



Sept. 19, 2014

PHA Monthly

*Newsletter for the Pro-Life Healthcare Alliance
Fourteenth Edition*

Welcome to the thirteenth 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."

WHAT ARE WE DOING?

Upcoming Events

Please attend and share this information!

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Defending Life at Risk in a Throwaway Culture

Nov 15th, 2014
St. Francis University
Loretto, PA



For questions and registration please call Human Life Alliance at 651 484 1040

August 23: Dr. Brian Kopp, Bobby Schindler, Mary Kellett and Julie Grimstad will be interviewed by Barbara McGuigan on her program "The Good Fight" on EWTN Radio. The program will air from 2:00-4:00 pm EST.

October 4: The Euthanasia Prevention Coalition (EPC) Euthanasia Symposium 2014 will be held from 9:00am - 5:00pm at the Best Western Plus Gatineau-Ottawa Hotel. Register by contacting EPC at: 1-877-439-3348 or by emailing EPC at: info@epcc.ca.

October 4: Texas Leadership Coalition and Texas Right to Life are co-sponsoring the Advancing the Culture of Life in Texas! San Antonio Conference. This one-day conference will be held at the Knights of Columbus Council Banquet Hall, 6909 Camp Bullis Road, San Antonio, TX 78256. Julie Grimstad will be one of several dynamic speakers addressing a wide range of life issues. Watch for more details in September. Contact: philsevilla@att.net.

October 26: Nancy Valko, RN, will be speaking at the St. Charles Convention Center for the annual St. Louis Archdiocese's Respect Life Committee Conference. Nancy's talk will be based on her article "Then and Now: The Descent of Ethics" (online at: <http://www.wf-f.org/12-2-Valko.html>)

News

September: Dr. Ralph A. Capone's article "Patient Virtue and Healthcare Decision-Making" will be published in *Ethics & Medics*, September 2014, Volume 39, Number 9.

Throughout the month of September Saint Michael Broadcasting in Minneapolis, MN is airing [*The First National Symposium on Euthanasia and Assisted Suicide*](#)

If you are in the viewing area, please tune in.

October 15: The Supreme Court of Canada will hear a case that would strike down Canada's assisted suicide law and legalize euthanasia. The Supreme Court granted the Euthanasia Prevention Coalition (EPC) intervenor status in this case and the EPC is currently preparing its legal submission. For more

information: <http://www.alexschadenberg.blogspot.ca/2014/01/euthanasia-prevention-coalition.html>

ASSISTED SUICIDE COVERED WHEN TREATMENT DENIED

Kenneth Stevens, MD, a doctor in Oregon, where physician-assisted suicide is legal, has treated thousands of patients with cancer. He is also Professor Emeritus and former Chair of the Department of Radiation Oncology, Oregon Health & Sciences University in Portland. In October, 2013, Dr. Stevens submitted an affidavit to the Montana First Judicial District Court warning that, if assisted suicide is legalized in Montana, following Oregon's pattern, health plans could "pay for you and/or your family to die, but not to live."

The following are direct quotes from Dr. Stevens' affidavit:

4. In Oregon, our assisted suicide law applies to patients predicted to have less than six months to live. I write to clarify that this does not necessarily mean that patients are dying.

10. Today, for patients under the Oregon Health Plan (Medicaid), there are also financial incentives to commit suicide. One incentive is that the Plan covers the cost. The Plan's "Statement of Intent for the April 1, 2012 Prioritized List of Health Services," states:

It is the intent of the [Oregon Health Services] Commission that services under ORS 127.800-127.897 (Oregon Death with Dignity Act) be covered for those that wish to avail themselves of those services.

11. Under the Plan, there is also a financial incentive towards suicide because the Plan will not necessarily pay for the patient's treatment. As an example, patients with cancer are denied treatment if they have a "less than 24 months median survival with treatment" and fit other criteria. This is the Plan's "Guideline Note 12."

12. The term, "less than 24 months median survival with treatment," means that statistically half the patients receiving treatment will live less than 24 months (two years) and the other half will live longer than two years.

13. Some of the patients living longer than two years will likely live far longer than two years, as much as five, ten or twenty years depending on the type of cancer. This is because there are always some people who beat the odds.

14. All such patients who fit within "Guideline Note 12" will nonetheless be denied treatment. Their suicides under Oregon's assisted suicide act will be covered.

16. The Oregon Health Plan is a government health plan administered by the State of Oregon. If assisted suicide is legalized in Montana, your government health plan could follow a similar pattern. Private health plans could also follow this pattern. If so, these plans would pay for you and/or your family to die, but not to live.

BEFRIENDERS

By Julie Grimstad

Loneliness among the elderly is one of the most serious and urgent problems facing the world today.

But there is a simple solution.

For a very long time, I have dreamed and prayed about a program to match volunteer friends with nursing home residents in need of companionship. God has answered my prayers super-abundantly.

Let me start at the beginning.

In February, I presented a proposal to my pastor, Father Hoa Nguyen, to create a Befrienders Program for our parish, St. John the Apostle Church in North Richland Hills, Texas. Mission: "to enhance the quality of life of nursing home residents who are lonely and isolated by facilitating social interaction with volunteers (Befrienders)." I was delighted to discover Father Hoa shared my dream. So, in partnership with Colleen Cargile, Director of Social Ministry, and Aida Arend, who leads the Stephen Ministers, I am helping St. John's Befrienders Ministry (as we now call it) get underway.

Last month, we made little pulpit announcements inviting people to become Befrienders. Our basic message was:

St. John's Befrienders is a new ministry that matches a volunteer from our parish with a nursing home resident. A Befrienders time commitment is small - merely an hour a week - but it will make a huge difference to a person in need of a caring friend whose regular visits give them something to look forward to each week. In addition, this will be a life-enriching opportunity for those called to this ministry.

Over 100 parishioners have volunteered so far!

That's what I mean by a super-abundant answer to prayer. We have already begun training and will have a commissioning ceremony at our parish this weekend.

Solving the urgent problem of loneliness among the elderly is not so overwhelming when you help one person at a time. And, an added benefit is that a Befriender is another pair of eyes watching out for the welfare of his/her elderly friend.

It would be my privilege to share information about how to begin a Befrienders Ministry in your church. Please email me: crti@sbcglobal.net.

Case in Point:

My name is Daniela. I am 46 years old and live in Oregon. I believe my grandmother was killed in a hospital on June 24, 2014. She was in the emergency room for three hours and was given morphine after we had refused it and clearly asked for her right to die naturally. The nurse told me that it was time to say goodbye and she died almost immediately upon receiving that shot. I have the medical records, but there is no notation of the morphine she was given, which makes me believe the records were falsified.

The last wish my grandma had was for a drink of water. I don't think I will ever forget how she looked at me expecting help. Four nurses in the room imprisoned me and I could not move. I was forced to keep looking in her eyes as she pleaded for water. Why was I not allowed to grant her last wish?

Our family is in shock and is having emotional problems because of what we witnessed. My grandma went to the

hospital with abdominal pain and shortness of breath. There, according to the medical records, she was diagnosed to have congestive heart failure, but, when she went into cardiac arrest, they did not attempt to resuscitate her. If she had received proper treatment, she might be here with us today. Grana, as I called her, was 99 years old. I think they decided that she had lived too long, but they did not know this beautiful soul.

Grana was from Romania and had suffered many horrible things in her life. She was a war orphan and spent her life helping other Romanian orphans, myself included. Like so many immigrants, we left our homes and land searching for freedom which turned out to be an illusion. We arrived in the West where we worked hard and were looked down upon. Our hearts cried so many times because of how we were treated in this foreign land, but it was too late to return home. My sons were born and we had to look ahead.

Grana didn't speak English. She was old and partially deaf, but everyday she would learn a new word and was proud of her achievements. She taught my sons to speak, read and write our Romanian language. They read the Bible to her because her eyes were damaged in the German factory where she worked during World War II. The Germans were testing gas masks on the employees. Every day she had to stay in a room with a mask on until tears would come from her eyes. When the Germans would see that through the glass panel behind which they stood, they would let her out. That is how she lost her vision. Grana endured more than I could ever write about. She was raped by Russians recruited to work for the Germans. She was orphaned during World War I and never knew her father who died before she was born. Being poor she had to work hard to earn a living. I don't know anyone who was persecuted and endured as many hardships as my grandma, and all with great hope in her heart.

I was an unwanted pregnancy. Grana gave me the chance to see the light. We lived together for 46 years. When I was an infant, God partnered me with my grandma, placing me in her loving and caring hands. When she was elderly and infirm I prayed everyday that I would be able to give her the same tender loving care. God granted my prayer until that night when the hospital separated us. Now I cannot sleep because I have nightmares. In our culture the last wish is greatly respected and now I hear my grandma cry for water every night. I was left alone in the exam room for hours with her dead body in my arms kissing her and praying for her. A hospital chaplain stopped by for a few minutes and told me that I am selfish not to let God enjoy my grandma. I felt that something broke in my head when I heard that.

I'm alone and afraid. I saw how the crooked* sentenced Grana to die and I know my life is in their hands as well. When I no longer produce, I will be removed. Pray, you who read, that the souls of the departed in the hospitals of this country find peace! And pray for our souls, the souls of those who still live. We should not rest until justice is done. Otherwise we will die, one by one, defeated by the darkness.

I enjoyed listening to my grana's stories about heaven and hell and how the dead people would rise from their graves to be judged when the Angel Gabriel blew his silver trumpet on the Last Day. Oh, and how I wait that day.

*Editor's note: Daniela uses "crooked" to mean healthcare providers who deviate from what is just and good.

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](#)

[Pro-life Healthcare Alliance](#)

[Hospice Patient's Alliance](#)

[Euthanasia Prevention Coalition](#)

[Patient's Rights Council](#)

[Read Stealth Euthanasia: Health Care Tyranny in America by Ron Panzer](#)

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.

STAY CONNECTED



Pro-life Healthcare Alliance

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