CITIZENS CONCERNED for Human Life
BLAIR COUNTY CHAPTER

Celebrate Life Banquet, back page

Citizens Concerned for Human Life

Blair County Life News

Volume 3 Number 4 | Presenting the Pro-Life Message to Blair County, Pennsylvania | Fall 2011

LIFE CHAIN

Sunday, October 2, 2011 ✦ 2:30 - 3:30 p.m.

17th St. and 9th Ave., Altoona at Station Mall Medical Center

On National LIFE CHAIN Sunday, hundreds of thousands of participants silently stand in peaceful, prayerful witness to their commitment to love and protect the unborn and their mothers. LIFE CHAIN challenges the community to be aware and to care. The signs we hold deliver the messages that *Abortion Kills Children, Adoption is the Loving Option, Abortion Hurts Women, Pray to End Abortion and Life—The First Inalienable Right.* This peaceful, prayerful event provides a visual statement of pro-life unity to passersby. Signs will be provided. Please join us, rain or shine!

We hope to see YOU there! For more information, call 814-946-0681

39th Annual

March for Life

Washington, D.C.
Monday
January 23, 2012

Please plan to attend. Your presence, with the hundreds of thousands of other participants, in growing numbers every year, is the best way to draw attention to the untenable legacy of *Roe v. Wade*, and to persuade our leaders to eradicate abortion from America's future. For more information about the March for Life, go to www.marchforlife.org/

SAVE THE DATE and COME WITH US!

Blair County Chapter, Citizens Concerned for Human Life will have buses available!

For more information, call 814-946-0681

Susan G. Komen donated over $600,000 to Planned Parenthood in 2009-2010

Even as scientific evidence connecting breast cancer to abortion and the use of the oral contraceptive pill continues to mount, one breast cancer cure charity, the Susan G. Komen Foundation, is funding the abortion giant Planned Parenthood to the tune of hundreds of thousands of dollars.

Stop Planned Parenthood (STOPP), a project of the American Life League dedicated to shutting down Planned Parenthood, released a report on August 24 detailing the $629,159 in funding various Komen affiliates contributed directly to Planned Parenthood affiliates across the U.S. in 2009-2010, according to the 990 Forms Komen submitted to the IRS for those years.

While Komen has repeatedly denied the abortion-breast cancer link, numerous researchers say that the evidence is already overwhelming. The issue arose as early as 1994 when Dr. Janet Daling, a pro-choice cancer researcher at the Fred Hutchinson Cancer Research Center and the University of Washington, found a connection between abortion and breast cancer.

Dr. Daling's findings, published in the *Journal of the National Cancer Institute*, revealed that women under age 18 who had an induced abortion had an increased breast cancer risk of 150%. Overall, she found, women who have an induced abortion have an increased breast cancer risk of 50%.

"I would have loved to have found no association between breast cancer and abortion," Dr. Daling wrote, "but our research is rock solid, and our data is accurate. It's not a matter of believing. It's a matter of what is." Numerous other studies since then have corroborated her findings.

In July of this year, Karen Malec, of the Coalition of Abortion/Breast Cancer, criticized Komen for fundraising to find a cure for breast cancer, and then giving the money to Planned Parenthood which, in her words, "is the primary cause of the breast cancer epidemic."

"It's more than ironic that Planned Parenthood receives contributions from an organization allegedly dedicated to the eradication of breast cancer," Malec said.

"Abortion and the birth control pill—which Planned Parenthood sells—are risk factors for the disease. It's certainly bad for business to tell women the truth about the abortion-breast cancer link. Knowledge of that risk would cause some to turn their backs on induced abortion and cut into Planned Parenthood's profits."

Malec also noted that, according to Komen's 990 Forms submitted to the IRS for 2010, the charity gave millions to at least five research and educational facilities that engage in embryonic stem cell research, research that has yet to provide even a single positive treatment or cure for any disease, yet involves the destruction of countless unborn children.

"Komen's return for 2010 shows that millions of dollars in grants were given to research facilities that have policies supporting experiments on human embryos," Malec said.

—Thaddeus Baklinski, LifeSiteNews.com, August 26, 2011

The Two-Minus-One Pregnancy
The "ethics" of aborting a healthy twin

Comment: It's hard to read this article without becoming sick. The excuses for these barbaric abortions range from "protecting" a marriage or possible "neglect" of older siblings to fear of "exhaustion" from rambunctious toddler twins. Really??? This article shows that evil never can limit itself. It must be stopped.

By Ruth Padawer

As Jenny lay on the obstetrician's examination table, she was grateful that the ultrasound tech had turned off the overhead screen. She didn't want to see the two shadows floating inside her. Since making her decision, she had tried hard not to think about them, though she could often think of little else. She was 45 and pregnant after six years of fertility bills, ovulation injections, donor eggs and disappointment—and yet here she was, 14 weeks into her pregnancy, choosing to extinguish one of two healthy fetuses, almost as if having half an abortion. As the doctor inserted the needle into Jenny's abdomen, aiming at one of the fetuses, Jenny tried not to flinch, caught between intense relief and intense guilt.

"Things would have been different if we were 15 years younger or if we hadn't had children already or if we were more financially secure," she said later. "If I had conceived these twins naturally, I wouldn't have reduced this pregnancy, because you feel like if there's a natural order, then you don't want to disturb it. But we created this child in such an artificial manner—in a test tube, choosing an egg donor, having the embryo placed in me—and somehow, making a decision about how many to carry seemed to be just another choice. The pregnancy was all so consumerish to begin with, and this became yet another thing we could control."

For all its successes, reproductive medicine has produced a paradox: in creating life where none seemed possible, doctors often generate more fetuses than they intend. In the mid-1980s, they devised an escape hatch to deal with these megapregnancies, terminating all but two or three fetuses to lower the risks to women and the babies they took home. But what began as an intervention for extreme medical circumstances has quietly become an option for women carrying twins. With that, pregnancy reduction shifted from a medical decision to an ethical dilemma. As science allows us to intervene more than ever at the beginning and the end of life, it outruns our ability to reach a new moral equilibrium. We still have to work out just how far we're willing to go to construct the lives we want.

Jenny's decision to reduce twins to a single fetus was never really in doubt. The idea of managing two infants at this point in her life terrified her. She and her husband already had grade-school-age children, and she took pride in being a good mother. She felt that twins would soak up everything she had to give, leaving nothing for her older children. Even the twins would be robbed, because, at best, she could give each one only half of her attention and, she feared, only half of her love. Jenny desperately wanted another child, but not at the risk of becoming a second-rate parent. "This is bad, but it's not anywhere as bad as neglecting your child or not giving everything you can to the children you have," she told me, referring to the reduction. She and her husband worked out this moral calculation on their own, and they intend to never tell anyone about it. Jenny is certain that no one, not even her closest friends, would understand, and she doesn't want to be the object of their curiosity or feel the sting of their judgment.

This secrecy is common among women undergoing reduction to a singleton. Doctors who perform the procedure, aware of the stigma, tell patients to be cautious about revealing their decision. (All but one of the patients I spoke with insisted on anonymity.) Some patients are so afraid of being treated with disdain that they withhold this information from the obstetrician who will deliver their child.

What is it about terminating half a twin pregnancy that seems more controversial than reducing triplets to twins or aborting a single fetus? After all, the math's the same either way: one fewer fetus. Perhaps it's because twin reduction (unlike abortion) involves selecting one fetus over another, when either one is equally wanted. Perhaps it's our culture's idealized notion of twins as lifelong soul mates, two halves of one whole. Or perhaps it's because the desire for more choices conflicts with our discomfort about meddling with ever more aspects of reproduction.

No agency tracks how many reductions occur in the United States, but those who offer the procedure report that demand for reduction to a singleton, while still fairly rare, is rising. Mount Sinai Medical Center in New York, one of the largest providers of the procedure, reported that by 1997, 15 percent of reductions were to a singleton. Last year, by comparison, 61 of the center's 101 reductions were to a singleton, and 38 of those pregnancies started as twins.

That shift has made some doctors in the field uneasy, and many who perform pregnancy reductions refuse to go below twins. After being rebuffed by physicians close to home, Jenny went online and found Dr. Joanne Stone, the highly regarded head of Mount Sinai's maternal-fetal-medicine unit. Jenny traveled thousands of miles to get there. She still resents the first doctor back home who told her she shouldn't reduce twins and another who

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Two-Minus-One Pregnancy

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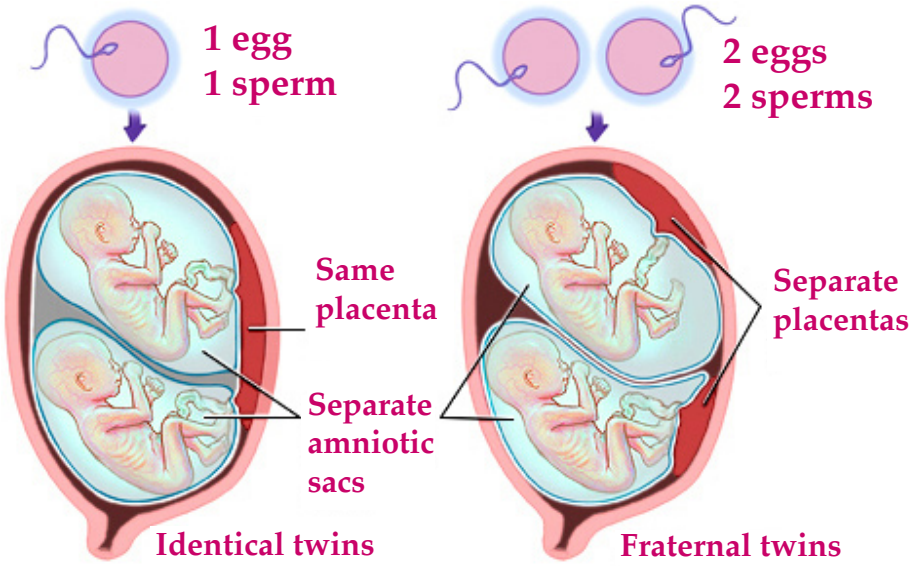
dismissively told her to just buck up and buy diapers in bulk.

Even some people who support abortion rights admit to feeling queasy about reduction to a singleton. "I completely respect and support a woman's choice," one commentator wrote on *UrbanBaby.com*, referring to a woman who said she reduced her pregnancy to protect her marriage and finances. One fetus was male, the other female, and the woman eliminated the male because she already had a son. "Something about that whole situation just seemed unethical to me," the commentator continued. "I just couldn't sleep at night knowing that I terminated my daughter's perfectly healthy twin brother."

Dr. Mark Evans, an obstetrician and geneticist, was among the first to reduce a pregnancy. He quickly became one of the procedure's most visible and busiest practitioners, as well as one of the most prolific authors on the topic. Early on, Evans decided the industry needed guidelines, and in 1988, he and an ethicist with the National Institutes of Health issued them. One of their central tenets was that most reductions below twins violated ethical principles.

Two years later, as demand for twin reductions climbed, Evans published another journal article, arguing that reduction to singletons "crosses the line between doing a procedure for a medical indication versus one for a social indication." He urged his colleagues to resist becoming "technicians to our patients' desires."

The justification for eliminating some fetuses in a multiple pregnancy was always to increase a woman's chance of bringing home a healthy baby, because medical risks rise with every fetus she carries. The procedure, which is usually performed around Week 12 of a pregnancy, involves a fatal injection of potassium chloride into the fetal chest. The dead fetus shrivels over time and remains in the womb until



www.webmd.com/hw-popup/twin-pregnancy-types

delivery. Some physicians found reduction unnerving, particularly because the procedure is viewed under ultrasound, making it quite visually explicit, which is not the case with abortion. Still, even some doctors who opposed abortion agreed that it was better to save some fetuses than risk them all.

Through the early 1990s, the medical consensus was that reducing pregnancies of quadruplets or quintuplets clearly improved the health of the woman and her offspring. Doctors disagreed about whether to reduce those to triplets or twins and about whether to reduce triplet gestations at all. But as ultrasound equipment improved and doctors gained technical expertise, the procedure triggered fewer miscarriages, and many doctors concluded that reducing a triplet gestation to twins was safer than a triplet birth. Going below twins, though, was usually out of the question.

In 2004, however, Evans publicly reversed his stance, announcing in a major obstetrics journal that he now endorsed twin reductions. For one thing, as more women in their 40s and 50s became pregnant (often thanks to donor eggs), they pushed for two-to-one reductions for social reasons. Evans understood why these women didn't want to be in their 60s worrying about two tempestuous teenagers or two college-tuition bills. He noted that many of the women were in second marriages, and while they wanted to create a child with their new spouse, they did not want two, especially if they had children from a previous marriage. Others had deferred child rearing for careers or education, or were single women tired of waiting for the right partner. Whatever the particulars, these patients concluded that they lacked the resources to deal with the chaos, stereophonic screaming and exhaustion of raising twins.

Evans's new position wasn't just a reaction to changing demographics. The calculus of risks had also changed. For one thing, he argued, in experienced hands like his, the procedure rarely prompted a miscarriage. For another, recent studies had revealed that the risks of twin pregnancies were greater than previously thought. They carried an increased chance of prematurity, low birth weight and cerebral palsy in the babies and gestational diabetes and pre-eclampsia in the mother. Marking what he called a "juncture in the cultural evolution of human understanding of twins," Evans concluded that "parents who choose to reduce twins to a singleton may have a higher likelihood of taking home a baby than pregnancies remaining with twins." He became convinced that everyone carrying twins, through reproductive technology or not, should at least know that reduction was an option. "Eth-

ics," he said, "evolve with technology."

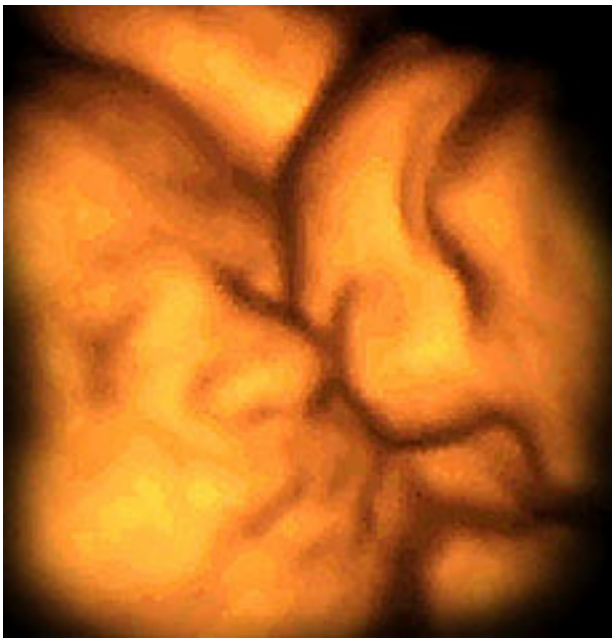
Many doctors, including some who do reduction to a singleton, dispute Evans's conclusions, pointing out that while twin pregnancies carry more risks than singleton pregnancies, most twins (especially fraternal) do just fine. Dr. Richard Berkowitz, a perinatologist at Columbia University Medical Center who was an early practitioner of pregnancy reduction, says: "The overwhelming majority of women carrying twins are going to be able to deliver two healthy babies." Though Berkowitz insists that there is no clear medical benefit to reducing below twins, he will do it at a patient's request. "In a society where women can terminate a single pregnancy for any reason—financial, social, emotional—if we have a way to reduce a twin pregnancy with very little risk, isn't it legitimate to offer that service to women with twins who want to reduce to a singleton?"

Berkowitz gave me a short history of reduction. Perinatology's goal is to improve pregnancy outcomes, he said. Reduction began as part of that effort: losing some fetuses for the sake of others. But its role evolved into something quite different, as patients requested elective reduction to a singleton. "The only reason we're the ones doing that is because we're the ones who have the skills to do it, but that's not why we got those skills," he said. "It didn't start with people who conceived twins and said, 'I only want one'; it ended up with that."

Other doctors refuse to reduce below twins unless the pregnancy presents unusual medical concerns. Among them is Dr. Ronald Wapner, director of reproductive genetics at Columbia and another reduction pioneer. Sometime in the late 1990s, when Wapner practiced in Philadelphia, he received his first two-to-one request. "She said, 'Either reduce me to a singleton, or I'll end the pregnancy.' " He consulted his staff, all women, and they concluded that if a woman can choose to end a pregnancy, she can reduce from two to one. Besides, in this case, the team would be saving a fetus that would otherwise be aborted.

As word spread, a stream of patients called Wapner's office, scheduling reductions to a singleton. A few months later, after the last patient of the day left, the sonographer who had worked with Wapner for nearly 20 years stopped at his office. She told me what happened next, on condition of anonymity because she doesn't want her relatives to know everything her work entails: "I told him I just wasn't comfortable doing a termination of a healthy baby for social reasons, and that if we were going to do a lot of these elective reductions, I thought he should bring in someone else who was more comfortable. From the beginning, I had wrestled with the whole idea of doing reductions, because I was raised in the church. And after a lot of soul searching, I had decided there were truly good medical reasons to reducing higher-order multiples to twins. But I had a hard time reconciling doing reductions two to one. So I said to Dr. Wapner, 'Is this really the business we want to be in?' "

Wapner immediately called a meeting with his staff. Every one of them—the sonographer, the genetic counselors, the schedulers—supported abortion rights, but all confessed their growing unease with reductions to a singleton. "There's no medical justification in a normal twin pregnancy to reduce to one," Wapner said. "So we decided to allocate our resources to those who would get the most benefit. We were in the business to improve pregnancy outcomes, and those reductions didn't fit the criteria." He hasn't done an elective two-to-one reduction since.



Twins in utero appear to kiss
www.dailymail.co.uk

Evans estimates that the majority of doctors who perform reductions will not go below twins. Shelby Van Voris was pregnant with triplets when she discovered this for herself. After she and her husband tried for three years to get pregnant, they went to a fertility doctor near their home in Savannah, Ga. He put Shelby, then 30, on fertility drugs, and when that didn't work, he ramped things up with injections. By then, her husband, a 33-year-old Army officer, had been deployed to Iraq. He left behind three vials of sperm, and she was artificially inseminated. "You do weird things when mortars are flying at your husband's head," she said. She soon found out she was carrying triplets. Frantic, she yelled at the doctor: "This is not an option for us! I want only one!"

Her fertility specialist referred her to a doctor in Atlanta who did reductions. But when Shelby called, the office manager told her that she would have to pay extra for temporary staff to assist with the procedure, because the regular staff refused to reduce pregnancies below twins. She contacted three more doctors, and in each case was told: not below two. "It was horrible," she says. "I felt like the pregnancy was a monster, and I just wanted it out,

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Essay Contests

Junior and High School students residing in Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset Counties are invited to write an essay on abortion, infanticide, euthanasia or embryonic stem cell research from a pro-life perspective for the Citizens Concerned for Human Life Regional Essay Contest.

Regional Contest Entries Due February 8, 2012

A copy of the essay, along with the 2012 Essay Contest Entry Form (available online at www.centralpaprolife.org), must be mailed to: **Pro-Life Essay Contest, c/o Janet Creighton, 3495 Business 220, Bedford, PA 15522 and emailed to contact@webparish.com by February 8, 2012.**

Awards: Cash or Scholarship

Sr. High (Grades 10-12) Essay Contest
Word Limit: 750
1st Place $200, 2nd $125, 3rd $75

Jr. High (Grades 7-9) Essay Contest
Word Limit: 500
1st Place $150, 2nd $100, 3rd $50

Students are encouraged to enter both the Regional and State Essay Contests!

State Contest Entries Due March 1, 2012

Entering the Regional Contest does not automatically enter a student into the State Contest and visa versa. The region runs its contest before the state does so that students can use feedback from the Regional Contest to improve their essays for the State Contest. These are two separate contests.

The **2012 Pennsylvania Pro-Life Federation "Be a Voice for the Voiceless" Essay Contest** is open to PA students in grades 7-12. Students must write a pro-life essay about abortion, euthanasia or stem cell research. Word limit is 500 for grades 7-9 and 750 for grades 10-12. Each essay must include a cover page with the student's name, address, phone number, name of school (or the fact that the student is homeschooled) and grade. Winning essays will receive cash prizes. Deadline for entries is **March 1, 2012.** Essays can be e-mailed to **lifelines@paprolife.org** or mailed to the **Pennsylvania Pro-Life Federation; 4800 Jonestown Rd., Suite 102; Harrisburg, PA; 17109.**

National Right to Life 2012 Essay Contest

Senior Essay-Grades 10-12; Junior Essay-Grades 7-9. 1st Place-$200; 2nd-$150; 3rd-$100. Essays should address this question: ***What effect has abortion had on your generation?*** Entries must be submitted between **December 19, 2011 and January 23, 2012.** Please refer to the National Essay Contest details at ***www.nrlc.org,*** *under the "Special Events" tab.*

Oratory Contests

The Citizens Concerned for Human Life Regional Oratory Contest is open to all 9th - 12th grade students in Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset Counties.

Students must prepare a five to seven minute Pro-Life talk on Abortion, Infanticide, Euthanasia or Embryonic Stem Cell Research.

A written copy of the speech, along with the 2012 Oratory Contest Entry Form (available online at www.centralpaprolife.org), must be mailed to: **Pro-Life Oratory Contest, c/o Janet Creighton, 3495 Business 220, Bedford, PA 15522 and emailed to contact@webparish.com by February 8, 2012.**

Speeches must be from a pro-life perspective and delivered as written, but need not be memorized. The student may use a podium and appropriate hand gestures but may not use props.

Regional Oratory Contest Dates

Written Copy Due: February 8, 2012
Regional Competition: February 19, 2012

Awards

Varsity (Grades 11 & 12) Oratory Contest
1st Place $200, 2nd $125, 3rd $75

Novice (Grades 9 & 10) Oratory Contest
1st Place $150, 2nd $100, 3rd $50

★ *Top Two Regional Varsity Winners Go to State Competition (see below)*

Pro-Life Dinner Invite

All regional winners will be invited as our guests to the Bedford County Annual Pro-Life Dinner. The top two Varsity winners will be invited to speak at the dinner, preceding the guest speaker.

Pennsylvania Pro-Life Federation Oratory Contest

High School Juniors and Seniors interested in competing in the state contest should contact Education Director, Maria Vitale by March 1, 2012 at vitale@paprolife.org or 717-541-0034.

Winner of PA state contest wins an all expense-paid trip to the national contest at the National Right to Life Convention, summer 2012!

News to Know

Abby Johnson Coming to PA

Michael Ciccocioppo, executive director of the Pennsylvania Pro-Life Federation, will serve as emcee when Abby Johnson comes to central Pennsylvania. Abby is the author of the book, *unPLANNED.* She will tell her courageous and inspiring story about her journey from her position as a Planned Parenthood director who chose to cross the line and fight for the lives of the unborn. Please plan now to attend Human Life Services annual fundraising banquet to be held at the Valencia Ballroom, 142 North George Street in York, on Friday, September 23rd at 6:30 p.m. Tickets are free. However, reservations are required, and seating is filling up fast. To make reservations, call 717-854-7615, ext. 29. To learn more about Human Life Services, visit www.humanlifeservices.org.

Pennsylvania Law OKs Birth Certificates for Stillborn Babies

It's one of the greatest tragedies of life: a pregnant woman, looking forward to welcoming a new life into the world, discovers her baby is stillborn. That heartache occurred six years ago for Heidi Kauffman, a resident of Port Royal, Pennsylvania. Her distress was compounded by the fact that the state refused to issue a birth certificate for her stillborn child.

But other Pennsylvania mothers will be saved from that pain, thanks to a new law which will permit parents of stillborn babies to be given birth certificates.

As state Senator Jake Corman told the *Philadelphia Inquirer,* "(Heidi) wanted a birth certificate. She carried (the baby) to term and gave birth to a child. There was no way to recognize that (before)." Supporters of abortion opposed the legislation, but Corman said he's mystified by the opposition, noting that the measure has no impact on current abortion law in Pennsylvania. (Pennsylvania is home to the Abortion Control Act, a landmark piece of legislation which provides for parental consent, informed consent, and 24-hour waiting periods for abortion.)

More than two dozen other states have similar stillborn certificate laws. According to the *Inquirer,* some 30,000 babies are stillborn each year in the U.S., including nearly 1,500 in the Keystone State.

A spokeswoman for pro-life Governor Tom Corbett, Kirsten Page, told the *Inquirer,* "Having a certificate is something that many grieving parents who have lived through stillbirth feel is important because it recognizes the life of their child."

Yet, it took some five years of struggle to get the legislation passed. The law becomes effective September 5.

—Maria Vitale, LifeNews.com, July 12, 2011

Maria Vitale is an opinion columnist for LifeNews.com. She is the Public Relations Director for the Pennsylvania Pro-Life Federation; Vitale has written and reported for various broadcast and print media outlets, including National Public Radio, CBS Radio and AP Radio.

Fewer Doctors Willing to Do Abortions

A new study provides more good news for pro-life advocates, as it shows fewer doctors are willing to perform abortions than before—creating a situation where the lower availability of abortion may be helping to reduce abortions.

The new report published [August 23, 2011] in the journal *Obstetrics and Gynecology,* finds 97 percent of physicians surveyed say they have encountered patients wanting an abortion while only 14 percent of doctors are willing to do an abortion. That's lower than the 22 percent of doctors who said they would do an abortion in the last poll, from 2008.

The researchers conducted a national probability sample mail survey of 1,800 practicing OBGYNs asking about "whether respondents ever encountered patients seeking abortions in their practice and whether they provided abortion services." The results showed that demographics and religion play a big role in whether an OBGYN is willing to do abortions.

Women were much more likely than male doctors to say they would do an abortion (18.6 percent v. 10.6 percent); doctors aged 26-35 and 56-65 were more likely to say they would do abortions compared to those 36-45 and 46-55; and physicians in urban areas were more likely to say they would do an abortion compared with doctors in smaller cities and rural settings. Meanwhile, doctors in the Northeast or West are more likely to say they would do an abortion versus those in the South or Midwest.

Looking at religion…Some 40.2 percent of Jewish doctors say yes to doing an abortion compared to 1.2 percent of Evangelical Protestants, 9 percent of Roman Catholics or Eastern Orthodox, 10.1 percent of Non-Evangelical Protestants, 20 percent of Hindus, and 26.5 percent of doctors who said they had no religious affiliation.

The study was based on a self-administered confidential survey sent to a sample of 1,800 OBGYNs practicing in the United States and 1,144 doctors responded. The survey did not ask about whether physicians who don't do abortions themselves would refer women to someone who does.

A survey done in 2008 by the Guttmacher Institute, a pro-abortion research organization previously affiliated with Planned Parenthood, found there were at least 1,787 abortion "doctors" in the United States but it revealed stark numbers when it comes to those who do abortions later in pregnancy. Of the 1,787, the study found that "[t]wenty percent of providers offered abortions after 20 weeks, and only 8% at 24 weeks."

Though the numbers seem small, that translates to at least 300 "doctors" who will perform abortions after 20 weeks and 140 willing to perform abortions at 24 weeks.

—Excerpted from LifeNews.com, August 23, 2011

Two-Minus-One Pregnancy

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but because we tried for so long, abortion wasn't an option. My No. 1 priority was to be the best mom I could be, but how was I supposed to juggle two newborns or two screaming infants while my husband was away being shot at? We don't have family just sitting around waiting to get called to help me with a baby."

Eventually, she heard about Evans and flew to New York for the procedure. "I said, 'You choose whoever is going to be safe and healthy,' " she says. "I didn't give him any other criteria. I didn't choose gender. None of that was up for grabs, because I had to make it as ethically O.K. for me as I could. But I wanted only one."

She paid $6,500 for the reduction and left Evans's office incredibly relieved. "I went out on that street with my mother and jumped up and down saying: 'I'm pregnant! I'm pregnant!' And then I went and bought baby clothes for the first time."

Today, her daughter is 2½ years old. Shelby intends to tell her about the reduction someday, to teach her that women have choices, even if they're sometimes difficult. "I am the mother of a very demanding toddler," she says. "I can't imagine this times two, and not ever knowing if I'd have another person here to help me. This is what I can handle. I'm good with this. But that's all."

Who doesn't want to create a more certain and comfortable future for themselves and their children? The more that science makes that possible, the more it has inflated our expectations of what family life should be. We've come to believe that the improvements are not only our due but also our responsibility. Just look at the revolution in attitudes toward selecting egg or sperm donors. In the 1970s, when sperm donation took off, most clients were married women with infertile husbands; many couples didn't want to know about the source of the donation. Today patients in the United States can choose donors based not only on their height, hair color and ethnicity but also on their academic and athletic accomplishments, temperament, hairiness and even the length of a donor's eyelashes.

Sheena Iyengar, a social psychologist at Columbia Business School and the author of "The Art of Choosing," suggests that limitless choice is a particularly American ideal. In a talk at a TED conference last year in Oxford, England, Iyengar said that "the story upon which the American dream depends is the story of limitless choice. This narrative promises so much: freedom, happiness, success. It lays the world at your feet and says you can have anything, everything." Nevertheless, she subsequently told me, "we are in the midst of a choice revolution right now, where we're trying to figure out where the ethical boundaries should be."

Reduction is hardly the only area in which reproductive innovation has outpaced cultural consensus. Americans disagree bitterly about abortion. They also debate the ethics of egg donation, sex selection, gestational surrogacy and menopausal women being impregnated with younger women's fertilized eggs. And yet all these options are now available, at least to those who are well heeled or well insured.

The ability of women to control their fertility has created all kinds of welcome choices. "But the dark lining of that otherwise very silver cloud is that you make the choice of when to get pregnant, and so you feel really responsible for its consequences, like do you have enough money to do it well, and are you going to be able to provide your child with everything you think you ought to provide?" says Josephine Johnston, a bioethicist at the Hastings Center in Garrison, N.Y., who focuses on assisted reproduction. "In an environment where you can have so many choices, you own the outcome in a way that you wouldn't have, had the choices not existed. If reduction didn't exist, women wouldn't worry that by not reducing, they're at fault for making life more difficult for their existing kids. In an odd way, having more choices actually places a much greater burden on women, because we become the creators of our circumstances, whereas, before, we were the recipients of them. I'm not saying we should have less choices; I'm saying choices are not always as liberating and empowering as we hope they will be."

Consider the choice of which fetus to eliminate: if both appear healthy (which is typical with twins), doctors aim for whichever one is easier to reach. If both are equally accessible, the decision of who lives and who dies is random. To the relief of patients, it's the doctor who chooses—with one exception. If the fetuses are different sexes, some doctors ask the parents which one they want to keep.

Until the last decade, most doctors refused even to broach that question, but that ethical demarcation has eroded, as ever more patients lobby for that option and doctors discover that plenty opt for girls. Some patients, like Shelby Van Voris, want no part in the decision. Others say that as much as they hate the idea of choosing based on sex, if there's a choice to be made, they want to be the ones to make it.

Society judges reproductive choices based on the motives behind them. Though roughly half of Americans identify as "pro-choice" and half as "pro-life," polls also show the distinction blurs depending on why the woman is aborting. If a woman is the victim of incest or rape, or if her health is threatened, far more people—including abortion opponents—understand her choice to end the pregnancy. Support falls off if a woman aborts for financial reasons and is lowest of all if she aborts because of the fetus's sex.

Think about the common reaction to a woman who aborts because contraception failed versus a woman (and her partner) who took no precaution at all. "It changes our judgment of the moral character of the individual making the abortion decision," says Bonnie Stein-

bock, a philosophy professor who is on the ethics committee of the American Society for Reproductive Medicine. "In the first case, it wasn't her 'fault'; in the second, it was. It doesn't mean the careless person shouldn't have the right to an abortion, but it does mean we're going to have a very different reaction to that choice." Likewise, people may judge two-to-one reductions more harshly because the fertility treatment that yielded the pregnancy significantly increased the chance of multiples. "People may think, You brought this about yourself, so you should be willing to take some of the risk," Steinbock says.

Women who reduce to singletons sometimes think the same thing. "Most of the two-to-one patients have gone to incredible lengths to get pregnant," Donna Steinberg, a clinical psychologist in Manhattan who specializes in counseling infertility patients, says. "They've paid a lot of money and put their bodies through tremendous stress, and they've gotten what they wanted—and now they're going to reduce? Outsiders think, How is that possible? And that's also where the patients' guilt comes from."

It's not only the parents who may feel guilty. Even if parents work hard to conceal it, the child may discover the full story of his or her origins, and we don't know what feelings of guilt or vulnerability or loss this discovery might summon.

The doctors who do reductions sometimes sense their patients' unease, and they work to assuage it. "I do spend quite a bit of time going through the medical risks of twins with them, because it takes away a little bit of the guilt they feel," says Stone, the Mount Sinai doctor. Sometimes, she says, couples disagree about whether to reduce a twin pregnancy, and she encourages them to see a therapist so they can be at peace with whatever they decide.

One of Stone's patients, a New York woman, was certain that she wanted to reduce from twins to a singleton. Her husband yielded because she would be the one carrying the pregnancy and would stay at home to raise them. They came up with a compromise. "I asked not to see any of the ultrasounds," he said. "I didn't want to have that image, the image of two. I didn't want to torture myself. And I didn't go in for the procedure either, because less is more for me." His wife was relieved that her husband remained in the waiting room; she, too, didn't want to deal with his feelings.

"Something about that whole situation just seemed unethical to me… I just couldn't sleep at night knowing that I terminated my daughter's perfectly healthy twin brother."

In some ways, the reasons for reducing to a singleton are not so different from the decision to abort a pregnancy because prenatal tests reveal anomalies. In both cases, the pregnancies are wanted, but not when they entail unwanted complications—complications for the parents as much as the child. Many studies show the vast majority of patients abort fetuses after prenatal tests reveal genetic conditions like Down syndrome that are not life-threatening. What drives that decision is not just concern over the quality of life for the future child but also the emotional, financial or social difficulty for parents of having a child with extra needs. As with reducing two healthy fetuses to one, the underlying premise is the same: this is not what I want for my life.

That was the thinking of Dr. Naomi Bloomfield, an obstetrician near Albany who found out she was pregnant with twins when her first child was not quite a year old. "I couldn't have imagined reducing twins for nonmedical reasons," she said, "but I had an amnio and would have had an abortion if I found out that one of the babies had an anomaly, even if it wasn't life-threatening. I didn't want to raise a handicapped child. Some people would call that selfish, but I wouldn't. Parents who abort for an anomaly just don't want that life for themselves, and it's their prerogative to fashion their lives how they want. Is terminating two to one really any different morally?"

I was eight weeks pregnant when my husband and I, with our 2-year-old daughter in tow, visited friends who had recently had twins. Our friends, two of the most laid-back parents we knew, looked exhausted, beaten, overrun. Between their infants and their 3-year-old, it seemed someone was always hungry, howling or filling a diaper. The second my husband and I stepped into our car to drive home, we said in unintentional unison, "Thank God we're not having twins.

One week later, I began to cramp and bleed, so my midwife did an ultrasound to see if I had miscarried. The fetus was fine. It wasn't, however, alone. "Twins," the midwife announced cheerfully. My terror was instantaneous, and for the next few days, I could not seem to grab enough oxygen to breathe. Aborting half the pregnancy didn't occur to us—who knew it would even be doable?—but for a few panicky hours, we wondered if it was possible to give one up for adoption.

I was right to be afraid. Studies report enormous disruption in families with multiples, and higher levels of social isolation, exhaustion and depression in mothers of twins. The incessant demands of caring for two same-aged babies eclipse the needs of other children and the marriage. It certainly did for us. There's no doubt that life with twins and a third child so close in age has often felt all-consuming and out of control. And yet the thought of not having any one of them is unbearable now, because they are no longer shadowy fetuses but full-fledged human beings whom I love in a huge and aching way.

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Shrine for the Unborn at Bishop Guilfoyle Catholic High School

"Voice for Life," Bishop Guilfoyle High School's pro-life student organization, first formulated the idea of establishing a permanent memorial for the unborn on the school campus early in the 2010-11 school year. The resulting shrine would not only commemorate the lives of children lost through abortion each year, but also be a visible witness of the school community's commitment to respecting and defending human life at every stage.

Response from the Voice for Life students and the school community to this project was both positive and energetic. The students were instrumental in helping to select the best place on campus for its construction and the final design of the statue which was to be its focal point.

The students were very keen on the statue portraying the Blessed Mother holding the child Jesus, so that it would very visibly portray the value of human life, especially children, in God's plan for humanity. Fittingly, the statue was blessed and dedicated on Sept. 8th, the day on which the Catholic Church celebrates the birthday of Mary.

The main fundraiser for the project was one in which the students took home baby bottles to fill with spare change, and it was very successful. So many donations came in that the students were not only able to pay for the statue, but also some benches and accompanying shrubbery to make the shrine have more of an atmosphere of tranquility and prayer.

Members of the school community were also encouraged to submit their prayer requests on papers that would be placed in concrete at the foot of the shrine, symbolizing that their prayers would be perpetually remembered before God.

Voice for Life students are very hopeful that the shrine will be a place of prayer and rest for the school community and that classes will be able to make use of it, both as a reminder of our commitment to defending human life at every stage, as well as a place of spiritual blessing.

—Mr. Robert Sutton, Moderator of the Voice for Life Club
Bishop Guilfoyle High School, Altoona

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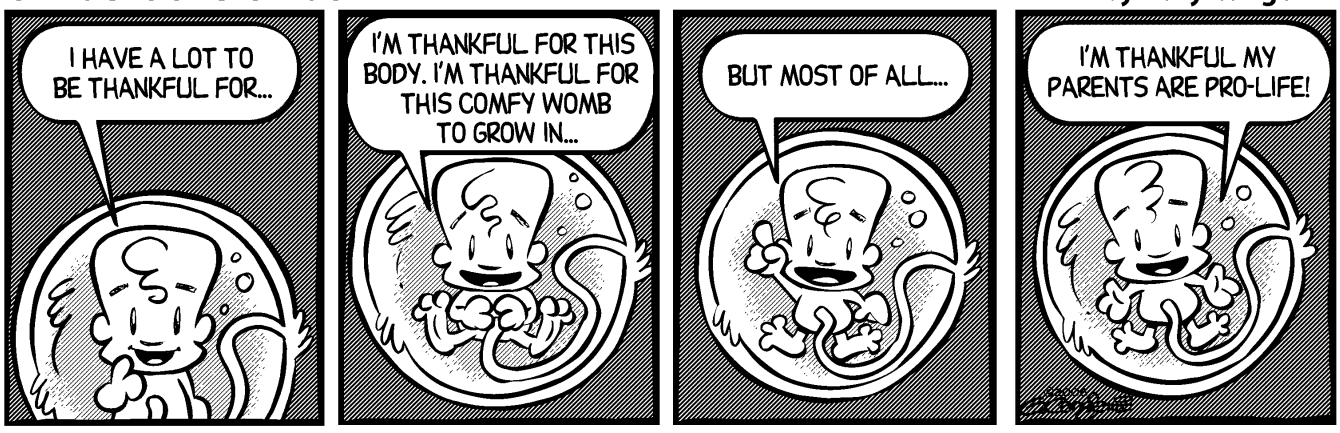
Umbert the Unborn

by Gary Cangemi



From the President's Desk

September 8 — Mary's Birthday

Two articles really caught my attention in this edition of our newsletter. If you read the featured article, *Two-Minus-One Pregnancy*, you might have become discouraged by the lack of respect for life. Years ago, when abortion was legalized, there was much talk about the "slippery slope." It appears to me that we are fast approaching the bottom of that slope.

Today we celebrated Mary's birthday, a young teenager who said yes to God and opened a whole new world to each of us. Coincidently, Mr. Robert Sutton's article on the Shrine for the Unborn, which was dedicated this day, removed some of that disillusionment and pessimism engendered by the *Two-Minus-One* article. The effort and enthusiasm of the students who raised money for the shrine to show their respect for all life should inspire all of us.

Those of us who attended last year's March for Life were astounded by the number of young, enthusiastic marchers. Locally, we took over 100 students to the March, many of whom were from the Voice for Life Club at Bishop Guilfoyle High School. Like the beautiful young lady who said yes to God and brought us Hope, these young students are giving us hope for the future. May each of us do our best to emulate them.

—R. Thomas Forr, Jr., President, Blair County Chapter Citizens Concerned for Human Life

Crisis hotline numbers

If you, or someone you know, is experiencing a crisis pregnancy, help is available. Call ***Birthright, 2706 7th Ave., Altoona, 814-943-8185;*** or ***Precious Life, Inc., 1716 12th Ave., Altoona, 814-944-2669.*** For post-abortion counseling, contact ***Project Rachel, 814-884-8000; www.ProjectRachel@dioceseaj.org;*** *or* ***Rachel's Vineyard, 877 HOPE 4 ME (877-467-3463); www.rachelsvineyard.org/.*** For information on Natural Family Planning, go to: ***www.ForYourMarriage.org or www.familyplanning.net.*** For those with life-limiting illnesses, contact ***Home Nursing Agency, 201 Chestnut Avenue, Altoona 16603, 814-946-5411, 1-800-445-6262 or email:help@homenursingagency.com.*** Family Life, Diocese of Altoona/Johnstown, offers pastoral guidance, call ***814-886-5551; email: familylife@dioceseaj.org.***

Two-Minus-One Pregnancy

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Plenty of infertility patients who conceive twins are ecstatic from the start about getting a two-for-one deal; some studies indicate that the majority of I.V.F. patients prefer twins. Though most doctors don't believe reduction below twins is medically justified, they do argue that it is best to avoid a multiple pregnancy from the outset. Fertility drugs and in vitro fertilization both markedly increase the chance of multiples. About 5 to 20 percent of pregnancies from fertility drugs turn out to be twins or higher, according to the American Society for Reproductive Medicine, and half of babies conceived through I.V.F. are part of a multiple pregnancy. Perinatologists and obstetricians have lobbied fertility specialists to use ovulation-inducing drugs more judiciously and to transfer fewer embryos into their patients. Over the past few years, the campaign has resulted in fewer pregnancies of triplets and up, but the number of twin pregnancies continues to climb. Clearly there is room for improvement. The problem is that for all the choices and opportunities that fertility treatments offer, there is still a lot that doctors cannot control.

Ruth Padawer (ruthpadawer@yahoo.com) is a writer and teacher. Her most recent article was about how DNA testing is changing fatherhood.

—Excerpted from New York Times, August 10, 2011

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Citizens Concerned for Human Life, Inc.
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Citizens Concerned for Human Life, Inc. is a non-profit, non-partisan, non-denominational organization dedicated to educating and upholding the truth about abortion, infanticide, euthanasia and embryonic stem cell research. CCHL is composed of chapters made up of persons of all ages, sexes, races and cultural backgrounds. CCHL, Inc. is an affiliate of the PA Pro-Life Federation and the National Right to Life Committee. Donations are not tax-deductible.
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Blair County Chapter, Citizens Concerned for Human Life, Inc. Membership Form

Blair County CCHL believes that human life has value in all stages of development from conception until natural death, and is committed to speaking on behalf of those who cannot speak for themselves — the unborn, the aged, the incapacitated. Won't you please help in our struggle to preserve respect for human life? A contribution brings you the newsletter as well as educational materials and special mailings.

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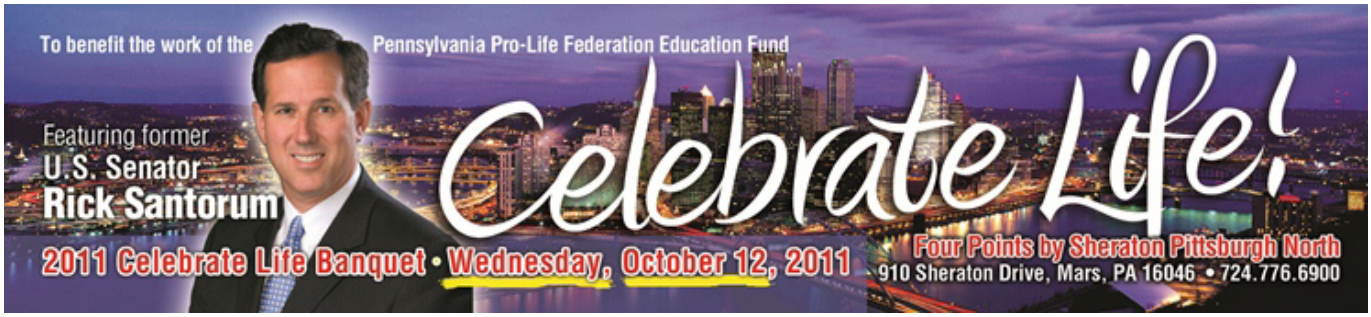

2011 Celebrate Life Banquet

Featuring keynote speaker former U.S. Senator Rick Santorum

Wednesday, October 12, 2011

Four Points by Sheraton Pittsburgh North
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http://www.paprolife.org/events/BanquetRegistration2011.pdf