

CITIZENS
CONCERNED



BLAIR COUNTY
CHAPTER

Citizens Concerned for Human Life

Blair County Life News

Volume 6 Number 2

Presenting the Pro-Life Message to Blair County, Pennsylvania

Spring 2014

Celebrate LIFE!

*I woke up early today...Excited about all
that I get to do before midnight...
I have responsibilities
to fulfill that are important.
My job is to choose
what kind of day I'll have...*



*Today, I can complain because
it is raining...or
I can be thankful the grass
is getting watered for free!*

*Today,
I can feel sad
that I don't have more money...
or I can be glad that my finances
encourage me to
Plan my purchases wisely and
guide me away from waste!*

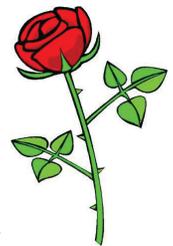


*Today, I can grumble about my
health...or
Rejoice that I am alive!*

*Today, I can
lament over all
that my parents
didn't give me
when I was growing up...or
I can feel grateful
that they allowed me to be born!*



*Today, I can cry
because roses have thorns...or
I can celebrate that thorns have roses!*



*Today, I can mourn my
lack of friends...or
I can excitedly embark upon a quest
to discover new relationships!*

*Today, I can whine
because I have to go to
work...or
I can shout for joy
because I have a job to do!*



*Today, I can complain because I have to go to
school...or I can eagerly open my mind
and fill it with rich new knowledge!*

*Today stretches ahead of me,
waiting to be shaped...
I am the sculptor, ready to do the
shaping...*



*What today
is like is up to me
because I get to choose
What kind of day I will
have...*

Celebrate Life!!!

Abortions top 56 million since *Roe v. Wade*

By *Randall K. O'Bannon, Ph.D. NRL Director of Education & Research and Dave Andrusko, National Right to Life News Today Editor*

Given the trends seen in recent national reports, National Right to Life now believes that there have been over 56 million abortions since 1973. One critical piece of evidence in that calculation arrived in November of 2013, when the U.S. Centers for Disease Control (CDC) reported its latest national figures. It was important to find out whether the drop in abortions for 2009 seen by the CDC—4.6%—would continue in 2010. If it dropped again, we'd have some confidence that the 2009 figure wasn't just some odd statistical aberration, that there really was some real and significant decline. It did.

As reported in *NRL News Today*, abortions for 2010 declined another 3.1%, according to the CDC. (See "CDC Report Shows Decline in Abortions for 2010; abortion rates and ratios both down," December 3, 2013.)

We typically like to compare and confirm those trends with data from the Guttmacher Institute, the former special research affiliate of Planned Parenthood which publishes its own private study.

Guttmacher, which surveys abortion clinics, hospitals, and private practice physicians directly, has higher and what are widely thought to be more reliable abortion numbers. Unlike the CDC, however, they do not survey every year, and have not, as of this date, published anything more recent than 2008 data when Guttmacher reported there were 1,212,400 abortions.

The CDC publishes national totals of its own. However they have been missing data from several states, including the nation's most populous, California, since 1998, so their recent totals leave out hundreds of thousands of abortions. It creates a bit of a conundrum, because the new CDC data showing the trend doesn't really give a complete national count, while better national annual tally, from Guttmacher, is years out of date. Under the circumstances, the best one can do is to apply the trend from one to the total from the other and extrapolate. It's not ideal, but it allows you to produce a justifiable ballpark estimate.

Thus the 56 million+ figure comes from the mathematical application of the assumption that the Guttmacher numbers will roughly reflect the same declining percentage in the number of abortions that the CDC found.

LONG TERM TRENDS ENCOURAGING

The long term trend is fewer abortions, and the number is down significantly from 1990 when the country saw 1.6 million abortions a year. As one measure of the impact your work has had, if the number of abortions had remained at 1.6 million, more than seven MILLION more babies would have died.

The publication of data from the CDC last November is good reason to believe there is a new major downward trend. The drop of 3.1% for 2010 was not as large as the 4.6% drop for 2009, but it is still considerable and the arrows are pointing in the same direction.

We obviously can't know in advance whether the numbers Guttmacher will publish later this year will show the same drop off. However if those same percentages of declines CDC found were applied to the number Guttmacher reported for 2008, the number of abortions for 2009 would be 1,156,630. Likewise, for 2010 the number of abortions would be 1,120,775.

So far, so good.

If one assumes that the 1,120,775 number held constant from 2011 to 2013, the total number of abortions would be 54,972,980.

But Guttmacher concedes that it might undercount the number by 3%. Add that 3% and it yields a total of 56,662,169 abortions since 1973.

Despite the seeming precision, this is not an exact number. No such number is possible. There will always be missed abortions, missed abortionists. Adjustments, however careful, will always be imprecise.

But given the data we have, we feel it is reasonable to assume that we have now seen at least 56 million lives lost since *Roe* and are looking at topping 57 million sometime in the coming year.

We will, of course, revise our numbers accordingly when Guttmacher publishes figures from its latest survey. But unless the trajectory of those numbers wildly diverges from trends recently reported by the CDC, we expect things to remain within that 56 to 57 million range.

Of course, we all know that we are talking about more than just numbers or statistics. The blood of more than 56 million aborted babies represents an enormous stain on our national conscience and a heavy burden on our hearts.

But these numbers also show us that our efforts have not been in vain. As noted above, if our nation had continued at the rate of 1.6 million abortions a year we saw in 1990, our cumulative total would have been approaching 64 million by now.

That would translate into approximately 7 million more babies alive today than would have otherwise been the case. That is the equivalent to the number of abortions performed over a span of six to seven years—living human beings alive today because of you!

Of course the Movement has a long way to go to return full legal protection to unborn children. But never underestimate the importance of what you, grassroots pro-life America, are doing. What you do makes a real difference.

—*National Right to Life News Today, January 10, 2014*



10th Annual Pro-Life Dinner & Silent Auction

Chestnut Ridge Independent Fellowship Church
1486 Quaker Valley Rd., New Paris
Friday, April 11, 2014



Featuring: Elaine Russo

*Executive Director of The HOPE Pregnancy Center
a crisis pregnancy medical center located in Philadelphia*

Eliminate the Crisis NOT the Pregnancy

A graduate of Brown University and Gordon-Conwell Theological Seminary, Elaine has been working in the crisis pregnancy ministry for the last 10 years. One of her main passions is to help women find healing and restoration in Jesus so that together, we can grasp what the apostle Paul meant when he said, "Forgetting what is behind and pressing on towards what is ahead, I press on to win the goal for which I am called heavenward in Christ Jesus." Her husband, Christopher, is a doctor at St. Christopher's Hospital for Children. They are the blessed parents of two precious children, Matteo, who is 4 going on 40, and Isabella, who at 24 months, seems determined to achieve world domination.

The HOPE Center has 15 abortion mills within a 3-mile radius!

During the last 6 years, as an outreach and in thanksgiving that we do not have an abortion clinic in our 10 county region, we have helped the HOPE Pregnancy Center in Philadelphia open its doors. Nearly half of all abortions performed in Pennsylvania are done in Philadelphia and the surrounding counties. Thanks to the 30 churches who have participated in our baby bottle fundraisers and our sponsors, BCCCHL has been able to help the HOPE Pregnancy Center in the "front line" war against abortion by:

- remodeling the front of their building.
- providing a sign that lights up automatically at sunset.
- paying printing costs.
- contributing to the purchase of an ultrasound machine.
- extending the availability of their ultrasound for over 200 hours!
- Renovating the basement into a Blessing Room to store diapers, blankets, baby clothes, etc.
- paying for bus ads for the HOPE Center that were displayed on 16 center city buses.

Through these efforts BCCCHL has helped the HOPE Center eliminate the crisis not the pregnancy.



Silent Auction 5 to 7 PM - Dinner at 6:00 PM

Come Hear the Regional Oratory Contest Winners

RSVP 624-0140 by 4/4/14 - Adults \$15 - Students \$10 - 5 & under free
Checks should be made out to Bedford County CCHL

Please mail checks to: Pam Lucas; 262 Zion Rd; Everett, PA 15537

Be a 2014 Sponsor of our "Save the Babies" Projects
Platinum/\$250, Gold/\$100, Silver/\$50, Bronze/\$25

Sponsored by Bedford County Citizens Concerned for Human Life

www.BedfordCountyProLife.org

Miss Pennsylvania Valerie Gatto Was Conceived in Rape, Glad She Wasn't Aborted

By Steven Ertelt

Valerie Gatto was recently crowned Miss Pennsylvania 2014. The talented and beautiful young woman has a strong faith in God and a budding career after graduating from Pitt.

But, Gatto could have easily become another abortion statistic. Her mother was victimized by a brutal rapist and almost killed, but, thankfully, Valerie was given a chance at life.

While many people, some pro-life advocates included, think abortion should be a "choice" in cases of rape or incest, Valerie personifies that debate and puts a human face on the fact that unborn children conceived in rape are human beings indeed and deserve to have their right to life protected.

Beauty from ashes indeed...

Her mother was raped at knife-point and managed to escape her attacker, but soon realized she was pregnant with his child. Keeping the pregnancy a secret, she intended on giving the baby up for adoption.

Unyielding support from family members and a strong belief that God doesn't give you more than you can handle changed her mind.

Her mother's decision to turn a negative into a positive resonated deeply in Valerie's life. Growing up, her participation in church and the Girl Scouts reinforced the importance of giving back.

Hard work, sacrifice and a positive attitude enabled Valerie to graduate magna cum laude from the University of Pittsburgh, pursue acting opportunities and, most recently, snag the crown in the Miss Pennsylvania pageant without missing a beat in her philanthropic pursuits.

And as far as she's concerned, she's only just begun. Here's Valerie in her own words in a recent interview:

Question: What inspired you to share the story of your mother's sexual assault?

Answer: I knew, at a young age, it wasn't something that should be shared with my peers in elementary school. But I knew it was a topic that needed to have light shed on it. And I live my life not thinking of it as something negative, but looking at how to turn a negative into a positive...A lot of people could benefit from this type of story—not just young women about how to protect themselves and how to prevent the crimes. It's a story that could inspire a lot of people and, if I stay a strong person, I can inspire many other people. So, I don't mind being an advocate for something like this. There's not that many role models for young women out there today that are actually positive and uplifting, and that's why I got into pageantry.

Q: You found out about the assault as a young child. How were you able to reconcile with that?

A: The version that was told to me when I was little—it wasn't everything that I know today. The version that



was given to me was definitely something for my level, and it was a lot to handle. But I also still believe, with my faith and going to church and having a church family and a close support system, that I didn't really let it affect me too much. I don't know if he's still out there; I don't know if he still exists.

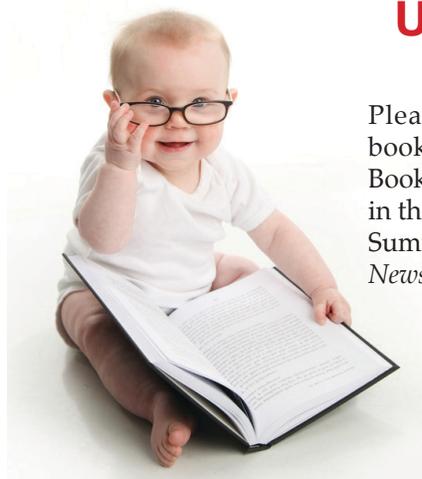
Whenever my mom managed to get away, he was going to murder her, but there was just this bright flash of light, and he got scared and didn't want any onlookers to see her and what he was doing to her. So, that light gave my mom the opportunity to run away and escape—and if that bright light didn't appear, she would have been murdered. I like to think of that light as my mother's and (my) guardian angel.

It was always turning a negative into a positive. That's why I don't think I let it affect me at a young age. She always would tell me I was her light—I am the light to illuminate the darkness for all to see, and I look at it from that moment of conception, there has been that light associated with darkness, and that's what I hope to do with Miss Pennsylvania USA 2014.

—LifeNews.com, March 3, 2014

Used Book Sale!

Please save your used books to donate to our Book Sale to be held later in the year—details in the Summer issue of *Blair Life News* or call 696-9304.



2014 Oratory Contest Winners

Citizens Concerned for Human Life (CCHL), Central Pennsylvania Region of Pennsylvania Pro-Life Federation, hosted its 2014 Oratory Contest, in Altoona, on March 2nd. Students delivered speeches on abortion, euthanasia or embryonic stem cell research from the pro-life point of view. Our Central PA Region stages a Varsity Contest for students in grades 11 and 12 and also provides a JV Oratory Contest for ninth and tenth graders.

Judging the Oratory Contest participants were **Tom** and **Pat Forr**, Blair County Chapter of CCHL, and **Patricia Hatch**, nurse, mother of eight children and an active member of CCHL. **Marita Forr** served as time-keeper.

A tie for 1st Place in the Senior Division was won by **Sarah Bastian** and **Teresa Sicree**. Sarah is the daughter of Tim and Anne Bastian of State College, Centre County; she is a senior who is homeschooled. Teresa is the daughter of Andrew and Rebecca Sicree of Boalsburg, Centre County. Teresa is also a senior who is homeschooled. Sarah and Teresa were each awarded \$200, for their presentations, "Pro-Love" and "In Denial," respectively.

There were three entrants in the Junior Varsity Division. First place was won by **Maria Sicree**, of Boalsburg, Centre County, a sophomore who is homeschooled. Maria was awarded a prize of \$150 for her presentation entitled, "Brave New Krypton."



*Jacob Braillier, Maria Sicree and Isabel Sicree
Winners in Junior Varsity Division*



*Sarah Bastian and Teresa Sicree
First Place Winners, Senior Varsity Division*

A tie for second place was won by **Isabel Sicree**, a freshman, of Boalsburg, Centre County, and **Jacob Brallier**, a sophomore, of Hopewell, Bedford County. Isabel, whose speech was entitled, "In the Eye of the Beholder" and Jacob's, "The Guessing Game," were each awarded a

prize of \$100. Maria and Isabel are the daughters of Andrew and Rebecca Sicree and Jacob is the son of Sherri Brallier.

Each region of the state has the opportunity to send two students in grades 11 or 12 to the State Oratory Contest on April 27th. Representing our Central Pennsylvania Region in the state competition will be 1st Place Varsity winners **Sarah Bastian** and **Teresa Sicree**. The winner of the state competition will be given an all expenses-paid trip to the National Right to Life Convention (Louisville, Kentucky, June 28) for an opportunity to win the national oratory competition. The top two Varsity winners are also invited to speak at the Bedford County Pro-Life Dinner on April 11. (See page 3 for details and to make dinner reservations.)

National Right to Life Convention
Louisville, Kentucky
June 26-28

Three full days!
More than 70 sessions
More than 100 pro-life speakers!
It will educate, motivate and inspire you
to take a stand for life!

Location: The Galt House Hotel
www.nrlconvention.com

Tyrone Respect Life March - January 19, 2014



Embracing the Journey

By *Cristen Krebs, DNP, ANP-BC*



Human life is a precious gift. The uncertainty of life compels us to appreciate its fragility.

Just as the onset of labor and date of delivery is a mystery, likewise, no one can predict the exact day, hour or moment of death. When a loved one is living the last stages of a terminal illness, family and friends often question when death will occur.

Because the process of dying is a personal journey, the time of death is difficult to predict, even for doctors and nurses who specialize in care of the dying. While certain symptoms are usually associated with the natural dying process, these symptoms of approaching death may vary a bit depending on the unique end stage illness a person is experiencing. Not all the symptoms will be present in every case, and most individuals demonstrate a combination of the symptoms in their final days or hours of life. Additionally, some individuals never display any of the common symptoms as death approaches.

The dying process usually begins several weeks before death occurs. As the physical body begins to decline, an individual's emotions and sense of spirituality also begin to change as the mind strives to embrace one's own mortality.

The following list accounts for the most common changes that occur in the last months, weeks and days of life.

Withdrawal from Family and Friends

In the process of accepting their own mortality and approaching death, patients often begin to withdraw from their immediate surroundings and family and friends closest to them. Even activities previously pleasurable to the patient may be abandoned as death nears. This process of separating from their earthly world while contemplating life and past memories is a necessary part of the dying process for many patients. Patients experiencing the final stages of a terminal illness frequently decline visits from family and friends. Visitors can easily exhaust a patient and leave the patient feeling as if they are responsible to entertain them. When visitors are permitted, patients often act reserved and introverted. Additionally, patients who have had a long day of visitors often display increased fatigue and exhaustion the following day. This may result in the patient sleeping much of the day, being unable to awaken easily, or not communicating verbally.

During this time, patients require privacy. It is necessary to respect a patient's wishes for solitude and quietly express love to the patient during this period of withdrawal. Patients nearing the final phase of terminal illness are very sensitive to what is communicated by those around

them—both verbally and non-verbally. Calmly sitting nearby, holding hands, or offering silent prayers are ways to remain engaged with a loved one who is withdrawing. Providing safe, peaceful and comforting surroundings allows the patient the time needed to reflect on life closure.

Loss of Appetite and Weight Loss

As the body begins a natural decline, an individual's energy needs also decline. The energy required by the body to process food becomes greater than the energy the body can derive from it. As a result, patients often experience a loss of appetite and routine eating habits change. Patients frequently refuse full meals and large amount of liquids and request smaller quantities of food items that are soft and bland, such as puddings, scrambled eggs, or hot cereals. Favorite foods are also of little interest as the body declines.

We are taught at a young age that food is a fuel that gives the body energy and helps sustain life. Family and friends want to nourish their loved one with plenty of good food in the hopes that the patient will begin to feel stronger and possibly recover or live longer. While caregivers are often troubled by the patient's loss of appetite, and subsequent weight loss, it is important they understand the patient's refusal of food to be a signal that nourishment must be derived in other ways—through the mind, soul and spirit. Additionally, they should be aware that the body naturally requires less food and drink as it declines. Caregivers can frequently offer sips of liquids and ice chips, or small bites of ice cream, pudding or other soft foods.

Refraining from force feeding and following the patient's food requests will enhance comfort. Forcing a patient to eat or making them feel guilty if they refuse food strains the patient-caregiver relationship and may lead to patient isolation. Patients who are declining require reassurance that loss of appetite is accepted. This respect and acceptance ultimately enhances patient comfort.

In the last 2-3 days of life, the patient may be unable to swallow, resulting in the inability to take medications by mouth. At this time, caregivers can apply balm or petroleum jelly to the lips to keep them moist, and can use mouth swabs dipped in cool water to keep oral membranes hydrated. These measures further ensure comfort.

Declining Metabolism and Excessive Weakness, Fatigue and Sleep

As the patient's food / fluid intake and metabolism decline, the body begins to display other changes. Body temperature lowers by a degree or more, blood pressure slowly lowers, and the pulse becomes irregular and may slow down or speed up.

As these changes occur, less oxygen is available to the muscles, resulting in increased weakness. It requires more effort to complete everyday tasks that were previously

easy to accomplish. Patients often display discouragement or depression as they resolve to ask for assistance with bathing, walking and eating.

Patients may begin to sleep 12-20 hours each day and may be difficult to awaken. Even simple activities become difficult, such as changing position, holding a cup, or sipping from a straw. As the fatigue and amount of sleep per day intensifies, the patient's awareness of immediate and even familiar surroundings begins to fade.

Caregivers assisting with daily physical tasks must remain sensitive to the patient's feelings.

Allowing the patient to sleep without interruption is essential as the body and mind decline. Keep in mind however that a patient's sense of hearing is believed to remain intact up until the time of death. Therefore, even if the patient appears unresponsive, presume all verbal communications can be heard.

Mental Confusion or Disorientation

During the progression of terminal illness, a patient's level of awareness often changes frequently and unexpectedly. As the body adjusts to a slower metabolism, vital internal organs also slow down, including the brain. When a patient becomes confused, it can be due to decrease of oxygen to the brain resulting in the inability to recognize familiar people or places, or the current time of day or year. Also, patients may hear voices or see visions. This type of disorientation is common.

As mental capacity declines, the patient may no longer speak or answer questions, and their responses may be slow and difficult to comprehend. Responding to or openly conversing with people who can't be seen in the room by others is common. Often these people are ones who have already died. Hallucinations and visions, especially if they are of deceased loved ones, can be comforting to the patient and the caregiver.

Caregivers and visitors are encouraged to always identify themselves and speak softly and calmly to the patient, while not placing expectations on the patient. A reassuring voice and gentle physical presence provides much comfort. Caregivers should never negate what a patient is saying or seeing, or debate with them. This confused state becomes the patient's reality. It is often a pleasant and comforting experience and may be a sign that the patient's mind is at peace with joyful and happy thoughts. Attempting to convince a pleasantly confused patient that a loved one isn't there can make that person agitated or combative.

If the patient begins to express, verbally or non-verbally, upsetting or disturbing experiences, caregivers are encouraged to gently stroke their arm or hold their hand, while speaking calmly in a soft reassuring voice and reminding them of who you are, where they are, and what day it is.

During periods of confusion, a patient's favorite music or prayer may help to provide familiarity and comfort.

Restlessness

It is common for patients to become restless or agitated and make repetitive motions. For example, they may pick at the air, bed sheets or clothing. While these movements and actions may seem pointless and do not make sense to caregivers and visitors, they can be a sign of decreased oxygen to the brain or of physical stress such as pain, nausea, distended bladder or constipation.

During periods of restlessness, caregivers must remain calm and stationary as they assess the needs of the patient. Caregivers must refrain from the desire to interfere or restrict a patient's restless motions, but instead strive to protect the patient from physical injury. Proper pain and symptom management is crucial to soothe a restless patient.

Restlessness can also be a sign that the patient is experiencing emotional stressors such as anxiety or spiritual distress. Praying with the patient or calling clergy to the bedside to meet one on one with the patient may help to alleviate patient fears and instill a sense of peace and confidence. Caregivers may also need to give the patient permission to 'let go' so that rest may follow.

In some cases, a patient may experience 'terminal delirium' during the last days or hours of life. Terminal delirium is defined by heightened restless activity and intense confusion that is often accompanied by hallucinations and aggressive behavior such as striking out or screaming at caregivers, or attempting to climb out of bed or leave the room. Keeping the patient safe and protecting from injury is the top priority. Utilizing medications prescribed by the patient's physician specifically to treat terminal delirium also assists in alleviating these distressing symptoms. Non-medical interventions include keeping the room safely, but not brightly, lit (bright light can increase restlessness) and maintaining a quiet room by avoiding loud noises and multiple visitors.

Difficulty Swallowing

As the body declines, the reflex that controls swallowing becomes weaker. Patients often experience difficulty swallowing and may even develop fears when taking food or fluids by mouth.

Caregivers are encouraged to offer small amounts (half a teaspoon) of food or fluid and observe the mouth and throat to see if swallowing has taken place. Also, to enhance patient safety, caregivers should feed a patient only after the patient is placed in an upright position, with head elevated, straight and not turned to the side. Caregivers must never orally feed or hydrate a patient who is unable to awaken fully to swallow, is unconscious, can no longer hold their head up, or remain upright, as the risk of aspiration of food / fluid into the lungs is increased.

A patient's food tolerance most often progresses from solid foods to soft foods, and then from liquids (soups and dietary supplements) to ice chips and water / juice spooned or sucked from a straw. The sucking reflex often remains intact until the last days / hours before death.

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Embracing the Journey

continued from page 7

Difficulty swallowing can hinder the patient's ability to swallow oral medications. When this occurs, alternative medications or modes of delivery are available. For example, some medications can be crushed and capsules opened and mixed with pudding, yogurt or like foods, and many pharmacies can manufacture medications to be given as drops under the tongue, patches for the skin, or topical creams and gels applied directly to the skin.

Elimination

As weakness increases and circulation of blood and oxygen diminish, the muscles that control the bowel and bladder are also affected. These muscles often begin to relax and "incontinence" (involuntary loss of urine or feces) may occur. The patient may experience embarrassment as a result of incontinence. Caregivers must offer dignified and respectful care.

Additionally, as the patient's oral fluid intake diminishes the amount of urine produced decreases. Urine becomes dark in color, indicating that the kidneys are shutting down. At times, a urinary catheter is necessary to drain the bladder and keep urine away from the patient's skin.

As the kidneys shut down, body fluids often accumulate in areas of the body that are away from the heart, such as the patient's feet and ankles. However, the fluid may also accumulate in the patient's face, hands, or torso. The skin begins to work to eliminate toxins from the body. As a result, the patient may complain of itching over different parts of the body, and may experience increased sweating. Offering the patient warm baths, frequent linen changes, frequent repositioning, or cool cloths for the face, armpits or groin may provide relief from skin irritations.

Keeping the skin clean and dry is essential to comfort. Incontinence and sweat can lead to skin rashes or open sores that lead to further discomfort.

While daily bowel movements are not expected as a patient declines, too many days between bowel eliminations can result in problems and increased discomfort. Therefore, caregivers are encouraged to keep track of each bowel movement. As food intake decreases, smaller less frequent bowel movements can be expected.

Cooling Body Temperature and Skin Color Changes

In the days and hours before death, blood circulation draws back from the body's arms and legs as vital organs work hard to retain circulation. Mechanisms that control the body's ability to control its temperature will start failing. Hands, feet, fingers, and toes become cool to the touch. Lips and nail beds may also look more pale or bluish. At times, the patient may complain of feeling cold as circulation declines. Warm blankets provide comfort if needed. Also, it is important to avoid drafts that may cause the body's temperature to fall too fast and cause shivering.

The patient's skin may develop a distinctive pattern of blotchy pale purplish/reddish/bluish coloring called mottling. This is one of the later signs of approaching death that results from a reduction in blood circulation. Mottling is often first detected on the soles of the feet, toes and knees, and may slowly work its way up the legs, torso, and arms.

Labored Breathing

Changes in breathing patterns are common as patients decline. Intermittent use of oxygen is often beneficial if breathing becomes difficult, or irregular due to anxiety. Also, a ceiling or floor fan blown over the patient's body may give the sensation of being in fresh air, providing comfort and relief. Furthermore, keeping the head of the bed elevated can enhance breathing.

As a patient approaches death, breathing often becomes irregular, shallow and labored. The exhalation (out-breath) is longer than the inhalation (in-breath). For some patients, a distinctive pattern of breathing, known as Cheyne-Stokes respirations, occurs. Cheyne-Stokes respirations consist of loud, deep, and rapid respirations (up to 30-50 per minute) that involve the whole rib cage, followed by a pause in breathing (apnea) for a period of approximately five seconds to as long as a full minute. Following this period of apnea, the loud, deep breathing resumes. The patient is not aware of this altered breathing pattern. The cycle of loud breathing with pauses may continue for a few days, several hours or minutes until death occurs, and can be stressful for caregivers to observe.

Sometimes congestion and excessive secretions create coughing or loud, gurgling sounds during inhalation and exhalation. These sounds are often referred to as the "death rattle." When a patient can no longer swallow, this "rattle" is caused by the accumulation of saliva in the back of the throat. While the noise can be distressing to caregivers, it does not seem bothersome to the patient. Because the pool of secretions is too far down the throat, the use of suctioning devices is not recommended. Suctioning can result in increased oral secretions. It is sometimes beneficial to reposition the patient with their head to the side to allow secretions to naturally drain from the mouth.

Changing the patient's position often alleviates noisy respirations. Elevating the patient's head with pillows, elevating the head of the bed, or gently rotating the patient's head or body slightly to the side may lessen audible respirations. Keeping the patient's mouth and lips moist with mouth swabs, a wet cloth or lip balm also lessens noisy breathing. Additionally, oxygen and a room vaporizer add moisture that quiets breathing.

Unexpected Alertness and Increased Energy

As previously discussed, a few days before death a patient may stop interacting with loved ones completely. Surprisingly, however, in the last days or hours, a patient may experience an unexpected period of clarity, lucidity and energy.

During this surge of energy, which can last less than an hour or up to 24 hours, the patient may wake up, become alert, and eat, talk or spend quality time with loved ones. This is a very special time for final spiritual practices and mental preparations which can be shared with loved ones.

As quickly as it occurs, the period of attentiveness grows faint, and the patient again returns to an unresponsive state. Caregivers should treasure this fleeting period of alertness, because, once it passes, the patient is usually moving closer toward death.

Saying Good-bye

It is often difficult to determine when the time has come to call family and friends to the bedside to say a final goodbye. When it becomes evident that death is near, family members and close friends should be notified and given the option to visit the patient one last time. This also allows family and friends the opportunity to support one another.

Signs of Imminent Death

In the days or hours prior to death, patient symptoms often become more intense. These symptoms include:

- Little or no bladder or bowel activity
- Occasional grimaces, groans, or scowls
- Eyes may tear or become glazed
- Glassy fixed stare with large pupils
- Unresponsive to voice or pain
- Unable to swallow
- Unconsciousness or drifting in and out of consciousness
- Faint or irregular pulse and heart beat
- Falling body temperature
- Mottling of the skin of the knees, feet, and hands (once the mottling starts, death often occurs within 24 hours)
- Very rapid or very slow breathing through mouth (often with rattle) with pauses of 20-50 seconds between breaths

Clinical Death

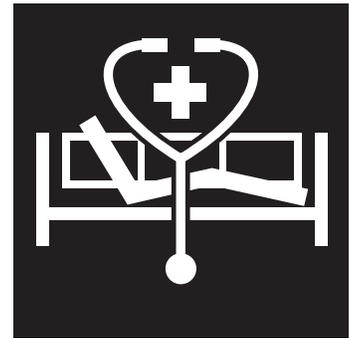
Clinical death is hallmarked by the following:

- No breathing (chest does not move)
- No heart beat (no pulse)
- Pupils large, do not change
- Sometimes release of bowel or bladder

Conclusion

Caring for a loved one facing a terminal illness is a very difficult task, both physically and emotionally. Family members, friends, and other caregivers play a vital role in providing comfort and support to someone entering the final phase of life. Although dying is a natural part of life, many family and friends do not have experience caring for someone who has weeks or days to live. As caregivers attempt to meet the ever-changing physical and emotional needs of their dying loved one, fear and feelings of uncertainty are common. Understanding and recognizing the symptoms of dying prepares caregivers for the changes their loved one will be experiencing. The information provided in this article is intended to teach and guide caregivers, while enhancing caregiver confidence.

Being well informed of these signs and symptoms also assists patients and their loved ones to reach acceptance of the impending death. Enhanced acceptance empowers family, friends and other caregivers to surround a loved one with comfort and peace, enabling their loved one to experience a natural death in God's time—a beautiful gift and privilege.



Cristen M. Krebs, DNP, ANP-BC, is the Founder/Executive Director, Catholic Hospice and Member of Prolife Healthcare Alliance Advisory Committee, Pittsburgh, PA.

Dr. Krebs began her career in oncology nursing and has twenty plus years' experience in end of life care. During this time, her passion for helping those at end of life began. After several years in the field of hospice nursing, disheartened that hospices in the Pittsburgh region were becoming more business oriented than patient focused, Dr. Krebs became increasingly concerned that direct patient care was being compromised. In 1997, believing that these patients deserved better, Dr. Krebs began the first faith-based, nonprofit hospice program serving Pittsburgh and surrounding counties. This program, Good Samaritan Hospice, began in the Fall of 1998 and grew under her tenure through April 2007. Dr. Krebs' vision was also the driving force for building The Good Samaritan House, the first free-standing hospice residence in southwestern Pennsylvania. This beautiful home served those who could not safely remain in their own homes during their final weeks of life. Under Dr. Krebs' direction, a second inpatient hospice unit was designed, as well as Camp Good SAM-A Pediatric Bereavement Camp.

Believing that the founding Christian mission of hospice required a louder voice, in May 2007, she incorporated Catholic Hospice, the only pro-life, non-profit hospice in Pittsburgh. Catholic Hospice embraces the Vatican's Declaration on Euthanasia, encouraging all faiths to uphold the teachings of the Church when caring for those experiencing terminal illness.

Dr. Krebs received the 2003 Carlow College/Pittsburgh Women of Spirit Award as well as the 2008 Penny Smith Award for courage and determination to rebuild a faith-based hospice and empower predominantly female employees who work alongside her in sharing the mission of caring for the dying.

With fraudulent hospice practices against Medicare and other insurance carriers on the rise in the United States, Dr. Krebs spearheads education, for both health care professionals and health care consumers, regarding Medicare Hospice Law and Hospice Patient Rights and Entitlements.

Dr. Krebs resides with her family in the north hills of Pittsburgh, where she enjoys spending time with her five children.

We Marched for LIFE!

By Rev. Anthony Petracca

I arrived at the parking lot at Saint Mary's Church in Hollidaysburg around 7:00 a.m., with my car registering a chilly -2. A bright, hopeful quarter moon hung next to the church steeple in the early morning light. I took refuge inside, where a couple of other marchers were waiting.

At 7:45 we piled into the bus's cozy warmth, joining people who had boarded at St. Therese Church in Altoona. We were soon settled-in, and began rolling shortly before 8:00, at which point Pastor Vaughn Kanagy offered a prayer for a safe and successful March.

Soon we were watching *Chariots of Fire*, which presented a Christian who placed his religious convictions above winning an Olympic medal. The roads were as clear as the sky, and so we made good time as we headed south of the Mason-Dixon Line.

We debussed at the National Air and Space Museum, with about eight of the group proceeding to St. Patrick Church for Mass. The rally site stood in the middle of the National Mall, with the stage facing the Washington Monument.

The rally began with folk guitarist, Matt Maher, who eased the crowd into the following hour of talks. One song, about being one's brother's keeper, struck a resonant chord, moving the crowd to erupt.

I walked through the large assemblage, scoping it out to see where groups were from. (I was happy that I had my insulated waterproof boots on as I trudged through an inch or two of snow on the grass, though the streets and sidewalks were all for the most part clear.) My observation of the signs and banners indicated a wide range of representation from the eastern half of our country: states, schools and faiths.

Bishop Demetrius, the Orthodox Bishop of Chicago, offered the opening prayer, an articulate and powerful oration. The first speaker was the new president of the March for Life, Jeanne Monahan. Next followed a special Twitter message from Pope Francis himself, especially directed to the young people attending the March, of which there were many, both high school and college groups. Some were carrying signs that read, on one side, "I am the Pro-Life Generation," and, on the reverse, "Courageously Abolishing Abortion." The next speaker addressed the issue of the "War on Women," reinterpreted as a "War on Motherhood," followed by Congressman Eric Cantor of Virginia, the House Majority Leader. Other legislators were introduced, after which Chris Smith of New Jersey spoke.

A 22-year-old woman then thanked her own birth mother for having had her adopted by another couple rather than aborting her.

Then the Silent-No-More Awareness Campaign, comprised of aborted women, witnessed to the crowd.

Finally, Ryan Dobson, son of Dr. James Dobson of Focus on the Family, addressed us, who then, after a lengthy listing of Pro-Life allies participating in the March, offered the inspiring final blessing.

The rally ended right around 1:00, although the back of the line, where I stood, did not start moving until 1:22, and then only haltingly, not hitting stride until 1:50, when several white seagulls appeared overhead.

One group of young persons was singing a song entitled "Save the Children" to the tune of the old scout standard, "Trail the Eagle." Near the end was a high platform with a live-feed going to EWTN, with a group singing "Go Tell It on the Mountain" as I walked by. The "Oklahomans Say, 'Abortion is not OK'" banner reflected their old state license plate, giving a taste of the creative communications carried continually. One sign read, "Born after 1973? You are a Death-Roe Survivor."

By the time I arrived in front of the Supreme Court building, students from Notre Dame were dismantling the long, street-level March for Life banner that leads the event each year. About a dozen capitol police stood by warily, spread-out on the Supreme Court steps, trying to stay warm.

On the way to the Hyatt Regency hotel, I passed Radio Maria from DC; and then Saint-Joseph's-on-Capitol-Hill Church, an attractive brownstone, announcing that rest rooms and hot chocolate were available, adding that people could deposit their signs inside their wrought-iron fence, while a man invited people inside for Eucharistic adoration. After a wrong turn, I finally found the hotel, and descended to the vendors in that room, deep downstairs, purchasing a couple of bumper stickers and a t-shirt.

The bus soon showed up, and we boarded, departing punctually at 4:03. For some reason, traffic was not bad (perhaps because the weather had scared people off, not only from out of town, but from work), and we made excellent time to our scheduled dinner stop. Most went to the buffet restaurant, but several of us, including trip organizer, Tom Forr, chose to walk to Chick-fil-A (although our friendly bus driver, Mr. Mock, kindly drove us across the busy broad street to get there).

We eventually boarded and headed north, arriving in Hollidaysburg in good time, at 9:00 p.m., in 11 degrees, shortly after a closing prayer of thanks by myself to God for the safe trip.

Would that our efforts would some day make our country as safe a place for all unborn babies and their mothers as for the rest of us.

Fr. Anthony Petracca is a priest of the Diocese of Altoona/Johnstown and resides at Dimitri Manor, Hollidaysburg, PA.



From the President's Desk

A Defender of Life and the Faith

Jim Roland, a father of eight and married to his wife, Diane, for over 45 years, died of a heart attack on February 7, 2014.

Jim was a familiar sight at any and all pro-life activities, Rosary Rallies and Catholic functions.

Jim spoke with a clear voice when he served as a lector at the Cathedral and when he spoke with anybody about his faith and the life issues. He was passionate in his defense of life and with his son, Jim, was a weekly witness for life at the abortion clinic in State College until it closed.

Jim and young Jim would be praying the rosary in front of the clinic and often would be holding a banner to educate the public about the reality of abortion. He, his son Jim, and Tony and Linda Mull, from Philipsburg, were the most faithful witnesses to the tragedy of abortions at the clinic.

During our Life Chain demonstrations in October, Jim and his son, Jim, would be in a public location along 17th Street, again demonstrating his support for life. Jim would often walk up to 6th Avenue in an attempt to educate more of those driving by about the effects of abortion on our society and the unborn.

When Jim married Diane, he probably never fathomed having eight children or becoming a witness for life and the faith. He was an ordinary man who served his country in the Army and simply wanted to lead an ordinary life. Our Father had other things in mind for Jim.

Jim's life was not easy; he lost a daughter in her twenties and cared for his wife through a devastating illness. He was always optimistic that his wife would be cured, and he loved his children to the end.

For some reason, God has decided that others need to step into his shoes. Those shoes were big! May the angels lead him into Paradise, and may his example lead others to follow his footsteps of faith and love for the unborn.

Sincerely,

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

LEGISLATIVE ALERT

Pregnancy help centers need our help!

The proposed state budget now being considered by the Pennsylvania state legislature does not adequately fund the state's Alternatives to Abortion program, which funds pregnancy help centers throughout Pennsylvania.

The program is listed in the state budget as "Expanded Medical Services for Women" under the Department of Public Welfare. A funding increase of at least 10 percent is needed to meet the increased demand for services and save babies' lives.

Please call the office of State Representative William Adolph, chair of the House Appropriations Committee, at 717-787-1248 with this important message, "Please let the Representative know that funding for the state's Alternatives to Abortion program needs to be increased for the sake of pregnant women and their babies in Pennsylvania."

You can also email Rep. Adolph's office at wadolph@pahousegop.com.

Thank you for making these critical calls and sending these essential emails! The lives of unborn children and the well-being of their mothers hang in the balance!

Maria V. Gallagher, Legislative Director
Pennsylvania Pro-Life Federation
www.paprolife.org

Citizens Concerned for Human Life Needs YOU!

Please support the Blair County Chapter of CCHL in its pro-life efforts. Our existence as a pro-life organization in this community is dependent on your support. Thank you!



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Blair County Chapter
Citizens Concerned for Human Life, Inc.
 Spring 2014; Vol. 6, No. 2
 President & Publisher: R. Thomas Furr, Jr.
 Secretary/Editor: Marge Bradley; Treasurer: Gail Nevitt
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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.
 2715 Third St., Altoona, PA 16601; phone: 814-946-0681
 email: blair@centralpaprolife.org
 website: www.blaircountyprolife.com

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.

_____ Annual Membership \$ 10.00 _____ Other
_____ Student/Senior Member \$ 5.00

Name _____ Phone _____

Address _____ City _____ Zip _____

Please complete this form and return with your donation to: Blair County Chapter, CCHL, 2715 Third St., Altoona PA 16601. For more information, call 814-946-0681. Sorry, donations are not tax-deductible.



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Bishop Guilfoyle High School at March for Life



On January 22nd, 85 students from Bishop Guilfoyle Catholic High School traveled to the 2014 March for Life. Despite the dire weather forecasts and below-freezing wind chills, most students who had signed up for this year's march persevered and showed up bright and early to board the buses at their high school.

The reasons they were willing to do so were clear: "I wanted to stop abortion and save the babies," stated freshman Kathleen Price.

"The most meaningful part for me was seeing how enthusiastic everyone there was about trying to stop abortion."

Junior Danielle Rudolf agreed. "The spirit of everyone in attendance" was also her favorite part. "You could really tell everyone was united under one great cause."

The temperatures may have been low, but spirits were high. All three religion teachers that make up BG's religion department (Mrs. Teresa Jeffries, Ms. Jessica Kozlowski and Mr. Bob Sutton) chaperoned the March, along with Sophomore parent, Cheryl Bakale. Helping the organization further were members of the Junior and Senior classes, who led small groups to keep everyone close together amidst the hundreds of thousands of fellow pro-lifers.

Senior Afton Dunkle was among them. She says that she went "to support the cause to make abortion illegal—and to stand up for my beliefs...not only the beliefs of a family, but the beliefs of an entire school community." Danielle Rudolf underlined this as an important part of the students' participation under the banner of their high school: "I think it is important for BG to attend as a group because protesting together will accomplish two things: it will help accomplish the protesting side and change people's minds and promote the BG family and bring us closer together."

The students felt supported from all sides. The cost of the buses was assisted by generous pro-life donors associated with CCHL; and Senator Eichelberger assisted with some delicious pastries to start the morning off right. Many students reported how moved they were by the enthusiasm of the other participants on the March for Life and the sheer numbers, despite the freezing cold. The students kept each other warm and laughing, but also participated in recitations of the rosary and encouraging others on the March.

Helping our witness as a school was a large banner donated last year by the Foster family specifically for the school's use, proclaiming that Bishop Guilfoyle is indeed a pro-life community. Rallying points for the students were established with two banners of the Blessed Mother, which were carried by students in turn as a marker of who we were as well as to help keep us together.

The 2014 March was the largest in recent memory for BG, even with reduced numbers due to weather, and we hope to participate even more strongly next year. We would like to express our sincere thanks for all of the support we received through CCHL and all other parties in helping us to proclaim the Gospel of LIFE through this special experience!

—Bob Sutton, Campus Minister, Bishop Guilfoyle High School