



# HALO HERALD

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A Voice for The Medically Vulnerable

Spring 2021

## BABY ISRAEL - Not Forgotten

By Julie Grimstad

The healthcare system in the United States has been infiltrated by the culture of death. Today, “stealth euthanasia” is an appallingly frequent cause of death. As evidence of how deeply our culture has been infiltrated, HALO has published numerous, heart wrenching stories about patients who were denied desired life-sustaining medical care. Baby Israel Stinson is one such case.

On April 1, 2016, when he was two years old, Baby Israel suffered an asthma attack and was admitted to a hospital in Sacramento. The following day, he suffered a cardiac arrest. While hospital staff was able to revive Baby Israel, he never regained consciousness. He was placed on a ventilator and, shortly after this, declared “brain dead.”

Then, against his mother’s wishes, the hospital staff refused to provide further treatment. While many people were working to identify another hospital somewhere in the United States that might agree to take Baby Israel, the only facility that could be found was located outside the USA.

Through the work of Life Legal Defense Foundation, as well as other organizations and individuals, Baby Israel was airlifted to a hospital in Guatemala. His brain scans showed he had active brain waves and did not meet the criteria for “brain death.” In the hospital in Guatemala, Israel was provided the medical care and nutrition that he had been denied in the United States.

Sadly, as Israel’s insurance company would not pay for his care in another country, Baby Israel was transferred back to California. Despite evidence that he was not “brain dead,” the new hospital accepted the earlier “brain death” diagnosis and refused to reexamine Baby Israel. They also would not permit an independent neurologist to examine him. His family was stunned. Why would the hospital accept him, then ignore the progress he’d shown in Guatemala, and rush to pull the plug? Israel’s parents were in the process of making arrangements to care for their son



*Would Baby Israel still be alive, perhaps continuing to recover, if he had received proper medical care?*

at home when, despite his mother’s desperate pleas, the hospital withdrew his ventilator, causing him to die on August 25, 2016.

In recent decades, there has been a gradual transition from the “sanctity of life” to the “quality of life” as the core principal of medical ethics. In turn, this shift has had an appalling effect on the quality of medical treatment that patients receive and divides human beings into two categories: the “wanted” and the “unwanted.” Like their brothers and sisters who are aborted at the beginning of their lives, the chronically or terminally ill, disabled, and elderly are in danger of being killed simply because it is inconvenient and/or costly to care for them.

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Healthcare Advocacy and Leadership Organization (HALO)

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## JULIE GRIMSTAD TESTIFIES AGAINST TEXAS' DEADLY 10-DAY RULE

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On April 14, 2021, HALO's President, Julie Grimstad, was in Austin to testify in favor of Texas House Bill 2609 (HB 2609)—the companion bill to Texas Senate Bill 917 (SB 917). Both bills would end the 10-Day Rule, Section 166.046 of the Texas Advance Directives Act (TADA). When a patient or their medical decision maker (usually family) disagrees with a physician's opinion that life-sustaining treatment (LST) should be stopped, the physician can appeal to the hospital ethics committee. The 10-Day Rule allows this committee to decide to stop LST against the patient's/family's wishes. The patient/family is informed of the committee meeting only 48 hours in advance, so they have little time to prepare. The committee meets and follows up with a written notice of its decision, which usually is that LST is "inappropriate." Receipt of this notice marks the start of a ten-day countdown, at the end of which all treatments necessary to prevent the patient's death are abruptly stopped.

Grimstad testified: "When we are sick and vulnerable, we count on physicians to protect and preserve our lives to the best of their ability. It boggles the mind that care which is beneficial and chosen by a patient can be deemed 'medically inappropriate' and legally denied to a patient by third parties. The interests and goals of physicians and hospital ethics committees, in such cases, conflict with the interests and goals of patients and their families. This seriously undermines trust in our doctors and hospitals."

Just a week earlier, Grimstad had testified in favor of SB 917, which "would help eliminate the adversarial relationship the current law fosters and

## 8 FACTS TO KNOW ABOUT "BRAIN DEATH"

1. The **legal definition** of brain death is "irreversible cessation of all functions of the entire brain, including the brain stem."<sup>1</sup>

2. Because there is a wide variation in "brain death" criteria used by leading neurological institutions, **a person could be considered "brain dead" in one hospital and alive in another.**<sup>2</sup>

3. **One test that is always required in determining "brain death" is the apnea test.** It entails turning off the ventilator for up to 10 minutes to see if the patient can breathe independently. This test can cause additional brain damage and/or a heart attack.<sup>3</sup>

4. **Vital signs (signs of life) are present after a declaration of "brain death."** The person's heartbeat, respiration (with the aid of a ventilator), and circulation, as well as digestion of food continue. Digestion and other involuntary bodily functions are controlled by the medulla oblongata, which is part of the brain stem.

5. **Patients diagnosed as "brain dead" are often capable of sensing and reacting to touch.** All neurological receptors of physical stimuli are carried to the sensory

cortex in the brain where they are processed.

6. **"Brain dead" patients, in many cases, maintain a normal body temperature.** Body temperature is regulated by the secretion of hormones from the hypothalamus, part of the brain.

7. **Pregnant women diagnosed as "brain dead" have carried their babies to term and produced milk.** Lactation occurs when the pituitary gland, controlled by the hypothalamus in the brain, secretes the hormone prolactin which helps the woman produce breast milk.

8. **"Brain dead" patients have recovered.** (Google "Recoveries after brain death.") Could this be because they did not have their vital organs cut out? For instance, 21-year-old Zach Dunlap, diagnosed "brain dead" after suffering a catastrophic brain injury, was saved from being an organ donor when a relative scraped his foot with a pocket knife and he jerked it away. Just months later, Zach was walking and talking. He recalled hearing a doctor say he was dead and being "mad inside" but unable to move.

*"'Brain death' began as a legal construct without a coherent philosophical or even factual biological basis. It remains a legal fiction..."* — D. Alan Shewmon, MD, Neurologist, "Constructing the Death Elephant...", *Journal of Medicine and Philosophy Advance Access*, 5/3/2010.

[1] Uniform Determination of Death Act / [2] *Neurology*. 2008;70:284-289. / [3] "'Brain Death' is Not Death!" 2005

motivate doctors and hospitals to work with families to find other care settings and solutions." SB 917 and HB 2609 require LST to be provided until the patient can be transferred to a care facility that will honor their medical decisions. This proposed change

in the law is both reasonable and compassionate. It also acknowledges the unalienable right to life of every human person.

**Please join HALO in praying that the Texas Legislature will abolish the 10-Day Rule.**

## WHY I BECAME AN ELDER ADVOCATE

By Marsha Joiner – Talk Show Host, *Betrayed by Hospice*



*Many of us blindly trust doctors and nurses. However, believing everything healthcare providers tell us regarding the care of vulnerable patients, especially the elderly, can result in an unimaginable death toll.*

*Marsha Joiner painfully describes what happened to her dear mother: She does this for our benefit – to warn and advise us so that we will be armed to defend the lives of our loved ones and other vulnerable patients, especially in hospice settings. Thank you, Marsha! – Julie Grimstad, President of HALO*

My mom, Frances Souther, was the sweetest, most compassionate southern belle. She had a beautiful smile that lit up a room, a listening ear, and a shoulder for anyone. She loved my dad, Durwood. They were devoted to their three children, four grandchildren, and nine great grandchildren. Mom was my best friend and, although there were 700 miles between us, we talked almost daily. Mom and Dad would have celebrated their 68th anniversary in less than a month when my world was shattered.

In October 2016, while my sister and I were visiting our parents in Georgia, our 86-year-old mother became weak. Having previously injured her leg, a nurse came to the house once a week to check on the wound. This nurse determined that Mom was anemic. Her doctor directed us to take her to the hospital. There, an endoscopy and colonoscopy were performed to see if Mom was bleeding internally or had cancer. I did not want these invasive tests done because she had congestive heart failure (CHF) which was being successfully treated with medication. Her doctor, concerned that anesthesia would be dangerous for a patient with CHF, had advised against hip replacement surgery. These tests required anesthesia. I was afraid of losing Mom, but she wanted to know, so I acquiesced. The procedures revealed no bleeding or cancer.

Continue reading: [newsletter.halovoice.org/p/frances.html](http://newsletter.halovoice.org/p/frances.html)

## BABY ISRAEL - NOT FORGOTTEN

*(continued from front page)*

The “theory of futile care” has been adopted by many hospitals and has been incorporated into a number of state laws. “Futile care theory” essentially proposes that, when a patient reaches a certain stage of illness, injury, disability or age, life-sustaining treatment may be withheld or withdrawn on the basis of the physician’s perception of the patient’s quality of life, regardless of the patient’s or family’s wishes.

“Futile care” decisions have resulted in thousands of patients in the US being denied treatment against their or their families’ wishes. Many of these patients have died as a result. It is impossible to know which of them might have lived and even recovered if appropriate treatment had been provided to them.

The US Declaration of Independence states, “We hold these

truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, ...” Quality of life perceptions and life-expectancy predictions must not be allowed to be used to justify depriving vulnerable people of their God-given right to life!

☪☪☪

## A note from HALO’s BOARD PRESIDENT

A watershed moment is a dividing point from which things will never be the same. HALO was created for this watershed moment to resist the evil of the legalized murder of the innocent and promote the good of protecting and defending the vulnerable, whatever the cost. The evil practice of euthanasia is spreading from country to country like a plague. The euthanasia juggernaut is not unstoppable, but there is no time left to sit on the fence and watch from the distance. First, the euthanasia movement leveled its sights on the terminally ill and “unbearably” suffering—“mercy killing” it was called. It has continually widened its path to target other classes of human beings—the profoundly brain-damaged, the elderly with dementia, disabled adults and babies with serious anomalies, and the mentally ill. When will they come for you? Sooner than you may think.

The pioneer television preacher Archbishop Fulton Sheen wrote, “The refusal to take sides on great moral issues is itself a decision. It is a silent acquiescence to evil.”

One way or another, things will never be the same. Choose a side! Fight with fervor for what you believe in! This opportunity to engage in a battle of monumental importance—the battle to restore reverence for human life—may never come again in your lifetime.

Sincerely,

Julie Grimstad,  
Board President



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## A SUPERB FACTUAL DISCUSSION OF “BRAIN DEATH”

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“Brain Death: What Catholics Should Know,” by Dr. Doyen Nguyen and Dr. Joseph Eble, published in *Homiletic and Pastoral Review*, March 12, 2021, is based on “factual evidence and the principles of Catholic anthropology.” In addition to Catholics, this article will be of interest to anyone wishing to seriously explore the increasingly controversial question: Are brain dead patients dead? To whet your appetite, we offer the following quote:

“At this point, readers can see the difference between death and BD [brain death] and raise concerns that a body that sweats, flushes, and moves is not in fact dead. Indeed, it is not uncommon that brain-dead donors receive anesthesia and paralytic drugs to prevent the occurrence of movements during the organ-removal surgery. If we compare side-by-side: (i) the brain-dead body of a soon-to-be organ donor, (ii) a living patient, and (iii) the dead body of a patient whose death was determined by traditional

### DO YOU WANT HALO’S LIGHT TO SHINE EVEN BRIGHTER?

We would like to think that everyone reading this letter believes the world is a better place for HALO’s impassioned defense of the lives of the “least among us.” Do you find HALO worthy of your support? Do you want HALO’s light to shine even brighter, exposing the threats to life in the dark pro-death corners? We sincerely hope you are with us. By supporting HALO, both financially and prayerfully, you become a vitally important participant in every facet of HALO’s life-affirming work.

- Ω Are you willing to make a tax-exempt gift in any amount to help fund HALO’s many financial demands?
- Ω Are you able to sponsor or co-sponsor a HALO conference?
- Ω Would you consider a monthly automatic transfer gift of \$50.00 that would be matched by an anonymous donor?

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cardiopulmonary criteria, it is self-evident that, except for being deeply comatose, the brain-dead patient shares all the features of the living, including a beating heart, warm skin, and functioning vital organs, e.g., liver and kidneys, among others. Moreover, there have been many reports of patients who were declared dead because they fulfilled the diagnostic criteria of BD, but who continued to live for long periods of time.”

Dr. Eble explained to HALO that he and Dr. Nguyen wrote this article “to raise awareness among the general public about the issue of brain death and to mobilize grassroots opposition to the proposed revision to the UDDA [Uniform Determination of Death Act]” which would “preclude families from challenging the validity of BD.”

[www.hprweb.com/2021/03/brain-death-what-catholics-should-know/](http://www.hprweb.com/2021/03/brain-death-what-catholics-should-know/)

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## THE EUTHANASIA PLUNGE

By Anne O’Meara, Executive Director

The world is plunging headlong into the abyss of medical murder with impunity. Every time a line is drawn, it is crossed.

- In early April, New Mexico passed an assisted suicide law (effective June 18)– making New Mexico the 11th U.S. jurisdiction to allow physician-assisted suicide (PAS). PAS is also legal in California, Colorado, the District of Columbia, Hawaii, Maine, New Jersey, Oregon, Vermont, and Washington. A Montana Supreme Court decision allows doctors to assist suicides with impunity.
- Euthanasia has been legal for several years in Canada. This Spring, lawmakers radically expanded access to euthanasia. The new law allows people with mental illness and those who are not terminally ill to access “medical aid in dying.”
- The Portuguese parliament voted to legalize lethal-injection euthanasia, which means that much of western Europe, outside of Scandinavia, allows legalized euthanasia and/or assisted suicide.
- New Zealand just legalized euthanasia and assisted suicide with 65% voter approval.
- Two Australian states have legalized assisted suicide while most other states are debating it.
- Euthanasia is also being pushed hard in Ireland, Scotland, and the United Kingdom.

Decades ago, many in the pro-life movement warned that, if abortion was not stopped, society would eventually accept the killing of seriously ill, elderly, and disabled people. Today, PAS and euthanasia are lethal forms of discrimination against the most vulnerable among us. Legalized murder must cease!