

# CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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*Established 1981*

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## **NIH Wants to Fund Human-Animal Chimera Research**

by Greg Schleppebach

In his late 19th century novel, The Island of Doctor Moreau, H.G. Wells tells a chilling, futuristic story about a doctor on a Pacific island who is performing horrific experiments to craft animals into human beings.

While Dr. Moreau's world might be far-fetched for now, the National Institutes of Health (NIH), a federally-funded medical research agency, wants to start funding research on human-animal chimeras that could move us in that direction.

On August 4, 2016, the NIH announced that it will begin spending taxpayer dollars on the creation and manipulation of new beings whose very existence blurs the line between humans and animals. We're not talking about using a pig's heart valve to fix a human heart. Nor are we talking about growing human cancer tumors in mice to study disease processes. These non-controversial practices have been going on for decades and don't pose any serious ethical problems.

The research NIH wants to fund is fundamentally different and ethically problematic for several reasons. First, it relies on the killing of humans at the embryonic stage to harvest their stem cells. Second, it involves the production of animals that could have partly or wholly human brains. Third, it involves the production of animals that could have human sperm or eggs (with a stipulation that precautions are taken so such animals are not allowed to breed).

Finally, introducing human embryonic stem cells into very early animal embryos will make it very difficult to know the extent to which human cells contribute to the final organism. This is another key moral problem with the NIH proposal: If researchers can't know for certain whether the resulting being has human status or

characteristics, they won't know what their moral obligations may be toward that being.

Furthermore, the NIH proposes to transcend this very serious ethical boundary apparently having given little, if any, consideration to the ethical and moral implications. When the NIH issued a moratorium on funding human-animal chimera research last September, it pledged to "undertake a deliberative process to evaluate the state of the science in this area, the ethical issues that should be considered, and the relevant animal welfare concerns associated with these types of studies" (emphasis added).

Yet in announcing its intention to rescind the moratorium on August 4, 2016, the NIH mentioned holding only one workshop, in November 2015, in order "to review the state of the science and discuss animal welfare issues." It mentioned nothing about any discussion of the "ethical issues" involved in creation and manipulation of partly human animals.

*Greg Schleppebach is Associate Director for the Secretariat of Pro-Life Activities, U.S. Conference of Catholic Bishops. For more information about the bishops' pro-life activities, visit [www.usccb.org/prolife](http://www.usccb.org/prolife).*

## **“Someone Inside”**

You may be familiar with the Groningen Protocol in the Netherlands - Euthanasia in Severely Ill Newborns. Of the 200,000 children born in the Netherlands every year, about 1000 die during the first year of life. For approximately 600 of these infants, death is preceded by a medical decision regarding the end of life. Well this thought process seems to be spreading.

There is a fight in the UK about whether to keep a seriously ill baby on life support or put her in palliative care to die.

Typically of our age, the idea that a person has a life not worth living may really be about discrimination against the disabled, coupled to the “save money” imperative.

That is happening in the socialized medicine, in which NHS bureaucrats want life-sustaining medical treatment stopped for a baby because the life it would provide would not be of sufficient “quality.” From the Nottingham Post story (my emphasis):

Lawyers representing the trust said the little girl had a range of health problems and was likely to need long-term respiratory support or ventilation, a tracheostomy and a feeding tube. A specialist told Mr. Justice Keehan that the little girl could not make “meaningful” noise and did not seem able to smile. He said babies initially acted on instinct and the emergence of a smile was an indicator of cognitive function.

“She does not appear to have a smile,” he told the judge. “The first evidence that there is actually someone inside there is when a baby looks at something which it thinks is a face, processes that face and then smiles.”

He said long-term treatment would place “significant burdens” on the little girl. “This treatment cannot overcome very severe restriction issues,” he said. “It adds life years but life years that are very restrictive.”

Did you catch the dehumanization: “someone inside there”? And if there is “no one” there, how could she experience “significant burdens?”

Where are the parents in all of this? Apparently leaving it to the bureaucrats and supposed “experts.”

These utilitarian attitudes in medicine are pushed hard by the bioethics movement internationally, with futile care and the prospect of our own pending invidious quality of life rationing schemes under Obamacare.

*Wesley J. Smith, J.D., is a special consultant to the Center for Bioethics and Culture and a bioethics attorney who blogs at Human Exceptionalism.*

**Do you know someone who might be considering abortion?**

**Make sure they get the facts first!**

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**1-800-712-HELP (4357)**

**Website: <http://www.optionline.org/>**

## **World's Smallest Baby Now Thriving at Nine Months Old**

Emilia Grabarczyk was born via caesarean section at 25 weeks and is believed to be the smallest ever baby to survive such an early delivery.

At the time of her birth in the German city of Witten she measured 22 centimeters and weighed just eight ounces; at 25 weeks a healthy baby would typically weigh around three times that amount. Her foot was just an inch long.

Now, nine months on, she weighs 7lb 2oz and is growing stronger with each passing day.

Dr Bahman Gharavi, Head of Children and Youth Clinic at St Mary's hospital, described her birth as truly unique, saying: “Even children with a birth weight of 14 ounces rarely survive. We have to thank Emilia as well for her own survival. She is a little fighter.”

“For more than six months, it was unclear whether she would survive. Only in recent weeks she is getting more robust.”

As Emilia’s mother Sabine entered her 25<sup>th</sup> week of pregnancy nine months ago, she was warned by her obstetrician that the placenta was failing to provide her child with enough nutrition. Without a caesarean, Emilia would have died in the womb.

The emergency procedure followed, and Dr Gharavi now credits the efforts of pediatricians, gynecologists and pediatric surgeons in helping Emily to survive. Despite her size, she appeared to be in good health. Her early birth carries a risk of behavioral and learning difficulties, but so far there have been no signs of any disability.

“There were many difficult days and many tears, but she clearly wanted to survive,” said Sabine.

## **Kids with Trisomy 13 and 18 can have good quality of life**

by Michael Cook

Should babies with Trisomy 13 and Trisomy 18 be given life-sustaining treatment? Both conditions are associated with severe physical and intellectual disabilities and most die children in their first year. So

until recently, few of them were treated. Doctors regarded the conditions as “lethal congenital anomalies.”

However, according to [a surprising study in JAMA](#), the Journal of the American Medical Association, it turns out that the consensus was wrong. Bioethicist John Lantos, a former President of the American Society of Bioethics and Humanities, commenting on an article about the survival rates, says:

“In the age of social media, however, everything changed. Parents share stories and videos, showing their happy 4- and 5-year-old children with these conditions. Survival, it turns out, is not as rare as once thought. Children who were not institutionalized looked happy, cared for, and loved. It became increasingly awkward to describe these conditions as incompatible with life to parents who had ready access to information showing that it was not true.

“One of these babies was [Bella, the child of Senator Rick Santorum](#), a former presidential hopeful. He and his wife were told “You realize that your child is going to die. You have to learn to let go.” The Santorums did not follow the doctors’ advice; their daughter is now 8 years old and in a stable medical condition.

“This story illustrates how predictions of lethality become self-fulfilling prophecies [writes Lantos]. If Bella had not received supplemental oxygen or cardiopulmonary resuscitation, predictions that she would die early in life would have turned out to be true. Clearly, her chances of survival were not just a function of her underlying condition. They were also determined by the treatment she received.”

Lantos says that decisions to withhold medical treatment can be based on a doctor’s assessment of the child’s future quality of life. A bad mistake, he contends.

The concept of quality of life is too vague and subjective to be helpful as a criterion for deciding about the appropriateness of treatment. No one can know with certainty what any infant is thinking, feeling, or experiencing, but what is observed can be interpreted. Children with trisomy 13 and 18 smile and laugh. They are not in pain. They give and receive love. These factors suggest that their subjective quality of life is not so poor that life-prolonging treatment should not be offered. Generally, the phrase quality of life is misused as a synonym for physical or neurological impairment. But if impairment is to be

discussed, accurate terminology should be used. Some infants and children can have severe impairments and still have an excellent quality of life.

- See more at: <http://www.bioedge.org/bioethics/kids-with-trisomy-13-and-18-can-have-good-quality-of-life/11973#sthash.ntYSG52Z.dpuf>

## Around the Office

Our lives center around the school year calendar, and activity levels at California Right to Life Educational Fund also follow this pattern. We are already receiving calls from students seeking materials and guidance for classroom presentation, and one student wanted to do his charity service hours with us this year.

September also signals the beginning of payroll deduction charity drive kickoffs in the working world. Please consider California Right to Life Educational Fund when filling out your pledge card. If you are a federal employee, our Combined Federal Campaign agency number (CFC) is 49742. If you need any assistance in filling out your card, contact our office at 925-944-5351.

For some time our youth volunteers have been trying to “teach this old dog a new trick,” telling me that Facebook is the venue (e-mail is so last decade!) Well I gave it a try, and sure enough, one message got over 450 hits! We will continue to send out e-mails (do we have your e-mail address? if not send it to us as [callife@calright2life.org](mailto:callife@calright2life.org) and we will add you to our address database.) We will also continue to post events and interesting articles on our Facebook page: California Right to Life.

**Combined Federal Campaign, United Way and other “Give at Work” Payroll Charity Drives** are now in progress. Please remember California Right to Life Educational Fund when the payroll pledge card comes around this fall. If you need any assistance in designating us as your charity of choice, contact our office 925-944-5351 e-mail at [callife@calright2life.org](mailto:callife@calright2life.org) (**Federal employees our CFC number is 49743**)

*Calendar of Events*

*For the latest updates of events, see  
[www.calendarforlife.org](http://www.calendarforlife.org)*

**40-DAYS FOR LIFE** – Sept. 28 - Nov. 6, 2016  
See: <http://40daysforlife.com/> for a location near you.

**LIFE CHAIN** – October 2, 2016 in most locations.  
For a location nearest you see: <http://lifechain.net/>

**WALK FOR LIFE – WEST COAST**  
San Francisco – Saturday January 21st 2017  
Speakers include \* Pam Tebow, mother of Heisman  
Trophy winner, Tim Tebow, \* Reggie Littlejohn,  
Women’s Rights Without Frontiers \* Melissa Ohden,  
abortion survivor \*Rev. Childress, Black Genocide.org  
See: <http://www.walkforlifewc.com/>

**STUDENTS FOR LIFE NATIONAL  
CONFERENCE – *Born to Win:*  
*Abolishing Abortion in Our Lifetime***  
Sunday, Jan. 22, 2017 – St. Mary Cathedral Event  
Center, San Francisco. See: <http://sflalive.org/>

### WHO IS CALIFORNIA RIGHT TO LIFE?

This is the newsletter of **California Right to Life Education Fund**, a 501-c-3 organization established to educate the public about pro-life issues. Donations to the EDUCATION FUND are **tax-deductible** and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-0343.

California Right to Life **Committee, Inc.** is a 501-c-4 organization providing information on legislative issues affecting the right to life, and pro-life political advocacy. **CRLC, Inc. is not permitted**, under IRS regulations, to offer a tax deduction for donations. \$24.99 annually is requested for a subscription to the CRLC legislative email updates list and can be sent to 2977 Ygnacio Valley Rd #243, Walnut Creek, CA 94598 (NOTE new address).

Both are affiliates of American Life League, headed by Judie Brown, and share the same “no-exceptions, no excuses” beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.