

CITIZENS
CONCERNED



BLAIR COUNTY
CHAPTER

HAPPY FATHER'S DAY!

Citizens Concerned for Human Life

Blair County Life News

Volume 7 Number 3

Presenting the Pro-Life Message to Blair County, Pennsylvania

Summer 2015

Abortions Decline in All but Two States Since 2010

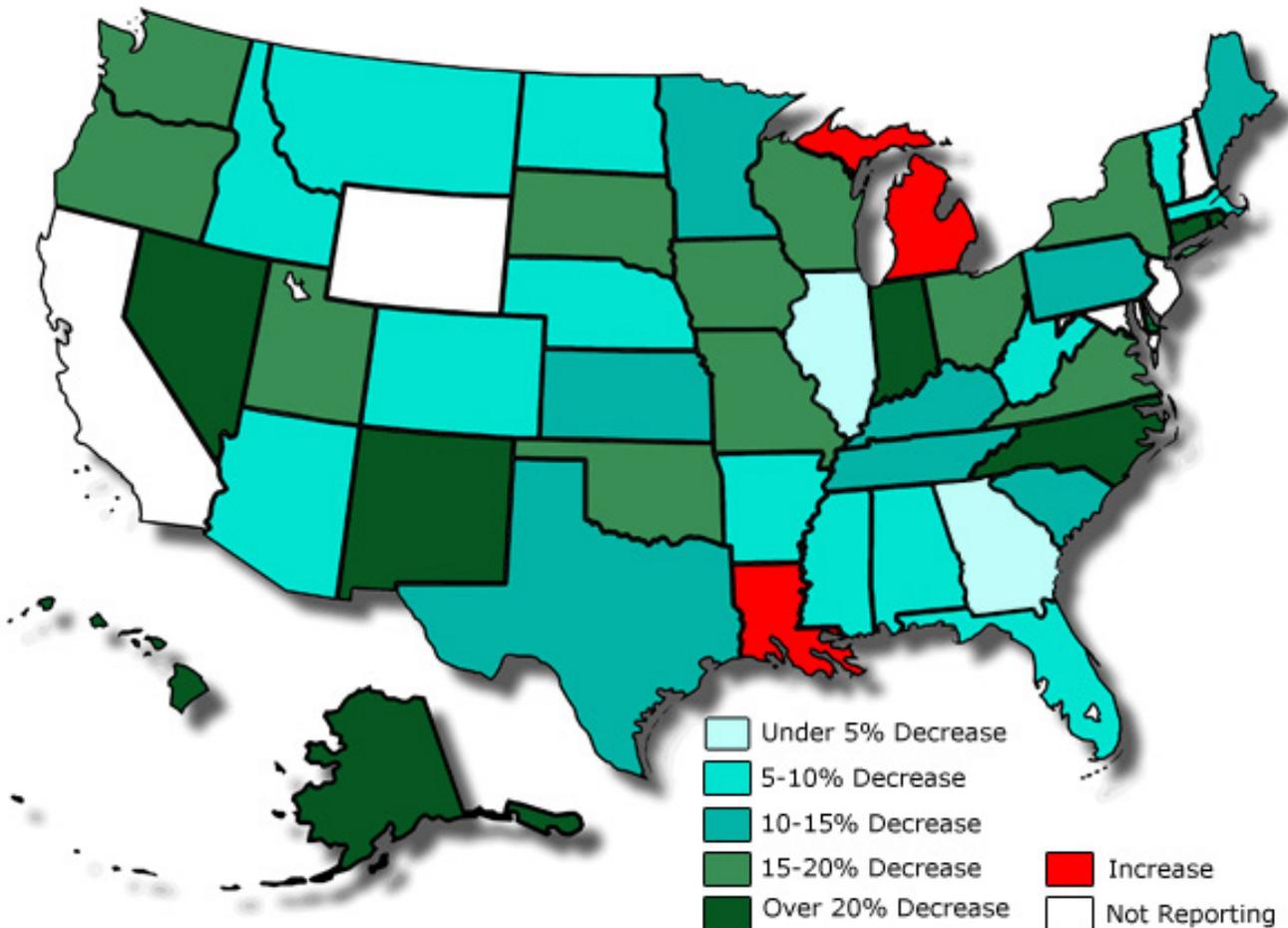


Chart: Operation Rescue.org

Abortions Drop 12% in the United States as More Babies Saved From Abortion

By Steven Ertelt Jun 8, 2015

A new national report from the *Associated Press* indicates that abortions have dropped 12 percent nationwide and are down in almost every state in the country as more babies are being saved from abortions than ever before.

The survey found abortions are dropping the most in states that have passed the most pro-life laws, but abortions are down even in pro-abortion states that haven't passed as many pro-life laws. Those figures make it clear that national pro-life educational efforts, pregnancy support services and pro-life prayer and educational campaigns at abortion clinics nationwide are making a difference in providing women with abortion alternatives.

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Abortions Drop 12% in the United States

continued from front page

North Carolina had the second largest decrease in abortions at 26.3 percent followed by New Mexico with a 23.9 percent drop.

From the report:

Abortions have declined in states where new laws make it harder to have them—but they've also waned in states where abortion rights are protected, an *Associated Press* survey finds. Nearly everywhere, in red states and blue, abortions are down since 2010.

Several of the states that have been most aggressive in passing anti-abortion laws—including Indiana, Missouri, Ohio and Oklahoma—have seen their abortion numbers drop by more than 15 percent since 2010. But more liberal states such as New York, Washington and Oregon also had declines of that magnitude, even as they maintained unrestricted access to abortion.

The AP obtained the most recent abortion numbers from the health departments of all 45 states that compile such data on a comprehensive basis. (States not compiling such data are California, Maryland, New Jersey, New Hampshire and Wyoming.) With one exception, the data was from either 2013 or 2014—providing a unique nationwide gauge of abortion trends during a wave of anti-abortion laws that gathered strength starting in 2011.

The pro-life movement has been increasingly focused in recent years on closing down abortion clinics—especially those that fail to comply with basic health and safety laws to protect women that legitimate medical centers routinely follow. The high number of abortion clinics closed in recent years is partly to credit for the reduction in abortions, the AP survey indicates.

While some of the new laws have been blocked by lawsuits, most have taken effect, contributing to closure of about 70 abortion clinics in a dozen states since 2010. States with the most closures, according to state officials and advocacy groups, include Texas with 27, Michigan and Arizona with about 12, and Ohio with at least four. Two clinics closed in Virginia, including one that was the state's busiest.

"The states where we see large decreases in abortion numbers are generally states that experienced abortion clinic closures and in states with very active pro-life opposition," said Troy Newman, President of Operation Rescue and co-author of the book *Abortion Free*. "Of course other factors contributed to the decrease, but these numbers confirm that when abortion clinics close, abortion numbers drop and lives are saved."

"The *Associated Press* report is great news. It proves that Americans are rejecting abortions in favor of life in unprecedented numbers," said Newman. "There's no doubt that we are winning and the abortion cartel is waning."

"The numbers show that even in political climates where abortion is unrestricted, large pro-life gains can



still be made," said Newman. "This validates the hard work of pro-life groups and supporters who have labored tirelessly for decades in a number of venues to turn the rudder of the ship away from the abortion cartel and toward a culture of life."

Pennsylvania:

2010: 36,788

2013: 32,108

Change: Down 12.7 percent

(To see list of all 50 states, go to: <http://www.lifenews.com/2015/06/08/abortions-drop-12-in-the-united-states-as-more-babies-saved-from-abortion/>)

—LifeNews, June 8, 2015

Save the Date!

National Right to Life Convention 2015

New Orleans, Louisiana

We Are a Voice for the Voiceless!

July 9 - 11

New Orleans Marriott

555 Canal St., in the French Quarter

Learn more and register: www.nrlconvention.com



Pennsylvania Pro-Life Federation

2015 Celebrate Life Banquet

Ruth Graham and her daughter, Windsor, will share how their family faced two teenage pregnancies—while being related to one of the most famous religious leaders in the world.

Tuesday, October 20

Pittsburgh Marriott North

100 Cranberry Woods Drive

Cranberry Township, PA 16066

For registration information, call 717-541-0034

or visit: www.paprolife.org

Americans United for Life 2015 “Life List”

AUL’s 2015 Life List Ranks the 50 States Based on How Well Women are Protected from Abortion Industry Abuses

Americans United for Life released the 2015 LIFE LIST and LIFE LIST ALL STARS after analyzing progress made legislatively or in litigation in 2014. The Life List takes into account the 50 states’ overall advances since *Roe v. Wade* toward re-building a culture of life, including events of the last year. Coming in at number 1 for the 6th year in a row is **Louisiana** followed by **Mississippi, Kansas, Oklahoma, and Arkansas**.

“In the last 4 years, states have enacted more than 200 pro-life laws protecting women and girls from abortion industry abuses,” said AUL President and CEO Dr. Charmaine Yoest. “Abortion advocates thought that an anti-life blockade in the U.S. Senate would mean an end to pro-life victories. But equipped with tools like Defending Life, legislators and pro-life Americans worked together at the state level nationwide to protect women and girls from an abortion industry that puts profits over people.”

The **2015 LIFE LIST ALL STAR States** achieved major pro-life victories by employing the Mother-Child strategy found in the Women’s Protection Project, a special package of legislation designed to address the abuses of a largely unregulated, unrestricted, and unaccountable abortion industry. Pro-life All-stars in 2014 were **Oklahoma, Mississippi, Arizona, Texas, and Indiana**.

2015 Top states on the Life List:

- **Louisiana** is the top state for the 6th year in a row.
- Followed by **Mississippi, Kansas, Oklahoma, and Arkansas**.
- **Mississippi and Kansas** are new to the Top 5:

In 2014, Mississippi became the second state to enact AUL’s Women’s Health Defense Act, prohibiting abortions at or after 5 months based on the health risks of late-term abortions and the pain felt by an unborn child.

In 2014, **Kansas** continued to legislate in support of women’s health, building on pro-life successes of recent years. For example, Kansas enacted a measure narrowing the state’s “medical emergency” exception (to cases of physical threats to health) for abortion-related laws and a measure removing any tax benefit for insurance coverage of abortion.

The most improved state was **Mississippi** following its enactment of AUL’s 5-month abortion limitation. Mississippi is now #2 on the Life List (improving from #15 in 2013).

Worst states in overall ranking:

- For the 6th year in a row, Washington is the worst state for life.
- Followed by Vermont (which legalized assisted suicide in 2014), Oregon, California, and New Jersey.

Understanding 2015 Ranking Criteria

This year’s “Life List” ranking criteria focuses on state implementation of the components of AUL’s new Women’s Protection Project with an increased focus on the enforcement options in pro-life laws. (Thirty-five percent (35%) of the possible points are tied to the enactment and enforcement of these six (6) laws):

- The Women’s Health Defense Act prohibiting late-term abortions at or after five months based on increasing evidence of the negative impact that such abortions have on women’s health, as well as concerns about the pain felt by an unborn child. Unlike other available legislative models prohibiting late-term abortions, AUL’s model is the only one to directly attack the Supreme Court’s primary rationale for affirming *Roe v. Wade*—the “reliance interest.” The specific language and animating principles of this model directly undercut the Supreme Court’s ill-informed assumption that abortion is good for women and beneficial to woman’s health.

- AUL’s Women’s Right to Know Act ensuring that women considering abortions are given medically accurate information about abortion, its risks and complications, and its life-affirming alternatives.

- Drawing on more than a decade of AUL leadership and experience with regulating abortion facilities, the Abortion Patients’ Enhanced Safety Act mandates that abortion clinics meet the same patient care standards as other facilities performing outpatient surgeries.

- AUL’s Abortion-Inducing Drugs Safety Act requires that abortion providers follow the protocols approved by the FDA for RU-486 and other abortion-inducing drugs and eliminates opportunities for abortionists to promote in unsafe and impersonal “webcam” abortions or to provide these dangerous drugs according to the unproven, profit-enhancing protocols being championed by the abortion industry.

- The Parental Involvement Enhancement Act provides 10 different options for strengthening existing parental consent or notice laws including requirements for notarized documents, requirements for identification and proof of relationship for the person consenting to or receiving notice of the abortion, and specific evidentiary and other standards for a judicial bypass hearing when a minor is seeking the waiver of her state’s parental involvement requirements.

- AUL’s innovative Child Protection Act has three major components designed to protect America’s girls. The first is a requirement that all those working in an abortion clinic—including administrative staff and volunteers, not just licensed medical personnel—report suspected child sexual abuse to state officials. The second component is a requirement that, when an abortion is performed on a girl under the age of 14, the abortionist retain forensic evidence that can be used in any subsequent investigation or

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Contact Information

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President Barack Obama

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The Honorable Judy Ward

(District 80-Allegheny Twp. (part), Antis Twp., Bellwood Bor., Blair Twp., Catharine Twp., Duncansville Bor., Frankstown Twp., Freedom Twp., Greenfield Twp., Hollidaysburg Bor., Huston Twp., Juniata Twp., Martinsburg Bor., Newry Bor., North Woodbury Twp., Roaring Spring Bor., Snyder Twp. (part), Taylor Twp., Tyrone Bor. (part), Tyrone Twp. (part), Williamsburg Bor., Woodbury Twp.)

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Legislative Update



PA Resources on the Threat of Assisted Suicide

This spring, two bills that could legalize doctor-prescribed suicide were introduced in the Pennsylvania House (HB943) and Senate (SB549).

Euthanasia advocates are targeting Pennsylvania and about a dozen other states right now, trying to push their deadly agenda. They have already succeeded in five states.

Here are a few ways you can learn more about this growing threat:

The Pennsylvania Coalition to Stop Doctor-Prescribed Suicide now has a website. Visit NoAssistedSuicidePA.org for facts, issue papers, videos, and other resources. And follow the Coalition on Facebook and Twitter. The coalition is a diverse network of disability rights activists, medical professionals, and other groups who believe in compassionate care of people with disabilities and terminal illness, rather than the dangerous practice of doctor-prescribed suicide.

We have several fact sheets available: Oregon's Assisted Suicide Law: Safeguards Don't Work, and Threat of Doctor-Prescribed Suicide in Pennsylvania.

Sign up for our twice-monthly Online Newsletter to receive regular updates about what's happening in Pennsylvania and what you can do to help protect lives.

We are working hard to educate the public about the threat of doctor-prescribed suicide. Please help us by informing yourself and your friends.



Micaiah Bilger, Education Director

Pennsylvania Pro-Life Federation; www.paprolife.org; 717-541-0034

Alternatives to Abortion Program

Governor Tom Wolf's budget proposed a 0 percent increase for the state's Alternatives to Abortion program, which is administered by Real Alternatives (listed in the Governor's budget under the Department of Human Services as "women's service programs"). The program funds pregnancy help centers throughout Pennsylvania.

Without an increase in funding, women in crisis will go unserved and, tragically, babies will die. Please contact the chairman of the PA House Appropriations Committee, Rep. William Adolph, and the pro-life caucus leaders—Rep. Kathy Rapp, Rep. Bryan Cutler, Rep. Matthew Baker, Rep. Bryan Barbin, and Rep. Pam Snyder—with this urgent message: **"Please increase funding for the state's Alternatives to Abortion program in the state budget. We need to save babies and their mothers from the harm of abortion."**

The contact information for the representatives is below:

Rep. William Adolph: wadolph@pahousegop.com; 717-787-1248

Rep. Kathy Rapp: klrapp@pahousegop.com; 717-787-1367

Rep. Bryan Cutler: bcutler@pahousegop.com; 717-783-6424

Rep. Matthew Baker: mbaker@pahousegop.com; 717-772-5371

Rep. Bryan Barbin: bbabin@pahouse.net; 717-783-1491

Rep. Pam Snyder: psnyder@pahouse.net; 717-783-3797

Thanks for making these critical calls and sending these important emails!

Maria V. Gallagher, Legislative Director

Pennsylvania Pro-Life Federation; www.paprolife.org; 717-541-0034

LifeFacts

Doctor-Prescribed Suicide

Doctor-prescribed suicide is a growing threat in Pennsylvania and dozens of other states.

A type of euthanasia, doctor-prescribed suicide involves a physician prescribing a lethal dose of drugs for a patient with the knowledge that the patient intends to use the drugs to commit suicide.

Oregon was the first state to legalize doctor-prescribed suicide in 1994. Advocates claim that assisted suicide laws help people who are in pain and dying; however, **the state of Oregon has not documented any cases of doctor-prescribed suicide to treat unbearable pain,** according to Oregon Right to Life.

National studies indicate that depression is the only factor that significantly predicts the

request for assisted suicide; but, assisted suicide laws do not require a psychological evaluation. In Oregon, only 3 percent of assisted suicide patients were referred for psychological evaluations.

Assisted suicide advocates such as Compassion and Choices are trying to push doctor-prescribed suicide legislation across the country.

The Pennsylvania Coalition to Stop Doctor-Prescribed Suicide works to protect vulnerable individuals from the threat of assisted suicide in the Keystone State. It is a broad-based network made up of disability rights activists, medical professionals, and other concerned groups.

To learn about the threat of assisted suicide in Pennsylvania, **visit NoAssistedSuicidePA.org.**

POINTS TO REMEMBER

Assisted suicide sends the message that some lives are not worth living.

Safeguards against coercion don't work.

A doctor's job is to heal and relieve pain, not kill the patient.

Depression, not physical pain, is the only factor that significantly predicts the request for death, according to national studies.

The Pennsylvania Coalition to Stop Doctor-Prescribed Suicide is a diverse group working to protect the vulnerable from assisted suicide.

Learn more at NoAssistedSuicidePA.org.



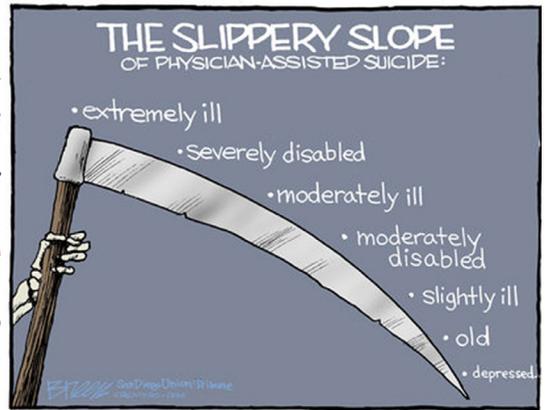
www.paprolife.org

Assisted Suicide Picture Worth 1000 Words

By Wesley J. Smith

Actually, not a “slippery slope.” Facts already on the ground as every one of the categories have been euthanized or assisted in suicide where legal, perhaps with the exception of the “slightly ill.”

—National Review, June 11, 2015; cartoon by Steve Breen, Creator’s Syndicate



Worse Than Fiction: Euthanasia on the Rise

By John Stonestreet

If you believe in the sacredness of human life from conception to natural death, it’s time to watch and pray for those at the end of life, not just the beginning.

In his novel, *Never Let Me Go*, Kazuo Ishiguro tells the story of three young people—Kathy, Ruth and Tommy—who are repeatedly told, with their classmates at boarding school, that they’re special. But it’s not until they leave school that they learn why: They’re clones whose sole purpose for existence is to serve as organ donors.

Wikipedia describes Ishiguro’s award-winning novel as “dystopian,” that is, one that depicts a “society, usually fictional, that is in some important way undesirable or frightening.”

A colleague of mine pointed me to a recent story out of the UK that illustrates why dystopias are only “usually fictional.”

At the 21st European Conference on Thoracic Surgery, a paper presented by a group of Belgian doctors reported on “Lung Transplantation with Grafts Recovered From Euthanasia Donors.” Yes, you heard me correctly.

According to the abstract, between January 2007 and December 2012, six patients received pulmonary grafts using tissue from euthanized donors. The abstract states that the euthanasia was carried out “in accordance with state legislation and approval by Ethics Committee.”

The “donors” were described as suffering “from an unbearable neuromuscular . . . or neuropsychiatric . . . disorder” and had expressed an “explicit wish to donate organs.”

So as not to seem too ghoulish, “Euthanasia was executed by an independent physician in a room adjacent to the operating room in the absence of the retrieval team.”

Or, as Wesley J. Smith summed it up, “One set of doctors killed the patient, stepped out of the room, and another set of doctors entered for the harvest.”

The Belgian doctors’ hope is that “More euthanasia donors are to be expected with more public awareness.”

But as Smith put it, “In a better world, increased public awareness would cause universal public revulsion.”

Unfortunately, we don’t live in that “better world.” As long as it’s voluntary, we hear, what’s the big deal? It can help others, they say.

As Biola professor Scott Rae pointed out a few months back on *BreakPoint this Week*, euthanasia is no longer voluntary in the Netherlands, one of the first countries to embrace it. Today, they have what’s called kryptonasia, where doctors make the decision of when a patient’s life should be taken, without input from the patient or the family.

As Wesley Smith concludes, “It’s sackcloth and ashes time.”

In Belgium, where euthanasia is commonplace, double euthanasia is also catching on. Recently we told you about identical twins insisting on being euthanized after learning they would go blind and lose their independence. More recently, a couple that had been married for 64 years took their lives together surrounded by their family whom, it was said “supported their decision 100 percent.”

When did we become people that support suicide 100 percent?

Smith writes that, with one possible exception, he “can think of nothing more dangerous than making mentally ill and despairing disabled people believe their deaths have greater value than their lives.”

That possible exception is “Having a society accept the idea that it can benefit at the expense of people in desperate need of care—and whose care is very expensive.”

That, I’m afraid, is where we are heading.

Two Oxford professors, writing in the journal *Bioethics*, described a way to facilitate this “benefit.” They asked “Why should surgeons have to wait until the patient has died?” Instead, doctors should “anesthetize the patient and remove organs, including the heart and lungs. Brain death would follow removal of the heart.” This would increase both the number and quality of available organs.

While *Never Let Me Go* is fiction, what I’m describing is fact. Ishiguro’s tale makes the immorality of what’s being done to Kathy and her friends clear. But doctors and ethicists want us to think it’s a good thing in real life.

Sackcloth and ashes, indeed.

—National Right to Life News Today, June 12, 2015
This Breakpoint commentary appeared at breakpoint.org

AUL's Life List

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prosecution. The final component provides legal remedies for parents when a third-party such as an abortion clinic employee or a teacher attempts to aid a child in obtaining an abortion without involving her parents as required by the laws of her home state.

■ Life-affirming laws must not only be enacted, but must also be properly enforced. Recognizing this truth, AUL's 2014 "Life List" places increased emphasis on enforcement options. AUL's Enforcement Module provides states with:

- Legal options for the criminal, civil, and administrative enforcement of abortion-related laws;

- A third-party enforcement option permitting individuals hurt by a state's non-enforcement of a life-affirming law to initiate action to ensure proper enforcement;

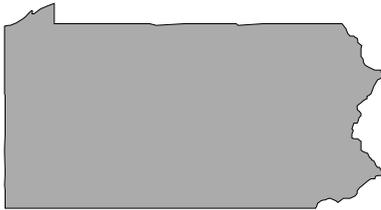
- And, new this year, an enhanced inspection protocol to assist state officials in discharging their enforcement responsibilities.

- Overall, the "Life List" ranking evaluates laws related to abortion, legal recognition and protection of the unborn (e.g., fetal homicide and born-alive infant protection), bioethics and biotechnologies, the end of life, and freedom of conscience.

1 Louisiana	11 South Dakota	21 South Carolina	31 Delaware	41 Connecticut
2 Mississippi	12 Arizona	22 Idaho	32 Maine	42 Nevada
3 Kansas	13 Pennsylvania	23 Tennessee	33 Alaska	43 Montana
4 Oklahoma	14 Michigan	24 Illinois	34 West Virginia	44 New York
5 Arkansas	15 Georgia	25 North Carolina	35 New Hampshire	45 Hawaii
6 Missouri	16 Ohio	26 Rhode Island	36 Iowa	46 New Jersey
7 Indiana	17 Alabama	27 Florida	37 Wyoming	47 California
8 North Dakota	18 Wisconsin	28 Utah	38 Massachusetts	48 Oregon
9 Nebraska	19 Virginia	29 Colorado	39 Maryland	49 Vermont
10 Texas	20 Kentucky	30 Minnesota	40 New Mexico	50 Washington

To see the criteria for each state's ranking, go to: <http://www.aul.org/2015-life-list-state-rankings/>

How Does Pennsylvania Rank?



Pennsylvania's RANKING: 13

Pennsylvania's efforts to protect women and unborn children from the negative consequences of abortion have been ground-breaking, as memorialized in the landmark case *Planned Parenthood v. Casey*. Pennsylvania has led the way for other states by enacting such measures as informed consent, parental consent, and state funding of abortion alternatives. Moreover, Pennsylvania is also one of a small number of states that prohibits destructive embryo research.

■ ABORTION

- In the landmark case *Planned Parenthood v. Casey*, Pennsylvania's informed consent requirements, mandated a 24-hour reflection period prior to an abortion, and a parental consent requirement for a minor seeking an abortion were upheld by the U.S. Supreme Court.

- The state requires abortion providers to state in their printed materials that it is illegal for someone to coerce a woman into having an abortion.

- Pennsylvania's parental consent law requires one-parent consent unless there is a medical emergency or a minor

obtains a court order. The law permits substitute consent by any adult standing in loco parentis if neither parent is available.

- Pennsylvania requires that abortion clinics meet the same patient care standards as facilities performing other outpatient surgeries.

- Only physicians or doctors of osteopathy licensed to practice medicine in Pennsylvania may perform abortions. Abortion providers must also maintain hospital admitting privileges.

- The state has an enforceable abortion reporting law, but does not require the reporting of information to the Centers for Disease Control (CDC). The measure pertains to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.

- Pennsylvania follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.

- Pennsylvania does not provide public funding or public facilities for an abortion unless the abortion is necessary to preserve the woman's life or the pregnancy is the result of rape or incest.

- No public funds for legal services or IOLTA (Interest on Lawyer Trust Account) funds may be used to advocate for or oppose abortion rights.

- Programs receiving funds through the state Department of Public Welfare Women's Services programs may

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How Does Pennsylvania Rank?

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not be used to promote, refer for, or perform abortions, or engage in any counseling to encourage abortion. Physical and financial separation of these programs from abortion services is required.

- Pennsylvania prohibits the use of family planning funds for abortion-related activities, and requires family planning services providers and subcontractors to keep a state-funded family planning project physically and financially separate from abortion-related activities, with exceptions for abortions in cases of life endangerment, rape, or incest.

- Pennsylvania prohibits abortion coverage in its state health insurance Exchanges required under the federal healthcare law.

- Health plans funded by the state may not include coverage for abortion unless the abortion is necessary to preserve a woman's life or the pregnancy is the result of rape or incest.

- Pennsylvania also requires any insurance providers offering healthcare or disability insurance within the state to offer policies that do not cover abortion except when necessary to preserve a woman's life or when the pregnancy is the result of rape or incest.

- Pennsylvania has allocated millions of dollars to pregnancy resource centers and other abortion alternative programs. Entities receiving the funds cannot perform abortions or provide abortion counseling.

- Pennsylvania offers "Choose Life" license plates, the proceeds of which are used to fund adoption and abortion alternatives services.

■ LEGAL RECOGNITION AND PROTECTION OF UNBORN AND NEWLY BORN

- Under Pennsylvania law, the killing of an unborn child at any stage of gestation is defined as homicide.

- Pennsylvania defines a nonfatal assault on an unborn child as a criminal offense.

- The state allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.

- The state has created a specific affirmative duty for physicians to provide medical care and treatment to infants born alive at any stage of development.

- Pennsylvania funds drug treatment programs for pregnant women and newborns. The state also ensures adequate care for babies determined to have been prenatally exposed to alcohol or illegal substances.

- Pennsylvania law provides for "fetal death registrations."

■ BIOETHICS LAWS

- Pennsylvania does not ban human cloning, but it does prohibit destructive embryo research.

- Pennsylvania prohibits experimentation on a live human fetus, but allows experimentation on a dead fetus with the consent of the mother.

- A healthcare professional providing services to a pregnant woman must advise her of the option to donate umbilical cord blood following delivery, and all healthcare facilities and providers must permit the woman to arrange for an umbilical cord donation.

- Pennsylvania requires quarterly reports of assisted reproductive technologies data, including the number of women implanted and the number of eggs fertilized, destroyed, or discarded.

■ END OF LIFE LAWS

- In Pennsylvania, assisting a suicide is a felony.

■ HEALTHCARE FREEDOM OF CONSCIENCE Participation in Abortion

- If an objection is made in writing and is based on religious, moral, or professional grounds, a physician, nurse, staff member, or other employee of a hospital or healthcare facility is not required to participate in abortions and cannot be held liable for refusing to participate. Medical and nursing students are also protected.

- Except for facilities that perform abortions exclusively, each facility that performs abortions must prominently post a notice of the right not to participate in abortions.

- A private hospital or other healthcare facility is not required to perform abortions and may not be held liable for this refusal.

- Pennsylvania also protects healthcare providers who object to providing abortion-inducing drugs.

Participation in Research Harmful to Human Life

- Pennsylvania currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research, which violate a provider's moral or religious belief.

■ WHAT HAPPENED IN 2014

- Pennsylvania adopted a budget which includes \$1,000,000 from the federal Social Services Block Grant to fund alternatives to abortion services.

- The state considered legislation delineating qualifications for individual abortion providers and related to abortion funding.

- Pennsylvania enacted a measure ensuring adequate care for babies determined to have been prenatally exposed to alcohol or illegal substances. The state considered fetal homicide legislation protecting an unborn child from the time of conception.

- In the context of pain management and palliative care, Pennsylvania established a task force on opioid prescription drug proliferation in the state. It also considered legislation explicitly legalizing assisted suicide.

**RECOMMENDATIONS for PENNSYLVANIA
WOMEN'S PROTECTION PROJECT
PRIORITIES**

- Women's Health Defense Act (5 month abortion limitation)
- Abortion-Inducing Drugs Safety Act
- Parental Involvement Enhancement Act
- Child Protection Act
- Enhanced penalties and enforcement mechanisms for the state's abortion-related laws

ADDITIONAL PRIORITIES

Abortion

- Defunding the Abortion Industry and Advancing Women's Health Act
- Women's Ultrasound Right to Know Act
- Prenatal Nondiscrimination Act

Bioethics

- Human Cloning Prohibition Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

Healthcare Freedom of Conscience

- Healthcare Freedom of Conscience Act

To learn more about the 2015 Life List, the Life List All Star states, and the legislative and legal work that took place state by state across the country, go to: <http://www.aul.org/2015-life-list/>.

—Americans United for Life, 2015

Americans United for Life, the nation's premier pro-life legal team, works through the law and legislative process to one end: Achieving comprehensive legal protection for human life from conception to natural death. The nonprofit, public-interest law and policy organization holds the unique distinction of being the first national pro-life organization in America — incorporated in 1971, before the infamous Roe v. Wade decision. AUL's legal team has been involved in every abortion-related case before the U.S. Supreme Court since Roe v. Wade, including AUL's successful defense of the Hyde Amendment before the Supreme Court. AUL knows that reversing Roe v. Wade can be accomplished through deliberate, legal strategies that accumulate victories, build momentum, and restore a culture of life. See www.aul.org.



Every Life Matters Pregnancy Support Services

Help is available with material assistance, prenatal/parenting education and support and post-abortion counseling.

221 Hospital Dr., Suite 5, Tyrone, PA 16686

(see below for mailing address)

Phone: 814-650-7899 (text or call)

Email: The.ELM.PSS@gmail.com

www.the-elm.org

Contact us for an appointment.

(Mailing address: P.O. Box 244, Tyrone, PA 16686)

From the President's Desk

Dear Friends,

This past week our family participated in Special Olympics at Penn State University. While there, we could not help but notice a young family, Mr. and Mrs. Jordan Keller and their beautiful daughter, Brooklyn, a child with Down Syndrome. While Dad was assisting the athletes, a very pregnant Mom, Janelle, was watching their daughter. The Keller's were there to see what activities would be available for Brooklyn in the future and to help the athletes participating in tennis. (See photo of Jordan and Brooklyn on back page of this newsletter.)

I could not help but think of a literary passage that I have quoted many times in the past from *The Clowns of God* by Morris West.

The setting is a conversation between Jesus and the Pope about a child with Down Syndrome on Jesus' knee.

"I know what you are thinking. You need a sign. What better one could I give than to make this little one whole and new? I could do it; but I will not. I am the Lord and not a conjuror. I gave this mite a gift I denied to all of you, eternal innocence. To you she looks imperfect—but to me she is flawless—She will never offend me, as all of you have done. She will never pervert or destroy the work of my Father's hands. She is necessary to you. She will evoke the kindness that will keep you human. Her infirmity will prompt you to gratitude for your own good fortune... More! She will remind you every day that I am who I am, that my ways are not yours, and that the smallest dust mote whirled in darkest space does not fall out of my hand... I have chosen you. You have not chosen me. This little one is my sign to you. Treasure her!"

So many of God's Treasures have been destroyed through the use of modern technology and lack of faith in our Creator. Thank you, Jordan and Janelle, for your beautiful gift of life and faith.

Sincerely,

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

 **Blair County Life News**
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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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Pennsylvania 2013 Abortion Statistics

In 2013, there were 32,108 abortions performed in Pennsylvania. The 2013 figure is a 51.2 percent decrease from the 1980 total of 65,777 (the highest annual number ever recorded). The 2013 figure represents a decrease of 2,428 or 7.0 percent from the 34,536 that occurred in 2012. This is the lowest annual number ever recorded.

Nearly all abortions in 2013 (29,685 or 92.5 percent) were performed in the first 14 weeks of pregnancy (first trimester).

Over 50 percent (15,951) of all abortions performed in Pennsylvania were to white women and 13,423 or 42.2 percent were to black or African-American women. Abortions to women of Hispanic origin (regardless of race) accounted for 2,944 or 9.3 percent of all abortions in 2013.

Over 88 percent or 28,262 of the abortions performed in Pennsylvania in 2013 were to unmarried women.

Patients age 19 and under accounted for 11.6 percent or 3,740 of the 2013 abortions performed in Pennsylvania. Females age 17 and under accounted for 3.5 percent or 1,125 of the 2013 abortions. The 2012 percentage for females age 19 and under was 13.3 and for females age 17 and under was 4.2. As in previous years, the largest single age group was 20-24, accounting for 11,099 or 34.6 percent of all 2013 abortions.

Of all the abortions that occurred in 2013 in Pennsylvania, 30,749 or 95.8 percent were performed on residents. The 2012 figure was similar at 96.0 percent. Residents of other states, territories and other countries accounted for 1,359 abortions in 2013, compared to 1,370 in 2012.

Of the abortion patients who resided in Pennsylvania, 12,559 or 40.8 percent were residents of Philadelphia. Other counties with a large number of resident abortions included Allegheny, 3,374; Montgomery, 1,725; and Delaware, 1,609. Of all 67 Pennsylvania counties, 40 counties (59.7 percent) showed a decrease in the number of resident abortions performed in 2013 compared to 2012.

Of the abortions performed in 2013 in Pennsylvania, 83.0 percent occurred in four counties -- Allegheny, Dauphin, Northampton and Philadelphia.

In 2013 there were 178 reports of complications from abortions which were submitted by physicians, representing 21.9 percent more than the 146 reported in 2012. Over 64 percent of the complications in 2013 were related to retained products of conception, 19.7 percent to bleeding and 7.9 percent to infection.

During the 2013 calendar year, 22 hospitals and 18 non-hospital facilities performed abortions in Pennsylvania.

Notes: The source for the number of abortions reported in Pennsylvania in 2013 is the "Report of Induced Termination of Pregnancy," which is an individual report filed for each procedure.

Unknowns are excluded from all calculations.

Induced Abortions Performed In Pennsylvania by Number of Previous Induced Abortions and Percentage Distribution January-December 2013			Induced Abortions Performed In Pennsylvania by Number of Previous Live Births and Percentage Distribution January-December 2013		
<u>Induced Abortions</u>	<u>Number</u>	<u>Percent</u>	<u>Live Births</u>	<u>Number</u>	<u>Percent</u>
Zero	17,389	54.2	Zero	12,599	39.2
One	7,917	24.7	One	8,790	27.4
Two	3,850	12.0	Two	6,239	19.4
Three	1,618	5.0	Three	2,817	8.8
Four or More	1,334	4.2	Four or More	1,663	5.2
Unknown	0	0.0	Unknown	0	0.0
Total	32,108	100.0	Total	32,108	100.0

Note: Percents may not sum to 100 due to rounding.

PA Department of Health, 2013 Abortion Statistics

**Induced Abortions Performed in Pennsylvania
by Age of Woman and Weeks of Gestation
January-December 2013**

<u>Age (Years)</u>	<u>Total</u>	<u>Weeks of Gestation</u>							
		<u>8 or Less</u>	<u>9-10</u>	<u>11-12</u>	<u>13-14</u>	<u>15-17</u>	<u>18-20</u>	<u>21-23</u>	<u>24 or More</u>
Under 15	132	37	36	26	16	10	5	2	0
15 - 17	993	401	201	155	89	85	41	21	0
18 - 19	2,615	1,414	501	293	182	144	58	23	0
20 - 24	11,099	6,473	2,092	1,112	588	509	236	89	0
25 - 29	8,509	5,292	1,415	748	461	330	175	88	0
30 - 34	4,958	3,121	783	444	250	178	118	64	0
35 - 39	2,736	1,784	423	203	141	100	51	34	0
40+	1,066	715	151	72	66	38	14	10	0
Unknown	0	0	0	0	0	0	0	0	0
Total	32,108	19,237	5,602	3,053	1,793	1,394	698	331	0

**Induced Abortions Performed In Pennsylvania
by Primary Type of Procedure and Weeks of Gestation
January-December 2013**

<u>Primary Procedure</u>	<u>Total</u>	<u>Weeks of Gestation</u>							
		<u>8 or Less</u>	<u>9-10</u>	<u>11-12</u>	<u>13-14</u>	<u>15-17</u>	<u>18-20</u>	<u>21-23</u>	<u>24 or More</u>
Suction Curettage	20,545	9,935	4,816	2,746	1,481	1,048	418	101	0
Sharp Curettage	5	3	0	1	0	0	0	1	0
Dilation and Evacuation	2,557	788	410	279	300	329	249	202	0
Intra-Uterine Instillation- Saline or Prostaglandin	6	1	2	0	2	0	1	0	0
Hysterotomy/ Hysterectomy	2	1	0	0	0	0	0	1	0
Medical (Nonsurgical)	8,983	8,506	374	24	9	16	28	26	0
Other	10	3	0	3	1	1	2	0	0
Total	32,108	19,237	5,602	3,053	1,793	1,394	698	331	0

Note: Weeks of gestation are based on clinical estimate.

PA Department of Health, 2013 Abortion Statistics

Blair County Chapter, Citizens Concerned for Human Life, Inc.

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.



BLAIR COUNTY CHAPTER
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For the Privilege of Fatherhood

MEN UNDERTAKE MANY PROJECTS—some very temporary, others long-lived. All projects will end sometime, from the smallest home repair to the largest business enterprise. But not a child. A child is forever. Helping create and develop a new human life is the most—to use an overworked word—truly *awesome* thing I will ever do. The roles of “husband” and “father” are the most important roles I will ever be called to fill. God, help me understand—with humility and gratitude—the significance and importance of these roles. Help me remember this when my children are making me proud or saying, “I love you, Dad,” and also when being their father is challenging and difficult. Above all, thank you for allowing me the privilege of being a father. Amen.

—*Celebrate Fathers, Prayers and Reflections on Fatherhood*
Liguori Publications



George Foster (right) and his family

***Happy Father's Day, and God Bless
all Fathers, Grandfathers,
and Great-Grandfathers!***



*Jordan Keller and daughter, Brooklyn
(See story on page 9)*