Christian Reaction to COVID Vaccine

Cells from aborted babies have been used in the manufacture and/or the testing of the vaccines that fight the COVID virus. That is not acceptable to the consciences of everyone. As Director of Education, National Catholic Bioethics Center, Ethicist Fr. Tad Pacholczyk strongly advises those of us who get vaccinated to make our voices heard. We should write a letter to the company or the media to publicly protest. The people who make the vaccines need to hear from us.

Moderna Vaccine  media@modernatx.com
200 Technology Square
Cambridge, MA 02139
1-617-714-6500

Pfizer, Inc.  www.pfizer.com
235 East 42nd St
New York NY 10017
1-212-733-2323

Child Euthanasia

Once a society accepts the noxious notion that killing is an acceptable answer to human suffering, the definition of “suffering” never stops expanding. The history of euthanasia in the Netherlands proves that maxim. Once legalized, Dutch doctors “progressed” from euthanizing the terminally ill who ask for it, to the chronically ill who ask for it, to people with disabilities who ask for it, to the mentally ill who ask for it, and even to people with dementia who are unable to ask for it (as long as they left written instructions requesting it). Now the government is proposing legislation that will allow euthanasia of children starting at age one.

The Dutch frequently justify expanding euthanasia eligibility to permit “greater certainty and transparency.” Yet these redefinitions of the law only go in one direction, increasing the number of people eligible for lethal injection. Besides, transparency does not transform an act that is immoral into somehow being moral. It just makes the entire society complicit.

The Netherlands won’t be the first country to permit child euthanasia. Belgium removed all age restrictions a few years ago. One assumes their parents give the go-ahead. But children are not so many pets to be put down when the owners think the time has come.

Pediatric euthanasia may soon come to this side of the Atlantic. Canada permits lethal injection euthanasia for adults, known as “medical assistance in dying.” As the country is preparing to expand its eligibility criteria, some hope that will include children, perhaps without parental consent.

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Abortion Hurts Women

Pro-life doctor Marissa Ogle wrote about an abortion study by Dr. David Ferguson, a New Zealand pro-choice researcher, who attempted to prove that abortion had no negative psychological effect on women, and that these problems were preexisting. BUT, he found that 42% of women who had abortions experienced major depression, almost double the rate of women who never became pregnant. The study also found that the risk of anxiety disorders was doubled. The results were presented to his committee who discouraged publication. Despite his political beliefs, Dr. Ferguson felt that this would be “scientific irresponsibility” and had his study published. He said that abortion is a traumatic event, involving loss and grief that may predispose women to mental illness. A subsequent study reiterated his findings. Dr. Ogle wrote that “it verges on scandalous that a surgical procedure performed on over one in 10 women is so poorly researched and evaluated.” [Dr. Marissa Ogle, Still Healing]

The Campaign for Life reports the following medical findings for women who have had an abortion: 44% increased risk of breast cancer; 60% increased risk of miscarriage in future pregnancies; 6 times greater risk of suicide; 65% increased risk of long-term clinical depression.

"Instead of baby we say fetus; instead of killing we say aborting; instead of dissect we say research; instead of extermination chambers we say abortion clinics.” Chuck Norris, actor

Supreme Court Accepts Abortion Case

The Supreme Court has taken up one of the most important abortion-related cases in decades, Dobbs v. Jackson Women’s Health Organization. In doing so, it has agreed to decide whether abortion limits placed prior to 15 weeks’ gestation are constitutional or not.

With tremendous advances in science and technology, we know so much about the unborn baby at fifteen weeks, including that he or she has all of his or her functioning organs, a visible skeleton, and is practicing things like sucking and swallowing! Public opinion polls for well over a decade show that 65% or more of Americans believe that abortion should be illegal in the second trimester. As of January 2020, a Marist Poll found that number to be 7 in 10 Americans who support limiting abortion to the first 3 months of pregnancy.

We have come a long way in educating the American public about the humanity of the unborn. More needs to be done. [Jeanne Mancini, National March for Life, 5/23/21]
Child Euthanasia (continued from page 1) consent. Once a society embraces killing as an acceptable answer to human suffering & redefines assisted suicide as a “medical treatment,” helping suffering people live ceases to be the overriding objective: death becomes the imperative, and not just for adults but eventually for sick and disabled children too—perhaps with organ donation thrown in as a plum to society.

As Canadian journalist Andrew Coyne once wrote about the growing popularity of euthanasia: “A society that believes in nothing can offer no argument even against death. A culture that has lost its faith in life cannot comprehend why it should be endured.” When the euthanasia death angel comes for children, who can say he is wrong? [Wesley J. Smith, No Argument Against Death, First Things, 10/21/20]

We Shall Not Weary, We Shall Not Rest Until: ... every unborn child is protected in law and welcomed in life ... all the elderly who have run life’s course are protected against despair and abandonment ... every young woman is given the help she needs to recognize pregnancy as the gift of life. (Fr. Richard John Neuhaus)

Hitler Wasn’t Alone in Using Eugenics

Beginning in the early 20th century in the USA, there was a growing movement to improve society by eliminating the ‘unfit.’ Margaret Sanger, founder of Planned Parenthood, was an outspoken advocate of methods “to limit & discourage the over-fertility of the mentally and physically defective ... the inferior classes, the feebleminded, the poverty-stricken.” [The Eugenic Value of Birth Control Propaganda, Birth Control Review, Oct. 1921]

African-Americans were targeted in a blatant racist way: “We should hire three or four colored ministers, preferably with social-service backgrounds, and with engaging personalities. The most successful education approach to the Negro is through a religious appeal. We don’t want the word to go out that we want to exterminate the Negro population and the minister is the man who can straighten out that idea if it ever occurs to any of their more rebellious members.” [Sanger letter to Dr. Clarence Gamble, Massachusetts, Dec. 19, 1939]

Today, Planned Parenthood targets blacks and minorities by locating a disproportionately large number (70%) of its abortion facilities in their neighborhoods. Dr. Alveda King asked: ‘Could it be that when we said we would no longer sit at the back of the bus, a place was being reserved for us down at the abortion clinic?’

Kids & Screen-Time

After more than a year of being glued to their devices, a lot of kids will have trouble easing up on the tech that brought them connection during the pandemic. It’s also hard for many adults to put down their devices. Here are tips from experts on how families can do a digital reset together.

- Create spaces for conversation. These can include the kitchen & the dinner table. Consider having kids not bring devices with them in the car. But watching TV together can be a good gathering place for families. If there’s going to be a screen, let it be a shared screen.
- Reset pre-Covid tech rules. Use the start of summer as an opportunity to re-establish any tech rules you let slide during the pandemic, like allowing devices in bedrooms at night or allowing video games before homework or chores are done.
- Take a tech break. Choose one day a week not to use screens at all. That’s hard in our 24/7 work culture, but if you have a job in which you don’t really need to look at your phone for one day on the weekend, don’t. A full day off each week resets our tech usage. Like a muscle, the more you practice it, the easier it gets. Forming a new habit like one day off a week reduces the nagging & negotiating that happens when there’s no consistent tech routine. Your family is not losing something, it’s getting something back.
- Separate good tech habits from bad. Remember, not all screen time is the same. Experts suggest having a discussion with your kids about which type of tech use is most meaningful to them, then crafting a plan to do more of that—and less of the mindless down-the-rabbit-hole variety.
- Offer substitutes. It might not be enough to tell your kids to put down their devices & go outside. It often works better when you provide structure as well as choices. You can have your kids make their own list of fun outdoor activities and put them in a jar, so they can pull it & require kids to do a certain number of off-screen activities before allowing devices.
- Leave your devices at home. When the kids or when the whole family goes on a walk or to the park, don’t bring any devices. That will help get kids in the habit of not feeling like they need their phones with them at all.
- Use device settings to unplug. Don’t look at your phone each time it dings to let you know that someone has tweeted you. To drown out unnecessary distractions, try Do Not Disturb, an app for iOS and Android devices.
- Don’t expect change overnight. We can’t just flip a switch & expect life to revert to normal after the year we’ve just had. Parents should acknowledge how scary, confusing & difficult the past year has been for many children. Parents can emphasize that as pandemic restrictions ease, kids can start to do more things safely & face-to-face contact is better than screen contact.

This free monthly newsletter is used by dozens of churches as a bulletin insert, and has had over 30,000 readers. To receive a copy in your inbox, email Frank Tinari, Ph.D. at tinarifr@shu.edu