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OCTOBER 2006

PERSISTENT VEGETATIVE STATE

IT'S NOT WHAT WE THOUGHT

By J. C. Willke, MD

A startling discovery published in the journal *Nature* has dramatically upset the applecart. Conventional wisdom believed that a person in a persistent vegetative state (PVS) was someone who was lying there, unresponsive, like a vegetable. We strongly disagree with the term “persistent vegetative state,” because it dehumanizes the patient. It’s very similar to how the word “fetus” is used to dehumanize the unborn child. Just as it’s easier to abort a “fetus” than an unborn child, it’s much easier to dehydrate and starve to death a body resembling a “vegetable” than it is to intentionally end the life of a loved one.

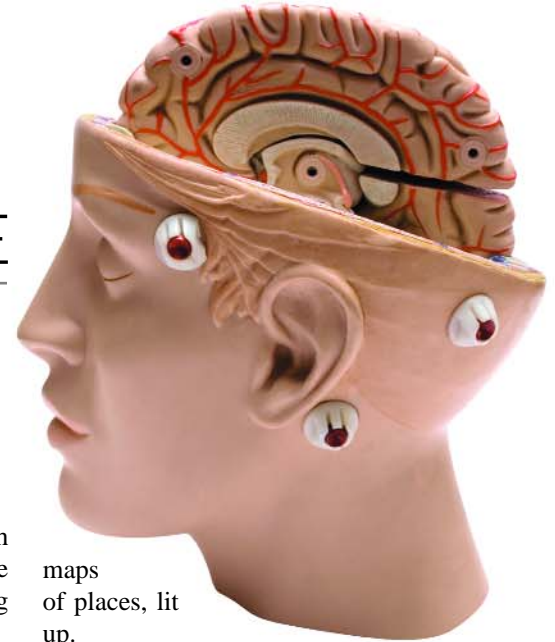
Now we have this amazing new research done at the Medical Research Council’s Cognition and Brain Sciences Unit in Cambridge, England. This has clearly shown that even though such a patient, a twenty-three-year-old woman, seemed in every way to be in a coma, nevertheless her brain was working inside of her in a way that was very similar to normal subjects. This woman had been injured more than a year earlier in a traffic accident. She had been in a deep coma and was totally unresponsive. After about five months, she had improved to where she developed a cycle of sleeping and waking and could open her eyes, but otherwise was completely unresponsive. Accordingly, she was diagnosed as in a persistent vegetative

state. She joined thousands of other such patients worldwide who, after this, were simply (hopefully) given good nursing care. But her case was atypical.

These medical researchers used a brain scanning technique called functional magnetic resonance imaging (fMRI). This technique has been used on other patients but with inconclusive results, which could have been interpreted as merely reflex reactions. But this woman was different. Using the fMRI scanner, which takes magnetic snapshots of brain activity every one to two seconds, they spotted different parts of her brain lighting up, depending upon which sentence she heard.

The researcher, Dr. Adrian Owen, told her, “When you hear the word ‘tennis’, we want you to imagine being on the center court of Wimbledon playing a big rally. And every time the ball comes to you, you struggle to get it back.” Then he spoke to her, giving a different scenario. This time he said, “We want you to imagine going from room to room in your home.”

To their great surprise, she apparently understood what they were saying to her, and her brain played out those scenarios. When talking about tennis, a part of the brain, the pre-motor cortex, which governs limb movements, flickered into life. When she thought about walking around her apartment, a brain region called parahippocampal gyrus, which handles mental



maps of places, lit up.

They repeated this exercise many times and sometimes fairly close together. Remarkably, after every different word, her brain lit up in these specific areas as expected. It seemed clear that she was responding to the instructions. Further, they tested brain activity on healthy volunteers and found identical reactions.

What is PVS? This term was first coined in 1972 by a Scottish neurosurgeon and an American neurologist and only came to medical attention then because of the recent advances in keeping severely damaged-brain patients alive longer than in previous years. A coma is a much deeper condition without any reflexes present. As a patient comes out of this depth, with a slight improvement on the coma, they begin to have periods of sleep and wakefulness and can open their eyes. This has been called PVS. An adult with PVS has been shown to have about a fifty percent chance of recovering within the first half year. But after one year, the chance for recovery drops dramatically. Those who do recover come out of this only partially and remain seriously disabled.

Over the years you have likely

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SANDRA DAY O'CONNOR — REAGAN'S MISTAKE



Ronald Reagan was elected Nov. 1980. In June 1981, Justice Potter Stewart retired from the US Supreme Court. Reagan had stated that it was time a woman was on the Supreme Court; so all eyes were focused on female candidates.

In 1981, women were, for the first time, coming into the practice of law in large numbers. The Supreme Court required a person with as much as 30 years of legal experience. Also, nominees were usually picked from the US District Courts of Appeal. But there were no qualified female judges on those courts. Female law graduates, 20 or more years ago, had difficulty finding positions in law firms and often settled for auxiliary positions. The pickings were slim and President Reagan had to reach well down the ladder of legal advancement to find a woman to nominate.

She was Sandra Day O'Connor, a state appeals court judge in Arizona. Reagan nominated her on July 7, 1981. The administration then circulated a memo, authored by Kenneth Starr, containing only information that she had provided, which was quickly found to be inaccurate and deceptive. It stated "she knows well the Arizona leader of the Right to Life movement and has never had any disputes or controversies with her." That person was Dr. Carolyn Gerster, immediate past president of the National Right to Life Committee (NRLC), who took total exception to this, stating that they had been in direct adversary rolls when O'Connor had been in the Arizona House and Senate. Pro-lifers promptly informed the administration that, as a state representative, O'Connor had supported a bill in 1970 to legalize abortion. The memo also stated, "There is no record of," and that O'Connor "has no recollection" of how she voted. However, the *Arizona Republic*, April 30, 1970, detailed that she had supported House Bill 20 in 1970. It would have removed all legal sanctions against abortion for the full nine months.

As a state senator, in 1973, she

sponsored SB 1190 to promote "all medically accepted family planning methods," which did not exclude abortion and "the consent of the parent of the minor is not necessary to authorize such services."

As president of the NRLC, I publicly stated, "We are extremely disappointed with the nomination of Sandra Day O'Connor due to her consistent support of legal abortion. O'Connor's appointment is a repudiation of the Republican platform pledge to appoint judges who respect the sanctity of innocent human life. This is not a matter of a single-issue litmus test. Rather certain minimum qualifications should apply to any candidate, such as a commitment to racial justice. Recognition of the right to life of the unborn child must be as a similar fundamental qualification."

The NRLC officially informed the White House that Judge O'Connor was unacceptable, but on July 1, she was the only nominee interviewed by President Reagan. On July 2, Dr. Gerster, in a letter hand delivered to the White House, opposed her nomination. Letters and telegrams opposing her began pouring into the White House. Kenneth Starr had been asked by the President for an evaluation of her. He did not call Dr. Gerster. He checked only with Judge O'Connor and so reported. Immediately after the President nominated her, there commenced a flurry of articles, interviews and comments in the *National Right to Life News* including the following:

- "She states she is personally opposed to abortion. (So was Senator Kennedy) She says that she shares President Reagan's views on abortion, when in fact she may well be diametrically opposed to his views. This amounts to a flat deception."

- The Arizona Bar Association, in 1978, rated 8 judges' first year on the appellate bench. It rated Sandra O'Connor at the bottom.

- An analysis of years of experience practicing law prior to nomination to the Supreme Court showed Blackman with 27,

Brennan 18, Burger 22, Marshall 28, Powell 40, Rehnquist 17, Stevens 21, Stewart 13, White 24 and O'Connor 6.

Senate Judiciary hearings were held Sept. 9 - 11, and broadcast nationwide on C-Span. At no point was she pinned down to a direct yes or no answer on abortion. Senator Denton gave up, stating, "Your statements are totally vague."

On the third day, Dr. Gerster and I testified for over two hours, on nationwide TV. We protested, questioned and probed. I stated: "Abortion, like slavery, is a fundamental issue. Those who do not recognize this should be disqualified from the federal bench." Senator Metzenbaum responded, "We must distinguish between a single issue and a disqualifying issue." I said, "I would suggest that the killing of one-and-a-half million unborn babies every year is a once-in-a-century disqualifying issue."

Pressure from Reagan was intense. She was confirmed unanimously. Afterward I stated, "We continue to believe President Reagan made a grave mistake in choosing a nominee whose stands on abortion are so dubious, but the fact that she was the first woman nominated to the court made her confirmation inevitable."

Epilogue:

On July 1, 2005, after 24 years, Justice O'Connor resigned from the Court. During Reagan's terms, she basically voted pro-life. After his departure, she voted for abortion. In *Casey* in 1992, she reaffirmed the constitutionality of *Roe v Wade*. She later upheld the legality of killing babies during delivery (Partial-Birth Abortion).

President Reagan did an incredible amount of good in foreign affairs and the economy. He was personally pro-life, but his record was flawed by his biggest mistake, appointing Sandra Day O'Connor to the highest court in the land. 🌀

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heard of cases of prolonged “unconsciousness” after which a patient has spontaneously awakened. We have known from these very exceptional cases that, at least in some cases, there has been a “locked-in” condition where the patient seemed unconscious but nevertheless was hearing and understanding things that were happening around her or him. After recovering consciousness, they were then able to describe events from memory during these periods.

concluded, “We propose that axonal (brain cells) re-growth may underlie his recovery and provide its biological mechanism.”

- Firefighter Donald Herbert had a roof collapse on him ten years ago. Without oxygen for a time, he suffered severe brain damage. Suddenly and unexpectedly he spoke, “I want to talk to my wife,” and spent the next fourteen hours conversing with her and his family.

and interactive and began progressive improvement.

- Allow me to relate a personal experience. A middle-aged man, struck by lightning, was completely unresponsive. Except for immediate cardio pulmonary ventilation and life squad attention, he would have died. In the intensive care unit over the next few weeks, he remained on full cardio-pulmonary assistance. His wife visited and after some days voiced her opinion that the attending neurologist should pull the plug. She repeated this more than once. Finally on what turned out to be the second to last day, she once again asked the attending neurologist to pull the plug. He thought about it carefully and told her that they should give him at least a few more days, and he left. The attending resident then came to his bedside and in front of the patient, she pleaded with the resident to override the attending physician’s orders to pull the plug, which he declined to do. The very next day this man suddenly woke up and spoke. When his wife came to visit, he spoke to her (and I’ll never forget), “You tried to kill me. Get out of my life.” He recovered and divorced her.

“This will definitely change the way we deal with these patients.”

This has been known, but no one has been able to diagnose who was in such a locked-in state and/or who had the potential ability to recover as compared to those who could not. As a result of this, in recent years we have had cases like Terri Schiavo, who, as a result of court orders, was dehydrated and starved to death over a painful thirteen-day period.

It might be of interest to search the literature and briefly note some people who have recovered:



- Sarah Scantlin, 18, severely injured by a drunk driver, had been in a coma-like state for twenty years. Ms. Scantlin was only able to communicate by blinking her eyes. Friends wondered if she could comprehend the world around her. Almost suddenly she began to speak, her first words being “Hi Mom.”

- A thirty-eight-year-old father of four in Rome was in a coma after an auto accident. Doctors gave Salvatore three months to live. After being “unconscious” for two years, he woke up and began to speak. He related that he remembered and understood everything going on around him during that time.

- Terry Wallis, 20 and injured in a traffic accident, was paralyzed from the neck-down and could not talk. Mr. Wallis was cared for in a rehabilitation center. Then nineteen years later spoke “mom” and quickly thereafter was able to talk. His case was published in the *Journal of Clinical Investigation*. The researchers

- Eleven-year-old Haleigh Poutre was brain-injured after being badly beaten. Days later, a court ordered her life-support systems withdrawn, having made the judgment that her coma was irreversible and that there was no chance of her recovery. A legal appeal saved her life temporarily. Four months later, she became responsive

- Now we have this twenty-three-year-old British woman, brain injured one year previously, who has stunned doctors by performing mental tasks for them while showing no outward signs of awareness. This new brain scanning technique has shown that she could understand people talking to her and even mentally imagine

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BABIES, THE WORLD'S BEST NATURAL RESOURCE

B y B r a d l e y M a t t e s , M B S

For decades Americans have endured the drumbeat of overpopulation activists predicting global devastation. Paul Ehrlich was one of the more notable activists who wrote a best selling book in 1968, called *The Population Bomb*. It was a frantic prediction of what was in store for the world if population trends continued. He wrote, "In the 1970s and 1980s hundreds of millions of people will starve to death..." Mr. Ehrlich's book became the "bible" of the environmental movement. As a result, countless gloom and doom overpopulation prophets who, after looking into their eco-friendly green crystal balls, were predicting the world would end as we know it.

In part, they were right, except for the wrong reason. Societies in many countries are experiencing a crisis that threatens their way of life as they know it. However, it's not a problem of too many people. It's because they don't have *enough* people.

Countries around the world, some already in panic mode, are worried about their dwindling populations. Europe has been the hardest hit. While some die-hard overpopulation activists continue to wring their hands about overpopulation taxing the earth's resources, several countries have enacted policies and programs to encourage their citizens to have more babies.

Developed countries require 2.1 births per woman to replace a country's existing population. Iceland is the European country coming the closest to meeting this demand. The latest statistics of the European Union say Iceland's fertility rate is 2.03 per woman. It is followed by Ireland, France, then Norway and Finland. Spain, Italy and the United Kingdom fare worse. Eastern and southern Europe are losing the highest number of people.

The leaders of many of these nations have looked to the future and don't like what they see. Austria will pay parents \$547 per month until their youngest child reaches the age of three. It may even make additional payments for as much as \$192, depending upon the child's age. In addition, parents are eligible for tax benefits of about \$64 per month for each child. The government also pays many education-related expenses. Mothers can get up to 48

months of pension benefits and are guaranteed paid maternity leave, two months before and after birth. Some parents can even decide the hours they will work until the child is in school.

The Prime Minister of France recently announced financial incentives to encourage parents to have a third child. The mother has a choice to either take a one-year unpaid leave with payments of \$940 per month. Or she can select a three-year absence with payments of \$642.

Italy has been dramatically affected by the birth dearth. This is ironic, considering it is the cradle of Catholicism, which is opposed not only to abortion but also contraception. Italy's Minister of Labor and Welfare first offered women 1,000 euros to every mother of a second child. That program was then expanded to also include women who have their first child. The mayor of one Italian town, where only 4 babies were born that year, felt the government's offer was too little. He is offering mothers 10,000 euros over a five-year period for each additional baby born. Another irony is that research in Italy revealed money isn't what motivates women to have more children. It's knowing that their husbands would share the child-rearing and household duties, apparently not common in Italian culture.

For many years Bulgaria has experienced more abortions than live births. It has been estimated they will lose up to 40% of their population. The Bulgarian cabinet has approved a strategy to reverse their population decline. However, ending legal abortion isn't part of the plan.

Jitka Rychtarikova, a professor of demographics at Charles University in the Czech Republic, said abortion "has turned childbearing into a choice rather than an act of nature." This country also faces serious depopulation problems.

Russia, long known for its high abortion rate, is trying to deal with their birth dearth. The decline is equivalent to 100 Russians dying every hour. President Vladimir Putin recently called the situation "the most acute problem of contemporary Russia." He's calling for the increase of childcare benefits and more generous birth bonuses. Putin said, "We must at least


stimulate the birth of a second child."

Forty years ago, South Korea legalized abortion and refused maternity benefits to women having a third child to slow population growth. Now the government is spending \$20 billion to stop an alarming population decline that threatens their economic growth and national security. The money will go toward paying for kindergarten for all children. They will also give financial assistance to families with three or more children. Billions will be spent on more daycare centers and hundreds of millions will be used to help infertile couples conceive. In addition, South Korea is concerned about a future shortage of soldiers. As a result, new policies will encourage more soldiers to have additional children. One perk is to allow a military family the choice to live anywhere in the country after the birth of a third child.

Singapore is planning to ease its immigration rules to help alleviate its baby shortage. It is launching an aggressive program to attract migrant workers to prevent an increasing shortage of manpower. A government official said their shrinking population "will compromise our defense capabilities."

One country is already benefiting from its programs to encourage women to have more children. Japan is celebrating that for the first time in six years, the number of births has increased. They still have a long way to go before they are up to replacement level.

Excluding immigration, America has been below replacement level since 1972. Lately, there's been a slight increase in births, bringing our fertility rate up to 2.03, just below replacement level.

The European Union estimates that there will be a shortage of 20 million workers in their member countries by 2030. They also acknowledge abortion is one of the major reasons for this precipitous population decline. But sadly the EU continues to take a firm pro-abortion position. If the EU and other nations around the world, America included, want to realistically deal with this serious problem threatening our future, we must all realize that babies are a nation's most precious renewable resource. That begins with ending abortion. 

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To learn more, contact Kevin Messer of Life Issues Institute at 513.729.3600 or kevin@lifeissues.org.

Before contributing, please discuss this Act with your tax advisor to learn how to arrange your qualified contribution from your IRA and how it will benefit your specific circumstances.



PERSISTENT VEGETATIVE STATE *from page 3*

playing tennis or walking around her apartment. When asked to perform these mental exercises by the doctors, she clearly heard and understood their words.

These Cambridge University researchers had begun testing her five months after the accident and had followed through. They state in their report, "This is extremely important. It's the difference between life and death. From cases in Britain and the US, we know that end-of-life decisions are extremely important. This will definitely change the way we deal with these patients. When you have signs such as these of consciousness, then you cannot decide to stop food and water." These are the words of Dr. Steven Lureys, a neurologist at the University of Liege and one of the authors of this study. The other author, Dr. Adrian Owen, stated, "These are very exciting findings. This technique may allow us to identify which patients have some level of awareness. Her decision to

cooperate represents a clear act of intention which confirmed beyond any doubt that she was consciously aware of herself and her surroundings." He noted that there were some shortcomings in the study and that other patients may not be able to hear or to understand questions being asked. "This however does give us one more tool for making these very difficult decisions."

A new therapy?

We must concurrently report another startling finding in this area. In South Africa, a doctor gave such a patient the sleep aid drug, Ambien (Zolpidem) to quiet restlessness. Fifteen minutes later the patient woke up and then spoke with his family for several hours before the effect of the drug wore off. This same physician has now treated 150 brain-damaged patients with this drug, finding over half have improved. It's as if "long dormant pathways in the brain are awakened," he said.

We do know that in some cases nerve pathways in the brain can be rewired very slowly over a lengthy period of time. We have seen this particularly in children born severely handicapped. But it doesn't happen to everyone. The big question posed by this new British research is, "Is this a method to discover those who can recover?"

No ethical physician would remove basic comfort care, such as food and fluids, to any patient, regardless if there were evidence of consciousness or not. Doctors should not play God by ending the life of those considered to be of a poor quality. The medical community cannot tolerate a repeat of the Terri Schiavo scandal. Imagine if we had this tool two years ago and the court had permitted its investigation of Terri. It's very likely that she, as well as many other patients, would still be alive today. 🌀

From the
Executive Director



Bradley Mattes

Plan B Will Cause More Pregnancies and Abortions

If you listened carefully, you could have heard champagne corks popping in Planned Parenthood facilities all across America. Why? Because the Food and Drug Administration (FDA) fulfilled one of their highest priorities. The celebration was especially sweet because the victory was handed to them from the Bush administration.

The FDA has ruled that Plan B, also known as emergency contraception, will be available without prescription to women 18 years and older. Until then, federal guidelines required a doctor's prescription for all women using this drug.

Plan B is not the same as RU 486, which sole purpose is to abort an unborn child. Plan B's primary objective is to prevent pregnancy up to 72 hours after unprotected sex. The drug is highly controversial because it sometimes causes an early abortion.

During their attempt to make Plan B available without prescription, Planned Parenthood (PP), the nation's largest chain of abortion mills, claimed it would prevent 1.5 million unwanted pregnancies and avoid 800,000 abortions every year. Now that victory is theirs and the champagne bottles are empty, PP is doing major backpedaling on those promises. Jackie Payne, PP's director of government relations, told the *Associated Press*, "It will not reach that potential." James Trussell, director of the Office of Population Research at Princeton University, agrees. He said any change "will be hard to measure because it will be so small." Mr. Trussell said Plan B would be "like a cork on the ocean."

Let's look at the evidence. The United Kingdom approved over-the-counter sales of Plan B five years ago. The *British Medical Journal* reported that while Plan B had been called a solution for both

abortion and teen pregnancies, it failed to deliver. Since it's easy access, both pregnancies and abortions have increased in that country.

Pregnancy and abortion rates in America will also increase with the easy availability of Plan B. First, it will be impossible to enforce the 18-and-older restriction. Many younger girls will simply have an adult purchase the drug for them. We already have a serious problem of adult men having sex with minor girls. The legal term for this is statutory rape. These men will flock to the local drug store to illegally purchase the drug to cover up the fact they are victimizing young girls. Now that Plan B will be easier to acquire, we can realistically expect more sexual predators will make use of this new tool.

Second, Plan B will give women a false sense of security when it comes to unprotected sex and pregnancy. As a result, more women will be having sex, getting pregnant and having abortions. It's already happened in England. Third, it will likely have a considerable negative impact by increasing sexually transmitted diseases, since the pill provides no protection against them.

With all the data stacked against the benefits of Plan B on society, why, then, did Planned Parenthood make over-the-counter sales one of their highest priorities? Evidence points to money. During a California court case, internal PP emails were made public. One was from the vice president of medical affairs, Vanessa Cullins, MD, to all PP Affiliate CEOs. In it she explained a sweet financial deal between PP and Barr Pharmaceuticals, the owner of Plan B. PP would get special pricing of \$4.25 per dose of the drug for 5 years. The average PP facility charges \$25. PP will be able to undercut local pharmacies and make an estimated cool

profit of \$20 for each Plan B kit. The email said Barr would help PP "develop and protect our market base." If things go as planned, PP will make tens of millions of dollars selling the drug.

In the wake of the abortion industry's big celebration of closing the "deal," more unborn babies and their mothers – some children themselves – will be victimized by a deceptive system touted to improve their health and lives. 🌀



Richard P. Bott, II

Life Issues Institute is very proud to announce the newest member of the Board of Directors. Richard P. Bott, II serves as Executive Vice President of Bott Radio Network. He is responsible for the acquisition and development of new radio stations, as well as the general management of Bott Radio's forty-plus radio stations. They provide quality Christian broadcasting to over 30 million people, 24 hours a day. Rich graduated with a Master of Business Administration degree from Harvard Graduate School of Business. We are confident Rich's wealth of experience and passion for innocent human life will serve Life Issues Institute well.



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STATES

X C H A N G E

Capturing the First Precious Hours




Three years ago Holly Marie Spoonley was divorced because of an abusive relationship. She was pregnant, afraid and didn't know how she was going to survive. She drove past the Osceola Pregnancy Center in Kissimmee, Florida where she lived. The sign offered free pregnancy tests. She went in and was surprised at the love, compassion and support she received from total strangers. About the time of her daughter's birth, her love for photography blossomed. She began to take portrait pictures of friends and acquaintances. Many encouraged her to do more with this talent.

Reflecting back on Allison's birth inspired her to offer this talent to the crisis pregnancy center. Holly wanted to capture on film the very first precious moments of bonding between the mother and her baby for them to remember forever. Holly went back to the crisis pregnancy center that was so much help to her and her daughter Allison. She shared her plan with the director of the center. Holly thought every mother who comes through the center should be offered a free photo session and

8x10 picture of the mother and baby in the hospital. The center was more than happy to accept Holly's generous and heartwarming offer. What an encouragement this would be to many mothers who are facing what often is a very difficult time in their lives.

Now each pregnant woman who visits Osceola Pregnancy Center is given a flyer to be redeemed on the baby's birthday. Holly feels it may possibly be just the positive gesture to persuade them to choose life for their babies.

Your local center, or some other individual in the community, may be interested in offering this touching service to expectant mothers. If so, feel free to contact Holly Marie Spoonley at Timeless Treasures Photography, 4085 Cannon Court, Kissimmee, FL 34746. Phone 407.592.1885. Or you can contact Holly by email at timelesstreasure@aol.com Her website is www.timelesstreasuresphotography.com 

Note in email and web address, the character after the word time is the numeral one not the letter L.