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ISRAEL STINSON FORCIBLY REMOVED FROM LIFE SUPPORT



It is with great sadness that we write that Israel Stinson was forcibly removed from life support on August 25 at Children's Hospital of Los Angeles against the wishes of his parents, Jonee Fonseca and Nate Stinson. Israel had been declared brain dead on April 14, but subsequently had two EEGs showing brain activity. Jonee had requested that an independent exam be performed, but Children's Hospital refused to allow an outside neurologist to perform the exam. Doctors also refused to view the EEGs. It is still unclear why the hospital chose to admit Israel, as doctors at Children's had spoken with Israel's attending physician in Guatemala and were well aware of his prognosis.

In a similar case, the Nevada Supreme Court in a unanimous opinion held that the brain death guidelines established by the American Academy of Neurology should be reviewed. These guidelines are used across the nation. In the Nevada case, as in Israel's, the guidelines resulted in patients being declared brain dead whose EEGs still showed brain activity and who were not permitted to be examined by an independent physician.

We mourn with Israel's family and ask that you pray for them during this difficult time.

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LIFE UNWORTHY OF LIFE?

Alexandra Snyder, *Life Legal or Life Legal Defense Foundation Executive Director*



I recently received a note from a Life Legal friend with an excerpt from a book about “Aktion T4,” Hitler’s euthanasia program. While I am somewhat reluctant to write about the analogy between Nazi Germany and our contemporary culture of death, I was struck by the mantra repeated by the architects of Aktion T4: “Life unworthy of life.”



This is how Nazi physicians referred to those they deemed expendable. At first, the phrase—and the subsequent murders—were limited to newborns and young children whose parents did not want them. Once society accepted the killing of the very young, Aktion T4 was expanded to include terminally ill and disabled adults.

And we know what happened next.

The concept of life unworthy of life is still with us. We find it in a multi-billion dollar industry that profits from the dismemberment and sale of unborn children. We find it in laws enacted in Washington, Oregon, and most recently California that authorize physicians

to prescribe lethal drugs to their most vulnerable patients. And increasingly we find it a culture that determines someone would not want to live in a “certain condition,” even though evidence provided by that person indicates that they very much want a chance at recovery.

Madeline’s doctors and family members determined that the 39-year-old would not want to live unable to speak after suffering a stroke and consequently transferred her to hospice “care” to be starved to death. While there, Madeline communicated to her fiancé by blinking that she wanted to live. Even with this hard evidence, it took the involvement of a Life Legal attorney and a court order to reinstate Madeline’s

normal nutrition care. Madeline was without food for more than 30 days.

Similarly, T.L. was placed in hospice and denied nutrition after experiencing cardiac arrest resulting in her being awake but unresponsive. Again, a Life Legal attorney had to go to court to get her removed from hospice and into a brain rehabilitation facility where she is doing very well. I spoke with T.L. recently—she had been on an exercise bike that morning and was getting ready to go outside to enjoy the sunshine. She is looking forward to going home and resuming her normal life. Yet just weeks ago, T.L. was under a death sentence because “no one would want to live in her condition.”

How is it that young and otherwise healthy women like Madeline and T.L. were nearly starved to death while being “cared for” in state-of-the-art medical facilities?

Simply put, they were deemed unworthy of life.

I understand that health care systems are under enormous pressure to reduce costs. I also know that in a world of limited resources, difficult decisions have to be made regarding the type of care provided to gravely injured patients. But increasingly, the decision to terminate life is made within days—or hours—of a person’s injury.

The question posed by ethicists to advance the concept of “life unworthy of life” is whether “the lawful destruction of life ... be legally extended to include the killing of others, and under which circumstances?”¹

They continued by noting that “allowing” the killing of others in certain circumstances “leads to the recognition of killing rights.”

Just to be clear: It is these “killing rights” that are being asserted over people who have—perhaps only temporarily—lost their ability to speak for themselves and are at their most vulnerable. Once someone has been deemed to be a “life unworthy of life,” he or she is subject to the “killing rights” of others.

We may think we have laws and policy in place to ensure that people are protected from the arbitrary and capricious exercise of “killing rights,” but the cases above—and countless more that we are currently not aware of—demonstrate otherwise. **L**

¹ *Permitting the Destruction of Life Unworthy of Life: Its Measure and Form*, by Karl Binding and Alfred Hoche. Originally published in 1920.

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 have filed motions to dismiss and anti-SLAPP motions.

NAF v. Daleiden and CMP (Calif.)—

National Abortion Federation 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 private 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 is on appeal to Ninth Circuit, with oral argument scheduled for October 18 in San Francisco.

Stem Express v. CMP and David (Calif.)—

StemExpress, the biotech firm buying baby body parts from Planned Parenthood in earlier undercover videos, filed a lawsuit against the Center for Medical Progress to prevent the release of video material obtained by CMP. **Partial victory:** The injunction was denied, allowing the release of the video of CMP’s dinner meeting with the StemExpress CEO. Discovery has commenced while the defendants appeal in part the denial of their anti-SLAPP motion. While the case was on appeal, StemExpress’ attorneys asked to withdraw from the case, citing conflicts with their clients over payment and other unspecified issues.

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 exemption 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

FEMINISTS HAVE ABORTION WRONG, TRUMP AND HILLARY MISCUES HIGHLIGHT A FROZEN NATIONAL DEBATE

Camille Paglia



[Every now and then, it's good to know what the other side is saying — especially when the other side graciously admits that the pro-life side holds the moral high ground, as Camille Paglia actually does in the following piece. Life Legal does not of course endorse every comment made by Paglia. But we think she offers a unique perspective on the foundations of pro-abortion extremism. Paglia affirms that the pro-life position on abortion is rooted in a simple apprehension of objective truth. And why is she willing to transgress against pro-abortion orthodoxy in such an unthinkable way? We at Life Legal suspect that the actual occasion for these kinds of comments is not the bumbling of presidential candidates but the exposure of the abortion cartel by David Daleiden and the Center for Medical Progress. CMP's videos have peeled away the layer of obfuscation that has long covered the activities of your friendly neighborhood murder mill. Amongst feminists, Paglia has long been a

dissident on this issue. But the climate of opinion initiated by CMP's videos has given commentators such as Paglia a new stage on which to express such dissent...—Ed.]

Like stumbling twin mastodons, both Donald Trump and Hillary Clinton fell into the abortion tar pit this past week. Trump blundered his way through a manic inquisition about abortion by MSNBC's resident woodpecker, Chris Matthews, while Hillary committed an unforced error on NBC's "Meet the Press," where she referred to the fetus as an "unborn person," scandalizing the vast pro-choice lobby, who treat all attempts to "humanize" the fetus as a diabolical threat to reproductive rights.

While the Hillary flap was merely a blip, given the consistency of her pro-choice views over time, Trump's clumsy performance was a fiasco, exposing in his fiat that women should face "some sort of punishment" for illegal abortions how little he had thought about one of the major

issues in American public life over the past 40 years. Following his supercilious mishandling of the controversy over his campaign manager's crude yanking of a woman reporter's arm, Trump's MSNBC flame-out was a big fat gift to Democratic strategists, who love to tub-thump about the Republican "war on women"—a tired cliché that is as substance-less as a druggy mirage but that the inept GOP has never been able to counter.

Then this week Hillary raised eyebrows when she was asked by conservative co-host Candace Bure on ABC's "The View" if she believes someone can be both a feminist and against abortion. "Absolutely," Hillary replied, possibly not realizing the implications of what she was saying: "Of course you can be a feminist and be pro-life." Was this an election-year pivot toward conservative women, like Hillary's fantastical praise of Nancy Reagan as an AIDS activist? If it was rooted in genuine conviction, why have we not heard a word

about it before? Hillary is usually wedded cheek-by-jowl with the old-guard feminist establishment.

The real issue is that U.S. politics have been entangled and strangled for far too long by the rote histrionics of the abortion wars, which have raged since *Roe v. Wade*, the 1973 Supreme Court decision that defined abortion as a woman's constitutional right under the 14th Amendment. While I am firmly pro-choice and support unrestricted access to abortion, I have been disturbed and repelled for decades by the way reproductive rights have become an ideological tool ruthlessly exploited by my own party, the Democrats, to inflame passions, raise money, and drive voting.

This mercenary process began with the Senate confirmation hearings for three Supreme Court candidates nominated by Republican presidents: Robert Bork in 1987, David Souter in 1990, and Clarence Thomas in 1991. (Bork was rejected, while Souter and Thomas were approved.) Those hearings became freak shows of feminist fanaticism, culminating in the elevation to martyr status of Anita Hill, whose charges of sexual harassment against Thomas still seem to me flimsy and overblown (and effectively neutralized by Hill's following Thomas to another job). Abortion was the not-so-hidden motivation of the Democratic operatives who pushed a reluctant Hill forward and fanned the flames in the then monochromatically liberal mainstream media. It was that flagrant abuse of the Senate confirmation process that sparked the meteoric rise of conservative talk radio, led by Rush Limbaugh, who provided an alternative voice in what was then (pre-Web) a homogenized media universe.

Abortion has been central to the agenda of second-wave feminism since the 1972 issue of *Ms. Magazine*, which contained a splashy declaration, "We have had abortions,"¹ signed by 53 prominent American women. A recurrent rubric of contemporary feminism is Gloria Steinem's snide jibe

(which she claims to have heard from an old Irish woman taxi driver in Boston), "If men could get pregnant, abortion would be a sacrament." But Steinem herself can be credited or blamed for having turned abortion into a sacrament, promoted with the same religiosity that she and her colleagues condemn in their devoutly Christian opponents.

First-wave feminism, born in 1848 at the Seneca Falls Convention in upstate New York, was focused on property rights and on winning the vote, achieved by ratification of the 19th Amendment in 1920. Abortion entered the feminist canon with Margaret Sanger's bold campaign for birth control, a violation of the repressive Comstock Act for which she was arrested in 1914. Her organization, the American Birth Control League, founded in 1921, later became Planned Parenthood, which remains a lightning-rod for controversy because of its lavish federal funding. Sanger remains a heroine to many feminists, including me, despite her troubling association with eugenics, a program (also adopted by the Nazis) of now discredited techniques like sterilization to purify and strengthen the human gene pool. It was partly because of Sanger's pioneering precedent that I joined Planned Parenthood and contributed to it for many years—until I realized, to my disillusion, how it had become a covert arm of the Democratic party.

My position on abortion is contained in my manifesto, "No Law in the Arena," from my second essay collection, "Vamps & Tramps" (1994): "Women's modern liberation is inextricably linked to their ability to control reproduction, which has enslaved them from the origin of the species." However, I argue that our real oppressor is not men or society but nature—the biological imperative that second-wave feminism and campus gender studies still refuse to acknowledge. Sex is nature's way—coercive, prankish, and pleasurable—of ensuring survival of the species. But in eras of overpopulation, those pleasures spill into a multitude of directions to slow or halt

procreation—which is why I maintain that homosexuality is not a violation of natural law but its fulfillment, when history wills it.

Despite my pro-abortion stance (I call the term pro-choice "a cowardly euphemism"), I profoundly respect the pro-life viewpoint, which I think has the moral high ground. I wrote in "No Law in the Arena": "We career women are arguing from expedience: it is personally and professionally inconvenient or onerous to bear an unwanted child. The pro-life movement, in contrast, is arguing that every conception is sacred and that society has a responsibility to protect the defenseless." The silence from second-wave feminists about the ethical ambiguities in their pro-choice belief system has been deafening. The one exception is Naomi Wolf, with whom I have disagreed about many issues. But Wolf showed admirable courage in questioning abortion in her 1995 essay, "Our Bodies, Our Souls,"² which was reprinted at the 40th anniversary of *Roe v. Wade* by the *New Statesman* in London three years ago.

That a pro-life wing of feminism is possible is proved by this thoughtful letter recently sent to me at *Salon* by Katherine Carlson in Calgary, Canada:

Many women like myself (a gay liberal) are deeply upset over the abortion issue. Ultrasound technology has allowed us to see into the womb like never before, and the obvious face of humanity is clear. I totally respected your take on abortion precisely because you never tried to dehumanize the preborn vulnerable. You were clearly pro-choice but made the harsh reality of the decision very clear.

I was thrilled when they took down Gloria Steinem's interview on Lands' End. To me, she is someone who tried to normalize abortion, and I despise her for it. The Democrats have become callous and extreme on the issue, and I feel completely shut out. And obviously, I am no right-winger.

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I have listened to the testimony of phenomenal women who have survived abortion attempts and were left to die (were saved only because some took their Hippocratic oath seriously).

I am tired of being bullied by women who equate women's equality with abortion on demand. I know some women who use abortion as a method of sex selection and it rattles me to my core.

If you ever decide to write a piece on silenced women like myself, I would be entirely grateful.

I totally agree with Carlson that pro-choice Democrats have become "callous and extreme" about abortion. There is a moral hollowness at the eminism, a bourgeois secular code that sees children as an obstruction to self-realization or as a management problem to be farmed out to working-class nannies.

Liberals routinely delude themselves with shrill propaganda about the motivation of "anti-woman" pro-life supporters. Hillary deals in those smears as her stock in trade: for example, while campaigning last week, she said in the context of Trump's comments on abortion, "Women's health is under assault in America"—as if difficulty in obtaining an abortion is more of an assault than the grisly intervention required for surgical termination of a pregnancy. Who is the real victim here?

Or we have Gail Collins, former editorial page head at the *New York Times*, asserting last week in her column, "Trump, Truth, and Abortion,"³ "In reality, the anti-abortion movement is grounded on the idea that sex outside of marriage is a sin. . . . It's the sex, at bottom, that they oppose." I saw red: where the hell were these middlebrow Steinem feminists of the prestige Manhattan media during the pro-sex insurgency of my rebel wing of feminism during the 1990s? Suddenly, two decades later, Collins is waving the sex flag? Give me a break!

To project sex phobia onto all pro-lifers is vulgar. Although I am an atheist who worships only great nature, I recognize the superior moral beauty of religious doctrine that defends the sanctity of life. The quality of idea and language in the *Catechism of the Catholic Church*, for example, exceeds anything in grimly utilitarian feminism. In regard to the Commandment "Thou shalt not kill," the *Catechism* says: "Human life is sacred because from its beginning it involves the creative action of God. . . . God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being" (#2258). Or this: "Human life must be respected and protected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognized as having the rights of a person—among which is the inviolable right of every innocent being to life" (#2270).

Which embodies the more authentic humanism in this area—the Catholic Catechism or pro-choice feminism? If the latter, then we have much work to do to develop feminism philosophically. In "No Law in the Arena," I argued from the point of view of pre-Christian paganism, when abortion was accepted and widespread: "My code of modern Amazonism says that nature's fascist scheme of menstruation and procreation should be defied, as a gross infringement of woman's free will. . . . As a libertarian, I support unrestricted access to abortion because I have reasoned that my absolute right to my body takes precedence over the brute claims of mother nature, who wants to reduce women to their animal function as breeders."

There are abundant contradictions in a liberal feminism that supports abortion yet opposes capital punishment. The violence intrinsic to abortion cannot be wished away by magical thinking. As I wrote: "Abortion pits the stronger against the weaker, and only one survives." My program is more ideologically consistent,

because I vigorously support abortion but also call for the death penalty for horrific crimes such as political assassination or serial rape-murder. However, the ultimate issue in the abortion debate is that, in a modern democracy, law and government must remain neutral toward religion, which cannot impose its expectations or values on non-believers.

In an in-depth piece in the *Boston Globe*⁴ two years ago, Ruth Graham summarizes one view of the controversial emerging concept of fetal rights in cases where a pregnant woman has been attacked or killed: "It is progressives who have historically pushed to expand civil rights, yet who now find themselves concerned about the expansion of rights to fetuses." Progressives need to do some soul-searching about their reflex rhetoric in demeaning the pro-life cause. A liberal credo that is variously anti-war, anti-fur, vegan, and committed to environmental protection of endangered species like the sage grouse or spotted owl should not be so stridently withholding its imagination and compassion from the unborn. **L**

[This article first appeared in Salon.com, at <http://www.Salon.com>. An online version remains in the Salon archives. Reprinted with permission. Camille Paglia is the University Professor of Humanities and Media Studies at the University of the Arts in Philadelphia.]

¹ <http://images.nymag.com/images/2/promotional/11/11/week1/mrs-abortionsb.pdf>

² <http://www.newstatesman.com/politics/politics/2013/01/naomi-wolf-abortion-our-bodies-our-souls>

³ http://www.nytimes.com/2016/04/02/opinion/trump-truth-and-abortion.html?_r=2

⁴ <https://www.bostonglobe.com/ideas/2014/02/16/for-pregnant-women-two-sets-rights-one-body/5Pd6zntIViRBZ9QxhiQgFJ/story.html>

⁵ <https://www.amazon.com/Glittering-Images-Journey-Through-Egypt/dp/0307278026>

CASES TO WATCH

CONTINUED FROM PAGE 3

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. Discovery is complete and the motions for summary judgment was argued on July 13, 2016. Decision pending.

People v. Garza / Garza v. Jackson Public School District (Jackson, Miss.)—

Two young pro-life activists were arrested for distributing leaflets on a sidewalk in front of a high school and were charged with trespass, disturbing the peace, and interference with school buses. After criminal trial in which the court excluded video evidence exonerating them, they were found guilty on two of the three charges. Their request for a new trial has been pending for almost two years. Life Legal filed a federal civil rights suit filed seeking damages and injunctive relief. Summary judgment hearing held August 29 and decision pending.

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. Decision 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. Although the court denied the plaintiffs’ motion for a preliminary injunction preventing the law from going into effect, the court also denied the defendants’ motion to dismiss, so the case is proceeding to discovery.

In re Estate of T.L. and In re the Matter of M.H.—

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. Both cases are still pending, as their fiancés are seeking guardianship.

CASES RESOLVED:

Houston v. Daleiden et al.

(Tex.)—Grand jury indictment on charges of tampering with a governmental record (a driver’s license) and violating the Texas statute on human organ trafficking. **Victory!** All criminal charges dismissed.

One court dismissed the misdemeanor organ trafficking charges, and the district attorney requested a dismissal of the felony charge regarding the driver’s license. (Please see BOGUS, page 12.)

Whole Women’s Health v. Lahey (Tex.)—

Abortion providers challenged Texas statutes requiring that abortion providers have admitting privileges at local hospitals and imposing building and safety requirements on abortion facilities. Life Legal joined Alliance Defending Freedom in filing an amicus brief in the Fifth Circuit, arguing that the law’s requirements are reasonable and constitutional. The brief points out that the alleged shortage of eligible abortion providers under the law is caused not by the strictures of the law but by the unwillingness of most doctors to provide abortions. The Fifth Circuit Court upheld the ambulatory surgical center standards and the admitting privileges requirement as to all but one clinic in Texas. The court found that the requirements advance Texas’ interests in safeguarding maternal health and protecting women from substandard abortion facilities and practices. The case was heard at the Supreme Court in March. (Please see page 16.) **L**

APOSTOLATE OF DEATH

Aaron Kheriaty



On November 1, after posting a Facebook message stating, “Today is the day I have chosen to pass away with dignity in the face of my terminal illness, this terrible brain cancer,” twenty-nine-year-old Brittany Maynard took a lethal dose of barbiturates, prescribed by an Oregon physician, and ended her own life. One newspaper opinion columnist spoke with almost religious awe when she noted that “Maynard has ascended to martyr-saint status as an advocate for the right to suicide in the throes of terminal illness.”



In the wake of her death, bills to legalize physician-assisted suicide are being considered in at least twelve states (California, Colorado, Illinois, Indiana, Iowa, Minnesota, Nevada, New Mexico, Pennsylvania, Rhode Island, Wisconsin, and Wyoming). The public is clearly not yet sold, as these efforts follow on the heels of failed attempts to legalize assisted suicide in three other states (Connecticut, Massachusetts, and New Hampshire).

The claim to a right to physician-assisted suicide raises many questions, not the least of which is this: If there is such a right, why would it be restricted to those in the throes of terminal illness? What about the elderly person suffering a slow but nonterminal decline? What about the adolescent or young adult in the throes of

depression, demoralization, or despair? Once we adopt the principle that suicide is acceptable, then the fences that legislators might try to erect around it—having six months to live, or having mental capacity, for example—are inevitably arbitrary. These restrictions will eventually be abandoned, as the situation with assisted suicide in Belgium and the Netherlands demonstrates.

In Belgium, assisted suicide has been granted to a woman with “untreatable depression”; in the Netherlands, assisted suicide has been granted to a woman because she did not want to live in a nursing home. We see evidence here of not only a practical slippery slope but a relentlessly logical slide from a cancer patient with six months to live to people

who are merely unhappy, demoralized, dejected, depressed, or desperate. If assisted suicide is a good, why limit it only to a select few?

Recent debates on physician-assisted suicide have largely ignored research in psychiatry and the social sciences. It is important to appreciate what motivates suicidal behavior, which individuals are at risk for suicide, and how suicide risk can be lowered. We know, for example, that suicide is typically an impulsive and ambivalent act.

One suicide “hot spot” is the Golden Gate Bridge in San Francisco, where fourteen hundred people have died, while only a handful have survived the jump. A

journalist tracked down a few of these survivors and asked them what was going through their minds in the four seconds between jumping off the bridge and hitting the water. All of them responded that they regretted the decision to jump, with one saying, “I instantly realized that everything in my life that I’d thought was unfixable was totally fixable—except for having just jumped.” This small sample is consistent with larger studies of suicide survivors: Ten years after attempted suicide, nearly all survivors no longer wish to die but are pleased to be alive. To abandon suicidal individuals in the midst of a crisis—under the guise of respecting their autonomy—is socially irresponsible: It undermines sound medical ethics and erodes social solidarity.

Suicidal individuals typically do not want to die; they want to escape what they perceive as intolerable suffering. When comfort or relief is offered, in the form of more-adequate treatment for depression, better pain management, or more-comprehensive palliative care, the desire for suicide wanes. We know that the vast majority of suicides are associated with clinical depression or other treatable mental disorders; yet alarmingly, less than 6 percent of the 752 reported cases of individuals who have died by assisted suicide under Oregon’s law were referred for psychiatric evaluation prior to their death. This constitutes gross medical negligence.

We also know that there is a “social contagion” aspect to suicide, which leads to copycat suicides. In 1933, on the Japanese island of Izu Oshima, a twenty-one-year-old student named Kiyoko Matsumoto jumped into the volcano of Mount Mihara from an observation point overlooking the molten lava. Her death became a media sensation across Japan as newspapers reprinted her poignant suicide note and turned her into an overnight celebrity. Nine hundred forty-four people subsequently jumped into the volcano’s crater in 1933 alone. In the years that followed, thousands more made the

one-way trip to the volcano, including, every year, dozens of suicide-pact couples who plunged into the lava together.

The Tokyo Bay Steamship Company set up a daily line to the island’s volcano rim, which became known as “Suicide Point,” to ferry victims and spectators: Some passengers bought one-way tickets to the destination, while others traveled there round-trip to watch people jump. This suicide epidemic ended only after officials made it a criminal offense to purchase a one-way ticket to the island and placed a barrier at the observation point.

Many recent commentators have called Maynard’s death “courageous” and “inspiring,” but we should worry that her death will indeed “inspire” others to follow her example. Assisted-suicide advocates might insist that her death was a purely private decision or merely an exercise in personal autonomy; but given what we know about suicide’s social effects, and given the media portrayal of her death, we can anticipate that her decision will influence other vulnerable individuals.

Suicide rates now constitute a public-health crisis: According to the Centers

“I INSTANTLY REALIZED THAT EVERYTHING IN MY LIFE THAT I’D THOUGHT WAS UNFIXABLE WAS TOTALLY FIXABLE—EXCEPT FOR HAVING JUST JUMPED.”

for Disease Control, suicide is currently the third leading cause of death among adolescents and young adults and the tenth leading cause of death overall for individuals over the age of ten. Not all suicides can be prevented, but many can, and our collective efforts have the capacity to save many lives. Studies show that when we intervene during a crisis—for example, during the months of difficult adjustment after a new diagnosis of a serious or terminal disease—we can substantially lower the person’s risk of suicide.

Refusing to legitimate suicide helps those in need. The practice of physician-assisted suicide—by whatever name one calls it—sends a message that some lives are not worth living. The law is a teacher: If assisted suicide is legalized, this message will be heard by everyone who is afflicted by suicidal thoughts or tendencies.

While a causal relationship is difficult to establish with the available data, it is perhaps relevant that the overall suicide rates in Oregon rose dramatically in the years following the legalization of physician-assisted suicide in that state in 1997: According to data from Oregon Public Health, after the state’s suicide rates declined in the 1990s, they increased significantly between 2000 and 2010, and are now 35 percent higher than the national average.

Many advocates of assisted suicide try to redefine it as something else—indeed, to redefine human dignity and human life itself. Maynard has become a sort of secular saint for the cause, and the media have provided her hagiography. Maynard herself wrote: “If I’m leaving a legacy, it’s to change this health-care policy or be a part of this change of this health-care policy so it becomes available to all

Americans. That would be an enormous contribution to make, even if I’m just a piece of it.” CNN named Maynard one of its “11 Extraordinary People of 2014” for her decision to define death “on her own terms.” Another columnist wrote that Maynard in her choice for self-inflicted death employed her “own definitions of life and dignity.”

This echoes the famous “mystery clause” of Supreme Court justice Anthony Kennedy: “At the heart of liberty is the

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right to define one's own concept of existence, of meaning, of the universe, and of the mystery of human life." Such a notion of liberty and human dignity can only lead to incoherence and absurdity; life and death are not ours to define, but are objective realities to which we must adapt. There is a great irony in all of this empty talk about controlling the timing and circumstances of our death, since death is the singular event that finally and completely announces our lack of complete mastery and control.

The euphemistically renamed Compassion and Choices (formerly the Hemlock

association EXIT, which provides volunteer "escorts" who help usher people to their deaths. These escorts show remarkable dedication to their work, and demonstrate an intense drive to proselytize. They advocate tirelessly for the legalization of assisted suicide in other countries.

In one striking scene, filmed in a way that evokes Da Vinci's *The Last Supper*, twelve escorts gather around a U-shaped dining table with EXIT's president, Dr. Jérôme Sobel, seated in the center. The seasoned escorts share tricks of the trade and

can do as regularly as clockwork." He encourages them to persevere in their work nonetheless: "It is an exceptional act, every single time," he tells them. "I'm exhausted after every assisted suicide." He then states that from now on he will no longer call what they do voluntary work; it is a vocation. The final scene of the film shows Dr. Sobel asking a woman several times whether she is certain she wants to die. After she consents, he prepares the deadly potion and hands her the glass, instructing her to drink it down to the last drop. "May the light guide you and lead you to peace," he tells her as she ingests the poison. Then he bids her farewell:

MANY RECENT COMMENTATORS HAVE CALLED MAYNARD'S DEATH "COURAGEOUS" AND "INSPIRING," BUT WE SHOULD WORRY THAT HER DEATH WILL INDEED "INSPIRE" OTHERS TO FOLLOW HER EXAMPLE.

Society) trades on this supposed "right" to redefine human life and death, claiming that "physician aid in dying" is *not really suicide*, simply because the means employed—taking a deadly drug—are "nonviolent" and "peaceful." This Orwellian attempt to manipulate language, and to do an end-run around hard realities, is irresponsible and deceptive.

Evil is always parasitic on, and derivative of, the good: It cannot generate anything of its own, but only distorts and corrupts what is already given. Perhaps this explains the pseudo-religious tones of the assisted-suicide movement's latest iteration. It borrows from mystical or religious language to cast itself as a "compassionate" spirituality.

The most striking example can be seen in Fermand Melgar's prize-winning 2005 documentary film *Exit: Le Droit de Mourir*¹ (*Exit: The right to die*), recently made available with English subtitles on YouTube. This simultaneously mesmerizing and terrifying film follows the work of the Swiss assisted suicide

offer guidance to the new recruits. One woman suggests using two large straws for those patients who can no longer hold a glass to down the pills. The same woman then notes that she cannot take on any new cases as she already has four "self-deliverances" scheduled before the end of the year. Another escort describes the case of an elderly couple who wish to die together by "self-deliverance," which ushers in a conversation about whether the escorts can assist them. One pleads that this couple is "entitled to this departure together because they've spent a lifetime together" and argues that "this forms part of our philosophical mandate," while another regretfully notes that the current law will not allow them to assist because only one member of the couple has a terminal illness.

As the conversation continues, their leader, Dr. Sobel, speaks to his disciples in warm and encouraging tones. He acknowledges that their work is emotionally exhausting—"we have to rest between two missions, recharge our batteries; this is not something you

"Bon voyage, Micheline." We watch this woman, on camera, lie back on her bed and die.

Some people thought St. John Paul II was speaking metaphorically when he wrote about our "culture of death." But he meant this quite literally: A culture that honors and exalts those who deliberately reject life is a culture that eventually will come to worship death.

[This article was first published in the April 2015 issue of *First Things* (FirstThings.com). It is reprinted here with permission. Aaron Kheriaty is associate professor of psychiatry at University of California Irvine School of Medicine. A number of other physicians, including Dr. Kheriaty, are participating in Life Legal's challenge to physician assisted suicide as declarants.] 

¹ <https://www.youtube.com/watch?v=7iNYTj-G03k>

BOGUS CRIMINAL CHARGES AGAINST DALEIDEN DROPPED AS PRO-ABORT COVERUP COLLAPSES



Mary Rose Short, Assistant to Vice President, Legal Affairs

In an apparent effort to avoid further exposure of its illegal collusion with Planned Parenthood, on July 26, 2016 the Harris County District Attorney's office dropped all criminal charges against David Daleiden and Sandra Merritt. Back in January, the Harris County D.A. announced that a grand jury had indicted Daleiden and Merritt on felony charges for allegedly using false IDs during their undercover investigation of Planned Parenthood, and also brought a misdemeanor charge against Daleiden for allegedly offering to buy fetal tissue, a violation of Texas state law.

The misdemeanor charge was deficient on procedural grounds. Texas law prohibits buying and selling human body parts—or offering to buy or sell human body parts—but allows reimbursement for the costs of transferring or storing donated body parts. The D.A. asserted that a written contract Daleiden provided to Planned Parenthood Gulf Coast was an offer to pay for fetal body parts. The D.A. did not address whether or not his alleged offer was to buy body parts (illegal) or was merely to cover the costs of transferring the parts (legal), rendering the charge invalid. Harris County Judge Diane Bull dismissed the charge on June 13.

The D.A. did not attempt to revive the misdemeanor charge or argue further that the contract Daleiden provided to Planned Parenthood outlined an illegal payment scheme. Although puzzling at first, the D.A.'s reticence on the details of the contract could be due to the fact that the contract was one in actual use between StemExpress and other Planned Parenthood affiliates. Rather than implicate Planned Parenthood affiliates across the country by arguing that the contract itself was evidence of an illegal offer to buy fetal tissue, the D.A. did not dispute the dismissal of the misdemeanor charge.

The D.A.'s office itself dropped the felony charges. In April, Daleiden's criminal defense team filed a motion to have the criminal charges dismissed on the

grounds that the grand jury that brought the indictments took up new business during its extended term rather than merely finishing what it had run out of time to finish in its first term—which is illegal; that the grand jury proceedings were not kept secret and instead the D.A. communicated them with Planned Parenthood—which is illegal; and that the indictments were made public before the defendants surrendered to authorities—which is illegal. During the following weeks more evidence came to light of collusion between the Harris County D.A. and Planned Parenthood.

The Texas Attorney General shared some of Daleiden's unpublished undercover videos with the Harris County D.A. to help in the investigation of Planned Parenthood and on the condition that the video not be published or shown to Planned Parenthood. The D.A. then subpoenaed the same videos from Daleiden purportedly for the grand jury investigation of Planned Parenthood, but really in order to share them with Planned Parenthood. In a sworn written statement, Planned Parenthood Gulf Coast attorney Josh Schaffer said about the videos: "I was told that the Attorney General's office agreed to give it to the Harris County District Attorney's office on the condition that they not give it to Planned Parenthood. Mitchell [the D.A.] told me that she would try to obtain the footage by other means."

On July 26, at a hearing concerning their motion calling to dismiss the indictment, Daleiden's defense team was prepared to call witnesses and bring further proof of the illegal collaboration between Planned Parenthood Gulf Coast and the D.A. Before the evidence was presented, the Harris County District Attorney's office announced that it was dropping the felony charges against Daleiden and Merritt.

Daleiden and Merritt are still being sued by StemExpress, the National Abortion Federation, and Planned Parenthood in three separate lawsuits. Although no charges have been brought, Daleiden is currently under criminal investigation by the California Attorney General's office.

"Ever since David Daleiden and his colleagues first exposed Planned Parenthood's illegal trade in baby body parts," said Life Legal Executive Director Alexandra Snyder, "PP and its allies have been scrambling to change the subject and discredit the messenger. The criminal charges that the Harris County D.A.'s office conspired to bring were only one frenetic twitch in this desperate reaction. The way they were swept aside by reality is a sign of how ill-considered the pro-abortion strategy really is here. It's also a sign that, with the help of our committed donors, Life Legal will win the civil suits we're helping to fight on David's behalf—and change the subject back to the actual crimes committed by the abortion cartel." **L**

NOTHING TO SEE HERE?

CONGRESSIONAL FINDINGS ON BABY PART TRAFFICKING YOU WON'T SEE IN THE MAINSTREAM MEDIA: PART 1



The most significant aspects of David Daleiden's exposé of Planned Parenthood have been largely ignored. In September 2015, two months after David released the first video, Congress established the Select Investigative Panel on Infant Lives ("Panel") to investigate Planned Parenthood's role in the trafficking of aborted babies.



The Panel has issued dozens of subpoenas, produced numerous documents, and has held two congressional hearings. The Panel's investigation provides ample evidence that Planned Parenthood, StemExpress, and a handful of publicly-funded universities have broken civil and criminal laws—all while using government money.

What follows is the first installment of a review of the Panel's investigation to date.

Background

The Panel is a bi-partisan committee investigating the abortion industry's procedures, financials, and business relationships surrounding the harvesting and transfer of fetal tissue obtained from

aborted babies. The Panel is also tasked with reviewing federal funding and support received by abortion providers or researchers. Its recently released Interim Report on the "Transfer of Fetal Tissue and Related Matters" presents findings from the first half of its investigation, which will continue at least through December 31, 2016.

Already, the Panel's investigation has returned evidence of violations of federal law. These violations include HIPAA concerns, selling of aborted fetal tissue, illegal abortion methods, and other concerns. The Panel's efforts have been frustrated by the refusal of some entities to comply with congressional subpoenas.

HIPAA Concerns

The Health Insurance Portability and Accountability Act (HIPAA) established federal standards to protect personal medical records and Private Health Information (PHI), requiring that such information be kept confidential. PHI includes a patient's name, address, phone number, and social security number. It also includes what care and treatments have been provided or recommended as well as information about payments. If a medical provider shares PHI without a patient's written consent, the provider can be held accountable in civil court and also charged with crimes.

The Panel found that Planned Parenthood and fetal tissue broker StemExpress worked together to create “systematic violations” of HIPAA. Planned Parenthood routinely provided StemExpress employees access to the medical files of Planned Parenthood patients. StemExpress used this personal information—including gestational ages of the patients’ unborn children—to determine the types of body parts that could be harvested on a given day. StemExpress employees were also permitted to enter patient exam rooms to gain consent directly from women seeking abortions.

As a result of these findings, the Panel has referred Planned Parenthood and StemExpress to the U.S. Department of Health and Human Services Office of Civil Rights for a full investigation.

Selling Aborted Fetal Tissue

When we talk about selling, we normally think of exchanging money for a product or service. But selling can also be about giving a financial benefit in exchange for that product or service. The law calls this “providing valuable consideration.” The Congressional Panel found that Planned Parenthood received valuable consideration (both money and benefits) from fetal tissue brokers in violation of the Fetus Farming Prohibition Act, a criminal statute that includes fines and up to 10 years in federal prison.

The Panel’s investigation revealed that Planned Parenthood and other abortion providers earn money through the sale of fetal body parts by citing expenses they did not actually incur. Federal law permits abortionists to recover the cost of shipping and storing fetal tissue. However, Planned Parenthood’s records show that the abortion giant received reimbursement from StemExpress for line items for these costs. However, storage and shipping never cost Planned Parenthood a dime because StemExpress employees worked directly in the clinics to procure the tissue, which they

took with them when they left the clinic. StemExpress also inflated its costs and overcharged researchers, which indicates that an illegal profit was made in the transfer of body parts from tissue brokers to universities, labs, and other end users. Advanced Bioscience Resources (ABR),

WHEN WE TALK ABOUT SELLING, WE NORMALLY THINK OF EXCHANGING MONEY FOR A PRODUCT OR SERVICE. BUT SELLING CAN ALSO BE ABOUT GIVING A FINANCIAL BENEFIT IN EXCHANGE FOR THAT PRODUCT OR SERVICE. THE LAW CALLS THIS “PROVIDING VALUABLE CONSIDERATION.”

another fetal tissue procurer, provided records showing that it pays clinics for costs of “clinical staff obtaining consents, maintaining records, transferring fetal tissue, clinical space, and utilities.” None of these costs are eligible for reimbursement under the law.

Non-Monetary Benefits

The exchange of money for baby body parts is not the only fetal tissue trafficking violation uncovered by the Panel’s investigation. Abortion clinics work directly with universities to provide fetal tissue. Often those transactions involved non-monetary exchanges that nevertheless violate federal law. For example, Southwestern Women’s Options (SWWO) has a long-standing relationship with the University of New Mexico (UNM) that includes the providing fetal tissue in exchange for benefits rather than directly for money.

UNM provided staff to SWWO to perform abortions. This was done specifically to

increase the number of 2nd trimester abortions performed at the abortion facility. Even though no money changed hands, SWWO received a direct financial benefit to SWWO both by saving money on staffing costs and by increasing its income by providing more late-term abortions. In exchange, UNM received baby parts for research and has even used these parts during their summer camps for high school students.

UNM also provides benefits to SWWO-employed abortionists by conferring on them honorary titles, and by providing them with professional liability insurance, access to libraries and recreational facilities, discounted tickets to athletic and cultural events, and membership in UNM’s credit union. The SWWO abortionists do not teach at UNM or work there in any academic capacity. Again, the only benefit returned to UNM is the fetal specimens.

The Panel has also found other universities engaged in the trafficking of fetal tissue, including Colorado State University, Baylor College of Medicine, and the University of Washington, which recently filed a lawsuit against David Daleiden after he filed a formal request for information about the university’s involvement in fetal tissue sales.

The Panel has recommended that each of the universities involved be investigated further. The Panel has also referred UNM and SWWO staff to the New Mexico Attorney General’s office for criminal charges and further investigation.

As the Panel continues to obtain evidence of Planned Parenthood’s criminal activity, the media’s claims that there is “nothing to see here” will be harder and harder to maintain.

We will continue to report on the Panel’s investigative activity in future issues of *Lifeline*. **L**

[Sarah Chia is a paralegal currently serving as an intern for Life Legal.]

WHY ARE THEY TRYING TO MAKE US KILL OUR PATIENTS?

CALIFORNIA'S NEW ASSISTED-SUICIDE LAW VIOLATES THE U.S. CONSTITUTION'S EQUAL PROTECTION CLAUSE.



Philip B. Dreisbach



I am an oncologist/hematologist who has been practicing in California, primarily at Eisenhower Medical Center in Rancho Mirage, for 39 years. It has been my privilege to have treated and cared for more than 16,000 patients with cancer or blood diseases and to have provided pain relief and comfort for the dying.

I am also one of six concerned physicians who, along with the American Academy of Medical Ethics, have sued in a California Superior Court to try to block as unconstitutional the state's Physician Assisted Suicide law, which went into effect on June 9. More recently, a group of doctors and health-care professionals in Vermont joined a lawsuit filed July 19 to try to block the way that state's 2013 assisted suicide law is being interpreted and misapplied.

Signed by Gov. Jerry Brown and voted against by every elected Republican

member of the state legislature, California's radical measure is part of an organized, nationwide, social-engineering campaign, heavily funded by big donors such as the leftist George Soros.

Our state's physician-assisted suicide law instantly removes penal-code protections from a vulnerable segment of the population deemed "terminally ill." The law allows anyone labeled as terminally ill to request assisted suicide—but it also accepts heirs and the owners of caregiving facilities to formally witness such requests, even though the probate code

does not even accept "interested" parties as witnesses to a will.

The law does not require an attending physician to refer the patient for psychological assessment. It thus does not allow for screening for possible coercion, or for underlying mental conditions that could be behind the suicide request—unless the patient has signs of mental problems, which may not be visible to a suicide-specialist doctor they may not even know. In these and other ways, the law devastates elder-abuse law and mental-health legal protections, and it

deprives those labeled as terminally ill of equal-protection rights that all other Americans enjoy.

All of us in the practice of cancer care have seen patients, diagnosed with so-called terminal illness, who have experienced a marvelous remission of disease. Very little is absolute—except death itself.

On the day that physician-assisted suicide was legalized, my hospital and the other local hospitals announced that they were opting out and would not facilitate the killing of any patients. Some local hospices informed me that they would continue to give palliative care, instead of helping patients kill themselves.

Killing is never medical care. There is no circumstance when any compassionate, competent physician would prescribe a deadly drug to any patient. If “medical practice” has any meaning, it definitely does not include using drugs to willfully kill a patient or for a physician and pharmacist to supply a lethal drug so that a patient can kill himself.

The American Medical Association has spoken for all physicians by stating: “Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”

The irony here is that the medical community has strongly objected to facilitating the death of felons on death row, but that same medical community is now expected to help kill the innocent.

One must ignore the false rhetoric, the clawing propaganda, used by the death-by-drugs advocates. Terms like “death with dignity” and “compassion in dying” are meant to obscure the fact that these death-march ideologues are targeting the doctor to become an instrument of death.

And why must it be the physician who facilitates self-murder? Why not make

the agent of death a non-physician who is given special permission to order and administer a regimen of lethal drugs? No, the advocates want to exploit the respect and trust accorded to the “good doctor” so that drug-induced deaths are viewed as “compassionate.” It is part of the marketing scheme for a small but influential necro-political movement.

California and other states contemplating making this devastating change to their laws should heed the troubling example of what has happened in Oregon since its adoption of the “Death with Dignity Act” in 1997. Dr. William Toffler, a distinguished professor of family medicine at Oregon Health & Science University in Portland, Ore., testified before Congress in 2015 about abuses of the law and about the state health department’s negligence. “There is a shroud of secrecy enveloping the practice,” he said. “Doctors engaging in this practice are required by state law to fabricate the cause of death stating that the cause is ‘natural’ rather than suicide.”

As the law took effect, Dr. Toffler noted, “the Oregon legislature implemented a system of two different death certificates—one that is public with no medical information and a separate one that is never made public. Thus, review and tracking of physician-assisted suicide deaths by anyone outside of the Oregon Health Division is impossible.”

Equal protection is not a mindless bumper-sticker slogan. It is a pillar of state and federal constitutions and must not be corrupted. Under the law, equal protection must apply not only to the healthy and able but to the most vulnerable—the unhealthy, the disabled, the elderly—and all who might fall victim to those peddling physician-assisted killing. **L**

[Dr. is the director of the Desert Hematology Oncology Medical Group at the Eisenhower Medical Center in



OUR STATE’S PHYSICIAN-ASSISTED SUICIDE LAW INSTANTLY REMOVES PENAL-CODE PROTECTIONS FROM A VULNERABLE SEGMENT OF THE POPULATION DEEMED “TERMINALLY ILL.”

Rancho Mirage, Calif. Life Legal is representing Dr. Dreisbach, along with five other physicians and the American Academy of Medical Ethics in the lawsuit. This article was first published in the Wall Street Journal (WSJ.com) July 24, 2016. Reprinted by permission of The Wall Street Journal, Copyright © 2016 Dow Jones & Company, Inc. All Rights Reserved Worldwide. License number 3938981427273. Dow Jones & Company’s permission to reproduce this article does not constitute or imply that Dow Jones sponsors or endorses any product, service, company, organization, security or specific investment.]

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2016 SUPREME COURT RULINGS

Life Legal submitted amicus briefs in two cases ruled on this year by the U.S. Supreme Court:

In *Zubik v. Burwell*, popularly known as “Little Sisters of the Poor,” Life Legal’s brief argued that the Obama administration’s HHS mandate actually harmed women’s health, since many of the mandated contraceptives and abortifacients clearly contributed to fundamental health problems. The Supreme Court sent the case, or rather the complex of individual cases, back to the Court of Appeals—with instructions to arrive at an accommodation for the religious objections of petitioners such as the Little Sisters. The ruling constituted, perhaps, a fragile victory—but, temporarily, a real one.

In *Whole Woman’s Health v. Hellerstedt*, Life Legal’s brief presented evidence that a Texas law requiring abortion mills to meet medical standards was justified by the abysmal practices documented in numerous Texas “clinics.” In a disappointing and relentlessly-ideological five-to-three decision, the Court ignored the evidence and ruled that Texas’ law constituted an “undue burden” on that most sacred of all unenumerated rights, the right to abort. In doing so, however, the Court confirmed many of the things that pro-lifers have been saying for over forty years: that abortion is not really a medical procedure, that abortion mills are not really medical establishments, that abortionists are not really doctors, that abortion has never been about women’s health. We at Life Legal tremble for our country when we imagine the future course of abortion jurisprudence in light of *WWH v. Hellerstedt*.

Little Sisters of the Poor

