**S O U N D I N G T H E A L A R M**

1. What happens when the highest levels of the executive, legislative, and judicial branches of the government of the United States of America cannot stop the gruesome starvation and dehydration of a severely disabled woman, even with national and international focus?

This woman dies a cruel unjust death, the death peddlers become emboldened, the Church becomes more entrenched in its atrophy, civilization becomes more deeply corroded, and thousands more suffer the same with no end in sight.

 This was the clarion call to action that was not answered by the Church and still has not today.

 “*Blessed are your eyes, for they see, and your ears, for they hear*.” Matt. 13:16

2. Recognize and remember that medical killing is a two-sided coin. One side is called assisted suicide. The other side, euthanasia and its methodology, is carefully disguised and ensconced in Catholic health care settings.

3. To answer the silent pleas of the helpless you must prioritize:

* Expelling from all Catholic health institutions any persons paid or volunteering who are promoting Euthanasia under the guise of palliative care.
* Identify publicly any persons fully accredited or actively seeking accreditation from the Academy of Hospice and Palliative Care Medicine.
* Stopping all recruitment of palliative care personnel.
* Disbanding the Supportive Care Coalition and, as with safeguards for minors, restrict members from management and the delivery of direct health care services to any population.
* Immediately disentangling all Catholic health care facilities from the unholy alliance with community groups which support and advocate palliative care.
* Speaking out against the POLST, MOLST, living wills and any other advance directives crafted and promoted by pro-euthanasia groups which do not uphold the life-affirming principles of Catholic doctrine.
* Reviewing all state forms for advance directives and speak out and work to change any that do not uphold the life-affirming principles of Catholic doctrine.
* Reviewing state bans on assisted suicide, crafted by pro-euthanasia groups, and speak out against and work to repeal such bans which allow safe harbors for euthanasia to be committed by health care workers.
* Reaffirming the traditional criteria of death while refuting without equivocation “brain death” and set up new safeguards for any patient who is cognitively or sensory impaired or both.
* Reasserting the Church’s understanding of true “natural death”, words now co-opted and used by the pro-death zealots to manipulate patients to their desired end.
* Disavowing wholeheartedly the death industry’s jargon “vegetative state”.
* Recognizing now that clerics and their entourage are by and large insulated from the predatory tactics waged against the average patient to hasten death. Like drones, these zealots hover over patients seeking their confidence and then prey upon their fears and ignorance of ordinary care and acute medical practice. And when the patient is won over and ready to accept being steered away from all acute care or directly overcome, therein lies one more victory for the healthy and the strong for how these dollars are better spent.
* Write position papers that are truthful and eloquent to protect and preserve life of the person from true conception until true death.