

Reference Document

"The Hour They Didn't Know We'd Watch"

Every Claim, Source, and Verification Status

How to Use This Document

Each entry identifies a specific factual claim made in the video, the source it is based on, where to verify it, and any notes on confidence level. Claims are organized in the order they appear in the video.

Verification levels:

PRIMARY — Sourced from court rulings, legislation, official Watchtower publications, peer-reviewed medical research, government/regulatory records, or the recorded presentation that is the subject of this video. Primary sources can stand on their own.

SECONDARY — Sourced from established advocacy or legal resource sites, academic researchers, professional medical organizations, or reputable investigative journalism. Secondary sources support claims and are most defensible when paired with a primary or another independent secondary.

SECTION 1: The Cold Open and the Presentation Itself

Claim: A panel of four Jehovah's Witnesses delivered a presentation titled "Medical Management of Jehovah's Witnesses" as the Cleage/Cleave U.L. Memorial Grand Rounds at Meharry Medical College on May 13, 2026, and the entire hour was recorded.

- **Source:** Direct recording of the presentation, in the creator's possession ("HLC Full.mp4"). All clips shown in the video are pulled verbatim from this recording.
- **URL:** [\(source recording, not publicly hosted\)](#)
- **Verification:** PRIMARY — The recorded event itself is the primary source. Every quote in the video can be checked by replaying the clip on screen.

Claim: The lead presenter, Ben Smallwood, introduces himself as a national Hospital Liaison Committee member, a nurse since 2008, and a minister in Nashville.

- **Source:** HLC Grand Rounds recording at Meharry Medical College, May 13, 2026
- **URL:** [\(source recording, played on screen\)](#)
- **Verification:** PRIMARY — Recorded statement, played in the video.

Claim: A baptized Jehovah's Witness who knowingly accepts a blood transfusion and does not repent faces a judicial committee, can be removed from the congregation, and is shunned by other Witnesses including family.

- **Source:** Muramoto O. "Bioethical aspects of the recent changes in the policy of refusal of blood by Jehovah's witnesses." *BMJ* 2001;322(7277):37–39.
- **URL:** <https://pubmed.ncbi.nlm.nih.gov/11141155/>
- **Verification:** PRIMARY — Peer-reviewed medical ethics literature in *BMJ*.
- **Note:** This is the foundational ethics paper documenting the disciplinary mechanism that enforces the blood-refusal doctrine.

Claim: A Jehovah's Witness who receives a blood transfusion against their will or unknowingly (e.g., while unconscious) is not disciplined by the congregation, while a Witness who knowingly chooses to accept blood is subject to removal and shunning.

- **Source:** Watch Tower publications collated and explained by the Centre for Practical Bioethics; corroborated in physician-ethicist commentary on the JW disciplinary process.
- **URL:** <https://www.practicalbioethics.org/religion-and-morality/the-case-of-jehovahs-witness-a-minor-requirement-blood-products/>
- **Verification:** SECONDARY — Bioethics center summary of the doctrine and its enforcement; the willing/unwilling distinction is well documented and widely reported in the medical-ethics literature.

SECTION 2: "Our Position" — Doctrine, Autonomy, and the DPA Card

Claim: The Watchtower doctrine forbids whole blood and the four primary components (red cells, white cells, platelets, plasma), but permits all fractions derived from those components, with the decision on fractions framed as a "personal decision."

- **Source:** *The Watchtower*, June 15, 2000, "Questions From Readers" — the article that opened all blood fractions to individual conscience.
- **URL:** <https://wol.jw.org/en/wol/d/r1/lp-e/2000444>
- **Verification:** PRIMARY — Official Watchtower publication on the fractions doctrine.

Claim: The Watchtower doctrine on blood has changed multiple times by Governing Body announcement, including: organ transplants forbidden in 1967 and permitted in 1980; vaccines condemned in 1921 and permitted in 1952; blood fractions opened to personal conscience in 2000; and a March 2026 announcement permitting storage and reuse of a Witness's own blood.

- **Source:** *The Watchtower*, November 15, 1967 (transplants forbidden); *The Watchtower*, March 15, 1980 (transplants permitted); *The Watchtower*, June 15, 2000 (fractions); JW.org "Governing Body Update" March 20, 2026 (autologous blood).
- **URL:** <https://wol.jw.org/en/wol/d/r1/lp-e/1967845>
- **Verification:** PRIMARY — Direct citations to the Watchtower publications themselves on wol.jw.org.

Claim: The JW Durable Power of Attorney card directs in its own language that no blood transfusion be given "even if necessary to preserve my life," and states that the patient gives no one — including their own appointed health care agent — any authority to disregard or override that instruction.

- **Source:** Standard JW Advance Medical Directive / Durable Power of Attorney card text, distributed in state-specific versions by the Watchtower Society.
- **URL:** <https://wol.jw.org/en/wol/d/r1/lp-e/1102004084>
- **Verification:** PRIMARY — Card text in the Watchtower's own publication.
 - **Key quote:** "I direct that NO transfusions of whole blood, red cells, white cells, platelets, or plasma be given me under any circumstances, even if health-care providers believe that such are necessary to preserve my life... I give no one (including my agent) any authority to disregard or override my instructions set forth herein."

Claim: The DPA card is not a private legal document a patient drew up with their own attorney — it is issued through the congregation, obtained through the local Kingdom Hall, and includes a matching version for the minor children of baptized members.

- **Source:** Migden DR. "The Jehovah's Witness Blood Refusal Card: Ethical and Medicolegal Considerations for Emergency Physicians." *Academic Emergency Medicine* 1998;5(8):815–824.
- **URL:** <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1553-2712.1998.tb02510.x>
- **Verification:** PRIMARY — Peer-reviewed analysis in *Academic Emergency Medicine* documenting how the cards are produced and distributed.

Claim: Whether the DPA card actually protects a clinician from civil or criminal liability is genuinely contested in the medical-legal literature — protection flows from state health-care-decisions acts, not from the card itself, and is the subject of published debate.

- **Source:** Migden DR (1998), *Academic Emergency Medicine*, cited above.
- **URL:** <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1553-2712.1998.tb02510.x>
- **Verification:** PRIMARY — Peer-reviewed analysis explicitly framing the liability question as unsettled and dependent on state law.

SECTION 3: "Strategies" — The Studies, the Survivor, the Inversion

Claim: Dr. Steven Frank directs a bloodless medicine program at Johns Hopkins, and his research finds that patients managed without transfusion can have outcomes similar to patients who receive transfusion — in elective, optimized, non-emergency settings.

- **Source:** Johns Hopkins Center for Bloodless Medicine and Surgery; Frank SM, et al., published research on bloodless surgical outcomes.
- **URL:** <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/bloodless-medicine-and-surgery>
- **Verification:** SECONDARY — Institutional documentation of Dr. Frank's program and published outcomes data.
- **Note:** The point in the video is not that Frank's research is wrong — it is that the panel applied a finding from elective, optimized surgery to blood refusal in general, including emergencies, where it does not hold.

Claim: A Whipple procedure (pancreaticoduodenectomy) with transfusion available has a mortality rate under 10 percent, and under 5 percent at high-volume experienced centers.

- **Source:** Multiple contemporary reviews and outcome studies of pancreaticoduodenectomy at high-volume cancer and academic centers.
- **URL:** <https://pubmed.ncbi.nlm.nih.gov/?term=pancreaticoduodenectomy+mortality+high+volume>
- **Verification:** PRIMARY — Established figure in modern surgical literature; American College of Surgeons and major cancer centers consistently report Whipple mortality at high-volume centers below 5%, with some series under 1%.

Claim: The Western Australia Patient Blood Management Program — the largest study of its kind in the world — was published in 2017, not 2021, and studied patients admitted to four major hospitals from July 2008 to June 2014.

- **Source:** Leahy MF, Hofmann A, Towler S, Trentino KM, et al. "Improved outcomes and reduced costs associated with a health-system-wide patient blood management program: a retrospective observational study in four major adult tertiary-care hospitals." *Transfusion* 2017 Jun;57(6):1347–1358.

- **URL:** <https://pubmed.ncbi.nlm.nih.gov/28150313/>
- **Verification:** PRIMARY — Peer-reviewed publication in *Transfusion*, the leading journal of transfusion medicine.
 - **Key quote:** "This was a retrospective study of 605,046 patients admitted to four major adult tertiary-care hospitals between July 2008 and June 2014."

Claim: Patient Blood Management (PBM) is not a no-blood program — it is a discipline for using blood more judiciously. The Western Australia study's outcomes were achieved at hospitals that continued to transfuse, just less wastefully.

- **Source:** Leahy et al. (2017), *Transfusion*, cited above; corroborated by Spahn DR, "Patient Blood Management: the new standard," *Transfusion* 2017;57(6):1325–1327 (editorial accompanying the Leahy paper).
- **URL:** <https://onlinelibrary.wiley.com/doi/10.1111/trf.14006>
- **Verification:** PRIMARY — Wiley publisher page for the Leahy study; the study itself and its accompanying editorial frame PBM as transfusion optimization, not abstention.

Claim: A landmark study led by Dr. Jeffrey Carson, published in *The Lancet* in 1996, found that surgical patients who declined blood and presented with a preoperative hemoglobin under 6 g/dL had approximately a one-in-three (33%) death rate.

- **Source:** Carson JL, Duff A, Poses RM, Berlin JA, Spence RK, Trout R, Noveck H, Strom BL. "Effect of anaemia and cardiovascular disease on surgical mortality and morbidity." *The Lancet* 1996 Oct 19;348(9034):1055–1060.
- **URL:** <https://pubmed.ncbi.nlm.nih.gov/8874456/>
- **Verification:** PRIMARY — Peer-reviewed publication in *The Lancet*, retrospective cohort of 1,958 adult surgical patients who declined transfusion for religious reasons.
- **Note:** Free full text is available at the Lancet/ScienceDirect Open Archive: <https://www.sciencedirect.com/science/article/pii/S0140673696043309>

Claim: The mortality risk at very low hemoglobin in patients who decline transfusion has been re-confirmed and updated by independent research groups for more than two decades — Carson 2002, Shander 2014, and Seeber 2024. The per-gram odds ratio for mortality has somewhat improved with modern Patient Blood Management technique but the dose-response between falling hemoglobin and rising mortality remains.

- **Source:** Carson JL, Noveck H, Berlin JA, Gould SA. "Mortality and morbidity in patients with very low postoperative Hb levels who decline blood transfusion." *Transfusion* 2002;42(7):812–818.
- **URL:** <https://pubmed.ncbi.nlm.nih.gov/12375651/>
- **Verification:** PRIMARY — Peer-reviewed update from the original Carson group.
- **Note:** Shander update (2014): Shander A, Javidroozi M, Naqvi S, et al. "An update on mortality and morbidity in patients with very low postoperative hemoglobin levels who decline blood transfusion (CME)." *Transfusion* 2014;54(10 Pt 2):2688–2695. <https://pubmed.ncbi.nlm.nih.gov/24527739/>
- **Note:** Most recent update (2024): Seeber P, Trentino KM, Murray K, Lucas M. "A further update on mortality and morbidity in patients with very low hemoglobin levels who decline blood transfusion." *Transfusion* 2024;64(7):1198–1206. doi:10.1111/trf.17867 — <https://onlinelibrary.wiley.com/doi/10.1111/trf.17867>

Claim: Survival is documented but exceedingly rare at hemoglobin levels of 1–2 g/dL; deaths in patients who decline transfusion cluster at hemoglobin levels at or below 5 g/dL, and below 2 g/dL mortality is very nearly uniform.

- **Source:** Spahn DR. "Anemia and patient blood management in hip and knee surgery: a systematic review of the literature." Plus the broader retrospective literature reviewed in the Carson, Shander, and Seeber update series.
- **URL:** <https://pubmed.ncbi.nlm.nih.gov/8874456/>
- **Verification:** PRIMARY — Established pattern across the Carson/Shander/Seeber line of research and corroborating retrospective reviews.

SECTION 4: "The Network" — The Number, the Website, the Sheet

Claim: Ben Smallwood states the Hospital Liaison Committee network includes more than 100,000 "cooperating clinicians," and concedes that "not every one of those clinicians are Jehovah's Witnesses" — without specifying the breakdown.

- **Source:** HLC Grand Rounds recording at Meharry Medical College, May 13, 2026
- **URL:** [\(source recording, played on screen\)](#)
- **Verification:** PRIMARY — Recorded statement, played in the video.

Claim: The website [jw.org/medical-library](http://www.jw.org/medical-library) is a section of [jw.org](http://www.jw.org), the official website of Jehovah's Witnesses. It is not a separate, independent clinical resource — it is a wing of the religious organization's own digital infrastructure.

- **Source:** JW.org Medical Library URL structure
- **URL:** <https://www.jw.org/en/medical-library/>
- **Verification:** PRIMARY — The URL itself establishes the subdirectory relationship.

Claim: The clinical strategy sheets the panel distributed to attendees carry the Watch Tower Bible and Tract Society of Pennsylvania copyright and are distributed by Hospital Information Services for Jehovah's Witnesses.

- **Source:** The strategy sheets themselves, in the conference packet distributed at the Meharry presentation (shown on screen in the video).
- **URL:** <https://www.jw.org/en/medical-library/strategies-managing-bleeding-anemia/>
- **Verification:** PRIMARY — Footer text on the strategy sheets is visible on screen during the relevant segment of the video; the sheets are also published on the JW.org medical-library subdomain.
 - **Key quote:** *"Distributed by Hospital Information Services for Jehovah's Witnesses — <http://www.jw.org/en/medical-library>"*

SECTION 5: The Q&A; — Minors, the Court Order, and Their Own Packet

Claim: There is no federal law in the United States that protects a physician in place of a court order when parents refuse life-saving blood for a minor. Medical neglect of a minor, parens patriae authority, and court orders authorizing treatment over parental refusal are all governed by state law, not federal law.

- **Source:** American College of Surgeons, "Recommendations for Surgeons Caring for Patients Who Are Jehovah's Witnesses."

- **URL:** <https://www.facs.org/about-accs/statements/recommendations-for-surgeons-caring-for-patients-who-a-re-jehovah-s-witnesses/>
- **Verification:** SECONDARY — Professional surgical society's official guidance; treats the question as governed by state courts and the doctrine of presumed consent in emergencies, not by any federal preemption.
 - **Key quote:** *"In cases where a transfusion is deemed medically necessary for a minor patient, and the child's life is in danger, courts will typically intervene over the religious objections of the parents."*

Claim: The Royal College of Surgeons of England document "Caring for Patients Who Refuse Blood" — distributed in the same packet handed to attendees at the Meharry presentation — states in its children's section that courts tend to be willing to overrule refusal of blood for a child, that the proper legal route is a court order ("Specific Issue Order" in the UK), and that a surgeon who allows a minor to die in circumstances where blood might have prevented it may be vulnerable to criminal prosecution.

- **Source:** Royal College of Surgeons of England, *Caring for Patients Who Refuse Blood: A Guide to Good Practice for the Surgical Management of Jehovah's Witnesses and Other Patients Who Decline Transfusion* (2016), Section D.2.2 "Children," page 12 of the document (page 43 of the conference packet).
- **URL:** <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/jehovahs-witnesses/>
- **Verification:** PRIMARY — Royal College of Surgeons of England official guidance, included verbatim in the conference packet shown on screen in the video.
 - **Key quote:** *"If a child needs blood in an emergency, despite the surgeon's best efforts to contain haemorrhage, it should be given. The surgeon who stands by and allows a 'minor' patient to die in circumstances where blood might have avoided death may be vulnerable to criminal prosecution."*

Claim: A panelist admits on the recording that the Watchtower organization "at least annually" discusses and reviews the doctrine on blood fractions and related questions.

- **Source:** HLC Grand Rounds recording at Meharry Medical College, May 13, 2026
- **URL:** [\(source recording, played on screen\)](#)
- **Verification:** PRIMARY — Recorded statement, played in the video.

SECTION 6: The Nephrologist and the Federal Quality-Metrics Bind

Claim: The Centers for Medicare & Medicaid Services (CMS) operates the Merit-based Incentive Payment System (MIPS), a federal program that adjusts Medicare reimbursement based on physician performance on quality measures. Failure to meet MIPS thresholds can result in a Medicare reimbursement reduction of up to 9 percent.

- **Source:** Centers for Medicare & Medicaid Services, Quality Payment Program (MIPS).
- **URL:** <https://qpp.cms.gov/mips/overview>
- **Verification:** PRIMARY — Official U.S. federal government program documentation.

Claim: Intravenous tissue plasminogen activator (tPA / alteplase) is the standard of care for acute ischemic stroke. It carries a real risk of symptomatic intracranial hemorrhage (approximately 2 to 7 percent), and outcomes are not guaranteed — but the benefit outweighs the risk for eligible patients, which is why it remains the recommended treatment.

- **Source:** American Heart Association / American Stroke Association guidelines on the early management of acute ischemic stroke; published reviews of tPA outcomes.
- **URL:** <https://www.ahajournals.org/doi/10.1161/STR.0000000000000211>
- **Verification:** PRIMARY — AHA/ASA professional clinical practice guidelines.
- **Note:** The nephrologist uses tPA as an analogy in his rebuttal to the panel: a treatment carries real risk, is not guaranteed to work, and is still the right call when it dramatically raises survival odds — exactly the structure that defeats the panel's "blood isn't 100% guaranteed" deflection.

SECTION 7: The "I'll See You in Court" Anecdote and the Closing Irony

Claim: An audience member at the recorded presentation tells the panel that decades earlier, when a resident ordered a type-and-cross (a precautionary blood compatibility test, not a transfusion) for a Jehovah's Witness patient, a physician aligned with the Hospital Liaison Committee came down to the floor and warned the resident, "if you give this patient blood I'll see you in court." The audience member tells the story warmly, as a tribute.

- **Source:** HLC Grand Rounds recording at Meharry Medical College, May 13, 2026
- **URL:** [\(source recording, played on screen\)](#)
- **Verification:** PRIMARY — Recorded statement, played in the video. The claim is reported as what the audience member said in the room — not as an independent factual assertion about what occurred decades ago.
- **Note:** This entry reports what was said in the recorded room, not what actually happened. The video does not assert the underlying threat as fact — it analyzes the disproportion between the trigger (a routine lab test) and the response, and the room's casual reception of the story, as evidence cutting against the panel's claim that the committee does not influence patient decisions.

Claim: The Cleage/Cleave U.L. Memorial Grand Rounds at Meharry Medical College is named after a Meharry-trained hematologist who is remembered, in part, for building one of the first organized blood banks in the United States at Meharry.

- **Source:** Meharry Medical College institutional history and Department of Medicine Grand Rounds program documentation.
- **URL:** <https://home.mmc.edu/>
- **Verification:** SECONDARY — Institutional memorialization of the honoree; the historical contributions of the named physician to early American blood banking are documented in Meharry's institutional records.

SECTION 8: Additional Supporting Sources

Beliaev AM, Marshall RJ, Gordon M, Smith W, Windsor JA. "Clinical benefits and cost-effectiveness of allogeneic red-blood-cell transfusion in severe symptomatic anaemia." *Vox Sanguinis* 2012;103:18–24.

- **Source:** Beliaev et al. (2012), *Vox Sanguinis*
- **URL:** <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1423-0410.2011.01573.x>
- **Verification:** PRIMARY — Multicenter observational matched-control study of Jehovah's Witness patients across four New Zealand public hospitals, 1998–2007. Methodologically stronger than earlier case-series

because it pairs refusers with comparable transfused patients.

- **Contains:** Mortality and outcome comparisons between Jehovah's Witness patients who refused transfusion and matched patients who received it.

Kitchens CS. "Are transfusions overrated? Surgical outcome of Jehovah's Witnesses." *American Journal of Medicine* 1993;94(2):117–119.

- **Source:** Kitchens (1993), *Am J Med*
- **URL:** <https://pubmed.ncbi.nlm.nih.gov/8430707/>
- **Verification:** PRIMARY — Pooled analysis of 16 published series of Witness patients undergoing surgery without transfusion, used by later bioethicists as the basis for death-rate estimates from the blood doctrine.
- **Contains:** Death rate from anemia (transfusion-preventable) of approximately 0.5%–1.5% across reviewed bloodless-surgery series.

Vaislic CD, Dalibon N, Ponzio O, et al. "Outcomes in cardiac surgery in 500 consecutive Jehovah's Witness patients: 21 year experience." *Journal of Cardiothoracic Surgery* 2012;7:95.

- **Source:** Vaislic et al. (2012), *J Cardiothorac Surg*
- **URL:** <https://cardiothoracicsurgery.biomedcentral.com/articles/10.1186/1749-8090-7-95>
- **Verification:** PRIMARY — Open-access publication; one of the largest single-center series of cardiac surgery in Jehovah's Witness patients, documenting the heavy preoperative optimization (including EPO to push hemoglobin above the normal range) required to achieve outcomes comparable to standard cardiac surgery.
- **Contains:** 21-year experience, 500 consecutive Witness cardiac surgery patients, the protocol used (extensive preoperative optimization), and outcomes.

Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School. "Pushing the Boundaries: Revisiting Transfusion of Blood Products in the Children of Jehovah's Witnesses." Bill of Health, September 11, 2012.

- **Source:** Petrie-Flom Center / Harvard Bill of Health
- **URL:** <https://petrieflom.law.harvard.edu/2012/09/11/pushing-the-boundaries-revisiting-transfusion-of-blood-products-in-the-children-of-jehovahs-witnesses/>
- **Verification:** SECONDARY — Harvard Law School health-law center analysis of the legal landscape governing parental refusal of blood transfusion for minors, confirming that this is state law operating under *parens patriae* authority.
- **Contains:** Legal analysis, case precedent including *In re E.G.*, 549 N.E.2d 322 (Ill. 1989), and the general framework of state court intervention to authorize treatment of minors over parental refusal.

Pediatric Orthopaedic Society of North America. "Pediatric and Adolescent Jehovah's Witnesses: Considerations for Safe and Ethical Orthopaedic Procedures." *Journal of the Pediatric Orthopaedic Society of North America* 2023.

- **Source:** POSNA
- **URL:** <https://www.jposna.org/index.php/jposna/article/view/534/491>
- **Verification:** SECONDARY — Pediatric orthopaedic professional society guidance; confirms that the legal framework for treating minors over parental refusal is state-court-based, that emergency intervention without consent is established law, and that courts "have consistently deemed that the state can intervene to protect children."
- **Contains:** Survey of the legal landscape for treating Jehovah's Witness minors who need blood, with case citations.