

directly to the pre-born baby which may have to be done as early as the 5th or 6th month.

Their second example is “medication to reverse heart failure.” Heart failure can occur in the unborn child. It tends to occur late in pregnancy. Its chief diagnostic point is an irregular and extremely rapid fetal heartbeat. If this persists, the heart can slowly weaken and fail. The chief method of diagnosing this is by a fetal electrocardiogram. I am unaware that amniocentesis plays any major role in this diagnosis. Treatment is usually by medication given into the fetal circulation. Medication has been tried by simply injecting it into the amniotic fluid, but the direct venous injection, which is now possible with ultrasound guidance, is far more efficacious.

The third example is “bone marrow transplants to correct severe immune deficiency.” This is usually done post-partum. If it has been done experimentally in-utero I will stand corrected, but I am unaware of this.

In summary, then, the letter from the March of Dimes dated 4/15/97 is a mixture of some truths, some half-truths and some false statements. It certainly would have been better had the MOD limited its comments to issues directly relating to diagnostic, mid-trimester amniocentesis rather than mixing many issues and then drawing sweeping conclusions.

Sincerely,

J.C. Willke, M.D.

President, Life Issues Institute, Inc.



A Division of Christian Life Resources, Inc.
2949 North Mayfair Road, Suite 309
Milwaukee, WI 53222-4304

Phone: 414-774-1331 or 800-729-9535

FAX: 414-774-1360

E-mail: info@ChristianLifeResources.com

www.ChristianLifeResources.com

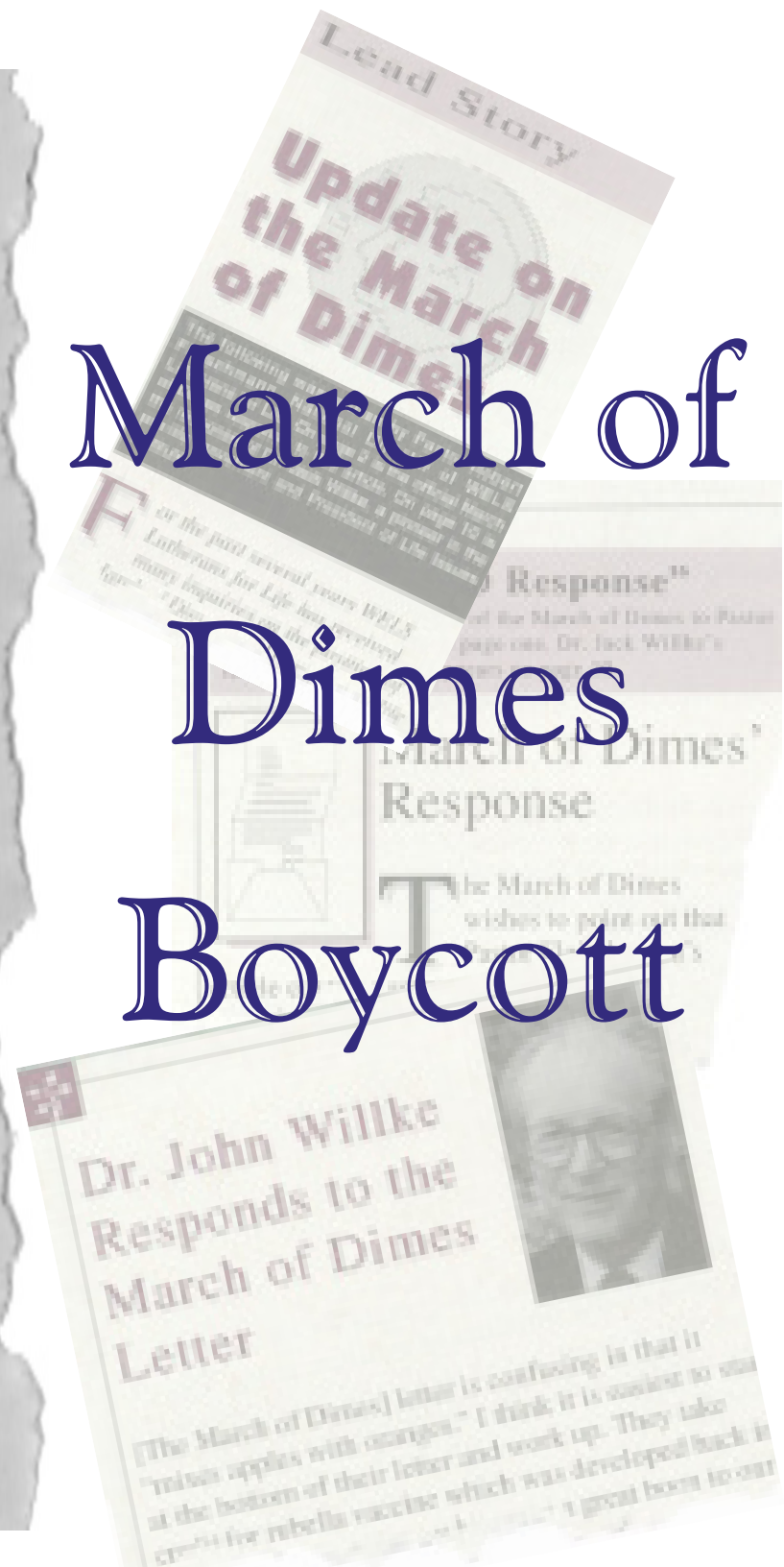
© 2001 Christian Life Resources, Inc.



Christian Life
Resources, Inc.

BEGINNINGS

March of Dimes Boycott



Update on the March of Dimes

For the past several years WELS Lutherans for Life, a division of Christian Life Resources, has received many inquiries on the position of the March of Dimes (MOD) on critical life issues. We have been studying the matter, have corresponded, and even spoken with the national MOD headquarters a number of times to clarify where they stand. Our findings follow.

For 25 years the pro-life movement has boycotted the March of Dimes. Over the years justification for the boycott has varied. The boycott was initially prompted when the MOD established genetic testing centers across the country. MOD popularized the amniocentesis test to be performed in the mid-trimester of a pregnancy. It became a search-and-destroy mission for children found to have some disability.

There was no medical problem identifiable in the mid-trimester that was treatable at that time.

“Our investigation has led us to conclude that we would discourage raising funds for the March of Dimes.”

The MOD does not pay for abortions and insists it has a neutral position on that topic. Yet, most right-to-life sources felt that MOD has failed to discourage this mid-trimester testing which resulted in the aborted deaths of children.

While this issue has been a lingering one with the MOD, the waters had been relatively quiet in recent years until the MOD published papers from a conference entitled Strategies in Genetic Counseling:

Reproductive Genetics & New Technologies. Although the national office of WELS Lutherans for Life did not address the issue of amniocentesis testing with the MOD, we did question its role in publishing these proceedings. Mr. Dick Leavitt, Director of Science Information for the MOD, responded in a letter dated November 9, 1994:

“We made an error of judgment in publishing professional literature that might cause the public to believe that the March of Dimes is anything but neutral on the [abortion] issue. We regret that error, and have taken action to ensure that it will not recur.”

In the same paragraph, they note that federal policy spells out safeguards against abuse or incentives for abortion in fetal cell research. Guidelines and safeguards there may be, but federal policy does not forbid and, therefore, if the MOD or any other individual or organization wishes to abuse this, there is nothing to stop them. “Incentives” against abuse remain only incentives.

At the beginning of Paragraph 3, they mention that “the only way doctors can know which unborn babies require such lifesaving treatment is through prenatal testing, including amniocentesis, in the second trimester.” This is a broad, general statement which includes many types of prenatal testing, such as ultrasound tests, maternal blood tests and others. They thus clump all types of testing with amniocentesis to reach their conclusion. Their letter would be more on target, and more relevant, if they stayed with amniocentesis alone and did not clump and claim benefits from a broad spectrum of other tests.

Moving up, then, they speak of “large tumors of the lung and spinal cord” and other conditions such as “spina bifida,” noting correctly that these may require Caesarian delivery and special treatment at birth. Again, the issue is confused because amniocentesis, in mid-trimester, has absolutely no relevance to these cases. These are discovered almost invariably by ultrasound, with clues given by maternal blood tests, so these have nothing to do with mid-trimester amniocentesis except that it can offer after-the-fact confirmation at times, e.g., spina bifida.

Now to the ones that have more relevance. They speak of certain “life-threatening problems of the unborn baby that can and must be treated during the second trimester, if treatment is to succeed.” They give three examples. Let me comment on each.

“Examples are blood transfusions to correct potentially fatal anemia.” The best known one of these is RH factor incompatibility. When this condition is severe, it can produce an anemia by destroying the baby’s blood cells, and this can begin as early as 4 ½ to 5 months. There are other blood type incompatibilities that can do the same thing. How are these diagnosed? There is a definite anatomic pattern on ultrasound pictures which is a major part of making the diagnosis. Maternal and fetal blood tests are done. Fluid taken from the amniotic sac by amniocentesis may be stained by the pigment from the destroyed blood, and that adds to the diagnosis. Treatment today is blood transfusion

that policy. The vaccine for rubella (German measles), routinely given to all young children in this country, was developed using fetal cells and has virtually eliminated the thousands of fetal and newborn deaths and birth defects that used to occur during nationwide epidemics of this disease.

The mission of the March of Dimes is to improve the health of babies by preventing birth defects and reducing infant mortality. We maintain a policy of strict neutrality on the issue of abortion, a policy that is reflected throughout the organization's many programs, including medical research, community services, education, and advocacy. The goal of the March of Dimes is a healthy start in life for every baby. We would never permit our mission to be achieved by means that were inconsistent with this goal.

For healthier babies,

Jane Massey

Executive Vice President

Chief Operating Officer

March of Dimes Birth Defects Foundation

Dr. John Willke Responds

Dr. Willke served for ten years as the President of the National Right to Life Committee and is currently serving as President of the International Right to Life Federation. He and his wife, Barbara, are founders of Life Issues Institute. Together, they have spoken in over 50 cities for over 20 years, authored nine books, and are uniquely qualified to speak on this issue. Dr. Willke's response to the March of Dimes letter follows.

[The March of Dimes] letter is confusing in that it "mixes apples with oranges." I think it is easiest to start at the bottom of their letter and work up. They take credit for rubella vaccine which was developed back in the 1960s. This certainly has been a great boon to our society, but it is quite irrelevant to the subject matter at hand.

WELS Lutherans for Life accepts that explanation and deeply appreciates the effort the MOD is making in this regard to remain neutral on the abortion issue. In that interest, the MOD also consented to share with us the abstracts for research grants they made for the year. We turned those abstracts over to our Medical Concerns Committee which was chaired by Dr. Steven Bondow, a general practitioner in the Appleton, Wisconsin, area.

Upon reviewing the material Dr. Bondow reported to the national office of WELS Lutherans for Life that the grants reviewed nothing that would specifically compromise our Biblical view of life. The abstracts, however, did raise the question on whether MOD does or would support fetal tissue research using material taken from induced, aborted children.

On July 12, 1996, the national office of WELS Lutherans for Life contacted the MOD on this matter and in that letter explained: "We would not object to such study involving spontaneously aborted children or those aborted for the rare circumstance of saving the life of a mother. We would, however, object to research funds going to study the tissue of children from other abortions."

On Tuesday, March 25, 1997, we held a brief phone conference with representatives of the MOD on this matter. In that phone conference the MOD indicated that they did not think any current project involved funding of fetal tissue research using tissue from aborted children, though there might be one. They also indicated it was very rare for them to receive a request related to fetal tissue research.

We asked them the criteria used to determine their funding of research. They replied that they follow the guidelines established by the National Institute of Health (NIH). Those guidelines do allow for tissue to be used from induced, aborted children. Recently, President Clinton lifted a moratorium which had prevented federal money to be used for such research using tissue from aborted children.

We asked the MOD if they would consider adding their own restrictive policy in which they would refuse grants for research projects involving the use of tissue from induced, aborted children. The MOD representatives argued that NIH guidelines do provide safeguards so that fetal tissue testing does not become an incentive for aborting children. We pointed out, however, that the pro-life movement has claimed the guidelines fail in that regard.

March of Dimes' Response

We were surprised that MOD did not seem willing to consider tightening their policy with regard to using fetal tissue from induced-aborted children. If what they say is true, namely that they rarely even get a request for such testing, it would seem a small concession to make.

WELS Lutherans for Life did not pursue the issue of mid-trimester amniocentesis testing with the MOD. At this point, the current MOD position on fetal tissue use is grounds alone to raise concerns for us.

Over the years we have received many inquiries on our on-going correspondence with the March of Dimes. Leading pro-life groups have contacted us with the hope that circumstances may have improved. While we cite here some serious negatives, we must readily admit the good that the MOD has done. Nevertheless, we are saddened that we cannot endorse nor support the March of Dimes. We know that many of our Christian day schools and area high schools have done fund-raisers for the MOD. Our investigation has led us to conclude that we would discourage raising funds for the March of Dimes. We would further counsel the pro-life movement to continue its boycott of the March of Dimes. While in some ways we feel the MOD has worked hard to clearly assert an abortion-neutral position, they are still having difficulty translating the words into actions.

We continue to pray for and encourage the MOD to reconsider these matters of concern. Until then, we would encourage the pro-life and Christian community to consider other avenues of charitable support, such as the Michael Fund from Pittsburgh, Pennsylvania, in which our values for the sanctity of human life are not compromised in any way.

For LIFE in Christ,

Rev. Robert Fleischmann

National Director

Christian Life Resources, Inc.

The March of Dimes wishes to point out that Pastor Fleischmann's article contains some common misinformation about prenatal tests. The article states incorrectly that "there is no medical problem identifiable in the mid-trimester that is treatable at that time."

On the contrary, scientific advances have made it possible to treat some very serious medical problems while a baby is still in the womb. Certain life-threatening problems of the unborn baby can and must be treated during the second trimester of pregnancy if treatment is to succeed. Examples are blood transfusions to correct potentially fatal anemia, medication to reverse heart failure, bone marrow transplants to correct severe immune deficiency, and removal of large tumors of the lung and spinal cord. Other conditions, such as spina bifida, a serious birth defect of the spinal cord, may require Caesarean delivery or special treatment at birth which must be planned for in advance.

The only way doctors can know which unborn babies require such life-saving treatment is through prenatal testing, including amniocentesis in the second trimester. These tests are important diagnostic tools that doctors and parents-to-be need to save the lives of babies and give others the healthiest possible lives. For a more specific discussion of the potential benefits of such testing, we urge Pastor Fleischmann and readers of your publication to see a commentary by two opponents of abortion who are strong advocates of prenatal diagnosis, Dr. Steven L. Clark and Dr. Gregory R. DeVore, "Prenatal Diagnosis for Couples Who Would Not Consider Abortion," in the June 1989 issue of the journal *Obstetrics & Gynecology*, Volume 73, Number 6, pages 1035-37.

Pastor Fleischmann's article also raises the question of March of Dimes policy regarding fetal cell research. Federal policy permits the study of fetal cells and spells out safeguards against abuse or incentives for abortion. The March of Dimes policy on fetal cell research is consistent with

"The mission of the March of Dimes is to improve the health of babies by preventing birth defects and reducing infant mortality."