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Marchers denounce pregnancy bill

A bill aimed at thwarting the efforts of crisis pregnancy centers to help pregnant women was the focus of attention at the 29th Annual Maryland March for Life in Annapolis March 13.

Several hundred pro-lifers marched from St. Mary's Church on Duke of Gloucester Street to Lawyers Mall in front of the State House.

There, speakers denounced the bill, which would require crisis

See MARCH, page 3

Anti-life bill gets tough hearing

A bill that would cripple the operations of Maryland's crisis pregnancy centers (CPCs) got a rough reception at a Maryland Senate committee hearing March 5.

The 15 people who spoke in favor of the bill before the Senate Finance Committee were far outnumbered by the 50 who testified against it.

The opponents included CPC directors, attorneys and officials from national CPC support agencies, physicians, nurses, social workers, clergy, and clients who have been helped by the centers.

Senate Bill 690 (cross-filed with

House Bill 1146), titled "Limited Service Pregnancy Centers - Disclaimers," requires CPC personnel, on first contact with a client or potential client, to state that the center "is not required to provide factually accurate information to clients."

"The majority of clinics give some sort of disclaimer, but not on first contact. This legislation would require the disclaimer on first contact," Ariana Kelly told the committee.

Kelly is executive director of NARAL Pro-Choice Maryland, the

See HEARING, page 2

Abortion war roils 'Bleeding Kansas'

In its early days, violence over the slavery issue earned Kansas the nickname, "Bleeding Kansas."

Now, Kansas is bleeding again – this time over the abortion issue, and Phill Kline, district attorney for Johnson County, Kansas, is at the epicenter of the storm.

In an impassioned address at the Delaware Pro-Life Convention March 8, Kline outlined the principles that inspire him to continue to press criminal charges against Planned Parenthood, despite their all-out, ongoing smear campaign against him.

See KANSAS, page 6



Standing up for life

Among those testifying against the anti-crisis pregnancy center bill were (from left) Dr. Angela Lanfranchi, Jeanneane Maxon, Thomas Glessner and Family Research Council's Moira Gaul.

HEARING, from page 1

prime mover behind the bill.

NARAL used its January 14 report, "The Truth Revealed," detailing its recent undercover investigation of Maryland CPCs, as the basis for the legislation.

The 22 NARAL volunteers who posed as clients at 11 of Maryland's 42 CPCs "were told a lot of factually inaccurate information," State Sen. Richard Madaleno (D., Montgomery Co.), one of the bill's sponsors, testified.

He charged that the centers "are designed to push people in one direction."

"They all have an anti-abortion, and generally anti-birth control mission," agreed Kelly, arguing that potential clients have a right to know that up front.

But because the centers' pregnancy tests and counseling are free of charge, the centers are not subject to consumer protection laws, she said.

The "misinformation and confusion" dispensed by the CPCs "would not be tolerated in other medical treatment facilities," said Kelly.

"A few centers advertise as medical facilities," Melissa Kleider, a co-author of the NARAL investigation report, testified.

"But the doctors and nurses are part-time, and the centers are operated by volunteers at other times.

"Women seeking services at these centers deserve to know their limitations up front."

Audrey Gottheimer, one of several NARAL undercover volunteers who testified, said that at the first pregnancy center she went to, when she said she wanted an abortion, "The counselor told me I was making a terrible decision for me and my baby."

Another center "used threatening

and coercive tactics," she alleged.

There, a male counselor "locked the door. He told me that because I had a history of breast cancer, if I had an abortion, I would definitely get breast cancer and definitely die.

"My experiences [at the CPCs] were absolutely terrifying," said Gottheimer. "The crisis pregnancy centers are clearly exploiting these young women."

Several people who spoke in opposition to the bill questioned its legality.

Kim Daniels, an attorney with the

'The unsubstantiated testimony of 11 people is no basis for legislation.'

Thomas More Law Center, said that the bill violates First Amendment free speech rights because it "creates compelled speech."

Further, she said, "It doesn't cover all abortion-related centers, only those that have a certain view on abortion."

Anne O'Connor, general counsel for the National Institute of Family and Life Advocates (NIFLA), agreed.

"Senate Bill 690 mandates compelled speech or forced speech," she testified. "It is clearly unconstitutional; it only invites a constitutional challenge."

Thomas Glessner, president of NIFLA and an attorney, concurred that if the law were passed, "it would be enjoined immediately in court."

He further pointed out that the 14 pregnancy centers that operate as medical clinics in Maryland meet the definition of a medical clinic: a facility that provides medical services under the supervision of a licensed

medical physician.

"The bill is totally contrary to the rules of ethics in the medical profession," Glessner charged.

"*Planned Parenthood v. Casey*, in 1992, stated that men and women of good will can disagree on abortion.

"Yet, if adopted, Senate Bill 690 would clearly penalize obstetricians who refuse to refer for abortion."

Jeanneane Maxon, general counsel for Care Net, a national umbrella agency for pregnancy centers that has 14 affiliates in Maryland, stated that the reports made by NARAL were not comprehensive.

"They were made by an abortion-advocate organization; they do not reflect interactions with real clients," said Maxon.

"Care Net centers are required to provide honest and open answers to their clients and give pregnancy tests according to their state and local laws, and disclaimers on their forms.

"This bill is nothing more than an inaccurate portrayal of pregnancy centers."

Jenny Dixon, director of the Care Net Pregnancy Center in Frederick, testified, "We have a proven track record. For 25 years we have filled a unique and needed gap in pregnancy services."

Moreover, said Dixon, "The unsubstantiated testimony of 11 people is no basis for legislation."

State Sen. Thomas Middleton (D., Charles Co.), the committee chairman, commented at one point in the hearing, "I'm very familiar with our pregnancy centers and the work they do.

"They utilize a lot of our state programs. I know there are some centers that do a very professional job."

Testimony by Kelly Jennings,

See BILL, page 4

MARCH, from page 1

pregnancy center personnel to warn clients or potential clients that the center is not required to provide factually accurate information.

“This bill is a mean-spirited attack on nonprofits that provide a needed service for pregnant women,” said Nancy Paltell, the Maryland Catholic Conference’s respect life associate director.

“Can you imagine what a chilling effect this bill would have on women who call a pregnancy center for help?”

The bill was filed on the basis of reports from women that NARAL Pro-Choice Maryland sent to pregnancy centers, she said.

“They put together a report that’s hearsay, anecdote and diatribe – basically, a rant against pregnancy centers.”

About \$13 million in taxes go to abortion services every year in Maryland, but none go to helping women in crisis pregnancies, Paltell pointed out.

“No state agency provides crisis pregnancy counseling; that has to be provided by nonprofits.”

Paltell urged pro-lifers to contact their state legislators on the bill.

“The bill is called Limited Service Pregnancy Centers. I guess they’re called ‘limited service’ because they don’t provide abortions,” State Sen. Andy Harris observed dryly.

“The good news is, I believe we have the votes to stop this bill if it comes out on the floor.”

Prayers help, but that’s not enough, said Harris. He urged the marchers to work to elect “enough senators and delegates who won’t even *think* of voting for a bill that would stop pregnancy centers from helping women.”



Pro-Lifers march down Duke of Gloucester Street toward the State House.

“I’m one of the many women in Maryland helped by a crisis pregnancy center,” said speaker Kristen Cline.

Eight years ago, when she moved to Maryland at the age of 19, she found herself pregnant and with nowhere to live.

The Gabriel Network gave her a home, emotional support, and transportation to her new job.

“Without these services, I would probably have gone the way of abortion,” she said.

“We pray for the gift of perseverance,” said Msgr. James Farmer, pastor of St. Ursula’s Church in Parkville, who gave the invocation.

Some have been coming to the march in Annapolis for 29 years and may feel discouraged. But Communism lasted for 70 years, and slavery for 350 years, he pointed out.

“We have fought many battles. We have many more to fight. Look at the goals, not at the trials,” he urged.

“We pray for our elected officials who are not yet aware of the

truth. We pray that our politicians will be more concerned with judgment day than with election day.”

Archbishop Edwin O’Brien, who presided at the Mass at St. Mary’s before the march, recalled in his sermon that on October 1 he had made a pledge.

“I said that here in the Archdiocese of Baltimore, no one has to have an abortion: come to the Catholic Church – let us walk with you in your time of trouble.

“Thank-you for helping to put these words into action by your March for Life this night.”

After the march, attorney Steve Peroutka provided a buffet dinner for the marchers at St. Mary’s Hall.

**HEAR
STEVE
PEROUTKA**



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BILL, from page 2

CEO of the Catherine Foundation Pregnancy Care Center in Waldorf, affirmed the interaction between CPCs and other community groups.

“We are on the referral lists of numerous community agencies, including Planned Parenthood of Waldorf,” said Jennings.

Ed Riley, an Anne Arundel County councilman who serves on the advisory board for the Bowie Crofton-Severna Park Pregnancy Center, cautioned that the bill may have unintended consequences.

“There are very professional people who volunteer there, such as my wife, who is a registered nurse,” he testified.

“The unintended consequence would be that professional people would have to lie when they say they are not providing accurate information.”

Dr. Angela Lanfranchi sharply disputed NARAL’s contention that the CPCs are wrong in telling clients that abortion increases the risk of

breast cancer.

Lanfranchi testified that as a breast surgery specialist who has seen a lot of young women with breast cancer, she has reviewed the literature on breast cancer.

“The NARAL report incorrectly states that there is a consensus that there is no abortion-breast cancer link. There *is* an abortion-breast cancer link! Women deserve this information.”

‘Never has coercion or duplicity been part of our mission.’

Beverly Walling, a volunteer counselor at Shady Grove Pregnancy Center in Gaithersburg, was one of many witnesses who contested NARAL’s allegations that the CPCs provide inaccurate or false information.

“The training I received [at Shady Grove] was of the highest quality,” said Walling, a former registered nurse.

“Never has coercion or duplicity been part of our mission.”

Perhaps the most poignant testimony came from several young women who said they had found help at CPCs during a crisis pregnancy.

“Several years ago, I was a drug user and became pregnant,” Jenny Van Sant told the committee.

The abortion clinic she went to offered her no options but abortion, she said.

After her abortion, she increased her drug use and became pregnant again.

“My mother made an appointment for me at the Bowie Crofton Center. It was warm and welcoming. My counselor discussed abortion and adoption. I was given an ultrasound. The choice was mine.”

This time Jenny carried her baby.

As a result of the help received at pregnancy centers, “My son and I and so many lives have been saved,” she said.

A hearing on the companion bill to SB 690, HB 1146, was held before the Health and Government Operations Committee March 14.

As of April 4, both bills remained stalled in their respective committees.

“We’re cautiously optimistic,” said Cathy McLeod, legislative liaison for Maryland Right to Life, who helped organize opposition to the bills.

McLeod noted that several deadlines for the passage of bills had passed, including “Crossover Day,” March 24, the day when all proposed legislation must have passed each respective house to guarantee a hearing in the opposing chamber.

“But these are ‘soft’ deadlines,” she cautioned. “We still want to be vigilant.”

The bills could still be voted on up until the end of the General Assembly session on April 7, she explained.



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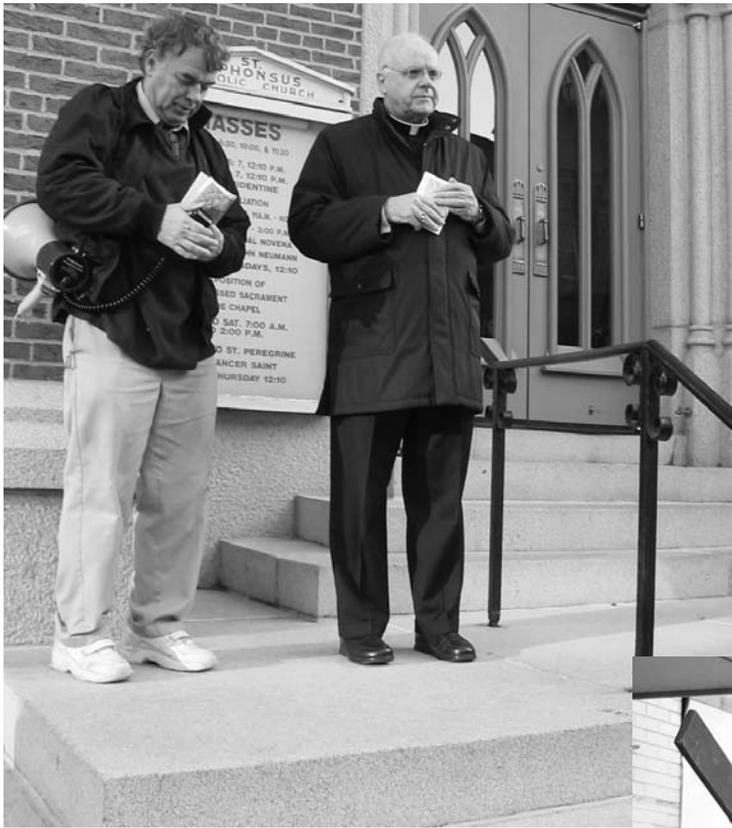
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Pro-lifers pray Way of the Cross

Archbishop Edwin O'Brien led several hundred Catholics in praying the Stations of the Cross in Baltimore on Good Friday, starting at St. Alphonse Church and walking to Planned Parenthood on Howard Street, where they prayed the Sorrowful Mysteries of the Rosary.

Above, Archbishop O'Brien, with Defend Life Director Jack Ames, stands on the steps of St. Alphonse Church as the marchers assemble; right, cross-bearers lead the march down Howard Street; below, many marchers kneel as Archbishop O'Brien leads the final Station of the Cross across from Planned Parenthood.



KANSAS, from page 1

In our system of law, said Kline, “We presume that *all* people have value, even the one charged with the crime. We presume a defendant to be innocent, and we have a Bill of Rights to defend these rights.”

Yet today, he said, there is no trial for the unborn except for the cultural prick of our conscience.

The very first point of attack where evil tries to separate us from our Creator is to question the truth of God’s word.

“Why does evil feel the need to attack truth first? Because truth is the foundation of all relationships,” Kline asserted.

“What is law, if not rooted in truth?”

In 2003, shortly after he was elected Attorney General of Kansas, Kline launched an investigation into instances of child rape, failure to report child rape, and illegal late-term abortion.

The investigation centered on Johnson County Planned Parenthood of Kansas and Mid-Missouri, and on Wichita late-term abortionist George Tiller.

He learned that every year in Kansas, about 75 children have abortions, some as young as 10.

“That’s proof of statutory rape,” said Kline. “But on average, only two were being reported as victims of abuse, even though there’s a mandatory reporting law.”

Using subpoenaed medical records, Kline uncovered evidence that seemed to prove that Planned Parenthood had willfully neglected to report instances of child statutory rape, had forged their viability reports, and had performed illegal late-term abortions.

Kansas has a restrictive law against late-term abortions; they are allowed only in cases of severe abnormality.

“But George Tiller defined ‘severe



Phill Kline is pressing criminal charges against Planned Parenthood in Kansas.

abnormality’ as cleft palate, Down syndrome, and twins,” he said.

Kline charged Tiller with 30 crimes.

In his running four-year battle with Tiller and Planned Parenthood, which went twice to the Kansas Supreme Court, his opponents’ lawyers relied on procedural ploys to delay and squelch the cases.

All the while, Planned Parenthood ran a nasty smear campaign against Kline, abetted by the mainstream media, both local and national.

The *New York Times* called him “an anti-abortion zealot who gained national notoriety by misusing his office to further his ideology.”

“I was trying to enforce the law against an industry that does not recognize the truth,” Kline observed.

“If there is no truth, no God, you define your own truth, and you have power and politicians and money.”

In the 2006 election for attorney general, Planned Parenthood and Tiller poured over \$2 million into the

campaign coffers of his opponent, Democrat Paul Morrison, then-district attorney for Johnson County.

Morrison promised to end Kline’s investigation of abortion clinics.

The smear campaign won over voters. Morrison defeated Kline.

The charges against Tiller were ultimately dismissed by a judge.

But in an ironic twist of fate, Kline was handed the opportunity to continue his prosecution of charges against Planned Parenthood.

In December 2006 Johnson County Republican Precinct committee persons appointed him to fill out the remaining two years of Morrison’s term as Johnson County district attorney.

Last fall, in his new post, Kline filed 107 felony and misdemeanor counts against comprehensive Health of Planned Parenthood of Kansas and Mid-Missouri.

They are charged with providing illegal late-term abortions in 2003 and of forging, falsifying and failing to maintain abortion-related records.

If convicted on all counts, the corporation faces more than \$2.5 million in potential fines.

The preliminary hearing of this case was set for April 6 and 7.

“I anticipate that Planned Parenthood will do one thing – delay, delay, delay – or try to harm me professionally,” said Kline.

If he gets a conviction, they will appeal all the way to the Supreme Court, he predicted – and for good reason.

“If Planned Parenthood is found in violation of these laws, they could lose \$350 million a year in federal funding.”

To questions from the audience on how to duplicate Kline’s legal actions in their own state, he advised, “You’re not just dealing with abortion law, you’re dealing with child protec-

See KLINE, page 15

Ob-gyn shows abortion-premature birth link

The American College of Obstetricians and Gynecologists is in a state of denial when it comes to admitting there is a link between abortion and premature births.

But Dr. Byron Calhoun isn't.

"I'm in maternal-fetal medicine; I do high-risk obstetrics every day, all day. And one of the things I began to see years ago was an increase, or at least a leveling, of pre-term births," he told his audience at the Delaware Pro-Life Convention in Claymont, Del., March 8.

Dr. Calhoun couldn't figure out what was happening because, he said, improved health care should be reducing the number of pre-term births.

"But we're not doing better, and the reason, I believe, is because of induced abortion."

Of the 3 million to 4 million births a year in the U.S., 6 percent, or 180,000 to 240,000, are pre-term, Calhoun noted.

Of these, 1 percent are extremely early premature babies, that is, less than 28 weeks and weighing 1,500 grams (3.3 pounds) or less.

These are the babies at highest risk for severe problems, including cerebral palsy, deafness and blindness.

"Why do we have pre-term births? If you take a natural function and do unnatural things to it, bad stuff usually happens," the doctor observed.

Surgical abortion requires cervical dilation which, if not done properly, is very traumatic to the cervix. Abortion can also increase the risk of premature rupture of membranes, another cause of premature birth.

Also, Calhoun noted, "Abortion clinics don't do cultures and they aren't very sterile; veterinary clinics are more regulated than abortion clinics in all 50 states."

In 2003 Dr. Calhoun and researcher



Studies show that abortion increases the risk of premature birth, says Dr. Byron Calhoun.

Brent Rooney did a literature review of 49 studies in English from all over the world.

Their paper, "Induced Abortion and Risk of Later Premature Births," was published in the *Journal of American Physicians and Surgeons*.

Of the 49 studies reviewed, 42 found an increased risk of pre-term birth with abortion. The seven that didn't show an increase also didn't show a decrease.

Those seven studies "were small studies, poorly done, in my opinion, but because we wanted to tell the truth, we included them in our review," said Calhoun.

"We had an open letter to anyone who would like to dispute our findings, but we did not get any replies."

Of the studies reviewed, one of the largest was a 1993 Australian study of 250,000 women by Dr. Judith Lumley, using data-based, linked records.

"Every medical encounter was recorded and verified; there was no recall bias," Calhoun noted.

"Dr. Lumley found that if you had one induced abortion, your risk for pre-term delivery was 70 percent higher, and more than two abortions, a 300 percent higher risk for extremely pre-term

delivery."

The majority of the Australian abortions were done with the minimally invasive vacuum aspiration procedure, not the more invasive dilation and curettage.

"Even with vacuum aspiration abortion, which supposedly doesn't cause any problems, the risk is still higher. So much for 'minimally invasive' abortion," Calhoun commented.

A 2007 study compared surgical abortions with medical abortions, which are considered the safer of the two.

"Their conclusion was that medical abortions are as safe as surgical abortions, which are not safe at all – the pre-term delivery rates don't change," said Calhoun.

Health care and government officials need to know that abortion is contributing to the high hospital costs of pre-term deliveries, he said.

Hospital costs for a full-term baby are \$8,000-\$9,000. For low birth-weight babies, it's about \$40,000.

"But it costs \$280,000 to \$350,000 on average just to get a baby out of the hospital who was born below 28 weeks," said Calhoun.

As the pre-term delivery rate goes up and pre-term babies suffer damage, the cost of malpractice insurance for ob/gyns continues to skyrocket.

"It costs me \$120,000 a year for malpractice insurance," Dr. Calhoun pointed out.

"When you talk to legislators, you need to say, instead of paying for abortions, you should be spending money on providing better services for pregnant women and on supporting families," he advised.

"And women need to know, before they have an abortion, that it will increase their problems in subsequent child-bearing."

Byrne tracks brain death/organ donation connection

If you're "brain dead," are you really dead?

The answer is no, says Dr. Paul Byrne.

Byrne, who has authored several books and articles in medical journals on the subject, said in a lecture at the Delaware Pro-Life Convention March 8 that the concept of "brain death" was concocted to justify and facilitate vital organ removal.

Prior to 1968 a person was considered dead only when breathing and the heart stopped, he explained.

But in the 1950s and '60s, surgeons developed the ability to transplant vital organs. The medical community then faced a moral and legal quandary: vital organs must be taken from a living body, but removal of those vital organs would cause death.

In 1968 a committee at Harvard Medical School came up with a new definition of death.

They decided that when certain criteria were fulfilled – for example, no response, an "irreversible" coma, and the need for a ventilator to support breathing – the patient could be declared "brain dead."

Their new criteria, reported in a 1968 article in the *Journal of the American Medical Association*, were produced without any patient studies or data, said Byrne.

"By 1978, more than 30 sets of different criteria for death had been published. Today there are many more, and each set becomes more lenient!"

In the matter of determining death, we must have a physical certitude, the doctor insisted.

But the difference between a

dead body and a "brain dead" body is tremendous.

A dead body is cold, stiff, and unresponsive. There is no heartbeat, no body functions, no breathing, no movement. A ventilator does not and can not resuscitate the person.



Dr. Paul Byrne chats with a pro-lifer after his talk on the brain death/organ donation link.

But someone declared "brain dead" has a beating heart, normal color, temperature and blood pressure.

"He has spontaneous jerks of the limbs and muscle tone," said Byrne.

"When the doctor makes incisions to remove vital organs, he finds he must use anesthesia or other drugs to control the person's muscle spasms and other bodily responses."

A pregnant woman who is "brain dead" from an injury "gets a little more protection than the rest of us," he noted.

There are numerous instances of such women who, with proper care of them continued for days, weeks, or even months, deliver a normal,

healthy baby.

"Only a living mother can produce a baby," Byrne declared.

Comas due to brain injury are not always irreversible, he pointed out.

"After a head injury the brain becomes very quiet; it's called a stunned brain. But the vitality is still present in the suppressed nervous tissue. The brain is resting.

"You have to help the patient, not look at him like a warehouse of organs."

Dr. Byrne showed slides of a former patient of his named Joseph, who in 1975, at the age of 16, suffered a severe head injury and was taken to the trauma center.

An electroencephalogram (EEG) was interpreted as "consistent with cerebral death."

"Six hours after the injury, they told his parents he was brain dead," said Byrne.

But Dr. Byrne did not turn off the ventilator; instead, he continued treatment.

After six weeks on the ventilator, Joseph recovered. He is now married, the father of two children, and works as a paramedic.

"The physician-patient relationship is a special relationship," said the doctor. "All we can do is protect and preserve life – postpone death.

"If anything a doctor, nurse, or anyone does, does not protect and preserve life, they should not do it."

Dr. Byrne had harsh words for the apnea test, which is given to brain-injured persons whose breathing is being maintained by a ventilator, and is part of the procedures

Father fights for disabled daughter's life

On February 5, 2007, Lauren Richardson gave birth to a healthy baby girl at Christiana Hospital in Delaware. The baby's name is Ember Grace.

But Lauren has not been able to hold baby Ember or nurse her or change her.

Lauren had struggled with drug abuse in the past, but had been clean for 10 months.

Then, on August 28, 2006, she overdosed on heroin. She suffered severe brain damage due to oxygen deprivation.

Lauren's parents, Randy Richardson and Edith Towers, knew she wanted to give birth to her child. They agreed to continue medical treatment until the baby was born.

After Ember's birth, Lauren was taken off a ventilator and tracheostomy. To the surprise of her doctors, she began breathing on her own.

At this point, Lauren's parents, who are divorced, parted paths on her treatment and filed cross-petitions for guardianship.

Mrs. Towers wanted to stop Lauren's tube feeding, which would lead to her death, believing she would not want to live in that condition.

Mr. Richardson wanted to take his daughter home and continue ordinary care for her, including tube feeding, basic medications and cleanliness.

On January 28 a court awarded guardianship to Lauren's mother.

Richardson has appealed the ruling by Delaware Court of Chancery Master Sam Glasscock III, putting any action on hold until the ruling is reviewed.

In the meantime, 23-year-old Lauren remains at The Arbors, a nursing facility in New Castle, Del.

"Lauren is still improving each

month," says Richardson.

"But it would help if she could receive therapy. She has such a great possibility to improve, but her mother and the court system will not permit it."

In his January 24 decision, Glasscock wrote that the medical evidence presented in court showed that Lauren was not in a coma, but in "a persistent vegetative state," was unable to communicate, and that no improvement in her condition could be expected.

In late January Richardson and



LAUREN RICHARDSON

the Delaware Pro-Life Coalition released a video, taken recently at The Arbors, in which Lauren appears to be responding to family members and a dog.

A court restraining order on February 4 has forbidden him to further distribute any photos or videotapes of his daughter taken after she suffered the brain injury.

The term, "persistent vegetative state," coined in 1972, has been described as "one of the most devastating diagnoses that patients and their families face" by Dr. Lawrence Huntoon, a practicing neurologist and editor-in-chief of the *Journal of Ameri-*

can Physicians and Surgeons.

"Unfortunately, misdiagnosis is all too common," wrote Huntoon: various studies report rates of misdiagnosis of from 18 to 43 percent.

In a February 18 *Washington Times* editorial, Bobby Schindler noted the similarity between Lauren's situation and that of his sister Terri Schiavo, who, also brain-damaged and diagnosed as in a persistent vegetative state, died of court-ordered starvation and dehydration in 2005.

The Catholic Diocese of Wilmington has released a statement strongly supporting Lauren's right to life and opposing any actions taken to end it.

"[E]uthanasia, starvation and dehydration are never right for anyone," the statement reads: "Nor are they an entirely private matter.

"Society has a vested interest in actions that cause the deaths of other humans, and as a society we need to cherish the gift of life, every life, and not find reasons to cause death."

Lauren's father believes that with therapy, Lauren may be able to learn to eat without a tube and continue to improve.

While he awaits the court's ruling on his appeal, he says, "We will continue to work with Lauren and pray for this cruelty to end."

For more information on Lauren, see www.lifeforlauren.org.



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Compassion is key to end-of-life care, says Cimino

Fr. Charles Federico met Dr. James Cimino for the first time when, in his first year as a Jesuit, the priest was assigned to Calvary Hospital in Bronx, New York.

While he was standing near the nurses' station, a patient in the last stages of cancer, who was also suffering from Alzheimer's, began yelling frantically, calling out to the Angel Gabriel.

Then Dr. Cimino came walking down the hall.

"He talked to her, and she calmed down," recalled Federico. "When he walked away, she was smiling.

"I knew this man loved what he does."

The moderator of Loyola College's pro-life group, Loyola Alive, told the story at the college February 27 to introduce Dr. Cimino's lecture on palliative care in the Catholic tradition.

"When a patient is suffering at the end of life, we need a clear

understanding of what is right and wrong," said Dr. Cimino; "remember, just because things are legal doesn't mean they're ethical.

"I have just one basic standard of care: we as Catholics believe that ordinary means of care – those that have a reasonable chance of helping the patient and are not overly burdensome – are obligatory."

The issue is the burden to the patient, *not* the burden to society.

The issue is the burden to the patient, *not* the burden to society, he emphasized. "That is what I have always followed."

We are not obligated to use extraordinary means, he said. But, he added, in his many years in medicine, he has seen what were considered extraordinary means become ordinary means.

"I was involved in the early days

of dialysis," he noted, referring to his part in helping develop the fistula-needle technique for Hemodialysis in the early 1960s.

Regarding euthanasia and suicide, Dr. Cimino pointed out that the patient who asks that his life be terminated because of suffering is actually crying out for help.

"It's very rare for a patient to have to suffer at the end of life," he said. "We have the capacity to relieve suffering, even if it's only by hand-holding."

Dr. Cimino has his medical students read *The Death of Ivan Ilich*. What frustrated Tolstoy's dying protagonist, he explained, was not his physical suffering so much as the lack of compassion from his family and acquaintances.

A 1990 study in *The New England Journal of Medicine* analyzing all suicide deaths in the previous year in Monroe County, New York, found that only one person had terminal cancer.

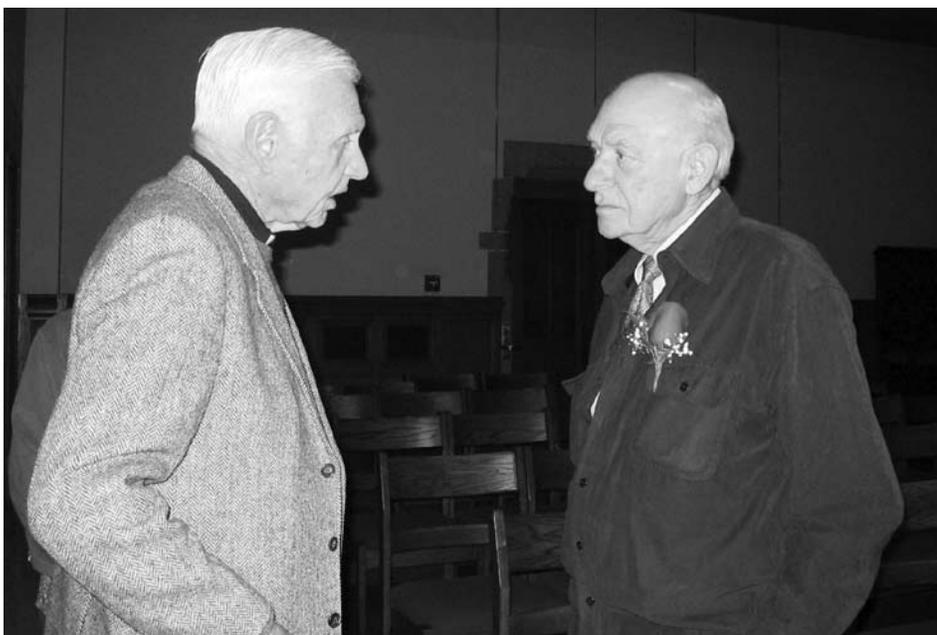
Virtually all of the victims, however, were suffering from depression or psychosis, both of which are treatable conditions.

"So a case can be made that there is no such thing as rational suicide," said Dr. Cimino.

As Catholics, we are against euthanasia and suicide based on our belief in the sanctity of life, he said.

But for those who don't believe in it, he offers these additional reasons:

- The instinct of self-preservation is universal.
- Many people who think they want to die change their



Dr. James Cimino (right) discusses palliative care issues with Fr. Jim Salmon, S.J., after his lecture at Loyola.

Pastor Robinson: We must sound the alarm

In Georgia, the same week that “mercy-killer” Jack Kevorkian was released from jail, a pro-life truck was impounded and the driver arrested for showing the truth about abortion.

In 2000, the public learned that the going rate for an unborn baby’s brain was \$999.

In Maryland, a woman was recently arrested for aborting her own baby.

“Her crime was leaving out the middle-man,” Pastor Luke Robinson told the Delaware Pro-Life Convention in his keynote speech March 8.

Pastor Robinson cited these examples as evidence that we’re living in a crazy world.

“We exalt foolishness; lies and deception are the laws of the land. We are living in a time that is totally opposed to the truth,” he declared.

The sin of abortion is at the root of much of our nation’s problems, said Pastor Robinson.

“Abortion is doing more than killing babies and hurting women; it’s destroying our nation.”

The African-American community is already devastated by abortion, he said.

“We hear that African-Americans are 12 percent of the population, but they have 30 percent of the abortions – but it’s higher than that.”

God’s standards of right and wrong don’t change: *we* need to change, said Robinson.

“We are compelled to sound the alarm and proclaim the truth to a dying nation.”

The pastor noted that as part of that effort, he was scheduled to



Abortion is destroying our nation, and we must sound the alarm, says Pastor Luke Robinson.

testify on March 14 at a Maryland House committee hearing against a bill that would compel crisis pregnancy center personnel to tell clients that the information they were giving them was not required to be factually accurate.

Turning to the national political scene, he noted that the three major presidential candidates do not offer much hope for the nation’s future.

“Barack Obama is an eloquent speaker, but he is eloquently and morally wrong.

“Hillary Clinton talks about her experience; but where her experience relates to women, it is wrong.”

As for the trustworthiness of the ostensibly pro-life Republican candidate, John McCain, “Bless his heart – you gotta keep *both* eyes on him!” he joked.

We have no choice but to speak out against abortion now, because soon, hate crime laws and hate crime *thought* laws will not allow

the truth to be told, he said.

“In Montgomery County, Maryland, they have passed a law that you can go into any bathroom: even if you’re a man, if you *feel* like a woman, you can go into the women’s bathroom.

“Soon, we will not be able to speak out against this foolishness.”

Time is growing short, the pastor warned.

“The spilled blood of innocent children is too much for a holy God to hold back judgment much longer.”

Pastor Robinson, who is pastor of the Quinn Chapel African Methodist Episcopal Church in Frederick, Md., was a keynote speaker at the Annual March for Life in Washington, D.C. on January 22.

He has also spoken at Defend Life’s Face the Truth tours, and was a speaker at a Maryland-D.C. 40 Days for Life kick-off rally in September.

Pro-Life Training Program Series

They're all out to get us!

By Janet Baker

The anti-life mentality is both paranoid and pessimistic.

The paranoia seems to be a deliberately assumed persona. Anti-lifers cannot exist with credibility in the eyes of their adherents without instilling in them a myriad of fears – fears for which, they allege, they hold solutions.

If no real threats exist, well, that's no problem. Anti-lifers will simply fabricate a few bogus "threats" to keep their followers mentally dependent upon them for salvation.

Probably the most well-known of these bogus threats was the one brought to light by Bernard Nathanson, the early pro-abortion leader who underwent a dramatic conversion to Catholicism and the pro-life position.

Nathanson was one of the founders of the National Abortion Rights Action League (NARAL). He related that in the early days of abortion advocacy, he and his co-conspirators deliberately inflated the number of women's deaths due to "back alley" and "hanger" abortions, from the actual number – a handful – to thousands. That lie persists to this day.

Other anti-life groups also excel at fear-mongering. In Montgomery County the effort to put the recently passed Gender Identity bill on the ballot is bad-mouthed as a threat to the very lives of folks who consider themselves "transgendered."

All we want is a vote on whether our rights to basic safety will be upheld. The whining, sniveling and sob stories on their blogs are sights to behold.

Animal rights and environmentalist groups are yet another genre of anti-lifers who utilize paranoia for their fundraising. Several years ago, one of them came to my

door to solicit donations. I asked him what their position on abortion was.

"Even if you consider man to be nothing more than an animal, then at least that human animal deserves the same rights as other animals," I told him. That seemed logical to me. Well, silly me! He replied, "Humans have to die off to give other species a fighting chance." I told him in no uncertain terms why I wouldn't give him a penny.

Thus, anti-lifers deliberately instill fear and panic to produce hasty and ill-considered actions. The last thing they want is normal discourse; should that happen, the lunacy of their positions would become evident and their positions soundly rejected.

They rationalize their haste and lack of information by "the urgency of the situation." In short, they want to yank our chains so that we'll jump when they instruct us to do so.

As Bernard Nathanson revealed from his own insider's experience, anti-lifers do lie and exaggerate. We must not be diffident about questioning them, even if this makes their propensity to lie very apparent. We, at times, have been too restrained in this fashion. Lives are at stake, though, so the restraint on our part has been very ill-advised.

I remember one amusing incident. In front of an abortion mill, one of the deathscorts asked to see a flyer. She then questioned the statistics in it. I said that she could research the footnotes and sources cited in the back of the flyer.

She rather huffily retorted, "Why should I? They're all lies!" I replied that she might have a point, since all the sources were Planned Parenthood documents. Well, what could she say after that? Needless to say, she wasn't nearly as amused as I was!

To some extent, though, they must believe their paranoid rhetoric, as they are a very pessimistic lot. In *I Corinthians 15*, Paul describes their problem quite well. They have no belief in God and no real belief in the afterlife. Thus, the phrase that Paul cites, "Eat, drink and be merry, for tomorrow you die," is their unconscious (and sometimes their realized) philosophy.

Of course, they are impelled to remove all obstacles to their mode of life, such as children, family, morality. However, they still remain unhappy and bitter; just go out to an abortuary where there are deathscorts. Observe them, and you'll see the ravages of their anti-life mentalities.

Do pray for them; they are children of God and are restless for Him, even if they hate to admit it.

Coupled with these characteristics is their low self-esteem and lack of reasoning ability. We'll look at these in future installments.

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Md. Catholics helped bring religious freedom to U.S.

Few Americans realize the debt we owe to the Catholic founders of Maryland for the part they played in the establishment of religious freedom in our nation, says a Loyola College professor.

In a March 7 talk before the Catholic Evidence League in Baltimore, Dr. Carol Abromaitis traced the planting of the seeds of religious freedom in Maryland to their flowering in the First Amendment to the Constitution.

Pivotal to the story is the striking figure of George Calvert.

Calvert, the son of a prosperous Yorkshire cattle farmer, was educated at Oxford and, on the strength of his abilities and personable character, rose to become secretary of state and a member of the king's Privy Council.

Then, in spite of the ongoing, virulent persecution of Catholics in the reigns of Queen Elizabeth and James I, Calvert became a Catholic.

Rather than take the Oath of Supremacy, required of Catholics, swear-

ing allegiance to the king as the head of the Church of England, Calvert resigned from office and surrendered his large estates.

"It was painful to be a loyal subject to the English king and at the same time, a loyal Catholic," said Dr. Abromaitis.

The dying King James, recognizing Calvert's courage and integrity, restored his land to him and elevated him to the Irish peerage as Lord Baltimore.

In the meantime, Calvert had been looking to the New World as a place where he and other English Catholics might practice their religion freely.

"The penal laws in England forbade Catholics from owning any property, going to the university, or even going to Mass," said Abromaitis.

"Calvert wanted a place where Catholics could do all those things."

Calvert originally wanted to set-

tle in Virginia, but the Virginia colony was very anti-Catholic.

Instead, in 1622 he acquired a grant of the island of Newfoundland.

Calvert negotiated for a charter that was later a model for his charter of Maryland.

He established a proprietary colony, or a palatinate – a semi-independent form of government, used in the Middle Ages, in which authority was vested in a family, but a local assembly would give "advice and consent" to the laws drawn up by the proprietor.

So, observed Abromaitis, "From the wreck of his career as a prominent public official, he emerged as a prominent Catholic capitalist."

Two trips to the Newfoundland colony, named Avalon, convinced Calvert that the island's frigid climate was no place for a prosperous settlement.

Looking for a warmer climate, he sailed up the Chesapeake and saw the lands of his future colony of Maryland.

With the advice of two Jesuit priests, Fr. Henry More, grandson of St. Thomas More, and Fr. Andrew White, Calvert drew up the Maryland charter.

Granted by King Charles I, the charter established an assembly of freemen whose laws did not need the approval of king or parliament.

The charter recognized the right of self-government and representative democracy, and opened the door wide for religious liberty.

George Calvert died in 1632, never having set foot in his Maryland colony, and the torch passed to his son Cecil, the second Lord Baltimore.

Like his father, Cecil never got to Maryland. He sent his brother Leon-



Maryland's Catholic founders were the first to practice religious toleration in America, says Dr. Carol Abromaitis (right), here with Catholic Evidence League member Kathleen Shimkaveg.

ard in his stead, remaining in England to defend his Catholic colony against its many Protestant enemies.

“Maryland was never intended to be an exclusively Catholic colony; it was an unprecedented venture in religious toleration,” said Abromaitis.

“Cecil Calvert’s instructions to his younger brother in their voyage to Maryland were to be careful to observe peace among all the settlers, and to treat the Protestants with justice.”

On March 25, 1635, the *Ark* and the *Dove* landed at St. Clement’s Island.

There, Fr. Andrew White offered Mass, and the settlers planted a large cross they made from a tree.

Relations with the Indians were friendly. The settlers paid for the land of St. Mary’s City with farming implements.

“Father White called for equality for all, including non-Christians,” said Abromaitis.

An oath of religious toleration in 1639 and the Religious Toleration Act of 1649 provided religious freedom for all who believed in Jesus Christ.

In actual practice, however, Jews were given religious freedom and the

rights of citizens.

The ascendancy of the Puritan party in England had temporary repercussions in Maryland.

In 1644 Captain Richard Ingle, posing as the champion of the Protestant cause against the papists, landed his ship at St. Mary’s.

For two years, until he was driven out, he pillaged and plundered the Catholic settlers. He sent Father White and another Jesuit missionary, Fr. Thomas Copley, back to England in chains to face a charge of treason (they were eventually acquitted).

The Protestant Revolution of 1688 in England brought the rule of the Catholic Lords Baltimore to an end in Maryland.

An act in 1702 made the Church of England the established church in Maryland.

“England’s penal laws were imposed,” said Abromaitis. “Catholics were no longer allowed to own property, vote, or hold public religious services.”

A 1704 law prohibited any “popish” priest from baptizing, saying Mass, or keeping a school.

The crowning “thumb-in-the-eye” was the moving of the capital from the

very Catholic-sounding St. Mary’s City to Annapolis.

“The Catholics were the sole victims of religious intolerance in Maryland,” said Abromaitis.

Despite this intolerance, members of Maryland’s prominent Catholic Carroll family played an important role in the American Revolution and the creation of a new form of government.

Charles Carroll of Carrollton, his cousin, Bishop John Carroll, and John’s elder brother, Daniel Carroll, were all instrumental in the writing and passage of the First Amendment, which guarantees religious freedom.

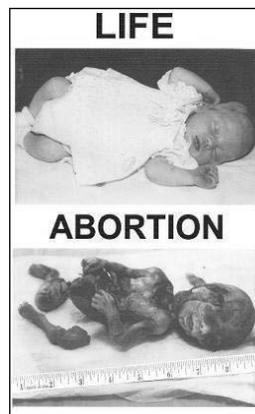
“The First Amendment was the most notable addition to the Constitution,” commented Abromaitis. “It echoes Leonard Calvert’s Act of Toleration.”

She deplored the fact that when the Freedom Train traveled across the United States in the 1940s, bearing many of the documents important to our nation’s history, Maryland’s Charter of Toleration was not among them.

“I consider it really sad that more of this history is not taught in Catholic schools,” she added.

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KLINE, from page 6

tion law.

“You already have reports on STDs in the Health Department, including ages.

“Take a look at these records and see if they’re following the law. You can bring this data to bear and start publicizing it.”

Abortion today is the most protected right in America, more than speech or religion, he noted.

“Abortion, in its essence, is sin. As with all sin, the sin of abortion begins with a lie: it’s not really a child.

“Every hearing I have in a court of law, I try to get out the truth. The truth has power. Try to develop a strategy that is multi-faceted and reveals the truth.”

The Kansas pro-life movement is discouraged and beaten down right now, Kline admitted; “They have assaulted the pro-life movement viciously.

“Planned Parenthood has a 25-year plan – but we are the people of eternal perspective.

“So don’t let election results or poll numbers disturb the peace of the promise of victory that we have.”

As for himself, he said, “God sometimes speaks to me in a whisper, but mostly it’s by a 2-by-4 up side the head.

“I’ve been humbled into having no choice but to do what I know is right.”

CARE, from page 10

minds.

- Evidence indicates that the desire for suicide is due to a treatable abnormality (depression or psychosis).
- Patients are vulnerable to abuse due to outside encouragement, the absence of an advocate, or lack of capacity.

Addressing the difficult issue of the patient’s autonomy – does he have the right to make decisions regarding what care he receives – “Most people would say, ‘Yes, of course,’” said Cimino.

“But some decisions cannot be made exclusively by patients.”

For one thing, studies have shown that very ill patients have a seriously diminished capacity for decision-making.

As a basic principle in guiding treatment, one should always try to honor the wishes of his patient, Dr. Cimino advised.

But when an intervention is not achieving the intended goal, or the burden to the patient outweighs its benefits, it should be terminated.

“We need to treat patients with dignity and a sense of their worth,” he concluded.

Dr. Cimino is the founder and former director of the Palliative Care Institute at Calvary Hospital.

He is acknowledged for defining and articulating the philosophy of nonabandonment that is an integral part of Calvary Hospital’s program.

He remains a Palliative Care Institute consultant as well as a clinical professor of medicine at New York Medical College.

Dr. Cimino’s lecture, attended by over a hundred students and guests, was the second in a two-part series sponsored by Loyola Alive.

The first lecture, by Bishop Samuel Aquila of Fargo, North Dakota, in November, focused on issues surrounding abortion.

Members of Loyola Alive attended the March for Life in Washington, D.C., in January.

The group also holds monthly small group lectures, followed by discussions, on various pro-life issues.

BYRNE, from page 8

for declaring a person “brain dead.”

On the apnea test, the ventilator is stopped for up to 10 minutes. The person must prove he can breathe without the ventilator, Byrne explained.

But doing the apnea test makes the brain swell and can cause a severe drop in blood pressure; it always makes the patient worse, he said.

“Say *no* to the apnea test. It’s no benefit to the patient,” he advised.

Hospitals today are very impersonal, he said.

“They are no longer controlled by doctors or nuns; they are controlled by insurance companies or administrators.

“A heart is worth about \$1 million to a hospital. The driving force to declare a patient brain dead, if he is aged 16 to 25, is to get his organs.”

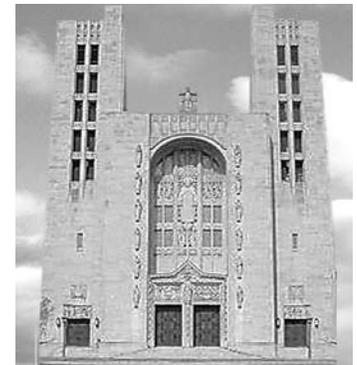
Agreeing to be an organ donor is giving doctors license to take our life prematurely, warned Byrne.

“We want to live long enough for God’s mercy. We don’t want anyone to hasten our death, even for a ‘good’ purpose.”

Dr. Byrne is a neonatologist and Director of neonatology at St. Charles Mercy Hospital in Oregon, Ohio. He is also a clinical professor of Pediatrics at Medical University of Ohio.

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