

CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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Kill Her Today, it's Murder; Kill Her Yesterday, it's Abortion

By Cecelia Cody

How far along in the pregnancy can a mother abort her baby?

- ⑤ Up to 12 weeks (First Trimester)
- ⑤ Up to 20 Weeks or "viability"
- ⑤ Until birth or "when the baby takes its first breath" (Cecile Richards – President of Planned Parenthood in an interview)

At a recent "Information Table for Life" this topic came up, and the general consensus was that 12 weeks or even 20 week "viability" was thought to be the cut off for legal abortion. Sadly the correct answer is: until birth.

Under the Supreme Court's 1973 rulings in Roe v Wade and Doe v Bolton:

- ⑤ The state may regulate second and third trimester abortions
- ⑤ A state may prohibit third-trimester abortions, unless "necessary" for the life or health of the mother.
- ⑤ The "health of the mother" clause in Doe v Bolton makes abortion legal through the full nine months of pregnancy.

What does the term "Health" mean? Doe v Bolton was the key that unlocked legal abortion on demand throughout all nine months of pregnancy. The Roe decision said that states could prohibit post-viability abortions, except those done for the "life or health of the mother" Doe v Bolton defined "health."

According to Justice Blackmun's Doe opinion, when determining "health of the mother" a doctor's judgment "may be exercised in light of all factors – physical, emotional, psychological, familial, and the women's age – relevant to the well being of the patient." Thus if a pregnancy is causing the women "emotional" distress she may legally abort her child in the ninth month for reasons of "health!"

To summarize: because of Roe v Wade and Doe v Bolton, any woman may legally abort her child at any time before her baby is born... or as the sign I carried for informational picketing years ago of a cute little newborn baby proclaimed, "Kill her today, it's murder; kill her yesterday, it's abortion."

We must do something, and soon. We approaching the deplorable statistic of 60 million babies killed by abortion in the United States. The Nazis killed six million in their death camps; our abortion mills are approaching TEN times that number. We swore we would never forget the German death camps. We swore we would never let them be rebuilt. We swore we would never let such a monstrously evil thing happen again. Not on our watch. No, not ever! Have we forgotten? Their equivalent exists in many of our cities, not just the metropolises but also the small towns, perhaps even in your city. We are letting the evil of killing happen again, in spades. History has repeated itself by the power of ten. The Nazis killed their 6 million; we have on our hands the blood of 60 million.

When your grandchildren ask you, "What did you do to stop the holocaust?" what will you respond? Is there a 40-Days for Life campaign in your area; have you stood "watch for even one hour" in solidarity with the babies being killed at these sites? Have you contacted your legislator when there is a bill that relates to a life issue? Does your church proclaim the "Gospel of Life" through sermons, prayers and educational opportunities including handouts and bulletin inserts? Do you participate in our Mustard Seed Project, wherein we write to corporations who support Planned Parenthood? Contact our office for assistance in participating in any of these areas, or to share ideas you may have for how to stop this holocaust.

In Chapter 25 of Matthew's Gospel, the "Last Judgment scene" is the line "Whatsoever you did to the least of my people, that you did unto me." Is there anyone more "least" than the voiceless baby in the womb, crying out for our protection?

Adult Stem Cells Can Boost Healing of Your Joints

by [Dr. Kevin R. Stone](#)

Harnessing stem cells to cure disease is the hottest topic in injury and arthritis treatment today. By stimulating the adult stem cells found in our own bodies, we can amplify and speed up the natural healing process as well as grow new bone and cartilage to rebuild joints without the need for artificial replacements.

When we are injured, our body immediately begins the process of healing itself. The trauma or impact from injury results in damaged tissue, ruptured blood vessels and sometimes broken bones. The body responds by releasing fluid and blood cells into the injured area, which causes swelling. This inflammation response essentially walls off the injured area.

Into this isolated zone certain blood cells, called platelets and macrophages, release bioactive molecules which guide the repair process. One of the most important of these molecules is called platelet-derived growth factor subgroup BB (PDGF-BB). This growth factor is able to release vital stem cells that live on the outside of the walls of our blood vessels. These stem cells, called mesenchymal stem cells (MSCs) play a critical role in tissue formation and healing. Once freed from their attachments, the stem cells are able to move to the damaged area. The stem cells then begin their repair job by changing into the very cells that have been damaged and releasing additional specialized growth factors.

Adult stem cells are not the same, nor are they as controversial as embryonic stem cells. An embryonic stem cell is essentially a blank slate with the potential to turn into a huge variety of tissues, including, unfortunately, cancer cells. Adult stem cells are more limited. However, MSCs can differentiate into a number of musculoskeletal cell types, including bone, cartilage and tendon tissues. For example, when the repair involves broken bones, new vessels invade carrying with them layers of vessel-attached stem cells that evolve into bone-forming cells called osteoblasts. The molecule PDGF-BB stimulates the formation of new vessels and causes stem cells to release from the vessel walls and form bone cells.

When soft tissue is injured, the stimulating molecule causes the stem cells to form collagen, the base material of all tissue in the body. The rate of soft-tissue or bone repair becomes at least partially dependent on the number of new vessels and the number of stem cells available. As people age, cell numbers start to drop and the healing is slower.

Stem cells can also help heal arthritis. In arthritis, 97 percent of all arthritis is called osteoarthritis or post-traumatic arthritis. The condition is characterized by injury to the articular cartilage, the bearing surface covering the bone on the ends of joints. When the surface is injured, it heals poorly, if at all, because of the lack of blood supply.

Techniques for stimulating cartilage repair, and cures for arthritis, focus on inducing a new blood supply often by fracturing the exposed bone.

The bone fracturing releases the stem cells in the bone marrow. The cells, and the factors they release, recruit a new blood supply and bone repair cells. When the cells are combined with a favorable healing environment, such as a paste of cartilage and bone, they then form new cartilage and repair the arthritic area. This technique, called articular cartilage paste grafting, is one of several techniques designed to repair cartilage and solve the arthritis problem.

It all works because the stem cells attached to the new blood vessels produce the new bone and cartilage under the guidance of the growth factors such as PDGF-BB. The older you get, the more blood needs to be brought to the healing site to increase the number of stem cells.

Injections of growth factors and stem cells are now possible and have shown promising results in treating some forms of cartilage repair and arthritis. When you hear of platelet-rich growth factor being injected into athletes to speed healing, the factor in the PRP that has the most effect may be the PDGF-BB, which starts the stem cell cascade of release from vessels, migration to injured site and remodeling of the injury. Generally, the dead arthritic areas need to be stimulated with a new blood supply first to have the maximal effect.

There is still much to be explored in the area of stem cells and regenerative orthopedics and we are excited to be a part of it. Harnessing stem cells to speed healing and cure disease is a crucial part of injury and arthritis treatment today. We know that stem cells attached to your blood vessels can repair injuries. All they need is a little guidance.

Dr. Kevin R. Stone is an orthopedic surgeon at The Stone Clinic and chairman of the Stone Research Foundation in San Francisco. He pioneers advanced orthopedic surgical and rehabilitation techniques to repair, regenerate and replace damaged cartilage and ligaments. For more info, visit www.stoneclinic.com.

End of Life Decisions

By Cecelia Cody

You have probably seen the advertisement with a child standing at a gravesite and the words “If you were to die tomorrow, who would take care of your family?” Let’s back up that thought a few frames, and ponder, “If you were in a coma, and unable to express the level of treatment you want, who would take care of you? How would the medical team know what to do? Would you want them to do everything possible to keep you alive, so you can walk your daughter down the aisle at her wedding? Or do you just want comfort care, including hydration and nutrition? Or something in between?”

Most of us will never have to face many of the life issues, from an unwelcomed pregnancy, to the couple unable to conceive deciding if IVF is a possibility. However we will all one day face death, and at some point we may be called upon to make an end-of-life decision for ourselves or one of our loved ones.

In today’s medical environment you are at risk unless you have taken the simple but necessary step of signing an advance directive that will protect you if you are ever unable to make your own health care decisions. This is known as a “Durable Power of Attorney for Health Care.” (Durable Powers of Attorney are available for a number of circumstances, this one addresses health care decisions.)

It’s not the same as another type of document known as a “living will.” (The living will — sometimes called a “directive” or a “declaration” — is downright dangerous. It actually gives power over your life and death to an unknown physician.) In a durable power of attorney for health care, you designate a trusted family member or friend to make health care decisions for you if you are unable — either temporarily or permanently — to do so for yourself.

Most people think such a document is only for those who are very sick or elderly. That’s not true. It is

absolutely essential for anyone who is over 18 years old.

Some (but not all) states have laws to cover a patient who hasn’t designated someone to make health care decisions. Such laws contain a “priority listing” of those who can make decisions for an incapacitated patient. But, in some states, those decisions may be limited to withholding or withdrawing treatment. They may not give the necessary authority to protect a patient. In other states, the law gives doctors the power to decide for patients if there are conflicts among those on the list. Everyone needs to have an Advanced Care Directive for just this reason. An especially important piece of the puzzle is the appointment of a suitable health care proxy, a person empowered to make medical decisions for you in the event you can’t. This should be someone who understands your values and your wishes.

For more information, or to obtain a copy of an Advanced Health Care Directive, visit <http://www.patientsrightscouncil.org> or call 800-958-5678 or 740-282-3810 between 8:30am and 4:30pm (Eastern Time).

Library Corner

Abuse of Discretion by Clarke D. Forsythe

We recently added an excellent book to our library. Based on 20 years of research, including an examination of the papers of eight of the nine Justices who voted in *Roe v. Wade* and *Doe v. Bolton*, *Abuse of Discretion* is a critical review of the behind-the-scenes deliberations that went into the Supreme Court's abortion decisions and how the mistakes made by the Justices in 1971-1973 have led to the turmoil we see today in legislation, politics, and public health.

The first half of the book looks at the mistakes made by the Justices, based on the case files, the oral arguments, and the Justices’ papers. The second half of the book critically examines the unintended consequences of the abortion decisions in law, politics, and women’s health.

Why do the abortion decisions remain so controversial after over 40 years, despite over 50 MILLION abortions, numerous presidential elections, and a complete turnover in the Justices? Why did such a sweeping decision—with such important consequences for public health,

producing such prolonged political turmoil—come from the Supreme Court in 1973?

Answering those questions is the aim of this book. The controversy over the abortion decisions has hardly subsided, and the reasons why are to be found in the Justices' deliberations in 1971-1972 that resulted in the unprecedented decision they issued.

Calendar of Events

For the latest updates of events see
www.calendarforlife.org

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