

## HEALTH & SCIENCE

### COVID-19 and the Life Issues



The Society for the Protection of Unborn Children (SPUC) posted a story on their website [spuc.org.uk] on April 7 entitled “*European doctors ‘tempted’ to euthanize elderly patients requiring treatment for Coronavirus.*” Doctors in Spain and France “have revealed how they are tempted to euthanize elderly patients in order to ease the strain caused by the Coronavirus pandemic.” Euthanasia is still illegal in France and Spain. Their healthcare systems are facing a shortage of resources due to the pandemic. The shortage of medications to ease patients with “life-threatening conditions” could tempt doctors to engage in euthanasia, according to Dr. Bernard Devalois, a palliative care specialist. One third of Coronavirus deaths are occurring in “care homes for the elderly.” A former Catalan politician “claimed that elderly patients and those with limited life expectancy are being left at home with morphine to ‘avoid the futility of healthcare.’”

Michael Robinson, SPUC Director of Communications, stated, “It is vital that even amidst emergency situations, we do not lose sight of the care and respect to which all humans are entitled, especially those with life-threatening conditions. Very often, euthanasia and assisted suicide have been presented as ‘substitutes’ for genuine healthcare and treatment. Circumstances such as these prove how easily this can become a reality. Patients no matter the circumstances, cannot be abandoned, and we must not lose sight of our humanity.”

Michael Cook, editor at Bioedge.org noted on April 5 that the US Department of Health and Human Services issued a “stern bulletin warning that doctors must not discriminate on the basis of disability, race, age or other factors if triage becomes necessary during the coronavirus pandemic.” Roger Severino, Director of the Office for Civil Rights at HHS said, “HHS is committed to leaving no one behind during an emergency. Persons with disabilities, limited English skills, or needing religious accommodations should not be put at the end of the line for health services during emergencies. Our civil rights laws protect the equal dignity of every human life from ruthless utilitarianism.” The NY Times reported that there are some state plans that instructed hospitals not to offer mechanical ventilators to those over a certain age or with certain health issues. Alabama’s plan considered those with “severe or profound mental illness or moderate to severe dementia...unlikely candidates for ventilator support” during rationing. Washington recommended that triage teams think of transferring patients “with loss of reserves in energy, physical ability,

cognition and general health” to outpatient or palliative care. The HHS bulletin states, “...persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgements about a person’s relative “worth” based on the presence or absence of disabilities or age. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence.” The NY Times noted that “in some states, including New York, people who required ventilators long-term, such as those who have certain spinal cord injuries, could be subject to having their ventilators reassigned under the protocol if they were admitted to hospitals during the crisis.” Severino insisted that triage must comply with civil rights: “Ultimately the question as to resource allocation is not a scientific or medical one. It is ultimately a moral and legal one.”

Debbie Vinnedge, Executive Director of Children of God for Life reports on their website (www.cogforlife.org) that the race to create a vaccine for COVID-19 has resulted in several companies using aborted fetal cells in their research and development. “Janssen Pharmaceutical, owned by Johnson & Johnson, is using their PER C6 Ad5 technology, derived from an aborted baby’s retinal tissue...Not only are there moral problems with using aborted fetal cells, but the PER C6 Ad5 technology also has safety concerns that have been raised with the FDA as well: “*Residual DNA in vaccines derived from tumorigenic cells, including those transformed by Ad5, can pose potential risks to the vaccine recipient in two respects: oncogenicity and infectivity....*” Vinnedge said no FDA-approved vaccines in the US use this cell line. The US just signed a \$450 million contract with J & J to develop a COVID-19 vaccine. Moderna is using the Spike (S) protein in their development of the mRNA-1273 vaccine. The Spike protein was produced using HEK 293 aborted fetal cells. The good news is that Sanofi Pasteur “is using its own recombinant DNA platform to produce a COVID-19 vaccine” which is “...based on insect cells. Their Sf9 cell line comes from the fall armyworm and is highly effective as a rapid growth medium.” Regarding those in the media who say that Trump’s ban on the use of aborted fetal tissue is holding up research, Vinnedge stated, “It is deplorable that anyone would want to exploit the remains of aborted babies for financial profit... We applaud the efforts of companies such as Sanofi Pasteur who are providing morally acceptable options!”

Ten states have stopped surgical abortions along with other elective surgeries during the pandemic. Twelve states, including NY, banned non-essential surgery but abortions continue to be performed. Another 11 states banned non-essential surgery but exempted abortions. Dr. Christina Francis, chair, American Association of Pro-Life OB-GYNs stated, “Abortion is not essential healthcare; it doesn’t treat a disease process. There are other solutions that we can provide to women who find themselves in very scary and uncertain circumstances.”

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