By now, David Daleiden is a household name, known for his series of videos exposing Planned Parenthood’s trade in fetal body parts. Millions of people have watched in horror as Planned Parenthood directors casually discussed the dismemberment of babies in the womb and then negotiated sale of their parts for profit. The videos served as the catalyst for congressional hearings and state and federal criminal investigations into Planned Parenthood and its abortion allies. David’s colleague and co-defendant is Sandra Merritt, an unassuming 64-year old grandmother from Northern California. With your help, Life Legal is assisting Sandra and David as they battle felony charges filed by California Attorney General Xavier Becerra. We recently asked her to speak of her experience in Planned Parenthood’s crosshairs and to say a few things about

CONTINUED ON PAGE 2

Sandra Merritt handcuffed and in custody in San Francisco

Mary Rose Short

INTERVIEW WITH SANDRA MERRITT

HOW THIS 64-YEAR-OLD GRANDMOTHER FOUND HERSELF CHARGED WITH MULTIPLE FELONIES

THE OTHER 97 PERCENT OF PLANNED PARENTHOOD

CLOSE OBSERVATION REVEALS WHAT CONSTITUTES THE OTHER 97 PERCENT.

CHARLES GARD:
THE STORY OF THE TEN-MONTH-OLD WHO WAS BORN WITH AN EXTREMELY RARE CONDITION

GET OUT OF MEDICINE!
DOCTORS CANNOT BE FORCED TO PERFORM ABORTIONS OR ASSIST SUICIDES.

MORE INSIDE:

CASES TO WATCH
Life Legal cases across the country

LOOK INTO THE DARK CORNERS OF HISTORY
Are arguments used to justify assisted dying with those advanced by Nazi Germany to justify the Holocaust?
her interactions with counsel from Life Legal.
—The Editor]

Sandra Merritt has a promise for Dr. Mary Gatter. “Mary, when you are out of business and the pro-life movement is out of business, when Roe v. Wade is overturned and abortion is illegal, pro-lifers will chip in and buy you a Lamborghini.”

The mainstream media identify Sandra Merritt as an “anti-abortion extremist.” Anti-abortion? Definitely. Extremist? Not really. I had the opportunity to talk to her about her experiences before and after the undercover investigation and found her a humorous, down-to-earth woman who likes to talk about her children and being a grandmother.

When I asked Sandra why she became involved with the pro-life movement, she had a straight-forward answer: “Because I think ripping the legs off babies in the womb, sucking their brains out, stabbing them with digoxin, and killing them in the womb is wrong.”

Sandra grew up in the 60’s, a time of “vocabulary warfare.” It wasn’t until she became a Christian in her thirties that she “came out of the fog of rhetoric and lies.” She realized what abortion was and committed to doing what she could to stop it. Twenty-eight years ago she participated, with her young daughter, in her first anti-abortion event: holding signs outside a shopping mall on Sunday, the busiest shopping day of the week. For her, the connection between (1) the belief that killing babies is wrong, and (2) the responsibility to do something to stop it, is immediate. Simply standing on the sidelines and believing abortion is wrong is not enough.

How did this 64-year-old grandmother find herself charged with multiple felonies in multiple states and on the receiving end of three civil lawsuits?

A few years ago, Sandra had a job working with young children. The contrast between the innocence of the young children and the terrible news surfacing every day from every corner of the world began to depress her. A friend gave Sandra a copy of a prayer. Sandra prayed, “Lord, I’m old and getting older. The world is dark and getting darker. I give You total control of my life. Use me in this dark world.” Within twenty-four hours a young man she had never met before contacted her and asked her to be part of a project to uncover the darkness within the abortion industry. The young man was David Daleiden.

Sandra was away from home most of the day the first undercover video was released in July 2015. Right before she left the house, her daughter showed her that it was on YouTube and had 47 views. Sandra was thrilled. “This is great! Forty-seven people have seen Planned Parenthood talking about ripping up babies. Now they won’t believe their lies anymore. This is so great!” She went out, thankful that 47 people knew about Planned Parenthood killing babies. When she arrived home in the evening, her daughters made her sit down and then told her that the video had had almost a million views. “This is big, huh,” she said. “This is like that Justin Bieber guy.” The reach of the videos is beyond anything she imagined.

She described her reaction when the StemExpress, the National Abortion Federation, and Planned Parenthood filed lawsuits against her and other undercover investigators. “What’s wrong with you, Cecile [Richards]?! You get caught, you own it! Oh, you’re going to go to court?” Really, Sandra said, she wasn’t that surprised. After the first few undercover videos came out, Planned Parenthood released a video of Cecile Richards denying everything. “I saw her carotid artery bulging out of her neck. I knew Planned Parenthood wasn’t going to go down without an ugly fight. The machine will keep rolling. Satan will not give up.”

Planned Parenthood and the National Abortion Federation are still pursuing their lawsuits, but fetal tissue marketer StemExpress dropped its lawsuit this past January.

Sandra attended March for Life for the first time in 2016 with her daughter. A blizzard snowed them in for five days and disrupted air travel in and out of the city. They were finally on their way home, waiting to board the first leg of their flight, which would take them to Texas, when her daughter saw the news. “Mom, you’ve been indicted in Texas.” Telling me about it, Sandra recalled with a chuckle “I didn’t know if I should get on the plane. They knew my name. I didn’t know if they would pull me off the plane in Texas and
take me off to jail. In the end, I just got on the plane because I wanted to get home.”

A grand jury in Harris County, Texas indicted Sandra and David Daleiden in January 2016 on a felony charge related to falsifying government documents. The district attorney dropped the charge in July 2016.

In March of this year, the attorney general of California brought fifteen felony charges against Sandra and David Daleiden. Fourteen charges are for allegedly illegally recording confidential conversations and the fifteenth is for allegedly conspiring to illegally record confidential conversations.

As soon as she heard the news, Sandra knew as clearly as if someone told her, “You’re going to go to jail on this one and you’re going to talk to people about the lies of Planned Parenthood.”

She arrived at the San Francisco courthouse for her arraignment for the fifteen felony counts. She saw a woman setting up a sign in front of the building and stopped to read it. When the woman moved, she read, “Pro-Life Atheist.” She asked what the sign meant. The woman started to explain about her group of atheists who oppose abortion, but interrupted herself: “Are you Sandra?” She was there to support Sandra and David at their court appearance.

The coincidental meeting encouraged Sandra. “Atheists get it. Atheists understand the dignity of life.” It reminded her of all the people from wildly different backgrounds who vehemently disagree with the attorney general’s overreach.

From Milo Yiannopoulos to the editors of the Sacramento Bee, everyone with an ounce of integrity opposes the felony prosecution in California. “All intellectually honest people get it.”

The courthouse refused to allow her to see a judge without first being booked into the jail. As part of the booking process, a nurse took Sandra’s temperature and checked her blood pressure. Her blood pressure disturbed him. Was this normal for her? Did she have any idea why it might be so high? She finally spoke. “It could have something to do with the fact that I’m sitting in jail for the first time in my life.” The nurse laughed, and Sandra told him what she was in for.

Some of the guards were kind and did their jobs well, but Sandra strongly disapproved of others. “They were just standing around, not doing their job, wasting our taxpayer money.” She looked at them so sternly that they moved her to a different cell where they couldn’t see her.

She talked to several guards about what she was in for and told them what Planned Parenthood does to babies. Most were shocked and disgusted. She told one guard to Google Planned Parenthood and Planned Parenthood’s founder Margaret Sanger. The guard came and found her an hour later, horrified by what he had learned. Sandra’s cellmates wanted to know what they were talking about. She told them what Planned Parenthood does to babies. The women couldn’t bear hearing her describe how abortions are performed.

Sandra appeared at her arraignment in an orange jumpsuit. After the first judge recused himself for undisclosed reasons, they appeared before a second judge. Sandra’s attorney asked for a reduction in the outrageous $75,000 bail, presenting abundant evidence that the chance of her fleeing and not appearing for her trial are very slim, even with a smaller bail. But the deputy attorney general argued that Sandra’s “victims”—the abortionists she recorded discussing killing babies—were terrorized and lived in fear for their lives. The attorney general did not even try to argue that Sandra might not appear for her trial or show any other factor justifying a large bail. The judge, however, effectively agreed to punish Sandra for crimes she has not been convicted of and required her to post the full bail.

Seeing the open bias firsthand brought home to her the importance of good judicial appointments. She sees a large segment of the court system as just a link in the chain of the pro-abortion propaganda campaign. “The judges hand down injustice and lies that the media spreads, while hiding the injustice,” Sandra sadly notes.

After the hearing, while her attorneys arranged for her bail, Sandra went back to the jail and continued talking to the guards and prisoners about Planned Parenthood. Sandra described the plastic baggie of food

“I KNEW PLANNED PARENTHOOD WASN’T GOING TO GO DOWN WITHOUT AN UGLY FIGHT.”

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THE OTHER 97 PERCENT OF PLANNED PARENTHOOD’S WORK

Michael Marcus

Ever since David Daleiden and the Center for Medical Progress first revealed the abortion industry’s illegal trade in baby body parts, defenders of Planned Parenthood have ferociously reemphasized an old piece of disinformation—that only three percent of PP’s “services” involve abortion. Close observation reveals what constitutes the other 97 percent. The other 97 percent consists of obfuscation, evasion, and outright lying. PP’s main business aside from actually doing abortions is hiding the nature of the abortions it does.

Anyone who has ever looked closely at the abortion industry already understands this truth. However, we need to reconsider the effect of these constant lies on the abortionists themselves and on Planned Parenthood’s professed interest in women’s health.

Deadly Deeds, Double Minds

Recently, I took the time to review the CMP video that showed abortionist DeShawn Taylor complaining about how much force it takes to rip the limbs off of a baby during an abortion. It takes so much force that she has to “hit the gym,” she says with a laugh. Taylor’s statement and the callous statements of so many other abortionists demonstrate an utter disregard for human life—a reality that hit me especially hard as I marveled at the perfectly formed fingers of my favorite tiny person, who is not much older than the babies that Taylor “disarticulates,” at 24 weeks gestation, in her late-term abortion practice.

Why is it so shocking to hear Planned Parenthood abortionists and directors speak openly about the work they do? Because Planned Parenthood spent close to $100 million last year on public policy, fundraising, and “refreshing” its brand—all investments that enable the nation’s largest abortion provider to maintain a façade as champion of “high-quality health care,” rather than boast about its achievements in the field of fetal “disarticulation.” Planned Parenthood needs us to believe that it is the nation’s premier purveyor of “accurate health care information,” not an ethical cesspool where bored technicians of torture exchange crass shop talk about tearing defenseless babies apart.

The evidence provided by CMP proves that abortion profiteers know exactly
what they are doing. But their expressed understanding of the moral meaning of their acts seems dull-witted to the point of insensibility. As Deborah Nucatola, Planned Parenthood’s Senior Director of Medical Services, put it, “There’s, like, a culture war on feticide.” Imagine that.

Do Nucatola and PP’s other abortionists ever wonder how they got here, to this place where the “service” they perform for women is killing their offspring? Do they ever gasp when the perfectly formed limbs that are the target of the abortionist’s forceps wriggle away from the instrument of their destruction? Do the abortionists ever pause as the tiny human being attempts with futile motions to defend its life?

We all know the stories of people like Abby Johnson and Bernard Nathanson, people who woke up to reality and recognized, at last, the humanity of babies in the womb. Abortionists are, after all, medically trained. Surely they know that a “wanted” baby is not intrinsically different from a baby towards whom the mother has ambivalent or even hostile feelings.

Is it possible that abortionists suffer from the same type of trauma as women who have lost a child to abortion? Dr. Anne Speckhard, Adjunct Associate Professor of Psychiatry at Georgetown, is an expert on post-traumatic stress and other psychological disorders. She has written numerous articles about the traumatic effects of abortion, including “high arousal, dissociation, amnesia, feeling depersonalized, or even a feeling of derealization (separating from reality),” which may transition into full-blown PTSD. Speckhard started calling abortion “the politically-incorrect trauma” after “having the head of the national Planned Parenthood office write a letter to Harper & Row asking them not to publish my book on the subject—and to have the contract I was about to be offered suddenly rescinded…”

Nucatola, a trained physician, could talk about a procedure during which a living human being is torn limb from limb, all while she enjoys a salad and a glass of wine?

We will likely never know, since Planned Parenthood will happily fork over whatever it costs to suppress that information.

Care about the Cover-Up, No Matter What

Alexandra Snyder, Executive Director of Life Legal was quoted as saying “As an attorney and a defender of First Amendment protections, I am appalled at the lengths to which Planned Parenthood goes to sanitize its brand. A legitimate health care provider would be interested to know of the physical, mental, and emotional effects of a procedure it performed 328,348 times last year. And a doctor researching complications from a medical procedure would not then be blackballed simply because that procedure happens to be abortion.”

We saw similar censorship tactics with the results of peer-reviewed studies showing the link between oral contraceptives and a host of health risks, including various types of cancers, heart attack, and cardiovascular disease. Life Legal reported on these studies in our amicus
CASES TO WATCH

GENERAL RECAP & UPDATE OF CURRENT CASES

Planned Parenthood v. Daleiden et al. (Calif.)—In January 2016, Planned Parenthood Federation of America and several PP affiliates sued David Daleiden and several of his fellow investigators for the express purpose of punishing them for their investigative work, claiming over $10 million in actual damages. Planned Parenthood is also seeking treble damages for alleged “racketeering” (RICO) as well as punitive damages and attorney fees. The abortion giant is represented by one of the largest law firms in the United States. Daleiden and his co-defendants’ motions to dismiss and anti-SLAPP motions were denied. They have appealed the denial of the anti-SLAPP motions to the Ninth Circuit, and briefing was completed on June 16, Discovery on the federal claims is proceeding while the appeal is pending. On June 13, Daleiden and CMP filed a motion to disqualify Judge William Orrick citing his ties to Planned Parenthood.

NAF v. Daleiden and CMP (Calif.)—NAF sued Daleiden to prevent release of the recordings and information he obtained at the NAF meetings on the grounds that he is a “racketeer” who “committed fraud,” “snuck into” their meetings, “stole” NAF information, and repelled them with his constant questions about buying fetal tissue. The district court’s ruling granting NAF a preliminary injunction was affirmed by the Ninth Circuit; the parties are preparing a petition for certiorari to the United States Supreme Court, during which time the case remains stayed in the trial court. Meanwhile, NAF is seeking contempt sanctions against CMP and Daleiden based on his criminal defense attorneys’ release of NAF videos to the public.

Respect Life South San Francisco v. City of South San Francisco and Planned Parenthood (Calif.)—Petition for writ of mandate to overturn grant of use permit for Planned Parenthood clinic. Petitioners assert that the city wrongfully exempted the permit from compliance with applicable state environmental impact law and regulations. After delaying Planned Parenthood from opening for two years, an adverse decision came down. Appeal filed May 2016.

Diss v. Portland Public

Schools (Ore.)—Civil complaint for unlawful termination and religious discrimination. Bill Diss, a teacher at a Portland, Oregon high school, had his teaching contract terminated following his request for a religious accommodation to excuse his participation in a school program administered by Planned Parenthood. Following his request for accommodation, Diss was subjected to harassment and retaliation by school administrators throughout the school year, which culminated in the termination of his employment. Life Legal filed employment discrimination complaints with the Oregon Bureau of Labor and Industries and the Equal Employment Opportunity Commission. In September 2014, Life Legal also filed a civil action on Diss’ behalf, seeking monetary damages as well as reinstatement in his teaching position. In November, the district court granted summary judgment against Diss, That ruling is on appeal to the Ninth Circuit. The Appellant’s Opening Brief was filed June 5, with response due August 5, 2017.

Planned Parenthood v. MMB Properties (Kissimmee, Fla.)—Planned Parenthood purchased and occupied the property in Kissimmee in April of 2014. When it became clear that the office was going to become an abortion mill, a cardiology practice which also had an office at Oak Commons sued to enforce the restrictive covenant that forbade “outpatient surgical centers” at the site. Planned Parenthood lost when the Fifth District Court of Appeals for the State of Florida upheld a trial court preliminary ruling that prohibited the abortion giant from running a baby-killing mill at its office in Kissimmee. Planned Parenthood appealed the decision by the Fifth District Court of Appeals to the Florida Supreme Court. Oral arguments heard August 31, 2016. On February 23, the Court dissolved the temporary restraining order, but agreed with the lower court’s construction of the terms of the covenant. The case returns to the trial court for proceedings consistent with the Supreme Court’s opinion.

Jackson State University v. White (Miss.)—Pro-life activist arrested for protesting on public sidewalk adjacent to public university. Others in the group left the sidewalk under threat of arrest. Criminal case pending.

Ahn v. Hestrin (Calif.)—Proponents of physician-assisted suicide, unsuccessful for 20 years in passing legislation during regular sessions, took advantage of an abbreviated
review process in an extraordinary legislative session, called to address Medi-Cal funding shortfalls, to advance their agenda. California Governor Jerry Brown signed the bill, making California the fourth state, and by far the largest state, to decriminalize physician-assisted suicide, permitting physicians to prescribe lethal drugs (so-called “aid-in-dying drugs”) to individuals believed to have a terminal disease. Life Legal filed a challenge in June 2016 on behalf of doctors asserting the constitutional rights of their sick and vulnerable patients to the full protection of the law enjoyed by other Californians. On June 16, 2017, Judge Daniel Ottolia denied California A.G. Xavier Becerra’s motion to dismiss the lawsuit. A case management conference is scheduled for October 20, at which time a trial date will be set.

In re Estate of TL and In re the Matter of MH—Two very similar cases in different parts of the country involving women in their thirties who were placed in hospice care to be starved to death only days after suffering temporary lack of oxygen to the brain. Neither woman was married, but each had a fiancé who called Life Legal for help. Life Legal attorneys had to go to court in both cases to get the women returned to the hospital to receive nutrition. One was starved for 10 days and the other for 34 days. Just weeks later, both women are talking, walking, and well on their way to a full recovery. MH’s court-appointed guardian continues to seek involvement from the very family members who sought to put her to death. On May 11, 2017, the judge ruled that MH no longer needed a guardian. She is consulting with attorneys to evaluate a malpractice action against the hospital/hospice.

San Bernardino v. Pastor Linton (Calif.)—40 Days participant who offered to pray for women entering a Planned Parenthood abortion facility arrested for trespass. Charges filed. At no time did he set foot on Planned Parenthood’s private property. Victory! Charges against Father Linton Dismissed!

Passamore v. 21st Century Oncology (Fla.)—Discriminatory termination of two medical employees for taking part in prolife activities after work hours. Mediation is scheduled for August 31, 2017.

In re Stinson (Calif.)—Life Legal continues our challenge to California’s brain death statute in federal court. The statute does not provide due process for family members who seek a second opinion after their loved one has suffered a serious brain injury. The lawsuit was filed on behalf of the parents of Israel Stinson, whose two-year-old son was
I have been following the case of Charlie Gard, the now ten-month-old who was born with an extremely rare condition called mitochondrial DNA depletion syndrome (MDDS). Charlie is currently on a ventilator in a U.K. hospital, and his parents are trying desperately to get him to the United States where a doctor has agreed to try a new treatment protocol. Charlie’s parents have raised nearly $1.5 million to cover the costs of their son’s transport and treatment.

But the hospital will not release Charlie because doctors insist that he must “die with dignity.” The hospital’s NHS (National Health Service, the U.K.’s public health system) Foundation Trust sued the parents in family court earlier this year to override the parents’ authority by prohibiting them from seeking treatment elsewhere and ordering that Charlie be put to death. Perversely, they couch these requests in terms of Charlie’s “best interest.” The only relationship the trust has with Charlie or his parents is a financial one, as Charlie’s care is currently being paid for by the NHS.

This family’s plight breaks my heart, in part because it is so similar to the horror Israel Stinson’s parents endured when a judge decreed that their son’s life support be removed without their permission.

In Charlie’s case, the Mr. Justice Nick Francis determined that “artificial ventilation should be withdrawn, that [Charlie] should be given palliative care only and that he should be allowed to die peacefully and with dignity.” He insisted that, “the only course now in Charlie’s best interest is to let him slip away peacefully and not put him through more pain and suffering.”

I am so sick of the phrase “death with dignity”! Too often, as here, it is uttered by people who have no personal connection whatsoever with the person they are condemning to death. Justice Francis has never seen Charlie. He has no idea whether Charlie is experiencing pain and suffering. In fact, none of Charlie’s doctors could produce a shred of evidence showing that he is in pain. His parents, who have spent thousands of hours at their son’s bedside, say they know how Charlie responds to pain or discomfort and that he is not suffering.

With each month that passes, the chance
that Charlie will respond favorably to the treatment decreases. At this point, the doctor who agreed to treat Charlie in the U.S. says that chance for recovery is remote—but he still wants to attempt the treatment, as the alternative is that Charlie will die.

Instead of giving Charlie a chance at improvement by ordering Charlie's immediate release from the hospital that has held him against his parents' wishes, Justice Francis sat on the case for two and a half months before ruling against the parents. The appellate court waited another month to uphold Justice Francis' decision on the grounds that Charlie would continue to require ventilator support for three to six months during the experimental treatment, which means he would continue to “suffer,” even though zero clinical evidence of Charlie’s alleged pain or suffering had been admitted to the court. The distraught parents appealed to the European Court of Human Rights, which is presently considering the case.

Why on earth would a parent need the permission of the hospital—let alone a judge or an international tribunal sitting in Brussels—to seek treatment for their sick child with their own doctor and their own money? The treatment itself could only be beneficial—both judges acknowledged that the only potential side effect is diarrhea. The treatment has been moderately successful for children with conditions similar to Charlie’s. It has never been tried on a patient exactly like Charlie—but because he is only the sixteenth person ever to have been born with his particular mutation of MDDS.

The appellate court said that the order sentencing Charlie to death resulted from a “100 percent child-focused, court led evaluation” to determine what was in Charlie’s best interest. This is the type of evaluation that is typically triggered in cases where parents have found to be neglectful or abusive. But that is not the case here. In fact, the court praised the parents’ dedication, saying, “No one could have done more to support Charlie than these parents have since the day that he was born.”

Life Legal recently finished litigating a case where the opponents argued incessantly that what was in the patient’s best interests was death by dehydration. Because the patient lacked capacity to express his wishes, they determined that he would have wanted to “die with dignity.” There is nothing dignified about dehydrating to death. In Charlie’s case, I find nothing dignified about a hospital holding a patient captive until he is unable to benefit from treatment that would not have cost the hospital a penny.

What these cases reveal is alarming discrimination against the disabled. We are not comfortable around people with Down Syndrome, so we effectively eliminate the condition by killing most babies diagnosed with the disorder in the womb. We are not comfortable with people with brain injuries, so we insist that they be made to “die with dignity.”

These cases also exhibit a disquieting degree of state control over what should be parental decisions. One of the nurses responsible for Charlie’s care went so far as to say that Charlie's parents gave him “no voice” and that for parents to be the “sole and only determiner of what can happen” is “power without end.” This person clearly has never read a history book … or a newspaper. Again, these are parents who have done nothing but exhibit selfless love and care for their child. Now the state has abrogated their parental authority because they dared to seek treatment for his condition. And the hospital foundation, which will hasten the child's death, is found to be acting in his “best interest.”

As I write this, the EU Court of Human Rights declined to take the case, so Justice Francis’ ruling stands. Charlie must be killed—with “dignity” of course—rather than be afforded a chance for life-saving treatment. My heart aches for Charlie and his parents.

I also grieve our global failure to uphold the sanctity of human life. I don’t insist that every patient be provided extraordinary life-prolonging treatment. But when did it become morally superior to insist that the disabled, injured, and vulnerable be made dead rather than support their right to life? It is time for us to take a closer look at what dying with dignity really entails.

Woe to those who call good evil and evil good. Isaiah 5:20
伦理意见、立法和法庭的文件寻求否认“医疗良知”的行为已泛滥，来自期刊、立法机构和法庭的作品。在过去一年中，这些努力已经从专业讨论的边缘地带进入主流医疗讨论的中心。最近，顶尖生物伦理学家埃兹拉米·艾曼努尔——奥巴马医改的主要架构师之一——与罗尼特·Y·斯塔尔共同发表在《新英格兰医学杂志》上的一篇文章，也许这是世界上最负盛名的医学杂志。当这种类型的主张由NEJM发表时，就该敲响警报警报。

作者们采取了一种绝对主义立场，声称个人道德在医疗实践中没有位置。他们打着“患者权利”的幌子，声称医生有义务遵循医学道德共识——实际上是少数人的暴政，埃曼努尔和斯塔尔会禁止医生从道德上反对执行要求的程序。

从“Physicians, Not Conscripts—Conscientious Objection in Health Care”[1](注释)（我的强调）：

- 遵循理性的决定。因此，医疗保健专业人员不能拒绝患者获得精神健康药物、性功能障碍药物或避孕药的药物，因为这些药物是专业上被接受为合适的医疗干预。
- 这包括人类生命的行动，如堕胎：堕胎在政治上和文化上具有争议性，但它不是医学上具有争议性的。它是一个标准的产科学实践。医疗保健专业人员若从道德上反对专业上具有争议性的干预，则可以避免参与。

医生在美国不能被强迫进行堕胎或帮助自杀。但那可能很快会改变。生物伦理学家和其他医疗精英已经对寻求在医学职业中实践他们的誓言的医生发起了直接攻击。这场运动的目标是强迫医生、护士、药剂师和医疗领域中持有反堕胎或正统宗教观点的人在职业生涯和信仰之间做出选择。

流行伦理意见、法律文件寻求否认“医疗良知”的行为已泛滥，来自期刊、立法机构和法庭的作品。在过去一年中，这些努力已经从专业讨论的边缘地带进入主流医疗讨论的中心。最近，顶尖生物伦理学家埃兹拉米·艾曼努尔——奥巴马医改的主要架构师之一——与罗尼特·Y·斯塔尔共同发表在《新英格兰医学杂志》上的一篇文章，也许这是世界上最负盛名的医学杂志。当这种类型的主张由NEJM发表时，就该敲响警报警报。

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moved beyond mere intellectual advocacy.

This would mean that a Catholic doctor who opposes contraception would have to prescribe it or find a doctor willing to fill out the prescription—even if she informs her patients before being retained that she practices medicine in accord with her church’s moral teachings. It would also require a pro-life OB/GYN who refuses to terminate a pregnancy to find an abortionist, thus becoming complicit in the act. The authors would still allow doctors to decline to assist suicides—for now—but only because that practice is not yet accepted generally within the medical community. If euthanasia ever does become generally accepted—as it is now in the Netherlands, Belgium, and Canada—under the Emanuel/Stahl rule, dissenting physicians would be required to participate in homicide.

Emanuel and Stahl would drive noncooperating doctors out of medicine (my emphasis):

Health care professionals who are unwilling to accept these limits have two choices: select an area of medicine, such as radiology, that will not put them in situations that conflict with their personal morality or, if there is no such area, leave the profession.

Shattering medical conscience rights would also dissuade those who hold officially unwanted values—orthodox Catholics and other Christians, Jews, Muslims, and pro-lifers—from entering medical school in the first place. There is a method to this madness: The goal is to cleanse healthcare of all those who would dare to practice medicine in accord with sanctity-of-life moral viewpoints.

The attacks on conscience have already moved beyond mere intellectual advocacy.

DOCTORS IN THE UNITED STATES CANNOT BE FORCED TO PERFORM ABORTIONS OR ASSIST SUICIDES. BUT THAT MAY SOON CHANGE.

The government of Ontario, Canada is on the verge of requiring doctors[2] either to euthanize or to refer all legally qualified patients. In Victoria, Australia, all physicians must either perform an abortion when asked or find an abortionist for the patient. One doctor has been disciplined under the law for refusing to refer for a sex-selective abortion. In Washington, a small pharmacy chain owned by a Christian family failed in its attempt[3] to be excused from a regulation requiring all legal prescriptions to be dispensed, with a specific provision precluding conscience exemptions. The chain now faces a requirement to fill prescriptions for the morning-after pill, against the owners’ religious beliefs. In Vermont, a regulation obligates all doctors to discuss assisted suicide with their terminally ill patients as an end-of-life option, even if they are morally opposed. Litigation to stay this forced speech has, so far, been unavailing.[4]

The ACLU recently commenced a campaign of litigation against Catholic hospitals that adhere to the Church’s moral teaching. For example, it sued a Catholic hospital that refused to sterilize a woman in conjunction with her caesarian section. That lawsuit failed.[5]

Undaunted, the supposed guardians of civil liberties—except the free exercise of religion, it seems—recently brought a case[6] against a Catholic hospital for refusing to permit doctors to perform an elective hysterectomy as part of a sex-reassignment surgery.

There is a reason that moral diversity is under attack in health care. When doctors refuse to abort a fetus, participate in assisted suicide, excise healthy organs, or otherwise follow their consciences about morally contentious matters, they send a powerful message: Just because a medical act is legal doesn’t make it right. Such a clarion witness is intolerable to those who want to weaponize medicine to impose secular individualistic and utilitarian values on all of society.


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LOOK INTO THE DARK CORNERS OF HISTORY

Catherine Frazee

NOTHING ABOUT MEDICALLY ASSISTED DEATH IS AHISTORICAL. [Q]UESTIONS ARISING FROM THE DARKEST CORNERS OF THAT HISTORY, MUST NOT BE OUT OF BOUNDS.

[A recent issue of Lifeline featured an article by pro-abortion feminist Camille Paglia, who took to task modern feminism for the "moral hollowness" of its attitude toward motherhood and children. In this issue, we reprint an article by disability activist Catherine Frazee on the historical lessons about euthanasia that we ignore at our peril. Ms. Frazee responded to our request for permission by asking that we let readers know that while she "respectfully disagrees with the overall policy direction of the Life Legal Defense Foundation" she offers her thoughts "in the spirit of civility, tolerance and inclusion." After some consideration, we have determined to seek out more articles such as these, by authors who are not part of the pro-life movement. For that very reason, their insights can be uniquely valuable as we all work to educate our fellow citizens on these critical life issues. Look for more articles by "Other Voices" in future issues of Lifeline.Ed.]

A respected physician and scholar recently stepped down as chairman of the expert working group appointed to study the issue of advanced directives for medically assisted death.

Named to this position only two weeks before by the Council of Canadian Academies, Dr. Harvey Schipper was judged harshly in some circles for having authored a commentary in 2014 in which, according to some reports, he had "compared arguments used to justify assisted dying with those advanced by Nazi Germany to justify the Holocaust."

Schipper was repeatedly characterized as "a strident opponent of assisted dying" for reasons having nothing to do with the tone or substance of his argument. What seemed to cause offence and give rise to a condemnation of "strident" opposition was Schipper's reference to Nazi-era euthanasia.

None of Schipper's critics disputed the facts upon which his reference was made, nor should they. As historians have
chronicled, the Nazi euthanasia program originated when a father in Leipzig petitioned to end the life of his disabled daughter and Adolf Hitler dispatched his personal physician, Karl Brandt, to authorize her death as “an act of mercy.” According to historian Hugh Gallagher, “as the story of the little Leipzig girl became known in medical circles, other families sent similar appeals to the Führer.” It fell to Brandt to make determinations on each of these requests and ultimately to authorize the killing of at least 70,000 people with disabilities pursuant to what the American Holocaust Museum describes as “a medically administered program of ‘mercy death.’”

Schipper’s recusal as working group chairman will no doubt be applauded by advocates who seek to broaden the availability of assisted death in Canada. Others, such as myself, who know Schipper to be a man of considerable wisdom and integrity, are saddened that the 43-member panel—which includes expert advocates on both sides of this debate—failed to seize the opportunity to rise above the clamour and reject any suggestion that politics, rather than evidence, would govern their work.

Had they spoken out together, and forcefully, in defence of their colleague, the outcome might have been different.

This is not the first time that a measured and accurate reference to the historical facts of the Nazi euthanasia program has been condemned as strident, distasteful or offensive. It should be the last.

Nothing about medically assisted death is ahistorical. As we review current law and practice, and consider potential expansion to the Criminal Code exemptions that permilt Canadian doctors and nurse practitioners to end the lives of certain patients, surely we have the maturity to invite history into the conversation.

Doctors, at times, have killed. This is fact. Often, when they have killed or harmed, they have not acted alone, but as agents of state authority.

With all of their immense skill and influence, doctors have played indispensable roles in residential schools and asylums in Canada, comfort stations in Southeast Asia, enhanced interrogation facilities at Guantanamo Bay and extermination centres in Nazi Germany.

People with disabilities have suffered violence and harm at the hands of doctors, parents and caregivers. Sometimes, as with Satoshi Uematsu in Sagamihara, Japan, the world has instantly recoiled in horror. Sometimes, as with parent Robert Latimer in Saskatchewan, a court of law might ultimately uphold conviction, but not before public opinion solidifies in support of the perpetrator.

Sometimes, as with Brandt, a nation colludes.

The Nazi Aktion T4 euthanasia program is part of my history as a disabled person. Importantly, it’s also part of Schipper’s history as a physician. Those who would forbid us to speak of this history, or police our speech as strident and unwelcome, can only fuel doubt about whether its lessons have been learned.

If our federal government is to benefit from the comprehensive reviews it assigned to the Council of Canadian Academies, and if the council’s working groups are to gather the evidence Canadians require to guide policy decisions about providing medically assisted death to mature minors, to people with mental illness and to people no longer capable of expressing consent, then the history of euthanasia, and questions arising from the darkest corners of that history, must not be out of bounds.

As Margaret MacMillan, the distinguished Canadian historian, has said: “We don’t always know best, and the past can remind us of that.”

HISTORY HAS A ROLE IN THE NATIONAL CONVERSATION ABOUT MEDICALLY ASSISTED DEATH, DESPITE PROTESTS TO THE CONTRARY.

[Catherine Frazee is an Officer of the Order of Canada and professor emerita at the Ryerson University School of Disability Studies. This article was first published by the Times Colonist (Victoria, B.C. [http://www.timescolonist.com/]) June 15, 2017, and is here re-printed by kind permission. A longer version of Dr. Frazee’s article may be read at Policy Options.]
CASES TO WATCH

declared brain dead by a California hospital and was subsequently found to have active brain waves, against the California Department of Public Health and the Calif. Attorney General. After Israel Stinson was forcibly removed from life support in August, our opponent sought to have the case dismissed, claiming the toddler’s death rendered the case moot as there were no further damages. Life Legal subsequently sought to be joined as a co-plaintiff. Next hearing is August 11.

Joe Williams (Calif.)—Case involving a 37-year-old father of two small children who suffered a brain injury in May 2015. Joe’s wife decided in December that she wanted to take him home without nutrition or hydration. Life Legal was contacted by Joe’s sister (through Bobby Schindler). Tragically, Joe’s condition became unstable due to lack of fluids and he passed away in June.

California v. Daleiden et al. (Calif.)—California Attorney General Xavier Becerra charged Daleiden and his Center for Medical Progress colleague Sandra Merritt with 14 counts of eavesdropping and one count of conspiracy to eavesdrop. California’s eavesdropping statute exempts conversations that can be overheard by others. The conversations for which Daleiden and Merritt are being charged occurred either in restaurants or in the exhibit hall at a hotel in the midst of a large conference. At the arraignment on May 3, the judge refused to lower the $75,000 bail set for Sandra Merritt, even after acknowledging that she is not a flight risk. Life Legal assisted Sandra Merritt in posting bail. Daleiden and Merritt have filed demurrers to the charges, with a hearing set for June 21, 2017.

People v. White (Calif.)—Pro-life activist attacked and injured by church security guards while handling out literature. Officers arrested him and charged him with battery, based on the statements of the security team. Victory! False charges dropped. Civil action pending.

Duran v. Southwestern Women’s Options (N.M.) Late-term abortion clinic sued for failure to obtain lawful consent to provide her baby’s remains to be used for research. Congress is also investigating University of New Mexico and the abortion mill. Federal law prohibits sale of fetal tissue. L

brief on behalf of the Little Sisters of the Poor, who challenged the mandate forcing them to provide contraceptives and abortifacients in their employee health plans. In fact, the World Health Organization has classified combined oral contraceptives as Group 1 carcinogens, meaning they have been proven—not merely suspected—to cause cancer. In its most recent annual report, Planned Parenthood boasts that it provided “birth control services and information” to over 2.8 million people last year, many of them teenagers. I wonder if it told the women receiving birth control pills that they now have four times the average chance of being diagnosed with an aggressive form of breast cancer. Does Planned Parenthood tell teens that they are even more vulnerable to the side effects of hormonal birth control than adult women—that their own risk of getting the same type of breast cancer increases by a whopping 640 percent? These statistics give a whole new meaning to Planned Parenthood’s obsession with the color pink. Its officers not only wear pink hats at crazed marches but also ensure that more and more pink ribbons will have to be worn around the country.

The obvious truth that PP industriously evades is this: abortion kills babies and damages women. Planned Parenthood is the nation’s largest abortion provider, which means that it kills more babies and damages more women than any other proud group of “disarticulation” specialists. All in the name of care. No matter what.

[Life Legal defends David Daleiden, who pulled back the pink shroud over the abortion industry when he released a series of videos showing high level PP employees discussing the sale of fetal body parts for profit.]
THE JUDGE, HOWEVER, EFFECTIVELY AGREED TO PUNISH SANDRA FOR CRIMES SHE HAS NOT BEEN CONVICTED OF AND REQUIRED HER TO POST THE FULL BAIL.

that was handed in for dinner: two slices of bread, a slice of cheese, a butter pat, and a carton of milk. Her cellmates told her that the same meal is served three times a day. Sandra quipped, “Where is Michelle Obama on jail menus?” She was released after twelve hours in custody.

Despite all of the hardships she has faced and will continue to face, Sandra is at peace. She knows God called her into the project and God brought her to where she is. “It’s a beautiful journey,” she says. “Anybody can do this. Grandma can do this—anyone can.”

I asked if Sandra had a list of pro-life goals that she hoped the undercover video project will have accomplished in five years. But Sandra doesn’t want to be thinking about abortion in five years. Five years from now, Sandra wants to be working on the next thing. She wants to be playing with her grandchildren and working on her crocheting. She wants abortion to end now. In fact, she wants abortion to have ended yesterday. Lovely people she met at the March for Life in Washington, D.C., told her she should come again for the March next year. “Are you crazy? There isn’t going to be a March next year. Abortion has to end by then.”

What can we do to help end abortion? “Whatever you’re doing, ask yourself if you can do just a little bit more,” Sandra urges. “If you can’t spend an hour in front of an abortion clinic, can you take two minutes and call your senator? Can you give a little bit more money to a pro-life organization? Whatever you do, ask yourself: ‘Can I do a little bit more?’”

DID YOU KNOW?

Federal employees & military personnel can donate to LLDF through the Combined Federal Campaign (CFC). To donate to LLDF, use CFC #77546. More information about opportunities in your workplace is available in the right sidebar at http://lldf.org/donate https://lifelegaldefensefoundation.org/about/support/

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