very useful in the treatment of many diseases thanks to ongoing research, but bone marrow transplants using adult stem cells have been successful for decades.

Liam's Parents Also Chose Life

The autoimmune disease HLH is notoriously difficult to diagnose and there is only a short window of opportunity to successfully treat the disease with a bone marrow transplant. Liam's 6 year old brother Noah's HLH was not diagnosed early. Although he fought hard for many months, complications of his bone marrow transplant took his life in October 2012.

While we were all standing vigil for Noah two days before he died, Noah's parents received the difficult news that a special prenatal test showed that Liam, Noah's unborn brother, also had HLH. The abortion option was brought up. This happened even though little Liam himself would have an excellent chance for a bone marrow transplant cure since his transplant could be planned before he showed any sign of the disease.

I was so proud of my stepdaughter when she instantly replied to the abortion option with outrage. She told the doctor that it was unthinkable that she would be offered the "choice" of killing one of her children while watching another one of her children die!

The "helpful" doctor who suggested abortion probably thought that she was only being sympathetic, but, like too many people in our society, she saw abortion as an acceptable

solution to a tough situation. My stepdaughter enlightened the doctor not only about the truth that abortion is killing, but also about the effects abortion has on the family.

So-called "therapeutic" abortion is never therapeutic for either the child or the family. There is a very real difference between dying and being killed. How can anyone rationalize that being killed is the best option for a baby? How can killing a child ever prevent grief and guilt?

Bone Marrow and Organ Donation

As I have previously written, many people are understandably concerned about signing an organ donation card because of the controversies surround DBD (donation after brain death) and DCD (donation after circulatory death). [See "Non-Brain Death Organ Donation," Parts One and Two, *PHA Monthly*, Jan. 23, 2015 and Feb. 20, 2015, <http://prolifehealthcare.org/newsletters.html>]

However, there are alternatives to DBD and DCD, such as the donation of bone marrow, blood, or even a kidney or part of a liver by a living person in good health. Also, a newborn's umbilical cord blood is a valuable source of adult stem cells that can even be frozen for later use.

In addition, tissues like bone or corneas can be donated even hours after death is certain.

How to Become a Bone Marrow Donor for Someone Like Our Grandson

If you or someone you know is between the ages of 18 and 44 and wants to consider being tested for bone marrow donation, you can get more information and join the bone marrow registry at Be The Match, <https://bethematch.org/Support-the-Cause/Donate-bone-marrow/Join-the-marrow-registry/>

Bone marrow donation can be done by a technique that collects peripheral blood stem cells (PBSC) from the donor's blood as well as by having bone marrow taken from the hip as Liam's donor did. An explanation of both donation methods can be found at <https://bethematch.org/transplant-basics/how-marrow-donation-works/steps-of-bone-marrow-or-pbpc-donation/>

We will continue to be eternally grateful to Liam's donor for his true gift of life

Nancy Valko, RN, ALNC, has been a registered nurse for 45 years and is a nurse consultant (www.valkogroupalnc.com). She is also a spokesperson for the National Association of Pro-life Nurses (www.nursesforlife.org) and a long-time speaker and writer on medical ethics and other health issues. Visit her blog at www.nancyvalko.com

***Editor's note:**

There is a third designation of stem cells that is little known but is gaining momentum: the fetal stem cell. Human beings are called embryos for the first eight weeks after fertilization. After that, we enter the fetal stage, which is from nine weeks post-fertilization until birth. Fetal stem cells are stem cells harvested during the fetal stage of development. Fetal stem cells, often procured from elective abortions, are disingenuously classified as "adult" stem cells simply because they do not come from embryos. Needless to say, this creates great

confusion. Be wary. See: <https://www.ncregister.com/daily-news/stem-cell-stealth-mode-when-terminology-masks-immorality/>

Take Action

In spite of heroic and persistent efforts made by pro-life organizations and individuals, the stark reality is that the healthcare system itself has become an ever-increasing threat to the well-being and lives of the preborn, the young, the old and the disabled and ailing of any age. The PHA is dedicated to renewing reverence for life within healthcare. For some excellent information about current and historical issues regarding abortion, contraception, euthanasia, stealth euthanasia, hospice, advance directives and other pertinent topics, please check out these resources.

[Join the Pro-Life Healthcare Alliance](http://www.prolifehealthcare.org/pha-membership-request-fillable-form.pdf) <http://www.prolifehealthcare.org/pha-membership-request-fillable-form.pdf>

[Pro-life Healthcare Alliance](http://www.prolifehealthcare.org/) <http://www.prolifehealthcare.org/>

[Hospice Patient's Alliance](http://www.hospicepatients.org/) <http://www.hospicepatients.org/>

[Euthanasia Prevention Coalition](http://alexschadenberg.blogspot.com/) <http://alexschadenberg.blogspot.com/>

[Patient's Rights Council](http://www.patientsrightscouncil.org/site/) <http://www.patientsrightscouncil.org/site/>

[Prenatal Partners for Life](http://www.prenatalpartnersforlife.org/) <http://www.prenatalpartnersforlife.org/>

[Read Stealth Euthanasia: Health Care Tyranny in America by Ron Panzer](http://www.hospicepatients.org/this-thing-called-hospice.html)
<http://www.hospicepatients.org/this-thing-called-hospice.html>

The Pro-life Healthcare Alliance needs your support. The suggested PHA membership donation is \$25 per year. Please renew your membership or join today. Be a part of this vitally important work and help the PHA continue and grow.

Pray for renewal of reverence for life. In particular we have designated Thursday as a special day of prayer for the mission of the PHA.



a program of [Human Life Alliance](https://humanlife.org/) <https://humanlife.org/>
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