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NIH doubles funding for humanized BLT mouse research

By Diane Levero

Mice implanted with aborted baby parts have become twice as popular as they were a few years ago, judging by National Institutes of Health funding.

“Humanized” BLT mice are mice implanted with cells and tissue from aborted babies, usually of 16- to 24-weeks’ gestation.

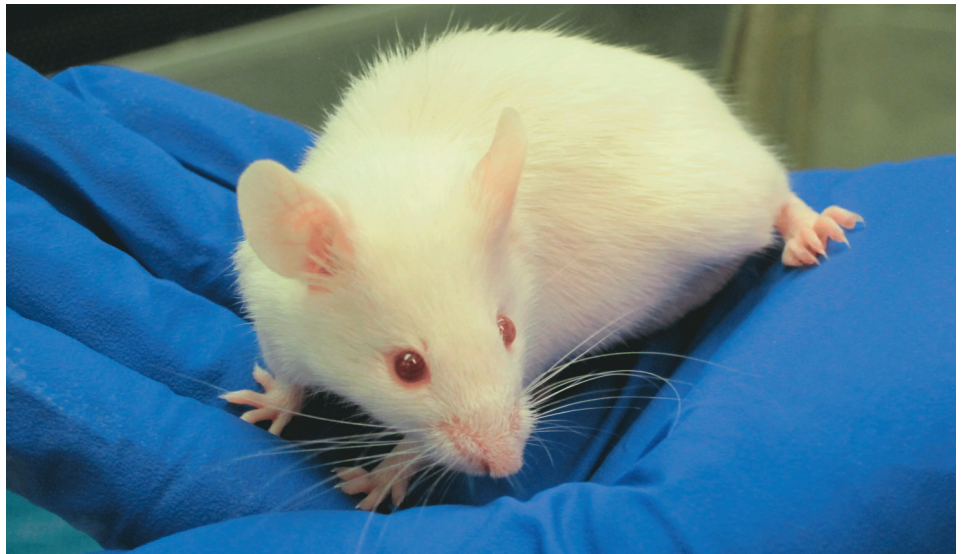
“BLT” stands for human fetal bone marrow, liver and thymus, the body parts generally excised from the aborted baby to create the BLT mouse.

In fiscal years 2008 through 2010 the NIH funded 31 research projects involving the use or creation of humanized BLT mice, costing taxpayers \$12.8 million.

One Johns Hopkins University project, led by researcher Justin Hanes, received NIH funding for a BLT mice-related project during all three years for a total of \$939,565 (see “Hopkins researchers use mouse/aborted baby parts combo,” *Defend Life*, March-April 2011).

In the ensuing fiscal years 2011 through 2013, the NIH gave JHU \$923,376 more for Hanes’ project—doubling its total funding to over \$1.8 million.

Hanes’ experience was typical. From 2011-2013, NIH funded 67 BLT mice-related research projects



Deadly combination

The humanized BLT mouse above has been engrafted with tissues and cells from an aborted baby for use in medical research. Aborted babies used to create BLT mice generally range from 16- to 24 weeks’ gestation. Below, an aborted baby of 24 weeks’ gestation.



totaling \$29 million—more than doubling both the number and cost of such projects in the previous three years.

Projects target HIV

Virtually all of the humanized BLT mice projects funded by NIH from FY 2008-2013—97 out of 98—involve preventing, treating, or finding a cure for HIV.

HIV—Human Immunodeficiency Virus—is a virus infection transmitted mainly through vaginal, oral and anal sex, as well as blood transfusion and contaminated hypodermic needles.

Without treatment, the HIV infection will progress, and in the vast majority of cases, eventually develop into AIDS (Acquired Immunodeficiency Syndrome).

The development of numerous infections in an AIDS patient can ultimately lead to death.

Worldwide, according to UNAIDS, most HIV infections are transmitted heterosexually.

But in the United States, the majority of new HIV infections—63%—are transmitted by male-to-male sexual contact, with heterosexual contact trailing at 22%, according to Centers for Disease Control estimates for 2010, the most recent year that data are available.

Make ‘em yourself mice

Beginning in FY 2009, NIH expanded its funding for Harvard University’s Small Animal Containment Facility—which basically housed and took care of small animals for research—to include making its own humanized BLT mice.

The mice are created at its “Site

A” at Massachusetts General Hospital, to be used for experiments performed at Harvard’s hospital site or at its existing animal containment facility.

This expansion, explains project leader Ruth Reprecht, is “due to the outstanding progress and important developments in the field of chimeric mouse models reconstituted with human immune systems and cells.”



Professor Todd Allen heads an NIH-funded project using BLT mice implanted with parts from aborted babies of 17- to 19 weeks’ gestational age.

From 2009-2013, Harvard’s Small Animal Containment project has received over \$1.7 million in funding.

Making your own BLT mouse models is popular with other researchers as well.

Project leader Janice Endsley of the University of Texas, for example, reporting on an NIH-funded BLT project in a medical journal in 2013, explained, “We routinely engraft 35 to 40 mice with human fetal tissues from an individual donor for various studies by members of our

collaborative group,” adding, however, “For most experiments, we use humanized mice produced from different donors to compensate for individual variations.”

The “donors” referred to are, of course, the aborted babies. No details are given on them.

Shrouded in secrecy

Both the researchers and suppliers of humanized BLT mice are extremely close-mouthed about their sources for, or any other details concerning the “fetal material” needed to make a BLT mouse.

Researchers using human fetal tissue of any kind will go to great lengths to obfuscate the fact that they are using tissue from aborted babies.

They rarely, if ever, use the words “abortion” or “aborted fetus”—this, despite the fact that abortions are virtually their only source for human fetuses.

As Drs. Niranjan Bhattacharya and Phillip Stubblefield explain in *Human Fetal Tissue Transplantation*, “To find an ectopic [pregnancy] with a formed fetus is a rare event, and most miscarriages are anembryonic or represent fetal death of several weeks.”

The typical researcher, reporting on an NIH-funded project in a medical journal, will go into mind-bending detail regarding every aspect of the project. But when it comes to the fetal material involved, or the mysterious “donor” who supplied it, details are almost non-existent.

Research project leader Todd Allen and his colleagues pulled back the curtain a little, however, in their account of a project given a \$2.5 million NIH grant to Massa-

chusetts General Hospital in 2013, “Optimizing Human B and T Cell Vaccines against HIV Using Humanized BLT mice.”

In an article in the October 21, 2013, issue of *PLOS ONE* (an online research science journal), Allen’s research group noted that they used NOD/SCID mice, provided by Jackson Laboratories, to make the BLT mice at Harvard’s Massachusetts General Hospital site.

They reported implanting fragments of human fetal thymus and liver under the mice’s kidney capsules from fetuses of 17- to 19 weeks’ gestation, supplied by Advanced Bioscience Resources of Alameda, California.

Two separate “human fetal donors” (aborted second-trimester babies) were used to generate the BLT mice in this study, they said.

Researchers ‘held their breath’

The use of aborted baby parts for medical research “has gone up dramatically” since Life Dynamics broke the shocking story in 1999, Mark Crutcher, the pro-life group’s president, told *Defend Life* in a recent phone interview.

Crutcher had gone to the U.S. Congress with documentation of the buying and selling of aborted baby parts, and in 2000, lawmakers called for a congressional hearing. But key witnesses failed to appear, another witness proved unreliable, and the matter was dropped.

“When we revealed this information, the people who were doing this research [using tissue from aborted babies] held their breath—and nothing happened,” Crutcher recalled.

So the relieved researchers went full speed ahead with their baby parts projects, he said.



The use of aborted baby parts for medical research has gone up dramatically, says Life Dynamics President Mark Crutcher.

“In the first few years after we released this stuff, we got calls from people who worked for these companies and research institutions saying, ‘My company is involved with this!’” he said.

“Before we went public with our material, we went to a certain senator,” said Crutcher.

“He told us, ‘You’re never going to get anywhere with this for two reasons: the Democrats are in bed with the people who are *selling* this material, and the Republicans are in bed with the people who are *buying* it.’”

In spite of the senator’s dire predictions, Life Dynamics went ahead with their exposé—but not all at once.

“First we released information about the companies selling the baby parts. We had Republicans burning down the phone lines, wanting to talk to us! The senators themselves, not just one of their aides, were calling us.”

Then they released the names of the bio-tech companies, the research institutions, and the pharmaceuti-

cal companies that were buying the baby parts.

“Suddenly, nobody was interested any more. That senator had predicted exactly what happened,” said Crutcher.

Republican Senator Orrin Hatch of Utah, for example, “had wanted to get on board with us at first—until we revealed that the University of Utah was buying the baby parts for research. Suddenly, he was nowhere to be found.”

‘Snake-pit’ of corruption

The use of aborted baby parts is growing despite the fact that all of the actual cures have come through research using adult stem cells or cells from umbilical cord blood or placental blood, said Crutcher.

Why?

“This is not about medical research; this is about abortion justification,” was Crutcher’s harsh assessment.

“You’ll never get any statistics on how widespread the use of aborted baby parts is,” he predicted.

Years of observing the operations of the Centers for Disease Control has convinced him of this.

“The CDC is a snake-pit of political corruption; they’re tied to the abortion lobby,” he charged.

“I outlined this in my book, *Lime 5*. They’re the most thoroughly politically corrupt agency I’ve seen.

“They do the same thing with any health-related issue that has a political aspect to it.”

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Supremes take a pass on Ariz. abortion ban—but stay tuned!

**By Mailee Smith, Staff Counsel
Americans United for Life**

The U.S. Supreme Court has not reviewed the constitutionality of abortion regulations since 2007, when it upheld the federal partial-birth abortion prohibition.

The lull has caused people on both sides of the abortion issue to wonder—what case will the Court take next?

And so it was with bated breath that we awaited the Court's decision on whether it would grant cert in *Horne v. Isaacson*, a challenge to Arizona's limitation on abortion at/after 20 weeks of pregnancy.

While a federal district court in Arizona had upheld the law, the Ninth Circuit later enjoined it on appeal, ruling that the law was unconstitutional.

Enacted in 2012, the Arizona law was based on the fact that the risk of harm from abortion to the mother significantly increases as gestation increases (as well as on the medical evidence that an unborn baby will feel pain by 5 months).

In fact, we know that a woman at 20 weeks' gestation is 35 times more likely to die from abortion than she was in the first trimester. At 21 weeks or more, she is 91 times more likely to die from abortion than she was in the first trimester.

In other words, women's lives are protected when later-term abortion is limited.

Unfortunately, on January 13, the U.S. Supreme Court decided not to grant review of the Arizona law.

While this means that the Court will not be re-evaluating *Roe* (yet) and that the Arizona statute remains enjoined, it is not the death knell for

20-week abortion limitations, nor does it mean that the Supreme Court is not poised to soon rule on an abortion regulation. The pro-life movement should remain hopeful.

First, the Supreme Court's action—or lack thereof—does not mean that the Court has weighed in on the issue of 20-week limitations. We did not have a final decision from the Supreme Court. It simply decided not to review such limitations at this time.

Further, the Court's denial of cert in *Isaacson* was not a total surprise.

One of the elements the Court weighs in deciding whether or not

The next blockbuster case challenging *Roe v. Wade* may be just around the corner.

to review a case is whether the lower federal appellate courts have disagreed on a case or an issue. In regard to 20-week abortion limitations, only one federal appellate court—the Ninth Circuit—has ruled.

In fact, the only other federal court challenge to a 20-week law is in Idaho, which is in the Ninth Circuit. Without a disagreement between Circuits, it is less likely that the Supreme Court will take any case, let alone a case involving so politically and emotionally charged an issue as abortion.

Along that line, it appears to be a strategic move by the abortion industry to not challenge laws in states that fall outside of the Ninth Circuit.

Laws prohibiting abortion at 20 weeks based on maternal health and/or the pain felt by the unborn baby remain in effect in Alabama, Arkansas, Indiana, Kansas, Louisiana, Nebraska, North Dakota, Ohio, Oklahoma, and Texas—states located in Circuits that are arguably less “liberal” than the Ninth Circuit.

Abortion advocates may view challenging laws in those states as a risky move that might spur a Circuit split, resulting in an eventual Supreme Court review.

In addition, a denial in *Isaacson* does not mean that the Supreme Court will never review a 20-week law.

It was not until 30 states enacted partial-birth abortion bans that the Supreme Court granted review in *Stenberg v. Carhart*, the case in which it invalidated Nebraska's partial-birth abortion ban. And even then, the Court's ruling in *Stenberg* was not its final decision on partial-birth abortion; that did not come until 2007, when the Court upheld the federal ban in *Gonzales v. Carhart*.

And finally, we must remember that *Roe v. Wade* can be undermined—or overruled—when the Court reviews *any* abortion regulation. It does not require a limitation like Arizona's 20-week law for the Court to take action that will improve the legal landscape for the protection of life.

The landmark case decided between *Roe* (1972) and *Gonzales* (2007)—*Planned Parenthood v. Casey* (1992)—did not involve a ban on abortion, but various provisions in Pennsylvania law that regulated abortion, such as informed

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Book Review

Toss them in the Ganges—or put them to good use?

By Diane Levero

In the preface to *Human Fetal Tissue Transplantation*, co-editors Niranjan Bhattacharya and Phillip Stubblefield do some number crunching.

Let's see: of the approximately 205 million pregnancies that occur worldwide each year, over a third are unintended, resulting in the abortion of about one-fifth of all pregnancies annually.

That means there are about 42 million abortions a year, 20 million of which are done in unsafe circumstances.

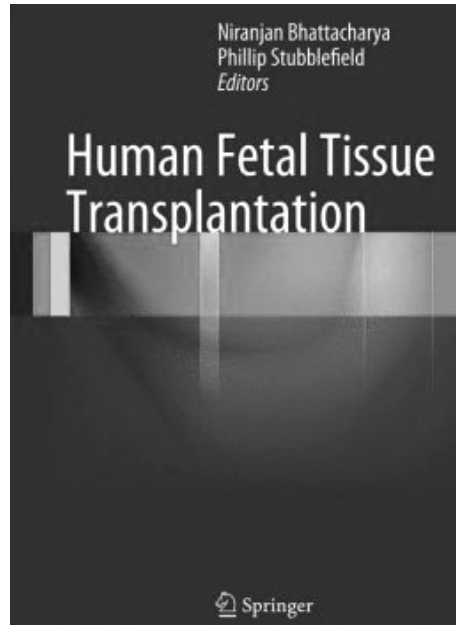
The remaining 22 million “safely” (their designation) aborted fetuses are normally incinerated, buried, or thrown in the river, the editors note.

Surgically aborted human fetal tissue may some day provide the means of treating and possibly curing serious diseases, the two maintain.

But, they bemoan, “Western countries, which have the funds and facilities to carry out more research in this area, are bogged down by ethical concerns.”

New treatments are sometimes resisted on grounds of religion; “but if it does not harm society, and on the contrary, cures particularly difficult diseases, the question is, should rational science be rejected by non-scientific irrationality?” they argue.

“We leave it to the judgment of the reader to decide whether the surgically aborted fetus should be thrown into a holy river like the Ganges for the eternal bliss of the



unborn, or just cremated or incinerated—as a waste that will be of no use to anyone—or should it be donated so that it and its contents can help some poor suffering patients overcome intractable diseases like Parkinsonism, myopathy, motor neurone disease, Alzheimer's, cardiomyopathy, and cirrhosis of the liver.”

With these thoughts in mind, Bhattacharya and Stubblefield have assembled articles by medical experts and researchers from research institutions across the nation and around the world to “showcase the cutting-edge modern research” and update the “sea changes” that have taken place in regenerative medicine, using human fetal tissue transplants, in the last two decades.

Dr. Bhattacharya, who heads the Department of Regenerative Medicine and Translational Science, Calcutta School of Tropical Medicine, Kolkata, India, has done consider-

able research himself in the area of human fetal tissue transplantation.

A dozen of the chapters describing such research projects are written or co-written by him.

Dr. Stubblefield, a graduate of Harvard Medical School, is an Emeritus Professor of Obstetrics and Gynecology at Boston University School of Medicine and a practicing ob/gyn in Boston.

During his ob/gyn residency at Boston Hospital for Women, he took part in research with prostaglandins for abortion. He also served as director of abortion services at the hospital.

Dr. Stubblefield has been a board member and board president for both the Planned Parenthood League of Massachusetts and the National Abortion Federation.

Their book, published in 2013, is written as a medical textbook, and much of the terminology and discussion of research projects will challenge the understanding of the reader with no medical background (such as this writer).

But the average reader will be able to grasp the editors' chief assertions:

- Promising medical research and successful clinical trials *have* been made using human embryonic stem cells and fetal tissue. More success is on the way.
- Despite advances in the use of umbilical cord blood, adult stem cells and other alternative sources for stem cells and tissues, there is no rational reason to stop the use of aborted

babies as a means of regenerative medicine.

Pro-lifers have welcomed recent successful medical treatments for disease and injury using stem cells from cord blood, placenta, and adult stem cells rather than tissue and stem cells from aborted babies.

In all fairness, *Transplantation* does acknowledge and discuss the possibilities of treatments using these alternative sources.

Its writers do compare the advantages and drawbacks of each source of regenerative material. They admit, for example, that one danger in transplanting fetal cell tissue is its tendency to grow tumors.

One contributing writer to *Transplantation* is Alfredo Quiñones-Hinojosa, director of the Brain Tumor Stem Cell Research Laboratory at Johns Hopkins University School of Medicine.

Defend Life has documented a number of instances over the years of the use of aborted baby parts by Hopkins researchers.

Dr. Quiñones' chapter, however, is simply a review of the history, risks, and the possible future of pituitary stem cell transplants. (His account of Dr. Harvey Cushing's transplantation of a pituitary gland from a stillborn infant to an adult male at Hopkins in 1912 is fascinating.)

Quiñones' only mention of the use of human fetal tissue for pituitary transplants is a brief speculation of their possible use in the future.

Other writers report qualified successes with human fetal cell transplants.

Jean-Louis Touraine, M.D., Ph.D., of the Department of Transplantation and Clinical Immunology, Claude Bernard Univer-

sity, Lyon, France, for example, describes the successful transplantation of fetal liver and thymus to treat children with severe combined immunodeficiency (SCID).

The ages of the fetal donors ranged from 7 to 12.5 weeks post-fertilization.

Dr. Bhattacharya's reports on human fetal tissue transplants are sometimes poignant.

One gets the impression that due to the appalling poverty in much of India, volunteers for high-risk operations are plentiful, as the wretched sufferers are glad to get *any* sort of medical attention.

***Transplantation* cites Jesus' parable of the Good Samaritan as grounds for using aborted baby parts to heal the sick.**

One of Bhattacharya's reports describes a transplant program for diabetic patients using whole pancreases from first-trimester aborted babies of 9 to 12 weeks' gestation.

Sixteen volunteer diabetic patients—11 male, 5 female, ranging in age from 39 to 72 years—took part.

They reported to the government hospital for free treatment with poor general condition, uncontrolled diabetes, emaciation, and gangrene of the leg.

Vivid color photos show the patients' horrifying open leg wounds, one crawling with maggots.

These were very poor patients who could not afford regular insulin treatment or follow the diet and lifestyle necessary to control diabetes, Bhattacharya explains.

Noting specific marked improvements in the patients' condition after the transplants, Bhattacharya suggests that human fetal pancreatic transplantation actually reverses the process of degeneration and complications associated with diabetes.

Despite the editors' adamant championing of human fetal tissue transplants, it is clear in discussions by the contributing writers themselves that ethical alternatives for research and treatment are making substantial inroads in the medical community.

Nonetheless, in the last chapter, Stubblefield and Sanjukta Banerji Bhattacharya, Ph.D., Department of International Relations, Jadavpur University, Kolkata, India (editor Bhattacharya's wife), make a final, lengthy, passionate pitch for the use of human fetal transplant tissue.

Catholic pro-lifers will not be happy to see the two dredge up Cardinal Joseph Bernadin's "seamless garment" argument as support for their cause: If you oppose abortion, then you'd better be ready to provide amenities and a decent quality of life for "the teeming millions that will be born" as a result of your stance, they sneer.

All pro-life Christians will be appalled at their use of Jesus' parable of the Good Samaritan, which, they say, implies "kindness and care for those suffering from disease" as grounds for using aborted baby parts to heal the sick.

Their plea ends with a quote from Confucius: "To see what is right and not to do it is want of courage."

Exactly.

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10 things Merck would rather you didn't know about Gardasil

By Missy Smith

Gardasil, a vaccine approved by the Food and Drug Administration in 2006, is the only human papillomavirus (HPV) vaccine that helps protect women against four types of HPV, according to its manufacturer, Merck & Company.

In girls and women ages 9 to 26, they claim, it helps protect against two types of HPV that cause about 75% of cervical cancer cases.

The Centers for Disease Control's Advisory Committee on Immunization Practices recommends a routine three-dose vaccination, given over six months, for girls ages 11 and 12.

They also recommend the vaccine for girls and women ages 13 through 26 who have not yet been vaccinated or have not received all three doses.

Merck, the FDA and the CDC minimize the side effects of Gardasil. But reputable researchers



Merck markets Gardasil as a 'cervical cancer vaccine' because it can prevent several types of sexually transmitted HPV infections that cause most cases of cervical cancer.

and experts on the vaccine have reported disturbing data and studies that Merck would rather you didn't know about.

Here are 10 of them.

1. Researchers have documented cases of young women indicating that Gardasil vaccinations triggered their deaths.

Twenty-one-year-old Christina Tarsell of Sparks, Md., was a rising senior in Studio Arts and Philosophy at Bard College when, suddenly and unexpectedly, she was found dead in her bed on June 23, 2008.

She had received her third dose of Gardasil only days before her death.

An autopsy report said the cause of her death was undetermined. But after an extensive investigation, medical experts concluded that Christina died from an adverse reaction to the HPV vaccine.¹

At the 2009 American Neurological Association meeting in Baltimore, Md., a researcher described the case of a 14-year-old girl who died of an auto-immune initiated motor neuron disease after receiving Gardasil.

The researcher cited the case as evidence of potential risks from the vaccine.²

Approximately 56 million doses of HPV4 (Gardasil) were distributed in the United States from June 2006 through March 2013.

During that time, the Vaccine Adverse Event Reporting System (VAERS), operated by the FDA and the CDC, received 21,194 adverse event reports occurring after receipt of HPV4; 92.1% were classified as nonserious.

"Safety monitoring data continue to indicate that HPV4 is safe," a 2013 CDC report concluded. It made no mention of any deaths.

But on record as of January 31, 2010, Adverse Events Following Injections (AEFI) included 49 deaths.³

In 2011, in response to a Freedom of Information Act request by Judicial Watch, the FDA reported 26 new deaths in patients receiving Gardasil injections between September 2010 and September 2011.

2. Certain Serious Adverse Reactions related to HPV vaccinations are not mentioned in CDC's 2013 report.



Christina Tarsell died suddenly and inexplicably several days after her third dose of Gardasil.

“Among the 7.9 percent of HPV4-related VAERS reports classified as serious,” says the CDC report, “headache, nausea, vomiting, fatigue, dizziness, syncope [fainting], and generalized weakness *were the most frequently reported symptoms*” [Italics added].⁴

But independent scientific reports have linked HPV vaccination with serious adverse reactions that include (in addition to death) amyotrophic lateral sclerosis (ALS), acute disseminated encephalomyelitis (ADEM), multiple sclerosis, opsoclonus-myoclonus syndrome (OMS), orthostatic hypotension, brachial neuritis, vision loss, pancreatitis, anaphylaxis, and postural tachycardia syndrome (POTS).⁵

3. The clinical trials for Gardasil used an aluminum-containing placebo.

According to the FDA, a placebo is an inactive pill, liquid or powder that has no treatment value.

The clinical trials for Gardasil used an aluminum-containing placebo. Gardasil itself, like many other vaccines, is adjuvanted with aluminum despite well-documented evidence that aluminum can be highly neurotoxic.

Compared to the saline placebo given some women in the trials, the women receiving the aluminum-containing placebo reported approximately 2 to 5 times more injection site adverse reactions (ADRs).

The proportion of injection site ADRs reported in the Gardasil treatment group was comparable to that of the “aluminum control” group.

Thus, Merck’s own data seem to indicate that a large proportion of ADRs from the HPV vaccine were due to the effect of the aluminum adjuvant.⁶

4. Gardasil’s clinical trials used methodology that skewed the results in the vaccine’s favor.

For the assessment of serious conditions, Merck pooled the results from the study participants who received the saline placebo with those who received the aluminum-containing placebo and present them as one “control” group.

The outcome of this procedure was that Gardasil and the “control” group had exactly the same rate of serious conditions (2.3%).⁷



Dr. Diane Harper charged that Merck’s ad campaign, “One Less” (above), misinformed parents and women about the benefits and harms of Gardasil.

5. Gardasil contains sodium borate and Polysorbate 80.⁸

Sodium borate is widely known as a roach pesticide. The U.S. National Library of Medicine and the National Institutes of Health declared sodium borate to be a dangerous poison.

Due to deaths from its use of disinfecting wounds and cleaning nurseries, its medical use has been

discontinued, until Gardasil came along.

Side effects include vomiting, diarrhea, skin rash, blisters, collapse, coma, and convulsions.

Although Polysorbate 80 is used as a food additive to increase the water solubility of oils, injection is quite different.

According to the Polysorbate 80 Material Safety Data Sheet, it may be both carcinogenic and mutagenic.

When injected into prepubescent rats, Polysorbate 80 caused abnormal growth of reproductive organs and made the rats sterile.

When used intravenously with vitamins it has caused anaphylactic shock.

6. Although 80% of women in the U.S. have HPV infections in their lifetime, 95% of all HPV infections are cleared spontaneously by the body’s immune system.

The remaining 5% progress to cancer precursors, 20% of which progress to invasive cervical cancer in five years; 40% progress to cervical cancer in 30 years.

There is ample time to detect, through Pap smears, and treat the early pre-cancers and early-stage cancers for 100% cure.

Gardasil is not really a cervical cancer vaccine. The vaccine prevents HPV infection, not the development of cervical cancer.⁹

7. Pap smears are more effective in preventing cervical cancer than HPV vaccination.

The incidence rate of cervical cancer in the U.S. based on Pap screenings is 7/100,000 per year.

The incidence rate of cervical cancer if women are only vaccinated with Gardasil is 14/100,000 per

year (twice the rate of cervical cancer if young women vaccinated with Gardasil do not seek Pap testing at age 21 and the rest of their lives).

The combination of HVP vaccine and Pap screening in the U.S. will not decrease the incidence of cervical cancer to any measurable degree at the population level.¹⁰

8. Compared to Pap smears, the risks of HPV outweigh the benefits.

“Pap smears are an effective screening tool to prevent cervical cancer,” says Dr. Diane Harper, the principal investigator for Merck’s clinical vaccine trials for Gardasil.

In addition, Harper notes, “Pap smears have never killed anyone.

“Gardasil is associated with serious adverse events, including death. If Gardasil is given to 11-year-olds, and the vaccine does not last at least 15 years, then there is no benefit—only risk—for the young girl.”¹¹

9. The original Gardasil marketing campaign of “One Less” was designed to incite the greatest fear possible among parents.¹²

Merck’s marketing campaign for Gardasil made the vaccine’s target disease cervical cancer, minimizing the sexual transmission of HPV4 and maximizing the threat of cervical cancer to all adolescents.

Merck also has been heavily criticized for spending vast sums of money lobbying to make the vaccine mandatory.

10. Japan and India have withdrawn approval of Gardasil or suspended its use.

The Japanese Health Ministry told local governments in 2013 to stop recommending that girls 12

to 16 get vaccinated with Gardasil, due to the many reports of adverse effects.¹³

HPV vaccinations were suspended in India in 2013 following the deaths of seven girls who had been given the vaccines.¹⁴

In the U.S., Texas and Virginia have rescinded requirements for mandatory HPV vaccinations for girls.

But California passed a law in 2011 allowing minors to receive

‘Pap smears have never killed anyone. Gardasil is associated with serious adverse events, including death.’

HPV vaccines without parental consent.

A bill in the New York State Assembly last year to allow children to be vaccinated to prevent sexually transmitted diseases without parental consent was tabled before a final hearing, after vigorous public opposition.

The battle for and against Gardasil is far from over.

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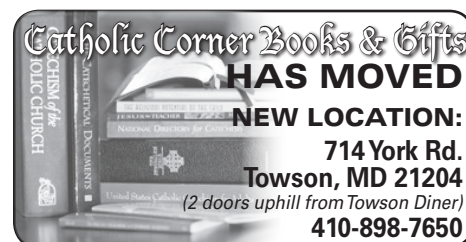
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*February 14, 2014 Anno Domini
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Dear Friend of **DEFEND LIFE**,

One of my dearest friends, Doctor Monica Miller, author of **Abandoned: The Untold Story of the Abortion Wars**, called me late the evening of Sunday, January 18.

Monica had just spoken the night before at a **Nebraskans for Life** banquet. On Sunday morning she was catching an 8 AM Delta flight back to Detroit, close to where she lives and teaches Theology at Madonna University. Whom does she spy four rows behind her but late trimester abortionist **Leroy Carhart**. She realizes that this is a **God-given appointment** and prays that God will inspire her to say the right thing to Carhart as they deboard in Detroit. She talks to him and his accomplice wife, **Mary Lou**, while traveling on two moving walkways. She gives him her book which he accepts. She says that she is praying that he, Carhart, will stop doing abortions. He responds, **Yea, you and 10,000 other persons!** His wife Mary Lou says, **We [abortion providers] believe more in what we do than you [PRO-LIFERS].** Maybe Mary Lou is on to something? You can read the entire text of this conversation by visiting **ProLifeSociety.com**.

Carhart has been coming to Germantown, Maryland for three years now performing late trimester abortions. Other than the furor over Jennifer Morbelli, who died from his botched abortion, he has been unscathed! In baseball lingo, **Carhart is batting 1000% and we are batting 0%.** Sure, there has been excellent sidewalk counseling by a handful of heroic counselors who talk to women going into Carhart's mill and certainly some wonderful **SAVES**, but isn't it time **we did something in addition to sidewalk counseling to retire this butcher?**

**ABORTIONIST
LEROY CARHART**
now arriving from Nebraska



Jennifer Morbelli RIP
A Recent Victim



Here are 2 simple perfectly legal strategies to send Carhart back to Nebraska forever:

1. Utilize the **humiliation factor!** As Leroy and Mary Lou Carhart arrive at Reagan National every Sunday afternoon, hold signs like these as they depart their concourse and head toward baggage claim. Use these same signs in their baggage claim area as well as when they board their bus to the rental car area. It's perfectly legal. It's First Amendment protected speech. It's something we did years ago and we can do it again! The above sign is posted at **DefendLife.org**.

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2. Attend monthly meetings of the Maryland Board of Physicians which are held on the 3rd Wednesday of each month at **4201 Patterson Avenue, Baltimore, MD 21215**. We need only to attend the final wrap-up session which typically begins about 3 PM. We can't speak, but we can do so after this final meeting is adjourned. Each of us can talk to a pre-assigned member of this Board as they walk to their cars in the adjacent parking lot. We remind them of this travesty that is making Maryland the late trimester abortion capital of America, remind them about 33-week pregnant Jennifer Morbelli who died as a result of Carhart's botched abortion, and tell them we have a legal and moral obligation to rescind his medical license. Please visit **www.mbp.state.md.us** or call **800-492-6836** to confirm the starting time of these monthly wrap-up sessions. A complete list of board members is posted at **DefendLife.org**.

If either of these ideas sound remotely interesting to you, please contact me immediately!

CHRIS CUDDEBACK 1933-2013

Chris Cuddeback is one of the most remarkable men I have ever known. I first knew him when I was a Sales Engineer for the Trane Company in Richmond, Virginia, and Chris was the Engineering Manager for Trane in Washington. We collaborated on several projects. Later, when I moved to Baltimore, Chris had the Trane franchise and helped me immensely in the professional area. Know these things about this saintly man:

- Fervent Catholic – Chris was involved in the construction of four Catholic churches.
- Father of 6, grandfather of 25, great-grandfather of 11. • Brilliant but unassuming.
- The man whom we can thank for **Mount De Sales Academy**, the only truly Catholic girls high school in the greater Baltimore area. **Sadly, there is presently no boys' high school equivalent.**
- The man who put Christendom College on a solid financial footing while he was Chairman of the Board.
- The man who mentored countless others both professionally and personally. • A great engineer!
- Chris's son John teaches Philosophy at Christendom College and his son Matthew teaches Philosophy at Providence College.
- A frequent and generous supporter of **DEFEND LIFE**.



Chris met his wonderful wife Carol when both students were at Cornell where Chris studied Mechanical Engineering. They met at a fraternity party. The second time they met was at **Holy Mass**. Chris offered to give Carol a ride home afterwards. The rest is history!

Much of their married life was in Clarksville, Maryland, where Chris was instrumental in building the second St. Louis Church which replaced the original Chapel. Between 1979 and 1990, Chris was the Chairman of the Board of Mount De Sales Academy in Catonsville, Maryland which had been staffed by the Visitation Sisters. They were an aging order and were no longer capable of carrying on the mission of this historic school founded in **1852**. Between 1979 and 1985, the school struggled being staffed by mostly lay persons and some religious. These were precarious times when this school could have easily folded. Chris cut an audio cassette tape pleading for help and sent it to **Mother Assumpta Long**, the Mother Superior of the Dominican Sisters of Nashville. Chris's son, John Cuddeback, said it was a **Hail Mary!**

Mother Long had written a letter saying, **they were sorry but they could not help** but had not yet mailed it. That night, Mother Long kept awakening every hour. God was obviously telling her to change her mind. When Mother Long and two of her Dominican Sisters came to visit, they instantly fell in love with Mount De Sales because it reminded them of their Mother House in Nashville. Sr. Mary Gabriel Long, the first Principal, said it would take 10 years to put Mount De Sales on solid footing and so it did. Their work included many challenges and many financial struggles. On one occasion, **Sr. Philip Joseph Davis** who was and still is in charge of Development, called Chris and said they were **\$50,000** short of making payroll. Chris said he would be there in 30 minutes. He wrote a personal check for **\$50,000** to avert the crisis. **We pray to God** that this wonderful school will continue for our daughters and that in **Your Providence** a comparable school for our Sons will soon be re-established! **Please remember Mount de Sales in your WILL!**



One of Chris's greatest gifts was to remain quiet at heated meetings. While others were venting their fury, Chris would be taking notes. Later, Chris would calmly outline a solution to which all sides could readily agree.

When I spoke to his son, John Cuddeback, at last June's IHM Home Schooling Conference, I predicted that a book would be written about his Dad's great life and that he most likely would be the author! **Well done, Chris Cuddeback, good and faithful servant!**

Long Live Christ Our King,

Jack Ames
Jack Ames, P.E., Director

Enclosure

Book Review

How to be a world-class guy in one ‘can’t-put-down’ book

By Barry Sullivan

If you are looking for the one book you wish your friends and family would read and embrace, then I highly recommend Bill Thierfelder’s *Less Than a Minute to Go*.

As a father, Little League coach, Boy Scout leader, pro-life activist, and mentor, I have always looked for books on leadership, character, and life that are interesting, entertaining and inspirational.

In my opinion, this book does all three better than any other book I have read. Although it is written by an athlete, I believe the principles in this book will benefit anyone interested in using their God-given talents for the greatest good.

From the foreword by Duke Basketball Coach Mike Krzyzewski (one of the classiest coaches in college basketball in my opinion) to the stories of outstanding athletic achievement and unselfish sportsmanship, I was encouraged to keep reading so I too might master the secret of being successful and performing to the best of my ability.

Each chapter begins with fascinating stories and anecdotes and what factors led to these being recognized for generations as incredible performances.

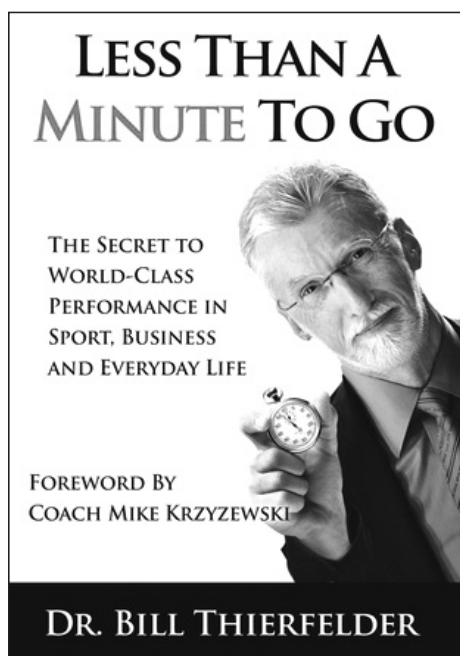
Dr. Thierfelder concludes each chapter with “takeaways” which each of us can apply in our own situations to improve our performance.

One can discern Catholic values throughout the book as Thierfelder weaves in his vibrant Catholic faith as foundational to his philosophy and success.

One chapter recounts one of the greatest examples of sportsmanship in track and field history, the story of Australian miler John Landy.

Landy was one of the first three people to break the “4 Minute Mile Barrier” in 1954, which had never been done prior to that year.

Two years later in the 1956 Australian National Championships,



Landy was the favorite to win and set a new world record.

At the start of the third lap of the four-lap race, a runner fell and the rest of the field, including John, jumped over or ran around him to continue.

After a few seconds, Landy stopped and ran back to the fallen competitor to see if he was okay. The fallen runner said, “I’m fine John, keep running!”

By this point Landy was 50 yards behind the leader, with un-

der two laps to go. Miraculously, he ended up winning the race in 4 minutes and 4.2 seconds and was there to greet the fallen runner as he crossed the finish line behind him.

The general consensus at the time was that his spontaneous act of selflessness cost him between 7-15 seconds and a new world record.

Although his time that day was not a record, his race has been immortalized by the placement of a bronze statue commemorating his selfless act at Melbourne Olympic Stadium in 2002.

Another chapter tells the story of Sara Tucholsky, a 5’2” senior softball player for Western Oregon University, who was up for her last time in a scoreless playoff game against their archrivals.

Although Sara had never hit a home run in her life, she hit the second pitch over the fence for a home run. She started running the bases and caught her foot, tore a ligament in her knee, and fell to the ground, unable to get up.

Sara’s teammates asked the umpire if they could help her around the bases. The umpire said that if any of her teammates helped her, she would be called out.

Just then, the star of the opposing team asked the umpire if *they* could help her run the bases. The umpire said there was no rule against the opposing team helping her out, and that is what they did.

Due to space limitations, I have condensed the stories above, but I can assure you they are even more

See **WORLD-CLASS**, page 18

Moral Family Planning – Part 3

Why women get...headaches

By KC Schnitker

“I can take it or leave it.”

Many women confide they feel less than enthusiastic in regards to intimacy with their husbands. So much so, that it prompted me to explore why.

As an instructor of moral family planning and in my continual study to find more effective ways to communicate God’s thrilling plan for love and marriage, I found the common thread that explains this phenomenon of sexual apathy—the use of contraception.

The kind of chronic sexual headache we often hear jokes about has many causes.

The number one cause, contraception, is also tragically the least often considered as a source of marital discord, especially sexual problems. It is also the most insidious because we are immersed in a culture that sells and promotes contraceptive behavior as what is right, responsible, and sensible—it has become a no-brainer.

The message is that our fertility, and therefore, our maternity are unimportant: “Cut it off—no big deal! You will be happy and free (and sexy. Ug.)!” But if we are so happy and free, why are so many of us depressed and disinterested? Why the headaches?

Separating fertility from the sexual act causes headaches. Fertility is a healthy, normal, essential, fabulous, bodily function. Fertility is not a disease in need of a cure (especially carcinogenic, steroidal abortifacients like the pill, patch, shot, ring, IUD).

Frustrated by this misrepresentation, I asked my ob/gyn, “Where



La Belle Dame Sans Merci by Sir Frank Dicksee

in medicine is an expensive, ongoing, potentially harmful drug given to someone for a perfectly healthy condition?” I was met with *silence*. Crickets.

Contraception is an assault on the health of women perpetrated in the name of “women’s healthcare.” But not only the physical well-being of the woman is damaged, but her integrity as a human person.

She is created to be in union with God and with her husband fully; spiritually and bodily. Begin the use of contraception and you destroy the possibility for the rich relationship between spouses. You begin headaches.

Women are beautiful.

I love the picture above. It really captures us and it *really* captures them.

Men are just ga-ga about us. To them we almost...glow (I’ve said this

many times in my classes and never yet has a man contested it).

We even appreciate our own beauty. Just look at all the fashion magazines for women. Are we to believe it is only the clothes we are appreciating? We are fascinating, even to ourselves.

It’s not just our face or our bodies, it’s our lovely femininity; women make the world a better place—our compassion, gentleness, intelligence, kindness *and* our fertility/maternity are gifts.

That life is conceived in *our* bodies and nurtured there for nine whole months and that we nurse and care for that life after birth and beyond is beautiful, valuable and of the utmost importance.

The philosopher Alice Von Hildebrand explains, “When a wife conceives a few hours after her husband has embraced her, God creates the

child's soul in her body...In other words, there is a personal "contact" between God and the woman which gives to the female body a note of sacredness."

That "note of sacredness" and that privileged contact with God make us glowingly b-e-a-u-t-i-f-u-l.

Beautiful vs. Sexy

I wrote in the previous article, "Real Women Don't like Lust," that I am just sick to death of sexy: the new, modern, worldly-type, seemingly ultimate female virtue.

What is sexy anyway? I wrote in Part 2 that when a woman looks sexy, she looks, well, "ready for sex." Is that really what we want to aspire to as women? To walk around looking ready for sex?

Do I want my children to see me like that? I certainly don't want anyone looking like *that* around my husband. Do you? That is just, not...nice!

Something about this incessant pressure to be sexy seems to divorce women from maternity. I suspect from a child's point of view it's even kind of scary. Sexy and Mommy don't mix.

"Beautiful" is approachable, kind, safe and seems to naturally allow for the idea of motherhood. Somehow, "sexy" or "she's hot" doesn't.

When men can see us as sexy instead of beautiful, and consequently as an object of their self-gratification, it leads to the inevitable headache. The woman ends up feeling used because she's been reduced to a mere means to an end.

It's not always the man's fault; it's the dynamic that the use of contraception facilitates.

I taught a young couple NFP. They had three young children and

wanted to plan their family morally after hearing Janet Smith's excellent CD, "Contraception, Why Not?" They wanted to space the next child and so began using the Ovulation Method to postpone pregnancy.

I spoke with her after two months. She was totally astonished by her husband's transformation. "He is going around throughout the day saying, 'You are so beautiful!'"

And this was during the fertile time when sex was off the table. They had not sterilized the marital act. The procreative aspect was always respected.

Our fertility is an integral part of who we are. It makes women beautiful, which is far better than sexy.

She no longer felt used. Something happened when they could no longer consider intimacy with each other without fatherhood and motherhood attached.

He began to see her differently, treat her differently. He developed a loving protectiveness for her as the potential mother of their children and truly began to appreciate her beauty.

She got an insight into his glorious masculinity expressed in his sacrificial willingness to "wait" out of love for her and for the good of their family. She began to desire him. She felt truly cherished and treasured, and her headaches melted away.

Supermodels won't like this

I love the following study done at the University of Vienna¹ that il-

lustrates the importance of fertility to beauty and attractiveness.

A group of men were shown pictures of supermodels and asked to rate their attractiveness. Then, without their knowledge, a rag soaked in the human fertility pheromones was put into the room and the men were shown pictures of ordinary women.

They were then asked to rate the attractiveness of the ordinary women. Well, ya know what? They rated the ordinary women as *more* attractive than the supermodels (I love this study! Sorry, supermodels!).

Our culture, the media, and society want us to buy the idea that our fertility is not all that important. Just cut it off and no big deal, no effect!

But is that really true? Why all the headaches if baby-free sex is so readily available and we are so free to engage our passions? Why is it that 24% of contracepting couples don't have sex at all?²

Our fertility is an integral part of who we are. It makes women beautiful, which is far better than sexy. Beautiful continually inspires; sexy temporarily incites.

Mysterious love

When the intrinsically procreative meaning of the marital act is respected, valued and kept intact, either through "We are willing to parent should we conceive" *or* "We are willing to abstain during the fertile time," then it continues to be the physical renewal of the wedding vows; special, magical, meaningful and exciting.

Sex is connected to something very powerful—life, and someone very adorable—baby, and Someone very, very important—God.

See HEADACHES, page 18

Why do we want to have a lot of children?

**By Bob Brown, President
Harford County Right to Life**

It's a very simple question that can be very difficult to offer a right answer for: Why do we want to have a lot of children?

As Lisa and I are sharing with friends, family, and neighbors the good news of the early life of our seventh child (two died before birth—we are praying that this baby will be our fifth born child), we are getting various forms of this question.

Before I take a shot at the answer to this fundamental question, I thought it would be amusing to share with you the Top Five Questions that people are asking us, and my responses to them. You pro-life moms and dads can probably guess what these questions are before I list them.

Question Number One (that we, the Browns, get, since our four born children are all boys): “Are you hoping for a girl?” With the utmost gentleness—believe me—I answer this question in the one and only way that makes sense to me.

“Our baby has already been alive for two months now (as I write this in mid-January), and he or she is already a boy or a girl.”

If I fall off the gentleness wagon—or cast myself headlong from it—I add, “I do not wish upon our baby a gender different from the one that he or she already has, no more than I would dare wish my 8-year-old son to be a girl.”

Question Number Two: “Were you trying for a fifth?” My answer, “Indeed we were, Ma’am. Each day, my wife charted her body temperature and other physiological indicators of fertility. She kept

Excel spreadsheets and computed mathematical formulas. She then set schedules and worked me hard.” Pause. “I offered no resistance.”

That response generally brings the entire conversation to a close, but you can't blame me. You asked. I answered.

Question Number Three: “Are you going to stop, now?” (Or the custom-tailored question for our family: “If it is a girl, are you going to stop?”)

Interestingly, this question is almost always asked by a parent of one or two children, who, by asking the question, thinks that he can prevent me from hurling myself into obvious utter madness, or who, projecting, recoils in vicarious horror at the thought of so many diapers and sleepless nights. I ask for clarification. “Stop what?”

Question Number Four, alluding to the number of children being five: “Guess you're going for that basketball team, huh?” “Nope, I'm shooting for a football team, but given that I'm almost 45 years old, I doubt I'll make it to a baseball team.”

Question Number Five: “How will you pay for college?” I believe in being upfront. “I have no idea.”

For effect, I like to leave it there, but sometimes—okay—I gotta add the Christian thing. “Jesus said not to be anxious about tomorrow.”

But if I'm being completely honest, I'll have to confess further: “I know that God will provide—and I'm kind of hoping that He will provide a landscape engineer, a butler, a car mechanic, a plumber, and a foot masseuse to take care of me in my old age.”



Having more than a couple of kids nowadays gets you some raised eyebrows—and a lot of questions.

Having children is a very sensitive issue—my little Q&A above notwithstanding—and the discussion of this wonderful blessing from God has become uncomfortable to many in our country.

The act of killing children has been protected by our government, cheered on by Hollywood, and held sacred by false denominations for more than two baby-depleted generations.

“Choice” is perpetually the go-to word on Madison Avenue. And most people are content to go about their daily lives unwilling to challenge the abortion rights propaganda. Even for some pro-lifers, who may not have been able to have as many children as they had wished, the issue is sensitive.

So, why do we have children? What’s so great about a lot of children, born or adopted into our families? (Many of you readers have more than just five kids.)

Sometimes we give a well-meaning answer, especially to someone who might be abortion-minded, or who doesn’t share our pro-life convictions: “Kids bring you so much happiness!”

In my estimation, that answer runs dangerously close to the logic of pro-abortion apologetics, for children also bring pain. If we are encouraging people to have children so that they can experience personal joy, aren’t we then implying that it’s equally valid to terminate a pregnancy to avoid personal grief?

Is having a child first and foremost about me?

We must take care in answering even the simplest questions. A child’s right to life is a God-given right, and that divine right of kids is entirely independent of the fickle whims of their human caretakers.

I believe that the answer to the question, “Why do we want to have a lot of children?” is very closely related to the reason that God created human beings. He made people to glorify Him and to enjoy Him forever.

We are commanded to make disciples of all nations, and sometimes you actually have to *make* ‘em. The overpopulation of earth is a myth, but it’s a wonderful goal for heaven.



Janet Conway, M.D.

Well-Known Orthopaedic Surgeon who grew up in the PRO-LIFE movement, is delighted to give PRO-LIFE talks to elementary and middle school students in the central Maryland area.

Contact her directly to arrange! Janet Conway, M.D.
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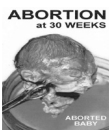


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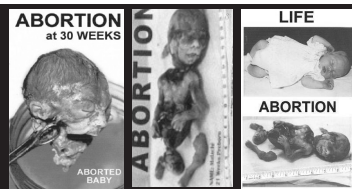
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In My Humble Opinion

What's missing in Tea Party? A strong Christian morality

By Janet Baker

Some Facebook pages have been all atwitter about the “unfair” treatment meted out to an actress for supporting a Tea Party candidate for office.

Maria Conchita Alonso threw her support behind Tim Donnelly, a California Assemblyman and Tea Party activist who is running for governor.

One headline on the Fox News page said, “Latina Actress Maria Conchita Alonso Out of Play Over Support of Tea Party Candidate.” It sure does sound like she’s being persecuted by the Left for holding conservative values, doesn’t it?

But wait a minute! From what play was she fired? Why, it’s “The Vagina Monologues”! Teensy detail, that! It more or less puts the candidacy of Tim Donnelly in a whole new light, doesn’t it?

Consider that Donnelly had no scruples in eliciting the support of an actress who, at the time, was engaged in the production of a pornographic play.

I would have to take any claims of his support for “family values” with copious grains of salt.

This incident is a microcosm of a larger problem with the Tea Party.

Since I live in the vicinity of Washington D.C., I’ve been to several Tea Party events. In all of them, the emphasis has been on paring back the government’s control of our lives and strengthening national security.

The Tea Party movement arose largely in response to the encroach-

ment of Obamacare. But the restoration of Christian morality has received only the bare minimum of attention (if that much).

Such has been the order of priorities at various state-wide functions that I’ve attended.

During a “Q&A” session at one of them, I made that point as delicately as I could. I believe some in attendance regarded me as a bit of a wet blanket.

From what I’ve seen, the Tea Party is infested with those who call themselves “libertarian.” They have what could be called a “live and let live” attitude, insisting that there be no interference whatsoever with their “rights.”

I think the problem with that is obvious; many of them are pro-abortion and pro-gay-marriage. They’ve taken championship of “individual liberty” just a tad too far.

They’ve forgotten these lines in the Declaration of Independence: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed.”

Our legitimate rights come from God, as acknowledged by the Declaration of Independence. This same Declaration also acknowledges “the laws of nature and nature’s God.”

The writers of the Declaration understood that an unbridled “live

and let live” mindset, devoid of morality and the corollary rule of law, would prove to be inimical to authentic liberty.

John Adams (our second president and one of the authors of the Declaration of Independence) stated that “Our constitution was made only for a moral and religious people. It is wholly inadequate to the governance of any other.”

It is obvious to anyone with two functioning eyeballs that this nation long ago forfeited any claim to being moral and religious. As long as that sorry state of affairs is allowed to continue, we will continue to feel tyranny’s grip tightening around our throats.

I fear that far too many of the Tea Party are in fact living lives that are fundamentally disobedient to God’s laws: disregard of His laws concerning marriage and divorce, acceptance of contraception, etc.

If the Tea Party and other conservatives do not forthrightly acknowledge that problem, ask God’s forgiveness and address those issues, they will go the way of the mainstream Republicans and Democrats.

Those involved with the Tea Party have much potential for good. At this time the potential is being squandered on lesser matters. For all the emphasis they put on “waking up,” it’s time they do the same.

***Because God has made us
for Himself, our hearts are
restless until they rest in Him.***

— SAINT AUGUSTINE

HEADACHES, from page 14

It is full of love and life. It is this love and life that prevents... headaches.

1. www.cmu.edu/CSR/case_studies/pheromones.html. Research by biologists Astrid Juette and Professor Karl Grammer from the University of Vienna found that men's perception of a woman's attractiveness is altered by the chemical signals she sends out.

2. National Opinion Research Center funded by U.S. Government's National Science Foundation Social Science Data Program (19,786 women 18 and over) Family of the Americas Foundation.

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WORLD-CLASS, from page 12

inspiring in the book, as are the rest of the chapters. These are the positive stories we seldom hear about in the news media but that really inspire us to live for God and the higher values.

Dr. Thierfelder was an Olympic high jumper, has a doctorate in sports psychology, is the father of 10, and the president of Belmont Abbey College in Belmont, North Carolina.

He has taught world-class athletes in many sports, professionals in various business areas, and many students how to optimize their performance in all areas of life by integrating their physical, emotional and spiritual components and focusing on the tasks at hand.

Although the above seems self-evident, to many of us it is the implementation of these concepts which are hard to master.

Belmont Abbey College was the first college or university to sue the Obama administration to fight the Obamacare mandate to provide artificial birth control and abortifacients to its employees.

It also established a home where unwed, pregnant students (including non-Belmont Abbey students) can live and continue their education at no cost to the student.

In short, Dr. Thierfelder and Belmont Abbey College live and proclaim their Catholic Faith in a very active, public manner.

*Bill Thierfelder gave **Defend Life's March for Life Kick-off Lecture at the Rock Creek Knights of Columbus Hall in Bethesda on January 10.** A video of his talk is posted at **DefendLife.org**.*

COURT, from page 4

consent and parental involvement requirements.

Since *Casey*, state legislatures across the country have been able to enact commonsense laws that protect women and their unborn children. So while the Court is not currently considering a case involving a 20-week limitation, that does not mean that the next blockbuster case is not just around the corner.

In fact, that very case may be on its way to the Supreme Court now. In *Planned Parenthood v. Abbott*, the Fifth Circuit Court of Appeals is currently reviewing Texas provisions requiring abortion providers to have admitting privileges at a local hospital and regulating the provision of abortion-inducing drugs (i.e., chemical abortion).

When Planned Parenthood filed an emergency application to have the Supreme Court stay the provisions while litigation continues, multiple Justices made it clear that the case is of interest to them.

In fact, in a dissent from the Court's decision not to stay the provisions, Justice Steven Breyer noted, "[T]he underlying legal question—whether the new Texas statute is constitutional—is a difficult question. It is a question, I believe, that at least four members of this Court will wish to consider irrespective of the Fifth Circuit's ultimate decision."

Considering it takes the votes of just four Justices to grant cert in a case, review in *Planned Parenthood v. Abbott* may not be far off.

In sum, the Court's denial in *Isaacson* should not dishearten pro-lifers. Pro-life legislation—including the enactment of 20-week prohibitions—moves on, with litigation promising to spur Supreme Court review in the future.

Hundreds of thousands defy arctic cold to March for Life

By Jody Ward

It was cloudless and a mere 11 degrees on the morning of January 22, the 41st anniversary of *Roe v. Wade*, the Supreme Court decision that struck down laws against abortion in all 50 states.

Although a bitter wind sent wind chills below zero, thousands had already assembled for the rally on the snow-covered Mall in Washington, D.C., and many more were arriving to participate in the annual March for Life.

Huge groups of students and families from churches, colleges and high schools across the country displayed large banners and held signs reading, “We Will Abolish Abortion,” “A Person’s a Person no Matter How Small,” “Defend Life,” “Adoption Rocks.”

A winter storm had dumped 5–8 inches of snow across the entire region the day before. Arctic temperatures and blowing made road cleanup and travel difficult.

Many churches canceled buses scheduled to take parishioners to the March, leaving tens of thousands of “local” people at home. Nevertheless, pro-lifers from across the U.S. were there, probably totaling about 300,000.

As marchers rounded the corner at 7th and Constitution, they were met by an exuberant group of about 350 yellow-clad youth from St. John Cantius Church in Chicago. The teens led a raucous chant, “We love babies, yes we do. We love babies, how about you?”

Further on, energetic young Canadians outside the Canadian Embassy chanted, “Hey, America, what you do affects us too!”



Marchers from St. Ursula’s Catholic Church in Baltimore pause outside Union Station after the March for Life in Washington, D.C.

Created Equal and GAP (the Genocide Awareness Project) presented gruesome video and stationary displays of the victims of abortion along the parade route.

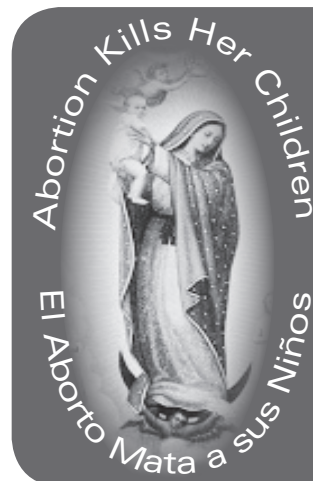
Some marchers prayed and some were silent. Some chanted and some chatted. The March elicits an odd range of emotion: sorrow for the loss of 56 million lives, but also excitement and hope at seeing so many people committed to protecting innocent life.

The March concluded at the U.S. Supreme Court. Marchers con-

tinued to file past for about three hours.

Above the Supreme Court’s massive marble columns, the bold proclamation, “Equal Justice Under Law” is carved into the pediment.

Yet, there is no justice for the preborn. It is fitting to end each March for Life here, where the right to life was snatched from millions by only seven men; it reminds the marchers that as long as justice is denied the weakest and most innocent among us, we must continue to do God’s work and defend life.



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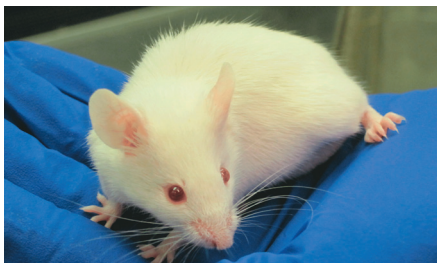
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President, Institute of
Psychological Sciences

*Consequences of the
Hook-up Culture*

Thursday, March 13 • 7:30 PM

Our Lady of Lourdes Church
7500 Pearl Street, Bethesda, MD 21814

Friday, March 14 • 7:30 PM

Parish still needed to host, as of publication

Contact Jack Ames • 410-337-3721 • Jack@DefendLife.org

DEFEND LIFE SPECIAL EVENT

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46639 Algonkian Parkway • Sterling, Virginia 20165



Stephanie Gray

Director, Canadian Centre for Bio-Ethical Reform
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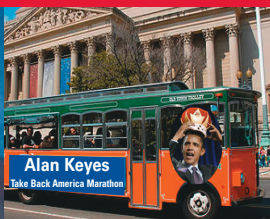
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