

found in the death of their loved one! Few are offered the compassion and counsel necessary as "the gift of life" is not revealed for what it really is, thus no counsel is available to them.

**LIFE GUARDIAN FOUNDATION** is an organization that began with mothers who had experienced the heartbreak of having been deceived and having lost their children. They wish to warn others by sharing their own suffering and knowledge gained thereof, offering others hope of the blessings of restored health and the continuation of life.

The website is: [www.thelifeguardian.org](http://www.thelifeguardian.org)

## THE YOUTH ARE MOST AT RISK AS THEIR ORGANS ARE PRIME.

More often there is a rush to pronouncement of "brain death" when a young person has been suddenly critically injured. Parents and young persons must be fully informed and armed with the truth before such a decision is forced upon them at the time of greatest distress.

Part of every declaration of "brain death" is the apnea test which is **not for the benefit of the patient**. It is the last so-called "clinical" test to achieve the declaration of "brain death."

The need for a ventilator doesn't mean the brain is permanently incapacitated or ones' health cannot be restored! This "life support" device is a supplement to the patient's compromised, weakened physical condition and may be necessary in providing the patient with oxygen while removing carbon dioxide during the most crucial period. Time and continued medical care are necessary for the ongoing treatment to protect and preserve the patient's life. The ventilator provides the patient and physician this valuable time as it eases the patient's distressed respiratory system allowing time for therapy and healing.

Knowing full well how critical the ventilator is, to withdraw it when it is needed most is absurd! Yet, it is planned for the patient to be taken off for up to 10 minutes - **the patient can only get worse!** This test is sometimes lethal. Make sure to instruct all medical staff: **"DO NOT DO AN APNEA TEST!"**

Dr. Paul Byrne M. D.\* informs us: **"Brain death" is not true death, never was, and never will be."**

Almost all states have now passed a **presumed intent** for donation law; Delaware introduced a **presumed consent** bill. At least 8 European countries have presumed consent.

**This means we are all subject to having our organs taken without our expressed consent!**

Great strides have been made in the use of artificial organs. Recent articles are publicizing the newest, vastly improved artificial hearts soon to be available for those with a failing heart who are on a transplant waiting list.

Here is exciting and hopeful news for those with brain injuries. Successful results of hypothermic therapy have been published from studies done in Japan and Germany with a 60-70% success rate. Also, new research has demonstrated the benefit of the steroid, progesterone, in patients with head injury. Further details on this subject matter can be found in Dr. Byrne's article:

**"Excision of Vital Organs is Imposed Death"**

**IT IS MORALLY INADMISSIBLE  
TO DIRECTLY BRING ABOUT THE  
DISABLING MUTILATION OR DEATH OF A  
HUMAN BEING, EVEN IN ORDER TO  
DELAY THE DEATH OF OTHER PERSONS.**

Saving a life is certainly a good thing but using others as sacrificial lambs is throwing the door wide open to compounding venues. Currently, there are those who are working on developing new human beings for the sole purpose of organ transplantation.

Conversely, **the good news is**, other researchers have discovered methods to grow just the organs which can be accomplished using the affected persons own genes.

**\*Dr. Paul A. Byrne** is a neonatologist and a Clinical Professor of Pediatrics. He is past President of the Catholic Medical Association. He is the producer of the film *Continuum of Life* and the author of *Life, Life Support and Death*, *Beyond Brain Death*, and *Brain Death is Not Death*. Dr. Byrne has presented testimony on life-death issues to nine state legislatures beginning in 1967. He opposed Dr. Jack Kevorkian on **Cross-Fire**, and has appeared on **Good Morning America**, the British Broadcasting Corporation (**BBC**) documentary, "Are the donors really dead?", and public Television in Japan. He is the author of many articles in medical and law journals and the lay press.

Dr. Byrne spends many spare waking moments in defense of those unable to communicate on their own behalf. He is available for speaking engagements at a very minimal, or donations only, cost to audiences and organizations around the country. This is a topic that the general public must continuously be made aware of before it happens to them.

**Want to know more?** Several articles by Dr. Byrne and his colleagues are available online at:

**Life Guardian Foundation**

Website: [www.thelifeguardian.org](http://www.thelifeguardian.org)

**American Life League**

Website: [www.all.org](http://www.all.org)

**The International Foundation  
for Genetic Research**

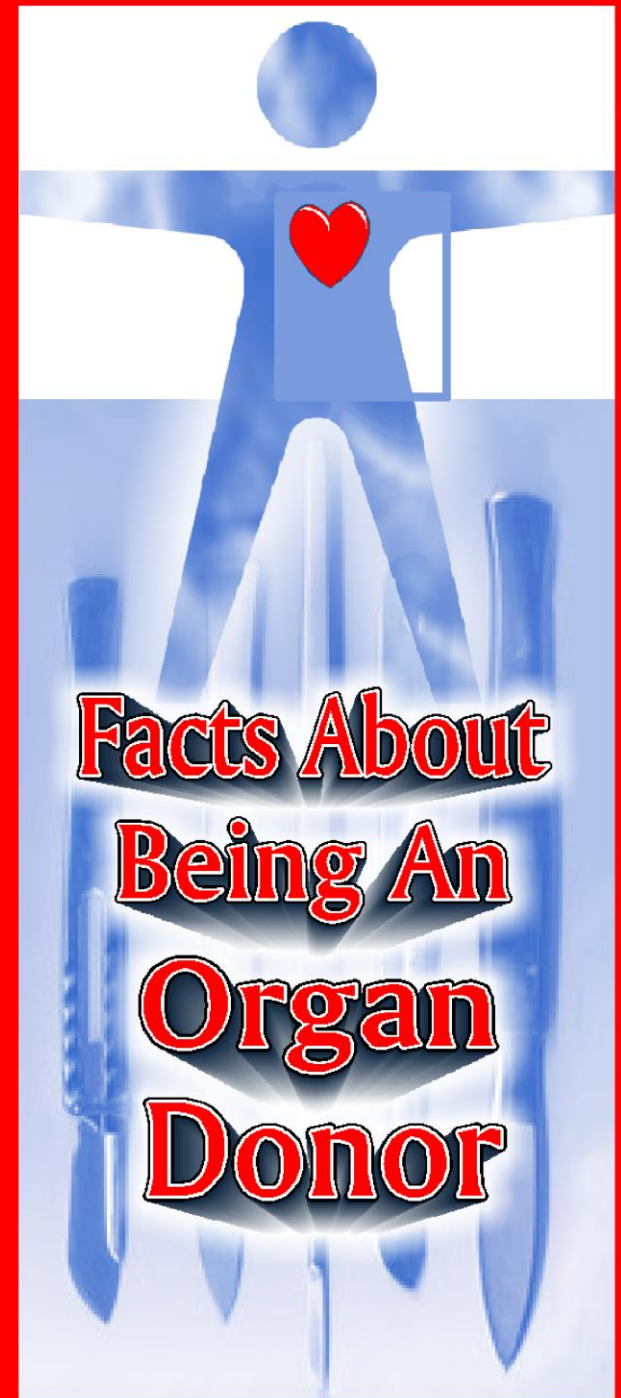
Website: [www.michaelfund.org](http://www.michaelfund.org)

**The International Foundation for Genetic Research**, popularly known as The Michael Fund, is a U.S. based pro-life genetic research agency specializing in Down syndrome research.

**Note:** Wallet-size Medical Cards with Life Support Directions including a statement prohibiting the taking of any organ for transplantation purposes are now available, by mail only, from the International Foundation for Genetic Research/Michael Fund, 4371 Northern Pike, Pittsburgh, PA 15146 and The Life Guardian Foundation, PMB 195, 13023 NE HWY 499, Suite # 7, Vancouver, WA 98686. Suggested donation is \$2.00 per card.

**TRUTH ABOUT ORGAN DONATION**

Website: [www.truthaboutorgandonation.com](http://www.truthaboutorgandonation.com)



**WHAT YOU DON'T KNOW  
CAN KILL YOU!**

You've probably heard and read a great deal of positive publicity about the benefits of the organ donor program – information which is provided by those in the medical profession deeply involved in the so-called “gift of life”. But when presenting their information they deliberately leave us believing the donor is already truly dead before the organs are taken. They intentionally omit the in-depth explanation of the necessary procedure a donor must undergo **WHILE STILL ALIVE.**

**IN ACTUALITY, IT IS THE  
EXCRUCIATING VITAL ORGAN  
REMOVAL PROCEDURE  
WHICH CAUSES  
TRUE DEATH OF THE DONOR.**

**“BRAIN DEATH”**

The new “Pretend Death” is not True Death

Prior to 1968 a person was declared dead only after their breathing and heart stopped for a determinate period of time. The current terminology “Brain Death” was unheard of.

When surgeons realized they had the capability of taking organs from one seemingly “close to death” person and implanting them into another person to keep the recipient alive longer, a “Pandora’s Box” was opened.

In the beginning, through trial and error, they discovered it was not possible to perform this “miraculous” surgery with organs taken from someone truly dead—even if the donor was without circulation for merely a few minutes - because organ damage occurs within a very brief time after circulation stops.

To justify their experimental procedures it was necessary for them to come up with a solution which is how the term “Brain Death” was contrived. To verify the determination of “brain death” they developed more than 30 different sets of criteria to declare “brain death” (DBD) published from 1968–1978. Every new set was less strict than previous sets—now there are many more. **Dear reader, those criteria are flawed.**

Recently we read and heard about the young

man in Oklahoma declared “brain dead,” but his cousin, a nurse, recognized response during the 4 hours of preparation to take his organs. The transplant was not done. This young man is living proof that “brain death” is not true death. If his organs had been taken, he would have been killed.

He even attested to being able to hear and understand what was taking place but was unable to speak in his own defense as a result of his brain injury. Most frighteningly, he could not cry out “STOP!” when it came to the harvesting of his own organs. **IMPORTANT: This is not an isolated case**

More recently, when there is a desire to get organs while the donor still has **obvious brain activity**, a Do-Not-Resuscitate (DNR) is obtained to stop the life support. When the donor is pulseless for as short as 75 seconds (but the heart is still beating) the organs are taken – this is called Donation by Cardiac Death (DCD). When a heart is taken for transplantation, after about 1 hour of operating, while the heart is beating and blood pressure and circulation are normal, the heart is stopped **by the transplant surgeon**. Then the surgeon lifts the heart from the donor’s chest.

**ORGAN REMOVAL IS PERFORMED  
WHILE THE PATIENT IS GIVEN  
ONLY A PARALYZING AGENT  
BUT NO ANESTHETIC!**

**REMOVAL OF THE ORGANS**

Once DBD or DCD has been verified and permission extracted from distraught family members (in cases where relatives cannot be located the government often now makes the determination on our behalf) the “organ donor” undergoes hours, sometimes days, of torturous treatment utilized to protect and preserve the body-container of “spare parts!” The “organ donor” is forced to endure the excruciating painful and ongoing chemical treatment in preparation for organ excising. Literally the “donor” is now an organ warehouse and used for the sole purpose of organ preservation until a compatible recipient can be located.

**The truth of the horrific treatment and  
DEATH OF THE “DONOR”**

Organ removal is performed while the patient is given *only* a paralyzing agent but **no anesthetic!** Multi-organ excision, on the average, takes three to four hours of operating during which time the heart is beating, the blood pressure is normal and respiration is occurring albeit the patient is on a ventilator. Each organ is cut out until finally the beating heart is stopped, a moment before removal.

It is well documented the heart rate and blood pressure go up when the incision is made. This is the very response the anesthesiologist often observes in everyday surgery when the anesthetic is insufficient. But, as stated above, **organ donors are not anesthetized.**

There are growing numbers of protesters among nurses and anesthesiologists, who react strongly to the movements of the supposed “corpse.” These movements are sometimes so violent it makes it impossible to continue the taking of organs. Resulting from their personal experiences and attestations, many in the medical profession have removed themselves from this program altogether and/or are having second thoughts about the donor being factually or truly dead.

**THE REQUEST  
TO FAMILY MEMBERS**

The federal government has been deeply involved in promoting vital organ transplantation. A federal mandate issued in 1998 states that physicians, nurses, chaplains, and other health care workers may not speak to a family of a potential organ donor without first obtaining approval from the regional organ retrieval system. Only a “designated requester” trained to approach family members is allowed to discuss the matter with them. Why? Because studies show that these “specialists” have greater success in obtaining permission. They are trained to “sell” the concept of organ donation, using emotionally-laden phrases such as “giving the gift of life,” “your loved one’s heart will live on in

someone else,” and other similar platitudes - all empty of true meaning. Don’t forget that the donation and transplant industry is a multibillion dollar enterprise. In 1996, Forbes Magazine ran an informative series on this issue, but as a rule it is difficult, if not impossible, to obtain solid financial data. One thing, however, is clear: donor families do not receive any monetary benefit from their “gift of life.”

In the midst of trauma and shock the anguishing family/loved ones of the patient are subjected to immense pressures by those seeking to obtain approval for taking the organs. Incapable of making a decision based on factual and sound information, “consent” is obtained through coercive measures. “No hope” for recovery is the first step in this process followed by the false declaration of death—“brain death.” Relatives are not only persuaded to “consent” and participate in organ donation, but also they are made to feel obligated. Fully “informed consent” is not part of the organ donation process.

The truth of the death of the organ donor, the gruesome facts of which are often not learned until after the procedure has been completed, leaves family members/loved ones isolated in their guilt, pain and horror. So popularized, “the gift of life” campaign has successfully excluded these suffering in their grief and deep remorse of having been deceived. The reality of having been forced to participate in making a decision, of which they were not fully informed or physically, mentally or emotionally capable, leaves the deceased’s family with the incredible burden of having given permission for something which they accepted as only good, but discovered too late that if the donor had been truly dead the heart and liver would not have been suitable for transplantation. Some cannot be consoled and are immersed in deep depression ever seeking to escape their intense heartache as the mere thought of the tortuous death of their loved one continuously haunts them. Left in utter despair, and complete solitude and chaos, peace is not