July Edition: Stand with Charlie Gard



No Matter What, Life Is A Gift...

Imagine someone invading the hospital room of your loved one and decreeing that he must die. That's essentially (and bluntly) what has happened in the case of precious Charlie Gard.

Charlie Gard is a critically ill, eleven month old child in Great Britain. His parents want the opportunity to bring him to the United States so that he may receive an experimental treatment for his rare genetic condition.

Why not try to help him live? No good reason exists to stop him from receiving the treatment. He would not suffer inhumanely. And his parents have the funds to do it.



Charlie and his parents, Connie and Chris

In fact, Charlie's parents have raised over \$1.6 million for both travel and treatment expenses. They have been invited by specialists in the United States and Italy. These specialists believe they can help Charlie. But tragically, the British courts are forbidding Charlie from receiving the treatment.

Congressman Steve King of Iowa explains the situation further, "It will be a horrific affront to every parent's innate right to care for their children if British courts refuse to allow Charlie Gard's parents to pursue offered treatment for their son... British courts should not be allowed to subject an innocent, eleven month old child to the equivalent of a death sentence when hope for a cure exists, and when his parents wish to pursue it at their own expense. The world is watching this story unfold, and the British legal system is being judged harshly."

Charlie's life deserves a chance. No doctor, hospital, or court has the right to deny him critical care. It is extremely unethical to deny this baby treatment. In fact, it's absolutely unpardonable. Charlie deserves a chance. It's not for a court to decide!

Tragically, Charlie Gard is not the first and likely won't be the last victim of situations like this...unless people stop the implementation of evil policies. So please read the following article by Wesley J. Smith to learn a wider scope of today's anti-life practices that can occur in the courts and hospitals. We must educate ourselves and others while speaking out to stop what is happening in Great Britain and in the United States. Also, read on to see a statement by Bobby Schindler, Terri Schiavo's brother. (Bobby is in Great Britain advocating for Charlie.)

Pray, stay informed, and do everything within your own area to defend life. Life is a gift. All life is a gift. And we must take action to preserve it.

We stand for life, and we stand with Charlie. Join us.

God bless you always,
Carrie Stoelting and Stacie Stoelting
Sisters and founders of <u>Unite the USA</u>

Sharing on TV and Radio Nationwide





Carrie and Stacie are on a national media campaign to activate fellow Americans to take part in Operation Honor Heroes. Please continue to pray for them as they seek to share God's love with veterans.

<u>Click here</u> to see their interview on Newsmax TV.

Statement on Charlie Gard by Bobby Schindler



Charlie Gard, his parents (Chris and Connie), and Bobby Schindler (Terri Schiavo's brother)

"Charlie Gard's life is more valuable than British and European bureaucrats realize," explains Bobby Schindler, President of the Terri Schiavo Life & Hope Network.

"The central issue of the Charlie Gard struggle," continues Bobby Schindler, "is not about rationing, limited resources, or even life support. At issue is whether universal healthcare means that bureaucrats and judges will determine appropriate treatment, or whether parents like Charlie's with the energy, finances, and physicians to care for their child will be allowed to do so."

The Terri Schiavo Life & Hope Network has served more than 2,500 medically vulnerable patients

and families. The Network been instrumental in similar parental rights cases, particularly the case of Jahi McMath who is now home with her family, and baby Joseph Maraachli who was ultimately allowed to die peacefully in his sleep from natural causes at home, surrounded by loved ones.

"We don't need judges posing as anguished moral philosophers, weighing what makes a life worth living. We simply need them to rule on whether mothers and fathers have an inalienable right to care for their own children. Are we better off in a society where government officials are encouraged literally to separate loved ones from each other? Is it better for Charlie Gard to live and die at home with his family, or in a state institution?"

Featured Quote

"The care of human life and happiness, and not their destruction, is the first and only object of good government."

-Thomas Jefferson

This Month's Bible Verse

"For you formed my inward parts; you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well. My frame was not hidden from you, when I was being made in secret, intricately woven in the depths of the earth. Your eyes saw my unformed substance; in your book were written, every one of them, the days that were formed for me, when as yet there was none of them." **Psalm 139:13-16**

Whose Baby Is Charlie Gard, Anyway?

By Wesley J. Smith



The time has come for your baby to die," a doctor told the grieving parents of a catastrophically ill baby. No, this wasn't the ongoing Charlie Gard case-so prominent in the news today-in which United Kingdom doctors and judges have told Charlie's parents that their son's life support will be removed, no matter what they want. (Charlie has a rare terminal mitochondrial disorder.) Rather, that blunt declaration was uttered in 1994 in Spokane, by a doctor to the parents of Ryan Nguyen, who-born at just twenty-three-weeks gestation-was on kidney dialysis and struggling for his life.

Then as now, doctors declared that further life-sustaining treatment of the child was "futile" and would only prolong his suffering. Then as now, desperate parents sought court relief against their son's being pushed into the grave sooner rather than later. But then, unlike now, a court in Ryan's case temporarily blocked the removal of treatment, pending trial.

The court never decided who had ultimate say over Ryan's care, his parents or medical professionals, because his treatment was transferred to a different doctor who did not view his case as futile. Ryan was soon weaned off dialysis and survived for more than four years, a time in which he was a generally happy, if sickly, child who liked to give "high fives." Had his original doctors successfully imposed their futile-care philosophy on their patient and his parents, Ryan would have died before he'd truly had a chance to live.

Before Baby Ryan's ordeal, the parents of "Baby Terry"-also born after twenty-three weeks gestation-faced a similar ordeal. The ethics committee at the Hurley Medical Center in Flint, Michigan weighed in on August 9, 1993, opining that to honor the parents' desire to continue Baby Terry's treatment "would be contrary to medical judgment and to moral and ethical beliefs of physicians caring for the patient" (my emphasis). In other words, when it came to choosing between the values of the parents-based in large part on their religious faith-and the values of doctors and hospital bioethicists, the state argued that only the latter matters.

On that basis alone, a judge found Terry's parents unfit to make health-care decisions for Terry and

stripped them of their parental rights. He awarded temporary custody to the maternal great-aunt, who had previously stated her willingness to obey the doctors. Before that could happen, the infant died in his mother's arms, aged two-and-a-half months.

In 2011, a similar struggle hit the headlines. Ten-month-old Joseph Maraachli was diagnosed with a terminal and progressively debilitating neurological disease. He was being cared for in a London, Ontario ICU when doctors told his parents, Moe Maraachli and Sana Nader, that they were going to withdraw all life-sustaining care.

Moe and Sana vehemently disagreed, and a bitter dispute erupted between them and the hospital's doctors and administrators over continuing Joseph's care. There were two areas of disagreement. First, there was the hospital's stated intention to end all life-sustaining treatment. Second, when Moe and Sana asked doctors to perform a tracheotomy so that Joseph could be taken home, the doctors refused, claiming such a procedure was medically and ethically unwarranted.

Litigation ensued. The bitter impasse was broken when the American nonprofit organization Priests for Life paid to transfer Joseph to a hospital in St. Louis that was willing to perform the surgery. The operation was a success, and Joseph was brought home, where he died peacefully in his sleep five months later.

These, Charlie's, and many other similar cases I could recite, involving profoundly ill people of all ages, are examples of what is known in the bioethics trade as "futile care" or "medical futility"-or, as I call it, futile-care theory. FCT authorizes doctors to refuse or withdraw wanted life-sustaining medical treatment over the objections of family and patients when the doctors and/or a bioethics committee believe that the patient's quality of life makes that life not worth living-or, lurking in the subtext, not worth the resources required to sustain it.

A couple of important points need to be made: We are not talking about an intervention without a potential physiological benefit to the patient-a medical determination. Rather, FCT constitutes a value judgment. As bioethicist Dr. Stuart Youngner once put it, "futility determinations will inevitably involve value judgments about: 1) whether low probability chances are worth taking; and 2) whether certain lives are of a quality worth living."

Worse, FCT empowers strangers to make medicine's most important and intimate health-care decisions. Deciding whether to accept or reject life-sustaining care is one of the most difficult medical choices. Under FCT, a patient's decision-whether it be the desire of an infant patient's guardians or written in an adult patient's advance directive-matters less than institutional and professional opinions.

Given all that, Charlie Gard's heartbreaking situation is not surprising. However, until Charlie's case, the patient or family has always had the option of finding alternative care. The hospital refusing Ryan's dialysis did not seek to prevent his transfer. Neither did the hospital in the Baby Joseph controversy.

This is where Charlie Gard's case is breaking new and even more authoritarian ground. Not only are doctors and judges forcing Charlie off life-support; they are also declaring that their ethics rule

over Charlie's life, even if the parents-Chris and Connie Gard-find alternative care. As far as I know, this is unprecedented in futile-care controversies.

Chris and Connie have raised more than \$1 million through crowdfunding to pay for Charlie to be flown to the United States for an experimental treatment that has shown some potential in other mitochondrial conditions. If that course proves impossible, they just want to take their baby home so he can die there instead of in a pediatric ICU. But the hospital administration refuses to permit Charlie to be discharged! And the courts have agreed, based on a determination of what doctors and lawyers believe to be Charlie's "best interests."

The only silver lining in this tragedy is that a very sick baby's life still has the power to move hearts. Not only have Chris and Connie received tremendous popular support internationally, but they are also being backed by two of the most visible leaders in the world: Pope Francis and Donald Trump.

The refusal to allow Charlie's parents to remove their baby boy from the hospital is an act of bioethical aggression that will extend futile-care controversies, creating a duty to die at the time and place of doctors' choosing. And that raises a crucial liberty question: Whose baby is Charlie Gard? His parents'? Or are sick babies-and others facing futile-care impositions-ultimately owned by the hospital and the state?

About Wesley J. Smith

Award-winning author Wesley J. Smith is a Senior Fellow at the Discovery Institute's Center on Human Exceptionalism. He is also a consultant to the Patients Rights Council. In May 2004, because of his work in bioethics, he was named by the National Journal as one of the nation's top expert thinkers in bio-engineering. In 2008, the Human Life Foundation named him a Great Defender of Life for his work against assisted suicide and euthanasia.



Featured Founding Father



Richard Henry Lee (January 20, 1732 - June 19, 1794) was an American statesman from Virginia. While serving in the Second Continental Congress, Lee made the motion for the colonies' independence from Great Britain.

Lee was a signer of the Articles of Confederation, and his "resolution for independency" of June 1776 led to the U.S. Declaration of Independence, which Richard Henry Lee then signed.

He also served a one-year term as the President of the Congress of the Confederation. He was a U.S. Senator from Virginia from 1789 to 1792 and served during part of that time as the second President pro tempore of the upper house.

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