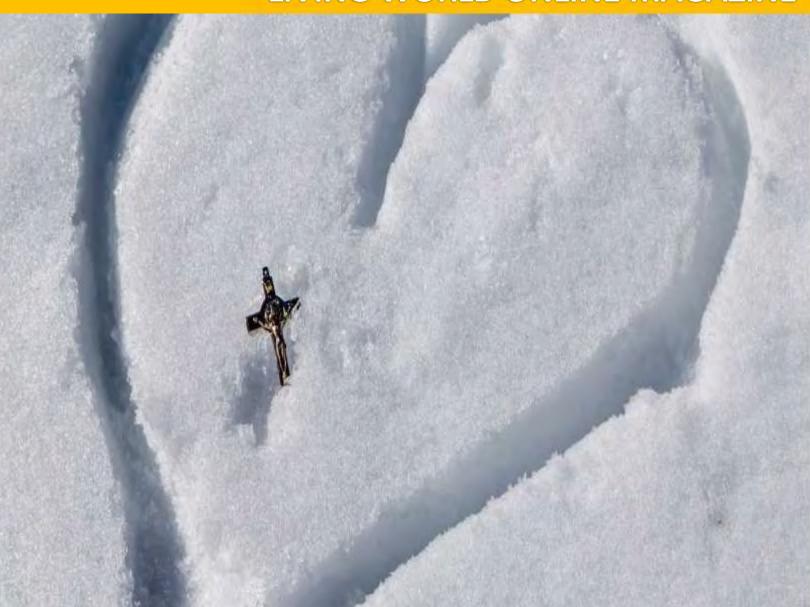


LIVING WORLD ONLINE MAGAZINE



SPECIAL FEATURES INCLUDE:
WORLD EVENTS
PERSPECTIVES FOR COUNSELORS
GETTING A GOOGLE GRANT

WINTER 2017



Making A Difference Together

About Us

International Life Services (ILS) is a 501(c)(3) non-profit organization founded in 1985 to promote Judeo-Christian values applied to family life, sexuality, and bioethical issues.

Our Purpose

We seek to carry out our basic philosophy in a compassionate, practical and effective manner through research, information, service, and education.

Our Principles

- God is the Author of Life and God alone may terminate life.
- Promotion of the sanctity of and respect for human life includes protecting the unborn, abused, aged, handicapped, suffering, dying and needy members of our society.
- Alternatives to abortion are of paramount importance.
- The family is held in high esteem as the cornerstone of society.
- Premarital chastity is seen as a necessity for moral, spiritual, emotional, and physical well-being.
- We support the proper use of Natural Family Planning and oppose contraception or any other form of reproductive technological interventions which separate the unitive and procreative aspects of marriage, or which violate the natural right to life.





Contact Us

Living World Publications International Life Services 2606 ½ West 8th St. Los Angeles, CA 90057-3810 t/213-382-2156 f/213-382-4203

Visit us online at: InternationalLifeServices.org

Editor Emeritus

Sister Paula Vandegaer, L.C.S.W.

Staff Members

Sr. Beth Momburg SSS, Kathy Hochderffer, Ruth Phillips, Eva Ledermuller, Christi Pham

Managing Editor

William Feaster

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From Our Founder

From Sister Paula Vandegaer, L.C.S.W

Dear Friends,

Somehow it feels like the beginning of a new day. It seems like our time has come.

It was thrilling to see Vice President Pence speak at the March for Life in Washington, and to see a million people marching for life. Of course, we don't know what the future holds, but it seems to hold the promise of some changes in governmental laws, and a subsequent change is public attitude. It should not be this way but unfortunately it is true that in many people's mind what is lawful is also moral.

We who are in the grass roots know that laws do not change culture and morality but they contribute to culture and they tend to structure the culture in a way that makes it hard to think differently. How many young people have had abortions because it is legal and therefore must be okay.

We are seeing our public officials challenging the ease of abortion and the public funding of abortion. Perhaps, with a change in the Supreme Court, abortion may no longer be a constitutional right. We need to pray and support those lawmakers who are working for this.

While our country struggles with the political system, we in the counseling movement must work diligently with each individual man and woman we see. No life should be lost and no woman so distressed she can't be helped to have and mother her child. We need good counselors but we also need good jobs, affordable housing, safe neighborhoods and a moral culture that supports permanent marriage between a man and a woman.

This seems to be the vision and the aspiration that is emerging in our country. Although there is fear that some will be left out of that vision we must keep it close to our minds and continue our part of the renewal of our culture.

God bless you and let us pray for our country and a deepening of our spirituality.



From Mr. Dennis DePietro, President of the Board

The power of an image and heroes among us

A mother and father seeing an ultrasound image of their pre-born are drawn to the inescapable fact that they are gazing at a human being, their child yet to be born. As you well know, most of the people coming to your center, are frightened. That is why you are there, to

help this mother and father to bring this child into the world, and then to be good and grateful parents.

The power of this ultrasound image is the reason so many of you work so hard to have your centers become clinics and tragically why former abortion clinic manager Sue Thayer said when interviewed by Lila Rose of *Live Action* that her abortion staff would "turn the [ultrasound] monitor away so the mom can't see it".



Which leads us to the heroes among us:

Nancy Corbett will soon retire from the International Life Services Board. She has served as a Board member and as Board Secretary for many years. Nancy is the Executive Director of the Pregnancy Counseling Center in Mission Hills California. Last year she wrote an article in the first edition of the on-line *Living World Magazine* detailing all the work it took to become a clinic with an ultrasound machine. Nancy has been an indispensable leader to her caring staff, and a trusted and generous member of the ILS Board. We are immeasurably grateful to her and will keep her in our prayers. Nancy leaves us with an example of someone who will not say it can't be done, and does not back down from challenges. Nancy, through her love and devotion, has helped to take that human being from an image to a child in his parents' arms.

In Gratitude,

Dennis De Pietro President of the Board

Abortion Has Done Nothing to Advance Women's Freedom

Contributed by The Elliot Institute

January 24, 1973 was the 44th anniversary of the Roe v. Wade and Doe v. Bolton decisions. In a Jan. 24, 1973 editorial, The New York Times proclaimed:

The Supreme Court has made a major contribution to the preservation of individual liberties and of free decision-making by its invalidation of state laws inhibiting a woman's right to obtain an abortion in its first three months of pregnancy. ...

It has left the decision where it belongs—to the woman and her physician—with the power of the state to interfere, at later stages of pregnancy, governed essentially by considerations of maternal health. The Court has performed a useful historical function by recalling that the spur for the initial adoption of state laws banning abortion nearly a century ago was the great risk of maternal death involved in the surgical procedures then used. Now the risk arises out of perpetuating such archaic statutory prohibitions. The effect of these laws has been to force women, especially the young and the poor, to resort to abortion mills instead of expert hospital care when they are determined not to have an unwanted child.

Forty-three years later, we know that the image that the *Times* conjured up -- of women making autonomous and fully-informed decisions in consultation with knowledgeable and conscientious doctors and receiving "expert hospital care" rather than ending up at seedy abortion mills -- has proven to be a mirage.

The truth is that maternal deaths from abortion had already been declining prior to Roe due to advances in medical care and that most illegal abortions were, in fact, performed by physicians. All legalization did was allow more girls and women to be exploited, abused, traumatized, maimed, injured and killed before, during and after abortion.

Women and girls still die from abortion — women like Tonya Reaves, Jennifer Morbelli, Christin Gilbert and Karnamaya Mongar, to name just a few. In fact, research has found higher death rates among women who have abortions compared to women who carry their pregnancies to term.

Other research has linked abortion to increased rates of breast cancer, substance abuse, depression, suicide, subsequent preterm birth, anxiety disorders and other problems.

The legalization of abortion has done nothing to advance women's freedom. Given research and anecdotal evidence showing that most abortions are unwanted or coerced, one could argue that abortion makes women less free.

Before *Roe* and *Doe*, a woman or girl who was being pressured or coerced to abort could resist on the grounds that it was illegal, unsafe and immoral. Legalization has made it easier for those around her to insist that because abortion is legal, it must be "safe," and because it is "socially approved," it must be moral. It makes it

World Events

easier for them to refuse to support her desire to continue the pregnancy and insist that she abort anyway.

In fact, an article published several years ago on a popular men's web site offered advice to men about how to pressure their wives or girlfriends into unwanted abortions. The article was taken down after numerous complaints, but not before readers saw writer Isabella Snow's advice that men weren't obligated to support their child "beyond what your conscience and the law expects of you."

Rather than asking men to step up to the plate, Snow suggested they threaten abandonment in order to secure an abortion, regardless of the woman's wishes:

This was her decision, not yours, and the bulk of the responsibility is now hers. Take a moment to spell this out for her when she gives you her final decision; it just may sway her over to your side.

The legalization of abortion has not ended child abuse (child abuse rates have increased since 1973) or violence against women. At least two studies of maternal death rates found that homicide was the leading cause of death among pregnant women.

Tracking news stories reveals that in many cases, the perpetrator wanted to get rid of the pregnancy and attacked or killed the victim after she refused to abort. For teens and young girls, abortion is often used to cover and up and continue sexual abuse by getting rid of the evidence of the crime — the resulting pregnancy.

Supporting abortion is not about protecting women's freedom and opportunities. Women and their unborn children, as well as their families and loved ones, deserve real support and resources, not the exploitation, abuse and risks of abortion.

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Depression Worsening in Teens, Especially Girls

Contributed by Maggie Fox, Senior Health Writer NBC News.com/Twitter Nov 13, 2016

More and more teens say they've had serious depression, researchers reported. But more are not being treated for it. The troubling trend suggests doctors are afraid to ask about and treat depression, which is a major cause of suicide, researchers said.



And they say it's important to find out why rates are up. "The 12-month prevalence of major depressive episodes increased from 8.7 percent in 2005 to 11.3 percent in 2014 in adolescents and from 8.8 percent to 9.6 percent in young adults," Dr. Ramin Mojtabai of Johns Hopkins University and colleagues wrote in their report published in the journal Pediatrics.

For their report, Mojtabai and colleagues looked at surveys of more than 170,000 teens and another nearly 180,000 adults aged 18 to 25.

"Each year almost one in 11 adolescents and young adults have a major depressive episode," they wrote.

"The prevalence of these episodes increased between 2005 and 2014."

Whites and especially white girls were the most vulnerable, they found. It's not clear why, but they have some guesses.

"Adolescent girls may have been exposed to a greater degree to depression risk factors in recent years," they wrote.

"For example, cyberbullying may have increased more dramatically among girls than boys. As compared with adolescent boys, adolescent girls also now use mobile phones with texting applications more frequently and intensively and problematic mobile phone use among young people has been linked to depressed mood."

Yet doctors are not reporting that they are treating more teens for depression. That suggests more teens are going without any kind of treatment, the researchers said.

"Depression is a sizeable and growing deadly threat to our U.S. adolescent population."

In part, that may be because of fears that antidepressant drugs may increase suicide risk, although there is no clear-cut link. It's also possible the teens are not telling anyone. They are the ones who filled out the surveys, not parents or doctors.

Related: CDC Finds Troubling Rise in Teen Suicide Method

Someone needs to study what's going on, and urgently, Dr. Anne Glowinski and Giuseppe D'Amelio of Washington University School of Medicine in St. Louis wrote in a commentary.

"The other problem, that of everincreasing untreated youth depression, concerns all of us at a time when suicide is now the second leading cause of death for adolescents aged 15 to 19 years," the researchers wrote. "Depression is a sizeable and growing deadly threat to our U.S. adolescent population."



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News from Washington's March for Life

CONTRIBUTED BY MICAIAH BILGER FEB 3, 2017 | LIFE NEWS.COM

Abortion Advocate Protesting March for Life Put Down Her Sign and Got a Pro-Life Sign. Here's Why

Abortion activists show up every year at the March for Life in Washington, D.C. to counter the hundreds of thousands of prolifers who march for unborn babies' right to life.

This year, the pro-life message appears to have touched at least one of those protesters. A Michigan woman called in to Teresa Tomeo's Catholic Connection radio show recently to share the change that her family witnessed in a young proabortion protester during the march last week.



The caller, Maryanne, told Tomeo and her guest Jeanne Mancini, president of the March for Life, that her husband and

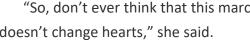
daughter saw a young woman and two young men carrying pro-abortion signs ahead of the march.

As the three pro-abortion protesters walked up the streets in downtown D.C., she said they noticed the Created Equal display. The pro-life group's display showed photos and video images of aborted babies to expose the brutality and violence of abortion.

"The woman stopped dead in her tracks, she started to cry. She put down her sign, and she picked up a pro-life sign," Maryanne told Tomeo and Mancini.

Maryanne said her family watched as the two men left the woman alone and crying. She said pro-lifers approached the young woman and showed her love and support.

"So, don't ever think that this march doesn't change hearts," she said.



MARCH FOR LIFE AROUND THE GLOBE

An exhaustive report published Wednesday by Global Life Campaign demonstrates that during the last century in 100 countries, over 1 billion babies were murdered through the crime of abortion. It is truly impossible to fathom: one eighth of the world's population is missing.

Pro-lifers' compassion and desire to help protect moms and babies from abortion are changing hearts and lives. And this compassion is evident at peaceful and often prayerful demonstrations around the globe like the annual March for Life in Washington, D.C.

Last year, an abortion-minded woman said she also had a change of heart after noticing a pro-life march in the United Kingdom. The Society for the Protection of Unborn Children wrote for LifeNews:

12 months ago, Sophie had booked an appointment with BPAS to have an abortion. But that was before she happened to stumble across the March for Life UK, as pro-lifers paraded right through the centre of Birmingham, singing songs and waving pro-life placards.

Sophie got talking to a young woman,
Bernadette, who had travelled down from
Doncaster to be a part of the march. She
says something about the march – seeing so
many pro-lifers together in one place and

the message of joy they were proclaiming – really moved her.

Sophie said she went home right after the march and canceled her abortion appointment.

In 2016, she spoke at the March for Life UK and thanked the pro-lifers for encouraging her to choose life for her son, Riley.

"I saw the banner. It's not a choice: it's a life, it's a baby," Sophie told the crowd. "I walked towards the march and I bumped into a woman there. It was Bernadette, who's holding my son over there, and she explained to me what the March for Life was.

"Riley is here because of all of you. Thank you so much!"



The Effects of Early Sexual Abuse on Young Men and Women

Contributed by Sister Paula Vandegaer, L.C.S.W.

One of the many things that need to be considered in our work with young people is the number of young men and women who have experienced some form of sexual abuse at some point in their lives. Sexual abuse severely breaks natural barriers necessary to maintaining a good self and body image. If a child is violated by a trusted adult it contributes to mistrust, confusion, self-doubt, and moral ambiguities.

Definition

Child sexual abuse is the exploitation of a child by an adult, adolescent, or older child. It doesn't necessarily involve force. It encompasses a wide range of behaviors: *Sexual Assault*, vaginal, anal, oral penetration; *Sexual molestation*, fondling, exhibitionism; *Voyeurism*, viewing or photographing a child; and finally *Forcible Rape*, penetration with the penis. The rate of pregnancy among teenagers who have been sexually abused as children is significantly higher than with teenagers who have not been sexually abused.

Perceptions of Self and the World

When children have been abused, how do they learn to perceive the world around then, particularly intimate family relationships? There are variations in the answer to this question. Partly it depends on the extent and type of the sexual abuse and who did it. How long did it occur? Was it a family member, trusted friend?

Sexual abuse can cause feeling of fear, distrust, rejection, low self-esteem, a sense of

powerlessness, and feelings of isolation, since children don't talk about this experience.

1) **Self-Blame**: It is not uncommon for the victim to feel self-blame for the situation. The perpetrator is often kind to the victim to get her cooperation; he promises things and may give privileges. Fright and pleasure may combine in a child's experience. This is confusing, because the child may find that the body can be excited by things that the mind rejects. This can make her distrust her feelings, judgments and her own experiences.

As the child gets older she may have more of a sense of responsibility for the situation and more of a sense of self-blame. She may also learn to make the best of things and take a little control of the situation. Sex in exchange for favors- going out, etc. In one sense, this is an

Perspectives for Counselors

advance for her. She had been powerless, but now she can have a little power and control. This can, however, be a two-edged sword helping to increase her self-blame.

It must be understood clearly, the perpetrator cannot claim that he/she was seduced by the child, or that it was the child's fault, although this is sometimes claimed by the perpetrator.

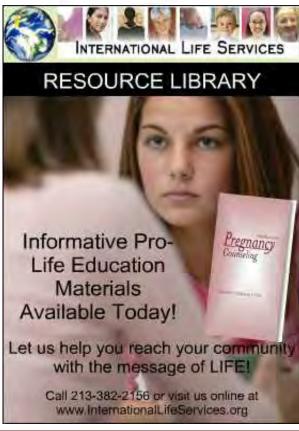
Little boys may feel self-blame, because in their minds they are boys and they are supposed to be able to take care of themselves. Even if they are very small when the abuse occurs they may feel this way.

- 2) **Denial:** The child may fear that if she says anything it could break up the family. Therefore she may deny that it is happening or deny the extent or seriousness of what is happening. If a minor tells you in your service center that she is being sexually abused by a family member, there is no guarantee that she will tell the child-abuse worker who comes to investigate.
- 3) **Mistrust**: When a home is not safe or when family or friendship relationships are not safe it can cause mistrust. Where is this young woman to feel safe when the most basic place where she ought to feel safe is unsafe? Mistrust causes withdrawal from intimate stable relationships and can seriously affect her ability to form a stable marriage.
- 4) **Powerlessness:** If a child's life is dictated by others in a negative manner the child can grow up lacking in self-confidence. She sees

herself as powerless. Later in life this can cause her to enter into unhealthy relationships with more assertive peers.

- 5) **Isolation and Moral Confusion**: If a child can't establish healthy relationships when she is young she will be emotionally isolated. If the abusive behavior has been made to seem legitimate and there is no impunity to the abuser, the child may imitate the abuser.
- 6) Limited communication: The children have been taught not to share. When they get older they don't believe that others can understand them so they tend not to try to share their feeling, ideas, worries, etc.

 These are the characteristics that make a young woman very vulnerable to promiscuous premarital sexual experiences. They also make her vulnerable to wanting to have a baby on her own without the benefit of marriage.



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Some young men and women survive childhood sexual and physical abuse and emerge as survivors, not victims. By that I mean they are able to overcome negative early experiences and move on to a productive and loving life. Unfortunately, many experience difficulty and come to our centers sexually active, and with a variety of relationship problems.

One of the most perplexing situation occurs when we see a young woman in an abusive relationship, but unwilling to leave the relationship. This has been called the "Stockholm Syndrome". This name came from Sweden where there was a bank robbery and people were held hostage and terrorized for six days. When they were finally freed, the police found that some of the victims had developed feelings of gratefulness, alliance, and even affection toward those who had terrorized them. (Remember the Patty Hearst situation).

Five conditions form the basis of the Stockholm Syndrome:

- 1) The terrorist is seen as posing a threat to the victim's survival. In other words, the very life of the victim is dependent on the desire of the terrorist. The feeling of the victim is terror and insecurity.
 - 2) The victim feels unable to escape from the terrorist.

Perspectives for Counselors

- 3) The victim feels psychologically isolated from others. No one is able to assist him/her. The victim is totally at the mercy of the terrorist.
- 4) The terrorist manipulates the situation, so that the victim is helpless and must depend on the terrorist for his/her most basic needs.
- 5) The terrorist displays a measure of kindness toward the victim, often a measure meeting the victim's dependency needs. This bonds the victim to the abuser. "The abuser wasn't so bad".

When these dynamics converge, the syndrome can occur where the victim doesn't leave the situation or report the abuse.

Another way in which people react to childhood abuse is the "Oh woe is me" syndrome. This is the exact opposite of the denial we see in the above. Here the victims see themselves as victims, and learn to use this identity to manipulate others. They are fixated on it, they talk about it, and they use it to justify their actions. They constantly are in need of help and support. The perpetual victim will eventually drive others away and the person will be isolated

We see the silent dynamics of abuse in the women we work with in the pregnancy centers and can only ask; what has she been through to bring her to this point? If she can share anything about these events you may be able to refer her for much needed on going professional counseling.

Sister Paula Vandegaer, L.C.S.W. Founder International Life Services

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Perspectives for Counselors

Life as a Director of a Pregnancy Resource Center

Contributed by Lori DeVillez

Have you ever had anyone ask you, "What's a normal day for you as a Director of a Pregnancy Resource Center?" I sure have! Do you ever find it hard to answer that question? I sure do! Why? Because we have one of the most exciting places to spend our days than anywhere else I could ever imagine! Every day is a New Day! We get to wear a lot of different kinds of hats! Sometimes things that I have walked through have been very difficult and yet other times are so sweet that it makes the very difficult times seem as nothing in comparison to see a life changed and a life saved! How does one put a price tag on a life or time value on what we do?

I have had so many great experiences in living and working in this great missionary outreach that I decided to journal them and put them in a formation of a book. I want others to find hope and encouragement that what we do in this great work is well worth all the many things we must juggle. The book came out in September of 2016 and the title I gave it is: God Given . . . An Accounting of His Unmistakable Blessings. Here is an excerpt from my book:

The Trial "The day came for the deposition. I had never been in a deposition before. As I went into the room there was a large conference table with attorneys on either side. There was a camera focused directly on me and a court reporter sitting next to me recording everything I said.

When the attorney who was for abortion began questioning me, it was grueling. It was accusatory. It was manipulative. It was intimidating. She took three breaks so she could regroup and try her best to get me to break down. Each time my attorneys and I went into the conference room for a break, I was told what I needed to say, what I should not say, etc. I felt like I was in a scene from the movie "Rocky"! You know – the one where

they take a break and
Rocky is given a drink of
water while his trainer
tells him all the things
he needs to know to
fight better. I kept
asking, "Is someone praying?"

I am so excited to share my journey, thus far, of the 25 years of serving in this great work. I am now working on my next book. I already have the title: Seeing God in the Moments – Lessons Learned from Ari (my dog) I am learning so much and God is showing me show many things as I care for this dog that He brought into my life.

Let's encourage one another as we march onward in this new day of Building a Culture of LIFE always remember: We WIN - the war is already won!

Lori A. DeVillez (Author, Ziglar Legacy Certified Trainer, Zeal Consultant, Mobilization Coordinator Loving Shepherd Ministries, Founder and Executive Director)

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Perspectives for Counselors

My Journey in Faith

Contributed by Susan Mire

I went through a long transition away from **Woman's New Life Center** so that I could be nearer to a lay community to which I belong in Florida, and so that I could move forward with doctoral school for counseling psychology, two things that I discerned the Lord wanted me to do. I also became a trained spiritual director.

After more prayer and experiences with a pro-life center in Tallahassee, Fl, I realized that I can be a great asset to pregnancy resource centers and other pro-life and/or faith-based groups.

The group with which I am working in Tallahassee, Open Door, is a small pregnancy center that would like to grow into a larger healthcare effort, but over 20 years just has not grown as they hoped (like so many of these centers). I'm finding that among other things, I can be a bridge between the grass roots world of the pregnancy center and its nuances and the more professional non-profit/healthcare world that these groups and their boards need to enter into in order to reach their goals.

As the Founder of **Woman's New Life Center**, my goal was to grow it into a complete medical and mental health center rooted in a pro-life and Catholic philosophy of healthcare, but not



branded Catholic. As a therapist myself, I also had a special interest in the integration of professional mental health services into the pregnancy center.

In pursuit of this goal, I organized and implemented medical and mental health service delivery, collaborating with physicians, psychologists, psychiatrists, other healthcare professionals, attorneys, insurance providers and healthcare consultants. Together with a medical business consultant, I crafted a business plan for a pro-life, Catholic primary care practice that would partner with the Woman's New Life Center. Funding was received for that plan in early 2015 and today the organization is building a medical practice next door to a Planned Parenthood in New Orleans, LA.

During those years I also created and implemented fundraising and communication departments, with particular experience in branding and social media. I added a master's degree in professional writing. I have two other degrees, one in elementary education and the second in counseling.

Susan Mire

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To learn more about this program contact Jacob Barr @ 520.777.1895



A NEW YEAR - A NEW WORLD

Contributed by Scholl Institute

Advances in medical science have multiplied dramatically since the beginning of the century. But the developments of 2016 really stand out for their number and the challenges they bring to our society. A few specific examples are of particular concern: CRISPR, mitochondrial transfer and interspecies experimentation chimera research. Each of these should prompt us to wonder just how far we are prepared to venture in the impossible quest for the perfect human. Are we using the tools God has given us? Or are we playing God?

CRISPR

The biggest splash this past year came with the general acknowledgement that newly developed gene technology could have major impact on agriculture, human health, and yes, business. CRISPR, which stands for clustered regularly interspaced short palindromic repeats, is a tool for genetic manipulation that is much less expensive, more easily accomplished, and ultimately much harder to regulate than earlier methods. Already it has led to rarely seen cross-disciplinary meetings of concerned scientists, unprecedented business investment, and, of course, the requisite patent fight.

When applied to humans, CRISPR-Cas9 involves the manipulation of genes either in gametes (egg or sperm) or in very small embryos. By using a naturally occurring enzyme derived from common bacteria, scientists are able to pinpoint specific spots within a gene to delete, cut, or repair. The dangers to the embryos are evident and it needs to be asked whether the eradication of any disease justifies this type of risk. And, mention needs to be made of the embryos whose lives are sacrificed in the effort to

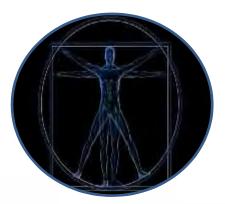
perfect such disease-destroying skills. Surely this view of humans as products or commodities is not in keeping with a Judeo-Christian ethic.

Even when embryos are not involved, when instead egg or sperm cells are the subject of modification, questions arise. Although CRISPR promises greater specificity, it still will have off-target results, unanticipated effects. Remember the surprise when researcher discovered that the defect that allows for sickle cell disease, at the same time protects from malaria, a disease that continues to inflict huge costs and mortality on the world. Are there other mutations like sickle cell that have developed over time and serve to protect populations against other diseases? We don't know. Additionally, any changes made to ova or sperm cells will continue

down through generations, with unknown consequences, a true sword of Damocles.

Mitochondrial Transfer Techniques

The second area of notable progress is in mitochondrial transfer techniques. Researchers face the reality that a child will be born with the genetic material of three people: two women who each contribute a part and a man whose sperm fertilizes the egg, either before or after the transfer. Here, too, the advancement is not completely new but recent refinements expand the reach of such activity.



Mitochondria are tiny pieces in a cell's cytoplasm that are a source of energy, but also a locus of tiny bits of DNA that can mutate or be defective and cause devastating hereditary diseases for which at present there are no cures. Since most DNA is within the nucleus, scientists have discovered that by transferring a nucleus but leaving behind defective cytoplasm and planting the nucleus into a cell which has had a nucleus removed, the newly reconstructed cell, surrounded by healthy cytoplasm, can then be fertilized in vitro to create an embryo free of defect or mutation.

In April 2016 ---a healthy son was born to a Jordanian couple who had the procedure done in Mexico by an American team. So we have the genetic material of future generations affected by yet another procedure, not to mention the real jeopardy to each embryo subjected to these processes. Do we really have the right to consider as legitimate methods that weaken the parentage of offspring or the right to alter germlines for future generations? Without their consent? Without understanding all the possible consequences?



Chimera Research

Last, but certainly not least, chimera research is once again in the news, this time at the National Institutes of Health. This type of research has existed for decades. For example, human tumor cells are routinely grown in mice to study cancer disease processes, and conversely, heart valves from pigs and cows are routinely used in human heart patients. Such research might lead to a readily available source of human organs and body parts for transplantation. But in response to advances in genetic technology and stem cell studies, the agency has had in place a moratorium on funding decisions that recognized the real danger to aspects of human identity.

In September, the extension of this NIH moratorium was opened to public comment. Three issues, at the very least, are troublesome.

- 1. Are there sufficient safeguards in the transfer of human cells into the brain systems of animals to avoid any transfer of any distinctly human characteristics?
 - 2. Is the source of the cells used legitimate or is it embryonic?
- 3. And lastly, does the research avoid the production or reproduction of human gametes (egg and sperm), the basic building blocks of human reproduction, in animals?

Here, as in CRISPR and all genetic experimentation, off-target and unintended consequences loom large.

There are other issues. In fact, advances in the life sciences far out-pace the ethical analyses needed to protect vulnerable populations.

Furthermore, a lack of public funding does not mean experiments do not occur. Private money such as equity and hedge funds are glad to support research that promises financial profit. And there is no universal governing body that regulates scientists determined to engage in this research. What is illegal in one country may be ignored in another, or even worse, supported by legislation in another.

We at Scholl continue to urge you to read widely about developments and encourage you to speak loud and clear about the inherent dignity of all human life, even that which, with our limited vision, we see as needing correction. Human Life is not a commodity to be experimented with at will. Rather, it is a gift from God to be protected and treasured.

Contributed by: Betty Odello, RN, MN. Prof. of Philosophy and Elizabeth Hanink, RN, PHN.



A Bioethical Division of International Life Services, Inc. The Scholl Institute of Bioethics is a nonprofit, Judeo-Christian organization that addresses bioethical issues including euthanasia, physician-assisted-suicide, the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantation, genetic engineering, and the rights of disabled or mentally ill persons.

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