

LifeDate



A quarterly journal of
life issue news and commentary
from National Lutherans For Life

Summer 2005

Witnessing to the Sanctity of Human Life through education based on the Word of God.



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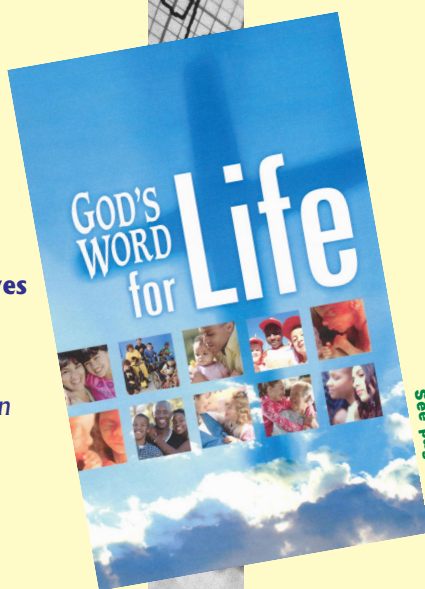
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Life Thoughts in the Church Year



The Child in Us

by Rev. Dr. James I. Lamb
Executive Director - Lutherans For Life

I like children's books. They're simple. Yet, they can proclaim great profundities without using words like "profundities." For example, here is a very relevant quote—in light of all the discussion about the Terri Schiavo case—from the children's book *If I Should Die, If I Should Live*, by Joanne Marxhausen. "God will decide when I should die, and the time will be just right . . . because God is very wise." (Concordia Publishing House, 1975)

Big people think too much. Did you know that the number one reason given by people requesting assisted suicide in Oregon is that they want to decide for themselves the manner and time of their death? Instead of childlike trust in "God will decide," big people come up with all kinds of justifications for "I will decide." The "just right" time of God is thwarted. The wisdom of God is despised.

When you are a child everything is big. God is big. It's too bad that as we get bigger, God gets smaller. Somehow we get the idea that we can be like God and give Him a hand at running the universe. Being "like God," of course, is as old as the universe. Human beings were created in the "image" and "likeness" of God (Genesis 1:26). Then Satan came along with the clever addition, "You will be like God, *knowing good and evil*" (3:5 emphasis added). Now being like God is not an image we bear, but arrogance we display. The creature decides what is right and wrong and the Creator is relegated to the sidelines as a smiling, benevolent grandfather.

You know the story after that, and it's not child's play. Evil becomes good. Darkness becomes light. Perversion becomes normative. Now in these recent times, killing becomes caring. It is wrapped as being good and offered in the name of compassion by people who sincerely believe it is a proper way to deal with pain and suffering. But killing is never caring. Indeed, "to deal with suffering by eliminating those who suffer is an evasion of moral duty and a great wrong" ("Always to Care, Never to Kill: A Declaration on Euthanasia" *First Things* (February 1992) p. 45).

It needs to be said again and again because so many people still do not understand. The decision to remove Terri Schiavo's feeding tube was a decision to kill. It was not a decision to allow her to die. (See *The Critical Issue* page 8.) And even if it were made with the best of intentions, it was not a decision to care. But most significantly, it was a decision that belittled God and His timing and His wisdom.

I am not insensitive to families that have had to struggle with removing or not starting a particular treatment. It is not always a clear-cut decision, and it is never an easy decision. Everything that can be done doesn't necessarily have to be done. We can allow a terminal disease, for example, to run its course. God is not belittled in such situations. On the contrary, we commend our decisions to Him and trust in His wisdom and fall back on His grace.

My concern is about the increased loss of the "child" in us as God's people. We need to be reminded that we have a **BIG** God! He has written the rest of the story through His Word made flesh, Jesus Christ. Because of Christ we know there is no circumstance beyond God's power to work in and through. As long as God in His timing gives life, God in His wisdom can give that life meaning and purpose regardless of how things may look to us. It is simply never okay to kill someone "for their own good." It is God's good that we must trust in and His love in Christ we must rely upon. And the good news is that there is nothing in life or death that can ever separate us from that love! How do we know these things? I defer once again to the children. "Jesus loves me this I know, for the Bible tells me so."

The total number of abortions in the U.S. from 1973-2002 is estimated to be **44,010,378**.*



In 2000, more children died from abortion than Americans died in the Revolutionary War, the Civil War, World Wars I and II, the Korean, Vietnam, and Gulf Wars combined.**

There were over **3,600 abortions per day** in 2000, **151 per hour, one every 24 seconds**. In that same year, there were 306 abortions for every 1000 live births.

*from projections based on Alan Guttmacher Institute and Centers for Disease Control and Prevention statistics
**National Right to Life Committee

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His Great Mercy – Sarah’s Story

by Grace Kern, Director of Word of Hope

The evidence that abortion has a negative effect on women, men, families, and society grows with every passing year. Since Word of Hope started 14 years ago we have seen a significant increase in calls from across the country. We receive an average of 225 calls per month. Our callers range in age from young teenagers to the elderly, and from prisons to rich suburbia. No matter what the age or where they live one thing that remains the same is our callers’ description of their feelings: depression, sadness, fear, and guilt surrounding the abortion experience.

Having an abortion at five months was the greatest tragedy of my life. I still remember this event like it happened yesterday. I still remember the faces . . . sounds . . . smells, and the pain. The abortion took two days. It was terrible. I could feel my baby thrashing around inside me fighting for her life before she died.

Sarah’s story is typical of the many women who call our office for help. Abortion appears to be the way out of a difficult situation. Instead of feeling free, however, Sarah felt herself locked in a prison of fear and guilt.

I always deeply regretted the abortion. I had been the good girl in college with a full scholarship and dreams of going to medical school. After the abortion, my grades dropped. I lost all self-esteem and self-confidence. I started dating an abusive person. I didn’t feel worthy of anyone’s love and I went through life wishing that I were dead. I got pregnant again. Many of my family members and friends told me that I should have another abortion. No way! I had been there . . . and done that. This baby was my baby and I was going to take care of him.

By the grace of God, Sarah was led to Word of Hope after reading an article about the ministry.


Part of me felt like God was going to take my baby away for what I had done. I had destroyed a life. I couldn’t accept God’s forgiveness for the horrible crime I had committed against my body, my family, my child, and God. I went through counseling for my abortion and second pregnancy with Word of Hope.

I will never forget talking to the director, Grace Kern, for the first time. She loved me unconditionally and, with her help, I accepted the reality of what I had done. I began to accept God’s forgiveness for my sin of abortion. Grace helped me grieve for my child. I named her Danielle after Daniel in the Bible because he had succeeded where I had failed. In the face of adversity, he stood his ground and trusted God. In a small box, we placed pictures of myself, my family, and my aborted child’s ultrasound. With it I buried the guilt, pain, and anguish of the abortion. What I live with now is the experience, which God has used time and time again to encourage others to protect the lives of unborn children. I want everyone to know that abortion should never be an option.

God has continued to bless Sarah’s life. Her son is now 12 years old. She has graduated from college and continues to refer women to Word of Hope. Sarah says, “I have learned to forgive myself, but I will never forget Danielle.” Sarah keeps a tiny gold bangle bracelet as a reminder of her lost baby, and as a reminder of the importance and significance of every life.

“Praise be to the God and Father of our Lord Jesus Christ! In His great mercy He has given us new birth into a living hope through the resurrection of Jesus Christ from the dead” (1 Peter 1:3).

“In this you greatly rejoice, though now for a little while you may have had to suffer grief in all kinds of trials” (1 Peter 1:6).



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Talking About Your Abortion

Former Lutherans For Life President Linda Bartlett says, "Abortion has become very personal to me. That's because, at last count, 22 of my friends, relatives, or acquaintances have had abortions. Of these, 17 are Lutheran, two are the wives of Lutheran pastors, and at least five have had more than one abortion. Most of these women have told their husbands or a trusted member of their family. Some have chosen to tell their children, yet others have not. Those who tell their children do so with great care. Those who have chosen not to tell their children have valid reasons which I respect. One thing is for sure: No matter what the sin, we need not 'proclaim' it in order to 'make it right' before God and others. All we need to do is confess our sin to the Lord. 'God is faithful and reliable. If we confess our sins, He forgives them and cleanses us from everything we've done wrong' (1 John 1:9 GOD'S WORD). When God forgives, He also forgets (Isaiah 43:25)! We are washed clean because of what Jesus has done for us. Believing this, our burden can be left at the foot of the Cross where Jesus gives us all we need to start fresh."

Tips for Talking with Your Children About Your Abortion (from the Elliot Institute):

1) Make sure you have worked through the grief process first. Parents need to be far enough along in their own healing to be able to cope with their children's emotional reactions.

2) Pray and discern the Holy Spirit's leading before deciding whether to talk with your children about a past abortion. Seek the advice of a trusted counselor, minister, or priest.

3) Think about your motives for telling your children. Parents need to make sure they are acting in the best interests of their children rather than seeking to resolve issues in their own lives.

4) Think about your children's level of maturity and ability to handle such information. Are they experiencing personal or family conflicts that might be worsened by learning about the abortion now? Are they emotionally mature enough to handle such information, or would it be better to wait until they are older before telling them?

If you choose to tell:

5) Be age appropriate in discussing past abortions with your children. Teens or young adults may be able to handle details that would not be appropriate to share with young children.

6) Reassure your children that you will always love and accept them no matter what, not only through words but through your willingness to listen and spend time with them. Make sure teens and older children know they can always come to you for help if they are experiencing a similar crisis.

7) Have outside support in place—a trusted counselor or pastor, knowledgeable family friend, etc.—who can help the children process this information and serve as an additional means of support. Children may hesitate to share some things with their parents if they perceive the parents are still hurting from the abortion experience.

8) Respect your children's right to grieve, and assure them that they are free to express their feelings and take the time to work through them. Parents should try not to place a burden of "needing to forgive" on their children or insist that they move on from the situation before they are ready.

9) Answer questions honestly and openly, giving your children as much information as they seem able to handle. Parents should never force children to hear information they don't want to hear. Children will usually stop asking questions when they have received as much information as they can cope with at the moment. Parents also need to let the children know that they can come back to discuss information later, but be prepared to monitor your children's

reactions and address issues as they arise.

10) Stress that this is a "family issue" only, and not one to discuss with others outside the family, especially with young children who may be tempted to broadcast such news or ask questions at inappropriate moments.

11) When the children are ready, find a way that you as a family can acknowledge and memorialize the child lost to abortion. This might include a healing service . . . for the family, visiting or placing a marker at a memorial for unborn children, planting a tree, etc.

(The Post Abortion Review, Issue (12)1, Jan. March 2004; www.afterabortion.org. See the three previous issues of this e newsletter [Feb. 16, March 9, and March 24] for the three part series, "Talking With Your Children About Your Abortion.")



Abortion Fails to Kill Both Twins – Mother Sues Hospital

The legal ramifications of abortion are reaching levels of absurdity that are becoming difficult to parody. With the advent of the bizarre notion of ‘wrongful life’ lawsuits has come the answer to the pro-lifers’ rhetorical question, “What do you do if a hospital fails to kill your child?” In the case of Stacy Dow, a 20-year-old Scottish woman who gave birth to a healthy girl after trying to abort her and her twin, the answer is, ‘sue.’ Dow is suing Tayside University Hospitals NHS Trust for 250,000 pounds because they failed to kill both of her unborn children.

Dow said she discovered she was pregnant with twins and, because she wanted to carry on with plans for nursing school, she went to the Perth Royal Infirmary for an abortion at six weeks gestation. The hospital tried to abort the children and told her it had been ‘successful.’ Later when Dow began to put on weight, she visited a doctor. “After 33 weeks I went to the GP and he told me I was pregnant. I thought he meant I had fallen pregnant again, and I couldn’t believe it when I was told that it was one of the original pregnancies.”

The surviving twin was born healthy and is now three years old. Dow is claiming, with perfect adherence to the abortion logic, that since her intention was to kill both children and the hospital failed to complete the operation, Dow is now owed support for the surviving child.

The hospital is arguing that there was every reason to think the “termination” had been complete. Their statement says that the doctor “checked the cavity of the uterus and could feel no further products of conception. As far as could be clinically determined the pregnancy had been terminated.”

“I still don’t know if, or what, I’m going to tell Jayde when the time comes. I just hope she understands what happened and why I did it,” Dow said.

Though the woman and the hospital seem to have missed it, the irony is not lost on pro-lifers. “Are we the only ones who think this is nuts?” said Jim Hughes, National President of Campaign Life Coalition. “You can have your children taken away by the state for abuse, but if you want them dead, as long as it’s before birth, it’s OK and you can sue if a hospital fails to kill them. How far does this have to go before we wake up to the insane evil of abortion?”

(LifeSiteNews.com, 4/25)



Health Workers Focus on the Negatives in Diagnosing Down Syndrome

A study published in the March 2005 issue of the *American Journal of Obstetrics and Gynecology* has found that obstetricians and genetic counselors rarely do a good job when delivering a diagnosis of Down syndrome to pregnant women.

Researcher Brian Skotko surveyed 2,945 mothers of children with Down syndrome from five parent support groups in five different states. According to the study, many women were given only negative information about Down syndrome, and medical personnel often failed to provide current information on the disorder or to put patients in touch with parent support groups.

Previous studies have found that many parents whose children are diagnosed with Down syndrome abort the pregnancies, with one study finding that medical personnel often pressured parents to abort when their unborn child was diagnosed with a birth defect. Experts say blood tests for Down syndrome have an accuracy rate of only about 60 to 80 percent, while amniocentesis can increase the risk of miscarriage.

Critics point out that many healthy babies are either aborted or die as a result, and also argue that since there is currently no cure for Down syndrome, the only reason to test for it is so that the pregnancy can be aborted.

(The Elliot Institute News, Vol.4, No. 6, 4/26)

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Abortion Notification Bill Vote Possible This Summer

President Bush doesn't comment on every bill that emerges from one chamber of Congress, but he's making a public effort to get the Senate to vote on and approve a measure backing parents' involvement in a teenager's abortion decision: The Child Custody Protection Act (S.8/S.403).

He favors a bill that will uphold state laws requiring parental notification or consent but prohibiting anyone other than a parent from taking a teen to another state for an abortion.

Bush said the law would "protect the health and safety of minors by ensuring that state parental involvement laws are not circumvented."

"The parents of pregnant minors can provide counsel, guidance, and support to their children and should be involved in these decisions," Bush said. "I urge the Senate to pass this important legislation and help continue to build a culture of life in America."

After the House overwhelmingly passed a parental involvement on abortion measure in April, Senate Majority Leader Bill Frist said he hopes to be able to bring up the measure for a Senate vote this summer.

While the House has passed a version of the bill on three occasions, the latest on a very strongly bipartisan 270-157 vote, the Senate has never voted on it—in part because pro-abortion lawmakers have held it up.

The measure has 38 co-sponsors, including 37 Republicans and pro-life Democrat Ben Nelson of Nebraska.

Senate Republican leaders have placed the bill on their top-ten list of key pieces of legislation to pass. However, Senate Democrats have been using procedural tactics to stall consideration of the bill—a tactic pro-life groups condemned.

Opinion Dynamics Corporation conducted the poll for the Fox News Channel and found that 78 percent favor parental notification laws and 72 percent support parental consent laws.

ACTION ALERT: Contact your Senators and urge a vote on the bill. (202-224-3121; www.senate.gov) Also go to: <http://www.capwiz.com/nrlc/issues/bills/?bill=6846736>

(*LifeNews.com*, 4/29)



Dutch Infanticide

By Jonathan Imbody, CMA Senior Policy Analyst

An article admitting and advocating infanticide in the Netherlands, recently published in the *New England Journal of Medicine*, will shock anyone unacquainted with Dutch medical practice. The Dutch authors, Drs. Eduard Verhagen, and Pieter Sauer, sanguinely defend the apparently widespread Dutch practice of killing infants deemed "life unworthy of life".

Of course, that's not the phrase the respectable Dutch doctors used. That's what the Nazis called it.

Drs. Verhagen and Sauer advocate in their Journal article the killing of "newborns who have serious disorders or deformities associated with suffering that cannot be alleviated and for whom there is no hope of improvement."

That's pretty much how the Nazis put it, too. In October 1939, Hitler issued an order expanding "the authority of certain physicians to be designated by name in such manner that persons who, according to human judgment, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a mercy death."

Dutch euthanasia doctors, of course, vehemently reject any comparison to the Nazis. Nor would they appreciate a comparison to the euthanasia doctors of ancient Greece and Rome. In those ancient days, doctors and politicians alike exterminated infants, elderly, and the infirm with impunity. Such practices can only persist with cultural endorsement, and prominent Greek and Roman philosophers propped up the rampant euthanasia with utilitarian justifications not unlike Darwin's doctrine of the survival of the fittest.

Will the flood of non-voluntary medical deaths in Holland remain behind Dutch dikes? In the United States, Oregon now sanctions assisted suicides and shrouds them in a veil of state secrecy. Legislatures and voters in other states, including Hawaii, Michigan, Maine, California, and Vermont, have also danced with doctor-assisted death bills and initiatives—some escaping with the narrowest margin of safety.

But surely infanticide is unthinkable in America? Consider that Down Syndrome children in this country hardly ever make it into the world anymore, as elective abortions routinely follow their diagnosis. The Supreme Court has created a right to suck the brains out of babies on the verge of birth, through partial-birth abortions. Princeton University "ethicist" Peter Singer openly advocates killing disabled babies, suggesting that "a period of 28 days after birth might be allowed before an infant is accepted as having the same right to live as others."

Think again.

(*News and Views, Christian Medical and Dental Associations*, 4/27/05; excerpted from "Life unworthy of life?" published in "National Right to Life News," April 2005, Vol. 32, No. 4)

Toys without Children - Demographic Suicide

According to a recent Associated Press story, Japanese “toymakers are designing new dolls . . . not for the young but for the lonely elderly.” These dolls are “companions which can sleep next to them and offer caring words they may never hear otherwise.”

The dolls, called *Yumel* in Japanese, have a vocabulary of 1,200 phrases. The makers are marketing *Yumel* not as toys, but as “healing partners” for elderly Japanese.

Since their limited introduction three months ago, more than 6,000 *Yumel* have been sold. Some of the customers are so taken with their dolls that it bothers them when they can’t answer the doll’s “questions,” such as, “Why do elephants have long noses?”

The elderly didn’t always need dolls for their loneliness. Once upon a time, they had children and grandchildren.

P. D. James’s novel *The Children of Men* is set twenty-six years after the last known birth on Earth. In a world without children, dolls have become the object of women’s maternal attention. City streets are filled with women taking their dolls on a stroll. The anxiety and despair caused by knowing that theirs is likely the last generation of humans shapes the characters’ actions.

The reason for the lack of children in James’s novel is a mystery. But the same can’t be said about Japan. Japan has one of the world’s lowest birthrates, only 1.3 children per woman. (2.1 children is the replacement rate.) This year, Japan’s population may decline for the first time since 1950 — and it is a decline that will continue.

Younger Japanese, like their Western counterparts, are putting “careers and lifestyles over the pressures of having children and taking care of their parents.” The result is an aging population with neither children nor grandchildren to ease their loneliness.

Notice that I said “like their Western counterparts.” In Europe, similar values have produced fertility rates as low as, or even lower than Japan’s. One consequence of Europe’s “birth dearth” is a sizeable Islamic population that is having lots of children and whose assimilation is hardly a given. Demographics may bring about what the Moors and Ottoman Empire couldn’t: a Muslim Europe.

While our fertility rate is higher, that’s largely an artifact of high immigration rates. (Immigrant women have more children than native-born Americans.) Despite a nearly one-third drop in the abortion rate over the past decade, native-born Americans have a birth rate of only about 1.8 children per woman, the same as Norway. Like their European and Japanese counterparts, American women are increasingly postponing childbearing and having fewer children.

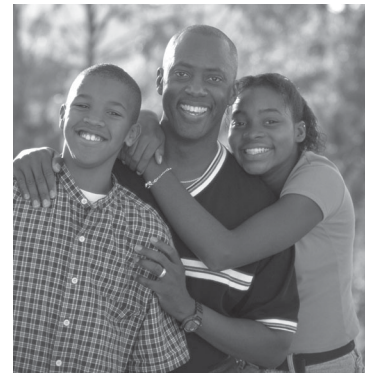
What’s at work on all three continents is an anti-natalist worldview. Children, instead of being our motivation for working hard, are expected to accommodate themselves to the demands of the workplace. Instead of being the future, they are only “welcome” if they don’t get in the way of our plans for the future.

The result is fewer children. And as the Japanese now know, by the time you’ve discovered the problem it’s probably too late. Cultural habits are hard to change, even if you’re willing to acknowledge the problem in the first place. All that’s left are unpalatable choices and voids that no toy can fill.

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Teens Need Their Dads

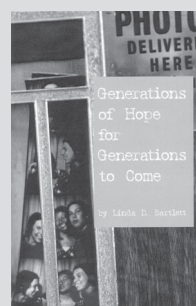
Fathers need to be involved with their kids, especially in their teen years, according to a Statistics Canada study released February 16. Teens can experience symptoms of depression if they feel dad is becoming less affectionate. The report also noted that young people often feel closer to their mother than their father.



The study, which examined the changes in young people’s relationships during adolescence, found that the more positive relationship they have with a parent, the more positive their mental well-being.

“The cost of depression? Huge,” said psychologist George Lucki, chair of the Alberta Alliance on mental health and mental illness. He added that the World Health Organization predicts that, in 15 years, depression will be the second leading cause of health impairment worldwide.

(Taken from the “Pastor’s Weekly Briefing,” Vol. 13, No. 8, 2/25/05. Copyright © 2005, Focus on the Family.)



What Linda Bartlett shares in this new booklet can serve as a bridge between generations, an encouragement for LFL leaders, a motivation for parents in a new century, a promise to the faithful, a reason to take heart!

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Terri Schiavo: The Critical Issue

by Rev. Dr. James I. Lamb

A *Christianity Today* poll indicated that 51 percent of “weekly churchgoers” agreed with the federal judge’s March 22 ruling to leave Terri Schiavo’s feeding tube unattached. From calls we are getting at National Lutherans For Life, many Lutherans seem to agree. I believe this is because so many do not really understand the critical issue in this case.

I wonder how many Christians would answer in the affirmative if the question were put this way, “Should Terri Schiavo have been killed because she had a disability?” This is the critical issue.

Some will bristle at this. They do so because the line between killing and allowing someone to die has been blurred. “Pull the plug” some said. But there was no plug to pull. “Her life support should be stopped.” But she was not on life support. “Let her go.” But Terri wasn’t “going” anywhere. To look at the Terri Schiavo case from a Christian perspective, it is **critical** to understand that **TERRI SCHIAVO WAS NOT DYING** when her feeding tube was removed.

Certainly, we can and should allow the dying to die. When people are dying, their bodily functions begin to shut down. At this point, some treatments can do more harm than good. Even food and water can be a problem if the body is no longer able to process them. But to remove food and water from someone like Terri, who was very much alive, did not allow her to die, it caused her to die. It killed her.

Should Terri Schiavo have been killed because she had a disability? Some will bristle at this because they did not see Terri as disabled. But is there a fundamental difference between not being able to use portions of your brain and not being able to use your arms? What an insult this is to people with head injuries or mental retardation. People justify such thinking by saying, “I wouldn’t want to live like that.” Well, of course not. No one would want to live like that. But living like that—unable to use your arms or unable to use all of your brain—does not diminish your value as a human being. “Living like that” should not condemn anyone to a death sentence. Would those who supported the decision not to feed Terri Schiavo support a decision by a couple to stop feeding their disabled daughter who couldn’t use her arms because they just didn’t want her to live like that?

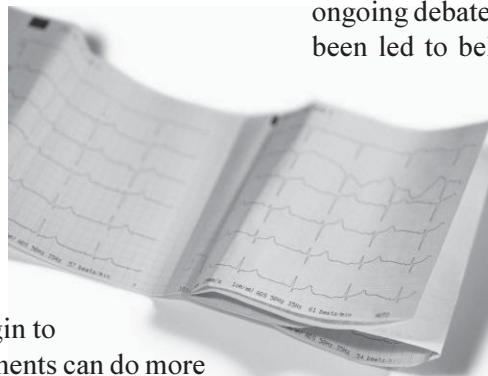
Now some would object to the above comparison. “Terri was different than a girl without arms. She was in a Persistent Vegetative State. She had no self-awareness.” Others argued that she was aware and that she was able to interact with her environment. There was much debate about her level of awareness, and people are anxiously waiting autopsy results to answer this question one way or another. But this intense debate also misses the critical issue. **Terri was not dying.** Her level of awareness was secondary to this.

Another fervently contested issue was whether or not Terri suffered a painful death. Some who were with Terri near the end of her life described it as “terrible.” Others said it was “peaceful.” Medical opinions varied as well. I think this is an important issue, but it was not the critical issue. The critical issue was that Terri was not being allowed to die by dehydration and starvation; she was being killed by these means. What was happening to her was more critical than whether or not what was happening to her was painful.

With all the misinformation and confusion over these ongoing debates, I can understand why some Christians have been led to believe removing Terri’s feeding tube was the right thing to do. Some of this flows from a genuine desire to be compassionate and to bring an end to what they perceived as Terri’s suffering.

But compassion means to “suffer with” not to kill those who we think are suffering. To kill those who are suffering, even for the most compassionate of reasons, is an insult to our God and Savior Jesus Christ. To say things like, “Well, I wouldn’t want to live like that.” or “What kind of life is that?” denies that our value comes from what God has done and not from what we are able to do. Such thinking denies that God is powerful enough and wise enough to give meaning and purpose to every life regardless of mental or physical condition. Who do we think we are to say that Terri Schiavo would have been “better off dead”? “Do you question me about my children, or give me orders about the work of my hands?” (Isaiah 45:11). God does not need our advice as to what gives value and purpose to a particular life. He gives value to every life because every life is the work of His hands (Psalm 139:13-14). He gives value to every life because every life is someone for whom Jesus paid the price of redemption (1 Corinthians 6:20). God is the author of life. God gives life meaning and purpose. God determines when His meaning and purpose for a particular life is complete.

Christians, who stand under the cross on Good Friday and rejoice at the empty tomb on Easter Sunday, should know better than to question whether or not God can work in and through suffering. The darkest suffering of all time—Jesus, suffering for humanity’s sins on the cross—brought about



the brightest good of all time—humanity, redeemed from sin and eternal life to all who believe. To deny the power of God to bring meaning and purpose to **any** life is to deny the power of the cross and the empty tomb.

Just as God was hiding in the darkness of Good Friday waiting to reveal His glory, just as He was hiding in the life of the man born blind so that the “work of God might be displayed” (John 9:3), so He hides in the darkness of people’s lives today waiting to reveal how He might be glorified in it all. God was “hiding” in the life of Terri Schiavo and He hides in the lives of those like her who have severe disabilities waiting to be glorified. We do not glorify the Lord of Life by killing such as these. We glorify Him by caring for and serving such as these. For whatever we do to these we are doing to Jesus Himself (Matthew 25:40).

Slow Down with Those “Living Wills”

by Rev. Dr. James I. Lamb

People disagreed about Terri Schiavo’s feeding tube. People disagreed about the involvement of Congress in the Schiavo case. But both articles and editorials that disagreed and those that agreed all seem to end the same way. “What can you do to protect yourself in a similar situation? Get a living will.” The rush is on for living wills.

Slow down! Know what you are signing. The term “living will” is being used so much that it has become synonymous with “advance directive.” So slow down and understand that a living will is a type of advance directive, but it is not the only advance directive. The other major type of advance directive is the “Durable Power of Attorney for Health Care.” There are major differences between these two advance directives.

A living will is a directive that indicates what kind of medical treatment you may or may not want should you be unable to make such decisions in the future. The typical state-sanctioned living will directs your “attending physician” to make such decisions. Your attending physician is whoever might be treating you at the time and may not be your family doctor who knows you and your values. These living wills also use language that is open to a variety of interpretations. Thus a living will gives authority to make life and death decisions to someone you may not even know using language that could result in a decision you did not intend.

This is why we shudder when we keep reading about all the advice to get a living will. That is why we are saying **slow down!**

Certainly a Christian may have an advance directive. An acceptable alternative to the living will is the Durable Power

of Attorney for Health Care (DPAHC). In this document you designate someone you trust to make health care decisions if you are unable to do so. You may designate more than one person. These would be people who know you and with whom you have discussed your wishes. In your DPAHC you may give specific instructions, but it is best not to be too specific. It is impossible to anticipate every situation and what you may or may not want.



Slow down! Take time to know the kind of advance directive you are going to sign. If you have already signed a living will you can simply tear it up as well as any copies you may have given to others. Since there are good DPAHC documents available from other sources, Lutherans For Life does not produce one. We do recommend the following (all forms include detailed instructions):

1. *The Protective Medical Decisions Document*

International Task Force
P.O. Box 760 • Steubenville, OH 43952
740-282-3810 • www.internationaltaskforce.org

An \$8.00 donation is requested to cover postage and handling.

2. *Will to Live*

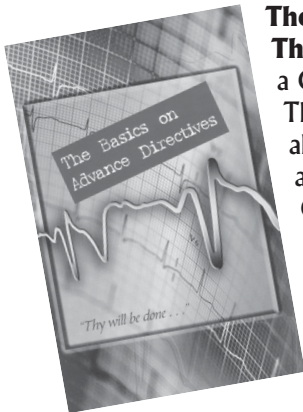
Will to Live Project
National Right to Life Committee
512 10th Street NW • Washington, DC 20004
202-626-8800 • NRLC@nrlc.org
www.nrlc.org/euthanasia/willtolive

3. *Durable Power of Attorney: Christian Version*

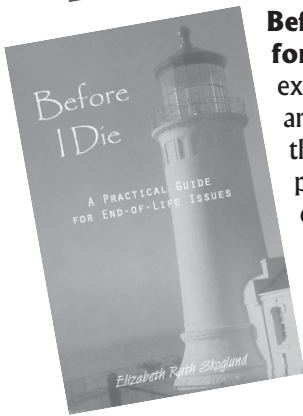
Christian Life Resources
2949 N. Mayfair Road - Suite 309
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We highly recommend that you consult an attorney when preparing any DPAHC to make sure the language meets all the legal requirements.

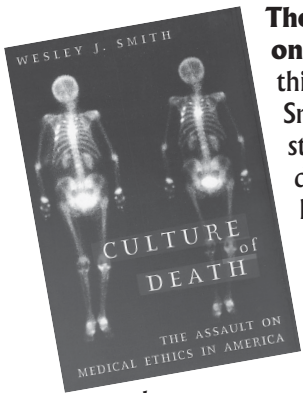
For Life Resources from Lutherans For Life!



The Basics on Advance Directives: Thy Will Be Done – Is it proper for a Christian to have a Living Will? This booklet has basic information about Living Wills and other advance directives that will help a Christian answer that question. By Rev. Dr. James I. Lamb. **Full color!** Item 807B. **\$0.25 ea.**



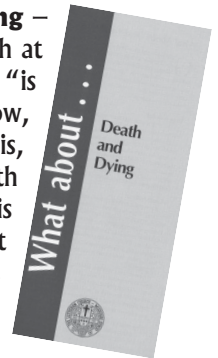
Before I Die - A Practical Guide for End-of-Life Issues – This excellent booklet, by noted author and licensed marriage and family therapist Elizabeth Skoglund, shares principles for the Christian at life's end along with words of encouragement. Linda Bartlett says this booklet is "for individuals and families who seek to do God's will when faced with difficult decisions of life and death." Item 809B. **\$2.00 ea.**



The Culture of Death: The Assault on Medical Ethics in America – In this groundbreaking book, Wesley Smith recounts—among many other stories—how John Campell had to demand treatment (and threaten legal action) for his teenaged son Christopher—brain-damaged in an auto accident—who developed a 106-degree fever. The doctor had refused treatment saying Christopher's life was over. The

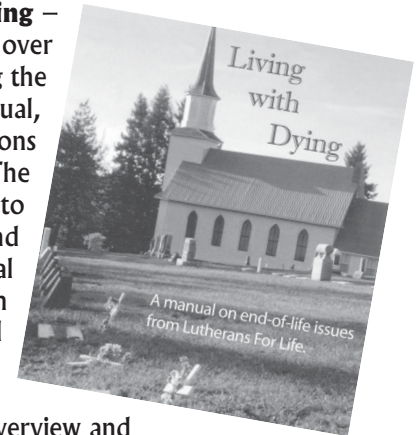
doctor eventually relented. Soon afterwards, Christopher regained consciousness and is learning to walk again. Mr. Smith shows how doctors withdraw desired care based on Futile Care Theory rather than provide it as required by the Hippocratic Oath. This is a passionate, yet coolly-reasoned book about the current crisis in medical ethics. Item 808B. **Limited Quantity. \$15.00 ea.**

What About . . . Death and Dying – Death is something we all must deal with at one time or another. This brochure "is intended to help you, or someone you know, face death and understand what death is, and how Christians face death and deal with grief." It examines topics such as: What is death? Is death natural? Why must Christians die? What is the Christian's response to death and dying? What happens after we die?



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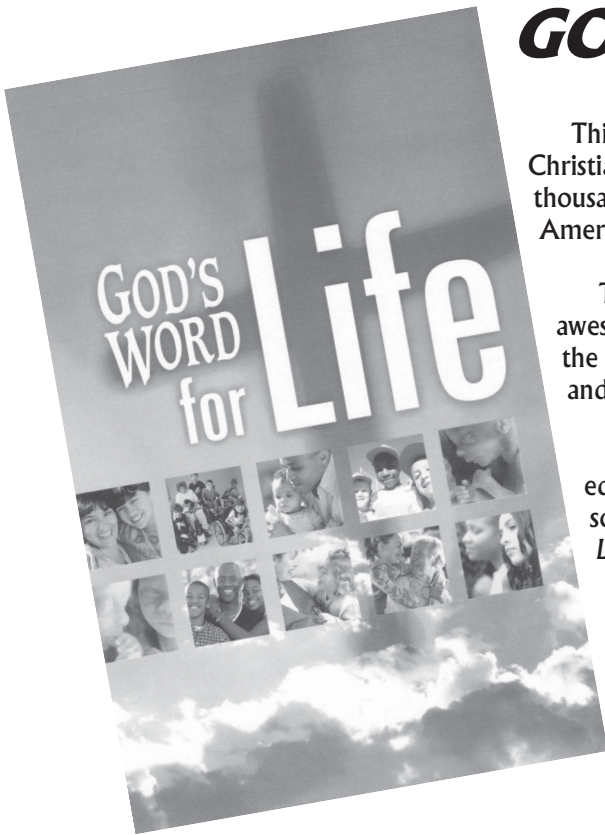
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Note: Due to circumstances outside the control of Lutherans For Life it is not expected that *GOD'S WORD for Life* will be available for shipment until the end of 2005 (not the late spring/early summer date previously listed in *LifeDate* and the *Life Resource Catalog*). We regret the delay. We plan to have an update on this exciting project in the fall edition of *LifeDate* and on our website.

GOD'S WORD for Life is being developed by Lutherans For Life in cooperation with God’s Word to the Nations (www.godsword.org), a mission society headquartered in Orange Park, Florida, using the *GOD'S WORD* translation. Tell others about *GOD'S WORD for Life*!

Photocopy this page and send it to your family, friends, current and former pastors—anyone who you believe would be interested! You can also e-mail them this link:

www.lutheransforlife.org/gwfl.htm

Dramatic Uses of Adult Stem Cells

By J.C. Willke, MD and Bradley Mattes
– Life Issues Institute

The biotech industry, liberal media, and pro-abortion forces have created and maintained substantial public confusion on stem cells. Mostly, what we hear are the two words “stem cells.” Sometimes we hear about “embryonic stem cells.” We almost never hear about “adult stem cells.” Considerable media attention has been given to the California initiative authorizing three billion dollars for embryonic stem cell research. We have watched as other states, New Jersey, Massachusetts, Wisconsin, etc. attempt to appropriate tax funds for embryonic stem cell research in a stated attempt to “not lose their scientists to California.” And we certainly know of Nancy Reagan’s and the late Christopher Reeves’ support for embryonic stem cell research.

The reality of new scientific progress on stem cell research continues to flow across our desks, sometimes even weekly. There are reports from all over the world of new research using stem cells to probe the mysteries of life and specifically to find cures for human ailments and injuries. The field is alive with new discoveries happening every month. One consistent thing about all of these new reports is that they are about adult stem cells. To date, there have been no human successes in the use of embryonic stem cells. Yet, nearly all of what we hear from the so-called mainstream press and biotech industries is the promise of embryonic stem cell research.

Why is this? Are only a privileged few being told about the tremendous successes working with adult stem cells? It might almost seem so. Very few, if any, adult stem cell reports seem to find their way into the pages of our liberal newspapers or onto the lips of our liberal media. To help set the record straight, we’ve briefly itemized some of the adult stem cell research that has come to our attention in the last year or two. Some of these are quite dramatic and very recent.

Breakthroughs, Treatments, and Cures

Scientists in Portugal^{1,2} are using olfactory ensheathing glial cells from the lining of a patient’s nose to treat *spinal cord* injuries. Senator Brownback recently held a press conference where he introduced two young ladies, Susan and Laura, who were paralyzed, one a quadriplegic. Both of them are now able to walk with braces, due to adult stem cells.

In South Korea a 20-year-old quadriplegic woman received transplanted umbilical cord stem cells to the site of her spinal injury. She’s now mobile with a walker.³

In Germany, stem cells have been used to help repair skull *bone* damage in a seven-year-old girl. Unlike other bones, skull bones do not regenerate, hence the use of metal plates to repair the damage. Using adult stem cells, the missing bone plates were replaced by thin, solid bone. Bits of the child’s own bones, mixed with adult stem cells, produced the healing.⁴

London researchers have been using adult stem cells in trials to treat damaged *livers*. They hope to colonize and grow new liver cells allowing the liver to function again.⁵

In the US⁶, Germany⁷, Brazil⁸ and France⁹, human patients have been treated with their own stem cells to regenerate *heart* muscle destroyed during a heart attack or injury. In most cases this was successful.

Twenty-three patients regained their eyesight following limbal (adult) stem cell transplants.¹⁰ This treatment has helped many suffering from *blindness* for years, including victims of Iraqi mustard gas attacks.

Patients with *Crohn’s* disease have apparently been cured after treatment with stem cells from their own blood.¹¹

Ninety percent of 19 patients with various autoimmune disorders, such as systemic *lupus*, are in remission or have improved after treatment with their own blood stem cells.¹²

One patient with *multiple sclerosis* improved after being treated with adult stem cells from his own blood.¹³

One study of *Parkinson’s* patients showed an average improvement of sixty-one percent increase of coordination, as well as fewer symptoms after transplants of the patient’s own neuronal stem cells.¹⁴

Doctors added adult stem cells from umbilical cord blood to the treatment of *leukemia* patients. This freed fourteen of eighteen patients of the disease.¹⁵

Hematopoietic stem cell transplants successfully treated over two hundred *sickle cell* patients. The success rate has been eighty to eighty-five percent.¹⁶

A 52-year-old woman with *rheumatoid arthritis* in 38 joints was treated with adult stem cells from her sister. While still in the hospital, her morning stiffness ceased. One year later she is free of the disease and off medication.¹⁷

Innsbruck, Austria, doctors have used adult stem cells from patients’ muscles to successfully treat urinary stress *incontinence*. Eighteen of twenty remain continent one year later.¹⁸

Researchers found that adult stem cells in the pulp of baby teeth may be extremely useful in growing replacement



brain tissue to overcome stroke damage and other *neurological* disorders.¹⁹

Chagas disease is a potentially lethal parasitic condition attacking and destroying the heart and other tissue. It kills six million people worldwide every year. The parasite can be killed with treatment, but the damage remains. Now scientists in Buenos Aires, using adult stem cells from patients' own bone marrow, have been repairing heart damage.²⁰

Scientists in New York are exploring the real possibility of using adult stem cells to regenerate *teeth* that have been removed.²¹

Toronto researchers reported finding adult stem cells not merely in umbilical cord blood, but also a "jackpot" of adult stem cells in the tissue mass (Warton's Jelly) surrounding the three umbilical cord blood vessels. They anticipate using these adult stem cells to regrow bone and connective tissue in *knees* that have been damaged in an accident.²²

In Argentina, stem cells from a diabetic patient's own bone marrow were fed into his *pancreas* through an artery. His glucose levels returned to normal with no need for medication.²³

Pennsylvania and Louisiana scientists have coaxed adult stem cells from bone marrow to differentiate into the type of cells that line lungs and air passages. This may lead to effective treatments for *cystic fibrosis*.²⁴

Adult stem cells hold a promise to treating *baldness* in humans. A study at the University of Pennsylvania School of Medicine reports using them to grow hair on bald mice.²⁵

Chicago researchers are looking at a new adult stem cell technique that will replace implants for reconstructive surgery and *body augmentation*. This could have profound commercial implications for cosmetic surgery.²⁶

Many of the above studies are preliminary and several have been done in animal models, although many have been used in human trials. A single report of a success (e.g. of skull bone) is not considered official until other scientists replicate the same study. Then trials must succeed in human subjects using adult stem cells before such treatments will be available for you and your loved ones. This being said, however, we can hardly conceal our excitement at these new discoveries. Most of the above have been reported within the last year, with some much more recent. In stark contrast to this, we have no reports of such successes using embryonic stem cells.

Embryonic Stem Cells

Objections to the use of embryonic stem cells are both medical and moral. The moral dimension is evident. The only way to obtain these cells is to directly kill a five-day-old living human embryo, cutting him or her open and extracting embryonic stem cells. From an ethical, moral standpoint, this alone should rule out their use.

Medically speaking, there are several major problems. One is this tissue is from another living human, with a different DNA and can be rejected just like a transplanted kidney. Another is that they can carry infection from the donors; a worse case would be AIDS. Finally, and most importantly, researchers have not discovered a way to regulate or target their growth, for they are "very plastic." They can uncontrollably grow into many types of cells. For instance, implanted embryonic stem cells have turned into bone, skin, kidney, and other tissues when researchers had hoped they would turn into brain cells. This tendency for tumor formation has, as of yet, been uncontrolled.

Can these problems be solved? That is the challenge scientists hope to solve if and when they are given free reign to kill human embryos and use these cells in unrestricted and usually lethal experimentation. Their hope is the curative value of embryonic stem cells might even exceed all of the above adult stem cell successes. This, however, is just a hope. A number of highly respected scientific experts in this field have predicted such hopes are pipe dreams and that embryonic stem cells will never be able to be harnessed for curative reasons.

The above dim prospects are specifically the reason almost no private venture capital has been flowing into embryonic stem cell research, whereas, substantial amounts have been invested in adult stem cell research.

Why then is there an almost exclusive push by liberal sources for embryonic stem cell research, and a near total blackout of the above adult stem cell successes? One reason is that killing five-day-old human embryos does not pose a problem for many scientists and certainly not for much of the media. If you can abort them before birth, you can snuff out their lives in a research lab. For scientists, the unknown is a challenge, a horizon that needs to be explored. They want to boldly go where no man has gone before. Whether or not palatable results seem reasonably obtainable is irrelevant. Exploring the unknown is a goal in itself. They are, however, faced with the obvious fact that private money will not subsidize such questionable investigations. This is why there is tremendous pressure from scientists, the liberal media and, very clearly, a powerful and well-financed biotech industry to appropriate tax money for such research.

Our goal is to make more people aware of the obvious promise of adult stem cells. Pro-lifers should be in the forefront, telling the world the exciting possibilities of ethical adult stem cell research. Further, this should be contrasted with the fact that embryonic stem cell research is done by killing living humans in the very limited hope of someday helping another.

(Life Issues Connector, April 2005; www.lifeissues.org; See footnotes on page 14.)

UN Approves Call for Ban on All Human Cloning

After four years of debate on the issue of human cloning, the United Nations has finally put its stamp of approval on a consensus document addressing the thorny issue. Member nations backed a statement in March calling on countries around the globe to ban all forms of human cloning—both for research and reproductive purposes.

The international body of 191 nations approved the statement on a 84 to 34 vote. [An additional six countries stated that they supported the Declaration but missed the vote.] Some 37 countries, mostly Muslim nations, abstained from taking a position.

The document says nations should “prohibit all forms of human cloning inasmuch as they are incompatible with human dignity and the protection of human life.” The measure also asks nations to approve language preventing the exploitation of women. Delegates from developing countries feared that women from poor countries would be targeted for the large number of women’s eggs that would be needed to support these “egg farms.”

The procedure by which eggs are extracted from these vulnerable women is extremely painful and dangerous to their lives and health.

The United States, Costa Rica, the Vatican, and other pro-life nations led a fight over the last four years to get the UN to adopt a treaty banning all human cloning.

Their efforts were opposed by Belgium, Japan, and other European and Asian nations that want a ban only on reproductive human cloning. They want to be able to allow scientists in their countries to use human cloning to produce human embryos to destroy for their stem cells.

When a group of Islamic nations balked at the impasse, Italy and Honduras proposed a statement calling on a human cloning ban.

While not as strong as a treaty, pro-life groups and the Bush administration say the statement is a huge victory against human cloning.

“The declaration is an important and significant step toward recognizing the dignity of all members of our human family and protecting all human life,” National Right to Life UN lobbyist Jeanne Head explained. “We look to the U.S. Congress now to put an end to the cloning and killing of human embryos.”

Costa Rican Ambassador Bruno Stagno Ugarte hailed the vote as “a historic step” recognizing “that therapeutic cloning involves the creation of human life for the purpose of destroying it,” according to a Reuters report.

Still some nations said they would reject the call for a

total ban and allow researchers to continue cloning and killing human embryos.

Bernard Siegel, executive director of the Genetics Policy Institute, which helped lobby against the ban treaty and statement, said “therapeutic cloning research will not be impeded in the least.”

(LifeNews.com, LifeSiteNews.com, 3/8)

NOTE: To learn more order LFL’s full color brochure “Cloning: Understanding the Basics,” Item 1001T. \$0.30 ea.

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Footnotes for *Dramatic Uses of Adult Stem Cells* (pages 12-13):

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England – A baby boy survived three attempts to abort him and is thought to be the earliest premature baby as a result of a botched abortion to survive long term, *The Times of London* reports. The mother was given a series of abortion drugs at a BPAS facility in Leamington Spa, Warwickshire, and was told that an ultrasound showed that the baby was dead. However, on her way home, she felt the baby move and he was delivered in hospital at 24 weeks. A paper on the case published in the *Journal of Obstetrics and Gynaecology* has called for a review of late abortions at facilities where there are no staff available to treat babies born alive. (*The Times of London*, 2/13; *Society for the Protection of Unborn Children (SPUC)*, 2/14)

China/Great Britain – The Chinese Government has refused to sign a UN declaration calling for a ban on human cloning and has promised to increase funding for cloning research. There are now thought to be over 20,000 people in China involved with human cloning in 3000 scientific institutions. Also, Britain has said that it will ignore the UN declaration, which passed 84 votes to 34 with 37 abstentions (with Britain voting against). (*CWNews*, 2/28; *The Guardian*, 3/9; *SPUC* 3/1, 3/10)

Canada – A study from the University of Western Ontario, the London (Ontario) Health Sciences Centre and the University of Colorado, suggests a link between abortion and abuse. Out of 1127 women surveyed at an Ontario abortion facility, 20% had suffered physical abuse at the hands of a male partner and over a quarter had a history of sexual abuse. A U.S. study found that 31% of women seeking abortion have a history of physical or sexual abuse, with over half of this number having witnessed domestic violence as children. (*LifeSiteNews.com*, 3/21; *SPUC*, 3/22)

Australia – The moratorium on the use of IVF embryos for research purposes in Australia has ended. Some experts welcomed the news, saying that it will allow a continuing source of embryonic stem cells and supplies of embryos for studies into infertility and metabolism. The couple whose ‘spare’ IVF embryos produced Australia’s first embryonic stem cell line expressed hope that other couples would donate their embryonic children to research. Mrs. Schumacher, 35, said: “Why not learn something from them before they are flushed down the toilet?” Dr. John Fleming, a leading Australian bioethicist, commented: “There is now a distinct likelihood that embryos will be created in Australia for research purposes. The self interest of scientists in wanting access to newly created embryos is both understandable and deplorable. While the Schumachers seem to be indifferent to the plight of their embryonic children, recent social research in Australia indicates that most Australians who have embryos in deep freeze do not share their inhuman and utilitarian attitude to their offspring.” (*The Australian*, 4/6; *SPUC*, 4/7)



Ireland – The Irish Government has said that it will ignore advice from the Irish Human Rights Commission (HRC) to “introduce legislation to define the circumstances in which abortion can currently be legally carried out in Ireland,” the *Irish Times* reports. A spokesman for the Department of Health said that the Government “has no plans for legislation in regards to abortion.” Two members of the Irish HRC dissented from the recommendation, on the grounds that it would “violate the human rights of unborn children up to the time of birth, denying them the right to life, dignity and equality, and would be inconsistent with the democratic will, since the referendum of 2002 demonstrated that the majority of voters oppose such legislation.” (*Irish Times*, 3/8; *SPUC*, 3/10)

Europe – The Terri Schiavo case has provoked discussion about euthanasia in Austria and Germany, *The Guardian* reports. Neither Austria nor Germany are considering legalizing euthanasia but are exploring the introduction of living wills. The euthanasia programs of the Second World War have had a profound effect on public attitudes to euthanasia with one survivor of the Nazi medical experiments expressing horror at the killing of Terri Schiavo. Johann Gross, who was a victim of experimentation at a Vienna psychiatric hospital, said: “No people in the world have the right to kill another, it’s murder. It’s the same as the Nazis did.” (*The Guardian*, *SPUC*, 4/11)

Australia – The auxiliary bishop of Sydney has called Australia’s abortion figures “a national disgrace.” Bishop Anthony Fisher said: “We are terminating our future. Every single lost child is a tragedy. Ninety thousand a year is a national tragedy. Abortion is like a tsunami that hits Australia every year.” (*Cathnews*, *SPUC*, 4/29)

North Korea – A defector, testifying at human rights hearings in February, said that infanticide and forced abortion are common practices in North Korean detention camps. “I heard the cries of both mother and child through the curtain (at a hospital) . . . I witnessed the nurse covering the infant’s face with a wet towel on a table, suffocating it,” said the 28-year-old woman (real name withheld), according to a *koreaherald.co.kr* report. “The baby stopped crying about ten minutes later,” she added. The woman observed the infanticide while a prisoner at Shinuiju Provincial Detention Camp for two months after a failed escape in 2000 led to her capture in China. She successfully escaped to South Korea in 2002. “All the prisoners there believed that all infants were killed immediately upon delivery and wrapped up in a piece of cloth before being buried at a nearby hill,” she said.

(*LifeSiteNews.com*, 2/21)

Kansas LFL State Federation Formed!

Lutherans For Life of Kansas has become LFL's 16th state federation—receiving official approval by the National LFL Board of Directors on November 11, 2004.

The group began its efforts with a dinner meeting between Jeanne Mackay (now President) and Shari Weber (now Vice-President) in November of 2003. These two highly-motivated women attended a Tri-Circuit pastors' conference in Junction City to speak about LFL. From there an informational letter with an invitation to become involved was sent to people on the mailing lists of National LFL, Johnson County LFL, and LFL of Kansas City. The organization's first official meeting was held May 22, 2004, in Topeka, in combination with the LFL National Training Seminar (see page 17).

The group set up displays at the state Lutheran Womens Missionary League Convention (April 2004), the Kansas District (Lutheran Church-Missouri Synod) Pastor's Conference (October 2004), and at churches in Topeka, Emporia, Ottawa, and Wichita (where Ed Szeto, National LFL Director of Outreach was present to give presentations on LFL and bio-technologies).

The group plans to publish a state newsletter, set up a speaker's bureau, encourage local chapter start-ups, sponsor regional life issue conferences, set up displays at state-wide or regional events, and support national efforts.

Contact info: LFL of Kansas, PO Box 19302, Lenexa, KS 66285; (913) 894-0940; Fax (913) 859-9225. Financial support to help the federation is welcome!



LFL of Kansas State Board: Back (l-r): Michelle Walters, board member; (Ed Szeto, National LFL Director of Outreach); Fran Szarejko, Treasurer; Kent Meyerhoff, board member; Rev. Ervin A. Daugherty Jr., Pastoral Advisor. Seated (l-r): Shari Weber, Vice President; Patricia Barrett, board member; Marsha Szarejko, Secretary; Jeanne Mackay, President. (Not pictured: Viv Massaglia, board member.)

New *For Life* DVD Now Available!

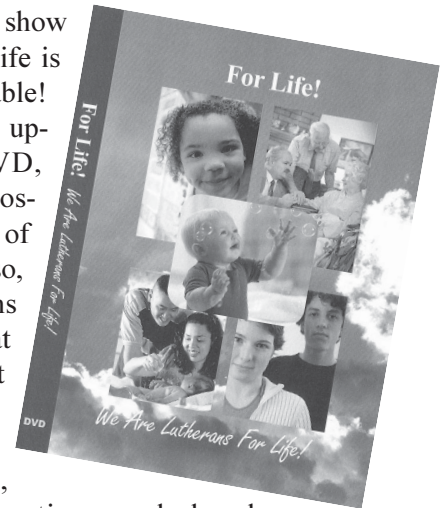
A new tool to help show what Lutherans For Life is all about is now available!

For Life, a newly updated 14-minute DVD, shares the positive Gospel-centered message of Lutherans For Life. Also, a free study guide turns this video into a great Bible study, making it the perfect tool for introducing LFL to pastors, Sunday schools, days schools, congregations, and church groups. A closed-captioned edition is available on request.

For Life features interviews with those involved with LFL and those whose lives have been positively affected through LFL. *For Life* also updates the story of Micki Cunningham, who was a highlight of the 1998 edition of *For Life*, with a heart-warming "major-league" story!

Extras include a new arrangement of the *For Life* theme song, *God Loves Life*, and extended interviews.

For Life will be distributed free to all Lutherans For Life state federations, chapters, and Life Ministry Coordinators. *For Life* is also available for order (DVD format only). Call 888-364-LIFE, e-mail orders@lutheransforlife.org, or go online at www.lutheransforlife.org. (Item 1704. \$5.00 each plus shipping and handling.)



A few scenes from *For Life* – LFL's new DVD.

Lutherans For Life thanks all those who have given Donations in Loving Memory of:

James Arnold by Rev. Dr. Elmer & Mrs. Norma Hohle; **Lois Becker** by Ron & Carol Jochimsen; **Doris Berry** by A. K. Koester; **Harlow Blunier** by Rev. Bruce & Deb Lakamp; **Bonnie Brigham** by Rev. William & Elaine Uffenbeck; **Bill Danner** by Stevie Herndon; **Michael & Gabriel Daugherty** by Gary & Kathy Conzelmann; **Jay Dhabalt** by Marilyn Yoakum; **Lynn Dittmer** by Rev. & Mrs. Don Meyer; **Kenneth Farnsworth** by Loving Arms LFL chapter #094; **Heather M. Harvey Geldon** by Ron & Carol Jochimsen; **Elmer Gierstorf** by St. John Lutheran church in Charter Oak, IA; **Emil Giese** by Allan & Donna Benson; **Rev. Dr. E. B. Glabe** by Rev. & Mrs. C. Tuschling; **William H. Hermesmeyer** by Virginia, Norman, & Norris Hermesmeyer; **Clarice P. Herrman** by St. Paul's Lutheran Church in Boone, IA; **Gary Hollatz** by Sharon Hollatz, Jim & RoxAnne Lamb; **Irene Huebner** by SE Nebraska LFL chapter #125, St Paul Lutheran Church in Falls City, NE; **Rodney Imsande** by Gary & Laurie Bach; **Theodore Johnson** by Edith Armbrrecht, Hugo & Muriel Armbrrecht; **Betty Kammeyer** by Sherry Buck; **Marilyn Kern** by Helen H. Livingston, LFL of Missouri; **Merle Kiem** by Bethine Klinker; **Desirae Kirchner** by Doug & Lynette Auch; **Dorothy & Clyde Kitte** by Rev. & Mrs. Richard O Ziehr; **Alfred Kloess** by Allan & Donna Benson; **Marie Mathiason** by Roger & Carolyn Kahler; **J. R. McDowell** by Mr. & Mrs. James W. Queen; **Elsie Meyers** by Dean & Gwen Helgenberger; **Merle Neis** by Rev. & Mrs. Don Meyer; **Mr. Palmer** by Allan & Donna Benson; **Donna Pozniak** by Michael Dierker; **Elsie Redman** by Doug & Lynette Auch; **Walter H Runzheimer** by Karen Redmann; **Don Schafer** by Rev Ed & Eileen Brandt; **Terri Schiavo** by Bob Rogers; **Lauren Schmid** by Bob & Erna Schmid; **Rev. Roger Schnakenberg** by Rolla Area LFL chapter #280; **John Short** by Allan & Donna Benson; **Rev. Mark Spitz** by Mr. & Mrs. Robert Rodefeld; **Wayne Swenson** by Roger & Carolyn Kahle; **Mary Ysseldyke** by Robert & Ellen Ferguson; **Alan Yung** by Trisha Adams

Lutherans For Life thanks all those who have given Donations in Thanksgiving/Honor of:

Rev. Tom Aadland by Lake Superior Chapter of Lutherans For Life; **Beth Degler** (teacher) by Rev. & Mrs. Kent Umbarger; **Beth & Ruoff Dhuse** (50th wedding anniversary) by Nancy & Gary Anderson; **Dorothea Duchow** (98th birthday anniversary) by Rev. Charles & Mrs. Joyce Gierke; **Rev. John & Tonya Gierke** (marriage) by Raymond & Elsie Hanson, Debra Kinslow, Susan K. Michael, Dennis & Ladonna Roewert; **Lillian Gierke** (88th birthday anniversary) by Rev. Charles & Mrs. Joyce Gierke; **Mr. & Mrs. Ed Heckman** (parents) by Janet Askew; **Kim Mester** (teacher) by Rev. & Mrs. Kent Umbarger; **Mr. & Mrs. William Meyer** (parents) by Rev. Don & Gayleen Meyer; **Sherry Moentmann** (teacher) by Rev. & Mrs. Kent Umbarger; **Mr. & Mrs. Herb Neuhaus** (parents) by Rev. Don & Gayleen Meyer; **Maureen Neuser** by Alpha-Omega Chapter of Lutherans For Life; **Nicole Aufderheide Owens** (great niece) by Mr. & Mrs. Fred Aufderheide; **Barb Scafferi** (mom) by Joel & Deb Rohne; **Fumiko & Elton Stuertz** (50th wedding anniversary) by Mr. & Mrs. Donald Folkemer



Lutherans For Life Leadership/Speaker Training Seminar

The benefits for you: This one-day seminar is designed to help you prepare for something that most people don't like to do: speak in public. The seminar will help you learn about the basics of Lutherans For Life; the Mission, Message, and Manner of LFL; and the basics of preparing speeches and presentations. Whether you are preparing to speak to a small group or a large audience, this seminar is for you!

Who should attend? Those interested in learning how to speak for Lutherans For Life on life issues in their congregations, communities, and schools.

Course materials: Each participant will receive a manual with session notes, copies of all session presentations, and scripted, ready-to-use presentations on CD. (Transparencies also available.)

June 25 • Hartford, South Dakota
 July 23 • Louisville, Kentucky
 October 1 • Portage, Wisconsin

For more info including a seminar agenda and registration forms go to:

www.lutheransforlife.org.

Register Today!

Please contact Edward Szeto at **888-364-LIFE** to discuss other possible locations and dates.



Lutherans For Life Council of State Federation Presidents

- Corinne Thomley, Illinois – Mattoon
- Clarence Zimmer, Indiana – Cambridge City
- Mary Zimmermann, Iowa – Wellsburg
- Jeanne Mackay, Kansas – Lenexa
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- Lynette Auch, South Dakota – Lesterville
- Cynthia Chapa, Texas – Azle
- Diane Chadwick, Wisconsin – Ixonia



In Search of the Perfect Donor

by Karen Frohwein
Director of Development - Lutherans For Life

Just once, don't you wish things could just be "perfect"? Have you ever searched for the perfect car, or the perfect house, or the perfect mate, or wanted the perfect child?

Well, I have good news for all of you who receive *LifeDate* by mail. You are members of *DonorPerfect*! In order to be on our mailing list, your name is entered into a database named *DonorPerfect*. When you give a gift to Lutherans For Life, that gift is added to *DonorPerfect*. When you purchase materials (you guessed it) you become a member of *DonorPerfect*.

One of my tasks is to enter those names and gifts into the database at the Life Center. It's more than a data entry task resulting in a set of records. I have gotten to know our members better as I process your notes and gifts and I have seen the hand of God at work in the lives of many of you.

Many of our donors apologize for not being able to give more often, or not being able to give a larger amount, and yet I find them to be some of our most consistent supporters. Recently a donor apologized for his handwriting. At 92 years old, he was giving to support the mission of LFL. God's love (along with a lot of living) was in that handwriting!

In 2001, two boys, then ages seven and five, asked their mom what they could do to support Lutherans For Life. Since that time, they have faithfully sent in a monthly sponsor pledge of \$2.00. Their gift is one of my favorite entries each month in *DonorPerfect*.

Last fall, wedding invitations sent to friends and family of two Lutherans For Life supporters included a card titled *Registering with the Redeemer*. That card acknowledged that since God had already richly blessed the bride and groom's lives, in honor of their marriage and in thanksgiving to their Lord for His many blessings, guests could make donations to four Lutheran ministries, including LFL, in lieu of wedding gifts. What a joy it was to enter those gifts and to pray for that *DonorPerfect* couple!

Sometimes people do not have the ability to give gifts, yet they remain members of the *DonorPerfect* club. Some people don't have monetary gifts to give, but they give of their time and talents, and many of our best "donors" give their prayers to God each month asking for blessings on the work of Lutherans For Life. Being a perfect donor isn't really about the type of gift, you see. It's about the giver's heart.

So, is there a "perfect" donor? That's the GOOD NEWS! Just as all of your gifts are filtered through a computer system called *DonorPerfect*, they are also filtered through the true Donor Perfect—the One who donated His life for us on the Cross. We can all strive for perfection, but we will never find it. And yet, all of you who support the work of LFL are perfect! Don't despair when you can't give, or you wish you could give more. No matter how you choose to support Lutherans For Life, if that choice comes through gratitude for Christ's gift to you, your gift is perfect! We thank you for your gifts, and more importantly, we join with you in thanking our Heavenly Father for His perfect gift—given for eternal LIFE!

Help Others, Yourself, & LFL

Go to lutheransforlife.org and click "Support LFL!"

Give Online! – You can join LFL or give extra contributions online through the secure *Click and Pledge* server.



Simply Giving® – Never write another donation check! You won't have to with the *Simply Giving®* program from Thrivent. Your gift to LFL can be made through electronic funds transfer from your checking or savings account. A free service from Thrivent!

LFL Endowment Fund – The fund receives gifts and bequests and uses the interest accrued from them for the mission and ministry of LFL. You can make a difference!

Have you drafted a Will or Living Trust? – LFL can provide free, no-obligation information on how you can accomplish your personal and family goals through trusts, annuities, and other plans.

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Our Mission . . . To witness to the sanctity of human life through education based on the Word of God. LFL has 15 state federations, 155 local chapters, and 745 Life Ministry Coordinators in the United States.

Our Vision . . . To be a powerful, Biblical, pro-life voice and resource to Lutherans and, through them, transform society.

Our Philosophy . . . Lutherans For Life believes that the Church is compelled by God's Word to speak and act on behalf of those who are vulnerable and defenseless. The crisis of our times is the repudiation of Biblical truth manifested in the wanton destruction of innocent human life through legalized abortion-on-demand and the growing threat to the lives of others through legalized assisted suicide and euthanasia. Therefore, as Lutherans For Life, we will strive to give witness, from a Biblical perspective, to the Church and society on these and other related issues such as chastity, post-abortion healing, and family living.

Life Thoughts in the Church Year

(based on the appointed readings from *Lutheran Worship*)

July 3 – Seventh Sunday after Pentecost

Today's Gospel from Matthew 11:25-30 offers a good opportunity to elevate the value of "little children." The Good News of the Kingdom is hidden from the "wise and learned" and revealed to "little children." The profound and simple message of life and new life from Him who is "gentle and humble in heart," is best received in the spirit of a humble and gentle child.

July 10 – Eighth Sunday after Pentecost

"I don't speak on the life issues because I might offend someone." It is not the task of the "sower" to base his sowing on how the Word might be received (Matthew 13:24ff.). The sower's job is to sow! God is responsible for producing the fruit (Isaiah 55:10-11).

July 17 – Ninth Sunday after Pentecost

Sometimes God's people struggle with what they ought to pray about in end-of-life situations. Do they pray for continued life or do they pray for God to grant a peaceful death? It is not always easy to know. What comfort God gives to families in such times when He promises that the Holy Spirit "intercedes for the saints in accordance with God's will" (Romans 8:26-27).

July 24 – Tenth Sunday after Pentecost

God's people often quote Romans 8:28 about God working things for "the good of those who love Him." It is applied to accidents, tragedies, and the death of a loved one. Perhaps this would be a good time to remind people that it also applies to the crisis pregnancy, the chronic illness, or terminal disease. We can trust that God is at work for good in these situations as well.

July 31 – 11th Sunday after Pentecost

Paul is absolutely inclusive in Romans 8:35-39. Nothing in "all creation" can separate us from the love of God in Jesus. There is no circumstance or sin big enough to separate us from God. Sometimes the difficult issues involving life and death can seem "big enough." Name some of these—teen pregnancy, a past abortion, terminal illness—in your list as you emphasize that NOTHING can separate us from God's love.

August 7 – 12th Sunday after Pentecost

"Lord, if it's you . . . (Matthew 14:22-33). Peter wanted proof that Jesus was present in the storm. The risen and ascended Jesus who has poured out His Holy Spirit assures us that there are no "ifs" about it. Jesus is present in the storms of life and in the storms involving life. His strong arm supports us.

August 14 – 13th Sunday after Pentecost

The focus of today's readings is clear: God's grace in Jesus is for all, Jew and Gentile alike. Even the "crumbs" of God's grace are more than we deserve and much more than we need (Matthew 15:27). Regardless of what evil has touched our lives, faith in Jesus brings cleansing and hope.

August 21 – 14th Sunday after Pentecost

In today's Epistle, Romans 11:33-36, Paul raises some questions. "Who has known the mind of the Lord? Or who has been his counselor?" Some further questions: Are we claiming to know the mind of the Lord when we say that a severely brain-damaged person is not worthy of living? Do we counsel God when we say leading a chaste and decent life is old fashioned or that abortion is the only answer to an unplanned pregnancy? We who ask such questions need Paul's reminder: God's paths are "beyond tracing out!" "For from him and through him and to him are all things."

August 28 – 15th Sunday after Pentecost

Peter didn't get it. He didn't understand the "things of God" (Matthew 16:21-26). He didn't understand the necessity of Jesus' suffering, death, and resurrection. He wanted to prevent these things from happening! Thank God he did not! What "things of God" do we prevent when we try to take control in matters of life and death?

September 4 – 16th Sunday after Pentecost

"Let no debt remain outstanding, except the continuing debt to love one another" (Romans 13:8). Go into debt! "Love your neighbor as yourself" (13:9). And don't forget your neighbor in the Petri dish and your neighbor in the womb and your neighbor in the pregnancy center and your neighbor who regrets her mistake and your neighbor in the care center and your neighbor in the hospice house. "Love does no harm to its neighbor" (13:10).

September 11 – 17th Sunday after Pentecost

Forgiveness of those who sin against us is the heart of today's message (Genesis 50:15-21; Matthew 18:21-35). That is not always easy especially when the sin has hurt us deeply. The good news, however, is that we have been forgiven completely in Christ! This is our hope, our assurance, and our motivation as we strive to forgive others.

September 18 – 18th Sunday after Pentecost

In Philippians 1:20, Paul is not confident that he will exalt Christ in his life or death. He is confident that Christ will be exalted in his life or death. In other words, the fact that Christ will be exalted does not necessarily depend upon Paul. Christ can exalt Himself in a variety of circumstances including working in and through those who are the weakest or not even aware of their surroundings. It is the power of God, not our power, that exalts Christ.

September 25 – 19th Sunday after Pentecost

Death is not the way or will of God. He takes "no pleasure in the death of anyone" (Ezekiel 18:32). God is a God of life! Sin brought death and decay. But the God of life is also the God of new life in His Son Jesus. There is no need to be captive to death and its ways. Turn to the Lord of Life and humbly serve Him.

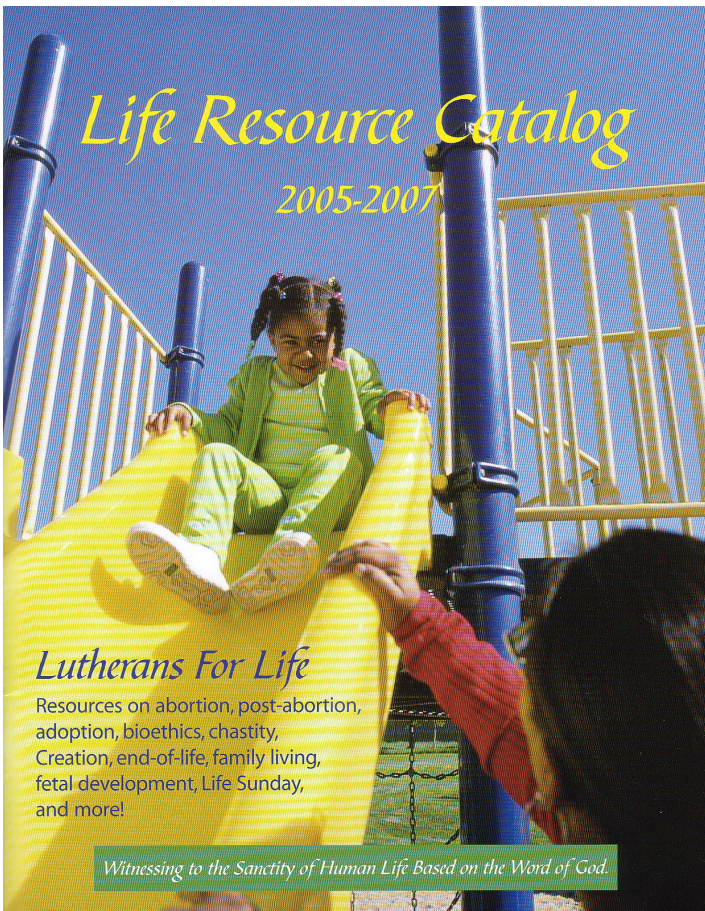
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