

CITIZENS  
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BLAIR COUNTY  
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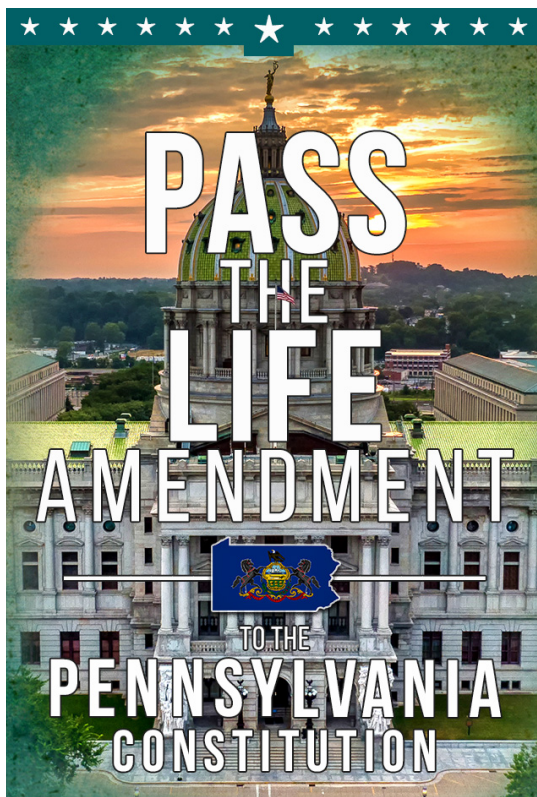
Citizens Concerned for Human Life

# Blair County Life News

Volume 14 Number 2

Presenting the Pro-Life Message to Blair County, Pennsylvania

Spring 2022



## SUPPORT PROPOSED PENNSYLVANIA CONSTITUTIONAL AMENDMENT

By Maria V. Gallagher

**A** Constitutional Amendment (SB 956 / HB 2252) has been proposed to ensure that there is no taxpayer funding of abortion, nor a so-called “right” to abortion, under the Pennsylvania Constitution. On January 25, 2022, the PA Senate Health and Human Services Committee voted Senate Bill 956 out of committee. The bill, sponsored by Sen Judy Ward of Blair County, now goes to the full PA Senate for a vote. A similar bill has been introduced into the State House (HB 2252).

The Constitutional Amendment is needed because of a lawsuit filed by the abortion industry which is now before the Pennsylvania Supreme Court. If the Court rules in favor of abortion centers, we would lose Medicaid restrictions on abortion funding, leading to full-scale taxpayer funding of abortion. We would also lose our time-tested protective laws. That would mean no more protection of preborn children from late-term abortions. It would also mean no more parental consent for abortions, and no more informed consent for women. It would also mean no more 24-hour waiting period for women to have time to reflect before an abortion takes place. We would also lose regular inspections of abortion

facilities, meaning that hair and nail salons would face greater scrutiny than abortion centers.

The only recourse we have, in the event of such a tragic ruling, is a Constitutional Amendment which would guarantee that there is no taxpayer funding of abortion, nor a so-called “right” to abortion, in the PA Constitution.

The PA Pro-Life Federation is working with a coalition of groups, including the Pennsylvania Catholic Conference and the Pennsylvania Family Institute, to pass the Constitutional Amendment. The Amendment must pass the PA House and Senate in two consecutive sessions, then be placed on the ballot for voters to decide. The Amendment would ensure that the people, through their duly-elected representatives in the General Assembly, decide such policies, rather than the courts through judicial fiat. It will take at least a year and a half to complete the process. The Governor does not have to sign the Amendment, nor does he have the right to veto the Amendment. However, the Governor’s Administration can influence the process through the ballot wording, which is devised by the PA Department of State (a new Governor will be elected this year).

For more information, go to: [www.paprolife.org](http://www.paprolife.org). Click on the Life Amendment banner on the home page; you will be directed to a page which includes an explanation of the Amendment, a video tutorial, a link to send a message to your state representative and state senator, and a link to sign the PA Pro-Life Federation petition. Send a letter to the editor of your local newspaper in favor of this important Constitutional Amendment.

*Maria Gallagher is Legislative Director of the Pennsylvania Pro-Life Federation. Contact her at: [Gallagher@prolife.org](mailto:Gallagher@prolife.org) or 717-541-0034.*

# Congratulations, 2022 Oratory Contest Winners!

## Senior Varsity Winners (Grades 11 and 12)

**David Pascual**, a senior at Great Commission School, is the First-Place Senior Varsity Winner of the Citizens Concerned for Human Life (CCHL) 2022 Oratory Contest. He is the son of Eduardo and Christine Pascual, of Hollidaysburg. David was awarded a \$200 prize.

**Isabella Giovanelli** is a senior at Chestnut Ridge High School; Isabella won Second-Place and \$150. She is the daughter of Vic and Amy Giovanelli of Bedford.

**John Sicree**, a senior who is homeschooled, was awarded the Third-Place prize of \$125. John is the son of Andrew and Rebecca Sicree of Boalsburg.

**Emily Longstreth**, a senior at Great Commission School, won the Fourth-Place prize of \$100. Emily is the daughter of Donald and Jennifer Longstreth of Altoona.

## Junior Varsity Winners (Grades 9 and 10)

**Sarah Hamilton**, a homeschooled sophomore, is the First-Place Junior Varsity winner. Sarah is the daughter of Robin Hamilton, of Johnstown. Sarah was awarded \$150.

**Helena Sicree**, a sophomore, is homeschooled and won the Second-Place prize of \$100. Helena is the daughter of Andrew and Rebecca Sicree of Boalsburg.

**Matthew Levri**, is a sophomore who is homeschooled. Matthew was awarded \$75 for his Third-Place entry in the Junior Varsity contest. Matthew is the son of Ed and Maureen Levri of Altoona.

The judges for the Oratory Contest, held March 6, were: **Joseph Hurd**, a former basketball coach and head of the Blair County Chamber of Commerce; **Janet Purdy**, a Spanish teacher at St. James School in Falls Church, Virginia, and **Matthew Bradley**, also of Falls Church, VA, a pro-life activist since his childhood. We are grateful for their involvement in pro-life events. Many thanks also to **Marita Forr**, timekeeper for the speeches, and **Jan Creighton**, Bedford Co. Chapter, CCHL, for her assistance with organization of and arrangements for the contest.

Printed below is David Pascual's First-Place Senior Varsity entry, entitled, "The Decision." The presentation of First-Place Junior Varsity entrant, Sarah Hamilton, entitled "Reaching Souls," is on the back page. The presentations of the other winners will be reprinted in subsequent issues of this newsletter. "Well done and congratulations," to all!



## The Decision

By David Pascual, First-Place Senior Varsity Winner

I am pro-life. I was raised in a Christian home, a Christian Church, and a Christian School. Everywhere I looked, people challenged the very idea of abortion. However, even though I was surrounded by Christianity, questions of the validity of abortion began to rise. Questions like: "What about the rape and incest victims who were not planning on having a child in the first place?" and, "When does a baby truly become a baby?"

I've reflected on these questions throughout my life, and even after asking multiple fellow Christians, I couldn't seem to find a well-suited answer that everyone agreed with and also supported my pro-life beliefs. Then I learned about survivors' guilt, otherwise known as post-abortion syndrome, and how many mothers who have had abortions regretted it for the rest of their lives. I found this condition to be a very compelling argument that not many people could challenge, except for the argument that not every mother has guilt after the abortion.

After some research, I came to discover that what I thought was true is false and that about 99% of mothers recover from post-abortion syndrome after only five years. This statistic was shocking to me, leading me to not have any argument to back up my pro-life ideology in a way that many people would agree with yet again, which is why the book *Tears of the Fisherman* was so impactful for me. It showed that although mothers may sometimes have guilt, fathers demonstrate that they may have as much, if not more, guilt than mothers do after the abortion has taken place.

*Tears of the Fisherman*, by Kevin Burke, tells the story of multiple fathers whose wives or girlfriends have had abortions and the psychological process that comes with it. The book provides multiple references to Scripture to support all the arguments made from a Christian perspective. However, there are also many arguments that aren't backed up by the Bible that could sway the mind of someone who was pro-choice.

*Tears of the Fisherman* also presents the stories of various male celebrities whose partners have had abortions and regretted it for many years to come. These celebrity fathers include people such as American Idol judge and lead singer of Aerosmith, Steven Tyler, and tennis-pro, Jimmy Connors. The author provides these accounts to show that everyone, including non-Christian celebrities, can go through similar trauma after having an abortion. However, the last few chapters of the book show that there is a recovery process through Christ and that those who have had abortions can recuperate with time, but this process can still be difficult.

Let's switch perspectives to those who support abortion, otherwise known as those who are "pro-choice." Pro-choicers have many cases of their own that the world sees as fair arguments. However, when one truly considers the arguments provided, none of them are justifiable enough to have a child killed.

First, pro-choicers do not see abortion as murder. How can it be murder if the baby isn't alive yet? To go through with the process, both the doctors and the mother have to dehumanize the baby in their minds, or else they know that what they're doing is murder. Some say that it isn't truly a baby until after about eight weeks (when it's considered to be a fetus instead of an embryo), while others say that it isn't a baby until it is born. Despite this, abortionists can always humanize the baby whenever it best suits them.

One reason that abortion clinics would humanize the baby is if the child were to be born with a medical condition. According to the CDC, about 3% of babies born each year have some sort of birth defect. These numbers are relatively small, so this reason is not a common one for having abortions.

The most common cause of abortion is because a parent is not ready yet. About 25% of abortions occur because of the parent not being prepared. This percentage is the biggest one out of all of the possible reasons for abortions. However, the argument that parents are not ready for a child is less talked about compared to other reasons. This lack of discussion might be because other arguments, such as when one is raped or has an unplanned pregnancy, are more compelling and can humble the other side easily.

All of these arguments seem like good reasons to have an abortion at first glance, but when one deeply considers them, it becomes clear that they are still not good enough reasons to have a baby murdered. The only vaguely compelling argument is when one is raped. While the victim could put the child up for adoption, she would still have to endure the nine-month pregnancy, see the child, then give the child away. All the while, the victim is being constantly reminded about how she was raped, during those nine months of pregnancy. With all this in mind, however, one needs to remember that only 0.5% of abortions are from rape and that many women have gone through with the pregnancy. This statistic is why the argument about rape shouldn't be used as much as it is: because so few rape victims have an abortion.

As stated earlier, I am against abortion. Even though both sides have many arguments to support their opinions, the pro-life side focuses on the child whereas the pro-choice side focuses on the mother instead. This reasoning is why so many Christians are pro-life instead of pro-choice.

Even though the majority of people who are pro-life are Christians, there is a rising minority of those who are secularists. Why would this be? An institution known as Secular Pro-Life provides its argument on its website. They claim that the baby becomes human by the time it is a zygote: otherwise known as the first developmental stage of the pregnancy. With this argument provided, they go on to say that killing humans is considered "generally

immoral" and to kill a zygote would be to kill a human. Therefore, a pro-life secularist's arguments would fall under the assumption that the baby becomes "human" when it is only a zygote.

A Christian's perspective is very similar, only we have a reason as to why murder is considered to be morally wrong.

We use the Bible as our foundation for what we believe. However, abortion is only murder if you believe that the child is human when it's still a zygote, just like what the pro-life secularists believe. This is why the subject can be so controversial. If one does not believe that the baby is human then the entire argument falls apart. However, there are still other arguments that can be used to show that abortion is wrong.

For example, John Piper once said, "Christ died that we might live. This is the opposite of abortion. Abortion kills that someone might live differently." This argument takes the perspective off the baby and focuses it on the mother instead, similar to how those who are pro-choice make their arguments. However, John Piper describes that in committing an abortion, the mother is truly only thinking about herself and her future, not the baby's.

There is great truth in the pro-life perspective of abortion. The life of a child is extremely precious and worth fighting for. Abortion is not fair or beneficial to everyone concerned, especially the baby. Abortion does not build good will and better friendships, in fact, it commonly does the opposite. Relationships are constantly destroyed due to abortion. With all these arguments and ideas in mind, the decision of having an abortion can become extremely stressful. So why not have the child? ♦



## Every Life Matters (ELM)

### Pregnancy Support Services

*Services we offer:*  
*Free Pregnancy Tests*  
*Limited Obstetric Ultrasounds*  
*Parenting and Prenatal Education*  
*Post-Abortion Recovery and Material Resources*



### Upcoming Events **Yellow Umbrella Walk and Shower**

**Saturday, April 23rd**  
**10:00 a.m. - 1:00 p.m.**

**Calvary Tyrone**  
**1062 Pennsylvania Ave., Tyrone**

### **Baby Bottle Campaign**

**Begins on Mother's Day,**  
**ends on Fathers Day**

**Please send donations to this address:**  
**Carol Steffen, Executive Director**  
**1351 Logan Ave., Tyrone, Pennsylvania 16686**  
**Phone: 814-650-7899**

**TheELMPSS@gmail.com ♦ www.elmcenters.org**

*All material and monetary donations to ELM are tax-deductible. Make checks payable to: Every Life Matters (ELM). Thank you!*



# WHAT YOU SHOULD KNOW ABOUT GIRL SCOUT COOKIES

## Pro-Life People Aren't Buying Girl Scout Cookies Because They're Linked to Planned Parenthood

By Micaiah Bilger

It's Girl Scout cookie season, and pro-life advocates again are refusing to support the organization because of its connection to Planned Parenthood and abortion.

This year, however, a new *INSIDER* report criticizes pro-lifers for speaking up and refusing to buy cookies. It claims the Planned Parenthood link is just a "conspiracy theory," and pro-lifers are "harassing" young girls because of it, according to the blog *She Knows*.

But the truth is the Girl Scouts do promote abortion and Planned Parenthood, and none of the examples that parents gave to *INSIDER* about interactions with pro-lifers amount to harassment.

One Ohio mother, Indu Rajan, said a woman approached them while they were selling cookies in front of a Walgreens and told the girls that she would not support the Girl Scouts because of the Planned Parenthood connection. Rajan said her daughter "had no idea what she was talking about, and the adults were too shocked to respond."

Here's another example described in the blog:

Melissa Atkins Wardy told *INSIDER* that her daughter Amelia was harassed by a woman while going door-to-door selling cookies in Wisconsin.

"The lady took the cookie form and shoved it back into my daughter's chest, and said, 'I don't support programs that support abortion,'" Wardy said. "And I was like, 'Are you freaking kidding me? My kid is 7. She has no idea what you're talking about.' And so we left."

While the people in these stories may have been rude and should have spoken to the adults, simply expressing their opinions was not harassment. Pro-life advocates condemn harassment. They encourage people to speak respectfully to the parents and/or adult leaders, not the children, about their decision not to buy cookies because of the organization's support for Planned Parenthood and abortion.

As to the "conspiracy theory" claim, the connection between the Girl Scouts and Planned Parenthood is well established and has been for many years. *INSIDER* referred to the Girl Scouts' website, which states, "Girl Scouts of the USA does not have a relationship or partnership with Planned Parenthood." The organization's tax forms also do not show any money from the national Girl Scouts going to the abortion chain, according to the report.

But former Planned Parenthood director Abby Johnson said the Girl Scouts and the abortion chain are connected.

"When I worked at Planned Parenthood, we had a tight relationship with the Girl Scouts. We had many girls come into our facility for service hours, hours that they needed to count towards their badges and advancements," she wrote recently at *LifeNews.com*.

Pro-life advocates began to question the ties between the two groups back in 2004 after former Girl Scouts CEO Kathy Cloninger told *NBC's The Today Show*: "We partner with many organizations. We have relationships with... Planned Parenthood organizations across the country."

Later, a national survey conducted by STOPP International found that seventeen Girl Scouts councils admitted to partnering with Planned Parenthood; other councils refused to answer the survey question. Of the 315 Girl Scout councils in the U.S., 17 councils reported having a relationship with Planned Parenthood and its affiliates, and 49 reported they do not. The other 249 refused to disclose any relationship.

The Girl Scouts also financially supports a group called the World Association of Girl Guides and Girl Scouts (WAGGGS), which advocates for abortion for underage girls. According to *GirlScoutsWhyNot.com*, the national Girl Scouts gives more than \$1 million to the WAGGGS every year through dues from local troops.

The organization also promotes abortion activists as heroines, including Hillary Clinton and former pro-abortion Texas legislator Wendy Davis. In 2019, its Arizona affiliate gave an award to a scout for volunteer work in "reproductive health justice," an umbrella term that includes abortion on demand.

A former national spokeswoman for the Girl Scouts, Kelly Parisi, also was a former spokeswoman for a pro-abortion organization founded by Gloria Steinem.

These are just some of the many documented connections. More information is available through the website *GirlScoutsWhyNot.com*.

Johnson encouraged parents to consider other options for their girls, such as American Heritage Girls and the Little Flowers Girls' Club.

"If the GS wanted to truly empower young women, they would cut their ties with Planned Parenthood and groups that are clearly pro-abortion," she said.

—*LifeNews.com*, March 2, 2022

# Guttmacher Data Showing Increase in Percentage of Chemical Abortions in 2020

By Dave Andrusko

On February 24, the Guttmacher Institute released preliminary numbers from its periodic survey of abortionists showing that, for the year 2020, 54% of abortions were chemical abortions.

“This is a trend that we’ve been seeing for years as abortion advocates have urged the loosening of the safety protocols for chemical abortions,” said Carol Tobias, president of National Right to Life. “The abortion industry has pushed for lowering protections for women undergoing a chemical abortion, while it peddles lies about the ease of the method.”

The Guttmacher Institute does not give hard numbers showing how many abortions 54% actually represents. Guttmacher said that this percentage is based on “preliminary findings from ongoing data collection” for 2020 to be filled out with “final estimates” to be released “in late 2022.” The percentage could change as data from more “providers” comes in, but Guttmacher does not expect the proportion for chemical abortions to fall below 50%.

Since the U.S. Food and Drug Administration (FDA) first approved the sale of mifepristone in September of 2000, there has been a slow and steady climb in chemical abortions. The FDA modified regulations of mifepristone abortions in March of 2016 by broadening the prescriber pool to include any “certified healthcare provider,” adjusting doses (lowering costs to prescribers), extending the use cut off from seven weeks to ten weeks from the last menstrual period, and dropping the requirement for in-person follow-up visits.

FDA requirements that mifepristone only be delivered to patients in person were suspended during the pandemic and were eventually dropped entirely. This allowed for the prescription of abortion pills by telemedicine and delivery by overnight mail without any direct physical exam.



“Promoters of these pills like to trumpet high safety rates, but they neglect to mention that with hundreds of thousands of women taking these pills, even a couple of percentage points of women hemorrhaging, dealing with infections, and ectopic pregnancy, represents thousands of women desperately seeking emergency medical treatment, which may or may not be nearby,” said Randall K. O’Bannon, Ph.D., director of Education and Research for National Right to Life.

—National Right to Life News  
February 24, 2022

# Abortion industry promotes ‘missed period pills’ so women won’t know if they were pregnant

By Carole Novielli

In an attempt to normalize abortion by using deceptive euphemisms, the abortion industry is now referring to the use of mifepristone and/or misoprostol (the same drugs as are used in the abortion pill regimen) as “missed period pills” or “later period pills.”



The drugs are being sold to women *without* a confirmation of pregnancy, and they are led to believe the drugs will merely “bring down a period,” allowing them to escape the knowledge of whether or not they killed their own preborn children.

This unapproved process also flouts important safety regulations put in place by the Food and Drug Administration (FDA) under a program called REMS, which requires prescribers of the abortion pill mifepristone to properly date a pregnancy. While abortion enthusiasts are calling their latest scheme “creative,” pro-life advocates accurately refer to it as “abortion in disguise.”

## A Collaboration of Groups With the Goal of Keeping Women in Ignorance

In an e-mail to supporters, pro-abortion organization Gynuity Health Projects (GHP) announced a collaboration on missed period pills through formation of the “national working group on missed period pills,” which includes a number of abortion organizations, under the website [PeriodPills.Org](http://PeriodPills.Org).

“Period pills bring on your period when it is late, even by just a few days. If you are pregnant, these pills will end your very early pregnancy,” the website claims. “But you do not have to take a pregnancy test or confirm you are pregnant before using period pills. Yes! Period Pills are real... Sometimes this is referred to as menstrual regulation, or pushing a period, or bringing down a period.”

The site actually admits that the whole point of “missed period pills” is to remain in ignorance, noting (emphasis added), “If someone is pregnant, taking these medications will end their pregnancy. This can be referred to as an abortion. **But since pregnancy is not verified before taking the pills, a person will never know if they were or weren’t starting a pregnancy when they took the pills.** Late period pills will bring down a person’s menses even if they aren’t pregnant, and can provide reassurance and peace of mind if someone doesn’t want to be pregnant. A person does not need to take a pregnancy test or confirm a pregnancy to use missed period pills.”

The site adds, “Late period pills let us choose to get our periods or have chemical abortions when we don’t want a pregnancy to become established. Instead of waiting and worrying, we can take pills and bring on our periods.”

## Gynuity: If Pregnant, It Causes Abortion; If Not, Women ‘Probably Don’t Need’ It

Gynuity also wrote about its intention to partner with abortion chain Carafem to “study the acceptability and use of mifepristone plus misoprostol for menses induction in the US.”

A 2021 archived page from Carafem’s website shows how the abortion chain deceptively marketed so-called missed period pills as a *new medication option*. “If you don’t want to be pregnant, you may be eligible to use a new medication option as soon as 28 days from when your last period started... with no requirement to wait several weeks for treatment,” they wrote. A more current page at Carafem’s website states the abortion business is “conducting a study that uses mifepristone and misoprostol within as little as 28 days from your last period.”

## Carafem Archived 2021 Website Missed Period Pill Uses The Abortion Pill Regimen

Melissa Grant, chief operations officer of Carafem, recently acknowledged to *Ms. Magazine*, “We actually were doing a Gynuity study in D.C. last year on missed period pills that temporarily paused during the pandemic.... **We let them know clearly, if you do this and you’re pregnant, it’s an abortion, and if you do this and you’re not pregnant, you’re taking medication that you probably don’t need...**” (emphasis added).

Wendy Sheldon, a senior associate at Gynuity, suggested to *Rewire News Group* that this deception is “liberating” and carries “benefits” so women can “take control over their reproduction without being constrained by other people’s definitions of pregnancy, abortion, or other terms that may not reflect their beliefs or lived experiences....”

Sheldon added, “Missed period pills can also provide the psychological space for people to define what’s happening to their bodies on their own terms, consistent with their beliefs. For me, this is one of the most liberating and appealing aspects of this idea...”



### UCSF Missed Period Pill Study (MPP)

The University of California San Francisco (UCSF) calls its missed period pill study a “more creative method” to support

abortion goals. UCSF’s study began recruiting in June of 2021 and will utilize just the second pill in the abortion pill regimen — misoprostol, originally approved as an ulcer drug under the brand name Cytotec. The drug’s label warns that misoprostol can cause uterine rupture and will not impact a dangerous ectopic pregnancy. It will induce heavy bleeding and cramping if a woman is pregnant, and cause contractions strong enough to kill and then expel the child.

**By using misoprostol alone without mifepristone to first block progesterone and deprive the preborn child of nutrients, the abortion industry knows women will be unable to reverse the effects of the drug. (Editor’s emphasis)**

“As the number of state laws restricting access to abortion increases across the country, *more creative methods* are needed to support individuals in achieving their reproductive goals. Misoprostol alone for people who suspect, but have not confirmed pregnancy, has the potential to fulfill this growing need,” UCSF’s missed period pill study (MPPS) states. “The goal of this research study is to test a traditional but underutilized framework of menstrual regulation for pregnancy loss to ‘bring back’ a period when it is missed,” the study whose principle investigator is Dr. Ushma Upadhyay, also states. The participant will not know the results of the first visit’s pregnancy test at any point. The clinic staff member administering the participant’s care will not know of the pregnancy test result while the participant is at the clinic,” the study, which will require one study visit and one telehealth visit, points out.

### Missed Period Pills or Late Period Pill Abortion Study at UCSF Eliminating Guilt and Interfering With Informed Consent

In September of 2020, Gynuity published findings from a study analyzing potential interest in the concept. “In the study...researchers surveyed women seeking pregnancy tests at nine reproductive health centers in two states. They asked women if they would be happy or unhappy about becoming pregnant and if, instead of a pregnancy test, they would be interested in a hypothetical service offering what they called ‘missed-period pills,” wrote the *New York Times* (NYT) about the study published in the pro-abortion journal *Contraception*.

“Doing so, many said, would allow them to avoid the burden of that knowledge and the pain of self-flagellation, providing them with a psychological benefit at a time of great stress,” NYT wrote.

“It would be easier on my emotional well-being to not know I was actually pregnant but to alleviate the issue which is my missed period,” one of the study participants stated.

“I wouldn’t feel I am a bad person,” another said.

*Equal Rights Institute* editor Andrew Kaake pointed out how the deceptive name interferes with informed consent, writing in part, “The use of a euphemistic name...does not change the pill into anything other than an abortion pill, and an attempt to use such marketing to fool women or induce them to fool themselves interferes with informed consent. More troubling, though, is the idea that it’s better for the woman if she thinks, by taking the “missed period pill,” she only *maybe* had an abortion.”

“Why is intentionally muddying the moral waters and getting women to act a certain way despite their beliefs a positive thing?” writer Petra asked at *Pregnancy Help News*. “In reality, it’s just a way for abortion advocates to try to further the idea that abortion is a morally good and normal choice to increase their sales; there is no real concern for these conflicted women. MPPs are a marketing scheme to directly influence ambivalent women or women who outright do not agree with abortion to go ahead and do something which may go against their beliefs,” she stated.

Women can report suspected adverse reactions or complications of any drug including the abortion pill to the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

—LiveAction.org, March 1, 2022

## Abortion Pill Reversal

Have you or someone you know taken the first dose of the abortion pill?  
Do you regret your decision and wish you could reverse the effects of the abortion pill?  
Go to: [www.abortionpillreversal.com](http://www.abortionpillreversal.com) or call their 24/7 helpline: 1-877-558-0333.

## COVID Vaccines and Pregnant Moms

continued from page 18

referenced above that was forced to make a correction after not accurately calculating a risk estimate for miscarriages. I am reminded of Stalin's infamous words: "One death is a tragedy; one million is a statistic."

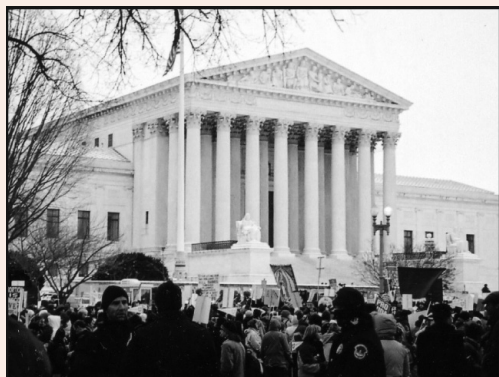
Prof. Christian Perronne, a vaccine specialist and Former Vice President of the World Health Organization European Advisory Group of Experts in Immunization, who like many other doctors is now censored by the media for fighting for the truth, took part in public debates at an EU Parliamentary Hearing in Luxemburg last month calling for a suspension on these "experiment products that are not vaccines." Prof. Perronne unfolds a number of issues surrounding this topic but emphasizes the shock and scandal it has been to give this product to pregnant women. This is some of what he had to say in his dialogue:

"When I see the scandal with pregnant women, normally it takes 10 years after definitive authorization, of commercial use, for [vaccines] to be authorized for pregnant women with enough hindsight...What shocks me is the absence of scientific studies on these decisions."

The bottom line is that these so-called vaccines have not been proven to be safe for pregnant women and that doctors and research papers that aim to question the mainstream media and vaccine agenda are being ignored, silenced, and stigmatized as misinformation spreaders. We also cannot deny the fact that the only data we currently have on COVID-19 vaccines for pregnant women came after its authorization for Emergency Use, not beforehand in the trials, which left vulnerable women to be the real experimental trials.

Additionally, the overwhelming studies that do exist attempting to prove its safety or efficacy for pregnant women are not always all-encompassing or have or cite manipulated data. When it comes down to it, we now know that natural immunity works and is better than the vaccine, even Israeli Vaccine Chief Cyrille Cohen admits that and went as far as to say that we made a lot of mistakes handling this pandemic. In hindsight, massive efforts should have been made to discover early and safe treatments for pregnant women and the unborn. Research, doctors, and nurses substantiate this claim, but their voices are mute.

—Population Research Institute, March 1, 2022



### Prayer for the Supreme Court

Holy Trinity, Source of LIFE and TRUTH, we entrust our nation to you. We ask for mercy for the decades of legalized abortion that has been permitted in our land. We ask that the sacredness of every human LIFE be protected and upheld both in law and in culture. In a special way, we commend to you the justices of the Supreme Court. Please grant them clarity, wisdom and right reason. Overthrow, at last, by your power, the scourge of abortion in our land and usher in a new era of protection for the unborn. By the power of Christ's Passion, Death and Resurrection, may Your perfect justice be established on earth. Amen.



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

Spring 2022; Vol. 14, No. 2

President & Publisher: R. Thomas Forr, Jr.

Secretary/Editor: Marge Bradley

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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website: [www.blaircountyprolife.com](http://www.blaircountyprolife.com)

### ~ SAVE THE DATE ~ PA Pro-Life Federation 2022 Celebrate Life Banquet

Friday, October 21, 2022  
Featuring Dr. Ben Carson

Hershey Lodge and Convention Center  
325 University Drive, Hershey, PA



*God did not make death, nor does he rejoice in the destruction of the living.  
For he fashioned all things that they might have being.*

~ Wisdom 1:13-14 ~



# **18<sup>th</sup> Annual Pro-Life Dinner**

**Crossroads Bible Church**

**5564 Business Route 220, Bedford**

**Friday April 29, 2022**

**Dinner at 6:00 p.m. ~ Doors open at 5:00 p.m.  
Come early to check out our door prizes and Basket Raffle!**



## **Featured Speaker: Seth Drayer**

*Vice President for Created Equal, a pro-life education and outreach organization based in Columbus, Ohio [www.createdequal.org](http://www.createdequal.org)*

*Seth leads Created Equal's mission to equip preborn defenders with the scientific/philosophic case for life and conversational skills to create dialogue about abortion in their hometowns.*

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# 15 Scientific Facts That Prove Unborn Children are Human Beings

By Katrina Furth, Ph.D.

This year, the Supreme Court agreed to hear the case *Dobbs v. Jackson Women's Health Organization*, which would allow Mississippi to limit abortions at 15 weeks. Medical advancements have long surpassed the viability definition of 28 weeks in *Roe*, and each advancement only moves us closer to life-saving treatments earlier and earlier in the life of the unborn.

But what exactly is a 15-week-gestation fetus like? We've put together 15 amazing facts about the 15-week-gestation fetus.



## Introduction

A unique human being forms at fertilization when a man's sperm combines with a woman's egg creating a zygote, a single-celled human embryo, with a unique set of genetic information that determines his or her physical traits. A new human being is called an embryo for the first eight weeks of life inside the womb and a fetus from nine weeks until birth. There is enough genetic variation that no two humans have been, or ever will be, genetically identical.[1] That single-cell zygote will become a 30 trillion cell adult.[2]

Importantly, the age of an unborn child can be calculated two different ways. Doctors usually date a pregnancy from the start of the mother's last menstrual period, called the gestational age. But pregnancy biologically starts at fertilization, which usually occurs about two weeks after the start of the mother's last menstrual period. So, if a doctor tells a woman that she is 15 weeks pregnant, then that means that the unborn child is only approximately 13 weeks old. Similarly, if a woman gives birth when she is 40 weeks pregnant, the baby has been growing inside her for about 38 weeks.

## 15 Amazing Facts about the 15-Week-Gestation Fetus

### 1) All of the major organs have formed.

Immediately upon fertilization, a human being has a unique set of genes encoded by his or her sequence of DNA packaged into 46 chromosomes. These genes determine the physical traits of the baby, such as eye color, hair texture, and gender. These genes also contain the blueprint that ensures that eyes develop on the front of the face, that bones develop inside the body, and that ears connect to the brain so that people can perceive the sounds they hear. Every system in the body forms according to a pattern of genes.

During an individual's first three weeks of life, this pattern of genes forms the body's structure. The single cell starts dividing, and each proceeding cell continues dividing, about once every eight hours or so.[3] Thus, the embryo grows at an exponential rate! During the first week, the embryo travels to the uterus and embeds into the uterine wall in a multi-day process called implantation. Amazingly, even before implantation, the embryo releases chemicals forming a biochemical connection with his mother[4]

Tissues interact to form the placenta and umbilical cord, which are nature's greatest life support system for the developing human.

In the third week, chemical gradients formed by the mother's body and the embryo itself help the embryo develop a body plan. While during the first week, each embryonic cell could become any of the 4,500 different types of cells in a human body, now each cell starts to specialize based on its position[5]. Some cells receive chemical messages to become skin and nerve cells while others receive messages to become part of the lungs or intestines. Each of these cells continues to specialize based on the other cells around them, and every piece of the intricate body plan falls into place. In fact, almost every organ and tissue forms within the first eight weeks after conception. The rest of the pregnancy is spent growing these organs larger and more mature to prepare for life outside the womb.[6]

By 15 weeks of pregnancy, every major organ has grown and most are functional. The kidneys filter toxins out of the fetal bloodstream and the stomach and pancreas produce digestive enzymes.[7] Peristalsis, the contractions in the intestines that propel food through the digestive system, starts eight weeks after conception and does not stop until death.[8] Similarly, the heart moves blood through the embryo and fetus, which started just 22 days after conception with the first heartbeat and will not stop until death.[9] Nerves have connected to skin and muscle so that the embryo can move away from things that touch him starting five-and-a-half weeks after conception.[10] The major system that develops latest is the lungs. While the lobes of the lung and the airways are

in place at 15 weeks' gestation, the alveoli, where gases are exchanged with blood, need time to grow. Although the fetus practices breathing in the womb starting eight weeks after conception,[11] the baby's lungs still need more time to mature before the fetus is ready for life outside the womb.[12]

### **2) The heart pumps 26 quarts of blood per day.**

The unborn baby's circulatory system pumps about 26 quarts of blood per day at 15 weeks' gestation. For comparison, an adult heart pumps 6,000 quarts of blood each day.[13]

### **3) The heart has already beat approximately 15,800,000 times.[14]**

By 22 days after fertilization (about five weeks' gestation), the heart starts beating.[15] The heart beats about 54 million times between conception and birth.[16] The fetal heart rate is quite variable. It rises from 98 beats per minute at 6 weeks' gestation to 175 beats per minute at 9 weeks' gestation, [17] and often slows over the next several months.

### **4) Each finger moves separately.**

Starting at 10-and-a-half weeks' gestation, when something touches the fetus's hand, he starts to close his fingers.[18] Typically, the fetus moves all of his fingers together, except the thumb. Over the next few weeks, he starts to bend his fingers more deeply and move his thumb, as if he were grasping an object. By 15 weeks' gestation, the fetus moves each finger separately and spontaneously explores his environment with his fingers.[19] By 16 weeks, he will have a weak but effective grasp that will become so strong that by 27 weeks' gestation he will be able to support his own body weight momentarily by grasping![20]

### **5) The fetus prefers sucking his left or right thumb.**

As early as 10 weeks' gestation, it is possible to determine whether the unborn child is left-handed or right-handed by studying ultrasounds. About 85% of fetuses prefer moving their right hand over their left hand, and about 85% of adults prefer their right hand, too. [21] When examining the same children over time, almost every fetus that preferred sucking his or her right thumb remained right-handed, but only a few of the fetuses that sucked their left thumbs in their mother's womb changed preference and were right-handed by the age of 10.[22]

When scientists studied fetal movements at 14 weeks' gestation, they found that the fetus has goal-directed movements toward her own eyes and mouth as well as the uterine wall. Furthermore, if the fetus has a twin, some of her movements will be directed towards the twin as well.[23] Additionally, the fetus moves more gently when reaching towards her twin's face.[24] Similarly, by 18 weeks' gestation, the fetus will reach for her eyes and mouth faster and with greater precision when she uses her dominant hand.[25]

### **6) The entire body responds to touch.**

By 15 weeks' gestation, the fetus responds to light touches all over the body except the buttocks and the inside of the thigh.[26] Mostly, the fetus moves away from the light touch, but when something touches the sole of foot, the palm of the hand, or the mouth region, it elicits different reflexes. When something touches the bottom of the foot, the fetus will curl his or her toes at 15 weeks' gestation,[27] just like the adult reflex. This is particularly interesting because newborns have an opposite reflex where they fan their toes up and outward, called the Babinski reflex. Additionally, when something touches the palm of the fetus's hand, the fetus will bend his or her fingers as if to grasp the object. Amazingly, when something touches the fetus's mouth area, the fetus will turn his or her head towards the object as if to prepare for nursing.[28]

### **7) The fetus responds to taste.**

After the mother eats, flavors from her food seep into the amniotic fluid, with the flavors peaking about 45 minutes after she eats.[29] These flavors help train the fetus to enjoy food from the mother's food culture; however, the fetus also has some preferences of his or her own! For example, if the amniotic fluid tastes sweet because of an injection of saccharin, the fetus swallows more amniotic fluid.[30] If the amniotic fluid tastes bitter, the fetus swallows less amniotic fluid.[31] A 15-week-gestation fetus has plenty of tastebuds on his or her tongue, and these have connected with the cranial nerves, allowing the fetus to experience multiple tastes from a young age.[32]

### **8) The brain creates neurons at a rate of 250,000 per minute.**

Throughout early development, the brain and nerves develop faster than almost any other body system. This is likely so that the brain can direct the other body systems. Structures such as the intestines, lungs, muscles, ears, and heart need nervous system connections to function. In the fifth gestational week, the neural tube, which will become the brain and spinal cord, forms and the embryo's head is one-third of his overall size.[33] After this, the brain forms pockets of cells and folds multiple times to pack in as many neurons as possible. In fact, from five weeks until 26 weeks or so, the brain's main job is to create more neurons—and fast. For many weeks, including 15 weeks' gestation, the brain creates 250,000 neurons per minute.[34] Babies are born with more neurons than the average adult—about 100 billion neurons.[35] Each of these neurons is born in a special location where all the dividing cells stay, but each neuron must move or migrate to its final destination. Just as the location of a cell tells a cell what sequence of DNA to use and therefore what type of cell to become, the timing of a neuron's birth tells the neuron what sequence of DNA to use, what type of neuron to become, and what chemical signals will communicate when reaching the correct destination in the brain.[36] Thus, at 15 weeks' gestation, many neurons are born and moving in a brain that is "under construction."

*continued on page 12*

## 15 Scientific Facts

continued from page 11

### 9) Brain connections formed at 15 weeks' gestation last into adulthood.

Not only must a brain cell become the correct type of neuron or support cell and reach its correct destination, but it must also connect with other neurons or target cells, like muscles, in order to be useful. Neurons start forming connections, called synapses, very soon after they are born. By adulthood, the average neuron has 7,000 synaptic connections to other neurons,[37] resulting in 150,000 kilometers, or 93,000 miles, of nerve fibers.[38] Many of the synaptic connections that form last into adulthood.

Sensory information from the eyes, ears, mouth, and body travels via nerves to subcortical areas and a brain structure called the thalamus, the gateway to the cortex. The thalamus acts like a relay center, condensing some information, or reducing a signal, if for instance the person is asleep, before passing it on to the cerebral cortex. The cerebral cortex helps process emotions, decision-making, working memory and attention. Many abilities that make human beings unique and distinct from other animals are governed by the cerebral cortex.

Before the cerebral cortex forms, a thick plate of neurons form, called the subplate.[39] Neurons destined for the cerebral cortex first migrate into the subplate while they wait for the supporting cells in the cortex to mature. Then they migrate into their final positions. Eventually, the subplate fades away and becomes white matter.[40]

Scientists have found connections between the thalamus and the subplate as early as 12 weeks' gestational age.[41] Recent work has shown that connections between the auditory nerves, auditory region in the thalamus, and neurons in the subplate survive into adulthood.[42] Auditory information is organized by pitch in the ear, thalamus, and cortex. That organization pattern was also seen in the subplate, suggesting that preliminary high-level processing may happen long before the cortex is fully formed.[43]

### 10) The fetus can feel pain.

In order for the fetus to perceive pain, he or she must have functional pain receptors and nerve connection to the brain. Pain receptors develop in the skin between 10- and 17-weeks' gestational age.[44] The first sensory receptors in the skin form and connect to the spinal cord at six weeks' gestation, but these nerves are specific for touch information, not pain.[45] The neurotransmitters specific to pain processing, substance P and enkephalins, also appear early in development at 10-12 weeks' gestation and 12-14 weeks' gestation, respectively.[46] The spinal nerves needed to transmit touch and pain information to the thalamus have formed by 15 weeks' gestation.[47]

As mentioned earlier, the thalamus forms connections with the neurons that will migrate into the cerebral cortex as early as 12 weeks' gestation,[48] and the thalamus forms connections with the true cerebral cortex after 24 weeks' gestation.[49] While some scholars suggest that

the cortex is absolutely necessary for the perception of pain, a growing body of research suggests that it is not. For example, one case study has shown that a 55-year-old patient experienced pain even when he had extensive damage in the cortical regions that process pain,[50] and children lacking a cortex often react to pain in ways similar to neurotypical children.[51]

While the cortex may not be fully developed, a number of brain structures that process pain activity including the brainstem, insula, and thalamus, are sufficiently mature to process pain at 15 weeks' gestation.[52] Sekulic and colleagues state: "Bearing in mind the dominant role of the reticular formation of the brain stem, which is marked by a wide divergence of afferent information, a sense of pain transmitted through it is diffuse and can dominate the overall perception of the fetus." [53] Furthermore, pain processing appears to develop before the mechanisms that moderate pain signals, so the fetus may experience a greater intensity of pain at 15 weeks' gestation than an older fetus or child.[54]

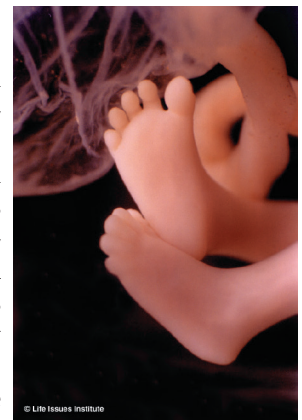
### 11) Females have most of the eggs that they will ever produce.

While the embryo is still developing a full body system around seven weeks' gestation, some of the embryonic cells that have remained outside the body migrate into the developing ovary or testes. In females, these future egg cells start dividing immediately, until the female fetus has about 7 million eggs around 21 weeks' gestation.[55] Therefore, the 15-week-gestation fetus likely has millions of egg cells. Most of these cells die; at birth there are only 1 million eggs, and by puberty, only about 300,000 eggs remain. During a woman's reproductive lifetime, she will only ovulate 300 to 400 of these total eggs.[56]

### 12) The fetus has practiced breathing for over six weeks.

Starting at 10 weeks gestational age, the fetus makes intermittent breathing motions. By 13 weeks' gestation, the fetus will make many breathing motions in a row, taking 2-3 seconds between each breath.[57] In the fifth month, the fetus's movements and breathing follows a daily cycle, called a circadian rhythm.[58] The fetus is especially active from 14-19 weeks' gestation. In fact, the longest period without general movements is usually no longer than 5-6 minutes.[59] [60] Many of these movements are ones that will help the fetus with life outside the womb, including swallowing, sucking, and breathing.

Furthermore, fetal breathing movements increase about two hours after his mother eats[61]. By 30 weeks' gestation, the fetus breathes 30-40% of the day with respiration rates between 30 and 70 breaths per minute, and as the fetus



Eleven weeks  
from conception

gets closer to his due date, he breathes more and more often. Still, even late in the pregnancy, the fetus can stop breathing for up to 2 hours. This breathing practice only moves a small amount of fluid, and does not pull it deeper into the lungs than the trachea[62]. All of the fetus's oxygen comes from the placenta until birth.

### 13) Eye movements are easily seen in ultrasound recordings.

The first recorded eye movements come from the 12th week of gestation. When something touches the upper eyelid, the eyes roll downward and the muscles around the eye "squint." [63] Sporadic eye movements begin around 14 weeks' gestation, [64] and rapid eye movements, such as those seen during sleep, are first detected around 18 weeks' gestation. [65] Therefore, the 15-week-gestation fetus mostly makes slower and infrequent spontaneous eye movements. The eyelids are fused shut at this age. [66]

### 14) If a doctor took an X-ray this week, the fetus's skeleton would be visible.

The fetal skeleton starts forming from a series of ridges, called somites, along the embryo's back. These somites develop in the sixth week. Most of the skeleton starts as cartilage, and then special cells called osteoblasts start creating the hard bone tissue. In a single long bone, the middle of the bone starts to harden first, and the ends keep growing longer and longer as cartilage. By 15 weeks' gestation, much of the unborn baby's skeleton has hardened from cartilage into bone. [67]

### 15) Surgeons have successfully performed surgery on fetuses at 15 weeks' gestation.

When ultrasound scans reveal structural defects or life-threatening diseases early in the pregnancy, doctors may recommend a prenatal surgery. Recent medical advances have enabled some babies to receive life-saving treatments while still in the womb—long before they are born!

Fetal surgery has proven successful in treating twin-to-twin transfusion syndrome, spina bifida, congenital heart defects, and other disorders. [68] In twin-to-twin transfusion syndrome more blood flows abnormally between identical twins who share one placenta. This jeopardizes the lives of both twins. If left untreated, one or both of the twins may die. Surgeons use a minimally invasive technique, called fetoscopic laser ablation, to disconnect shared blood vessels in the placenta connecting the twins. This surgery has been successfully performed on twins as young as 14 weeks and six days' gestation. [69] Multiple surgical teams have performed this technique on twins at 15 weeks' gestation. [70] When performed promptly, fetoscopic laser surgery gives the best outcomes for saving both babies.

Similarly, spina bifida is a severe disorder in which part of the baby's spinal cord does not close properly. Depending on the location and extent of the damage, spina bifida can cause intellectual and motor impairments, including

paralysis of the legs. In the past, surgeons would repair the spinal cord defects in the first few days after birth to try to give the infants the best chance to heal and grow on a normal trajectory. However, doctors discovered that repairing the defect before birth led to better outcomes for the child. In a groundbreaking study from the Children's Hospital of Philadelphia, treating babies while still in the womb was so effective that the trial was stopped early so that every baby could benefit from the prenatal spinal cord repair. When surgery was performed on fetuses before 26 weeks' gestation, the children experienced lower rates of death and neurological complications, as well as better mental and motor outcomes. In fact, many of these children could walk independently after the early intervention. [71]



Sixteen weeks from conception

It is interesting to note that in prenatal surgeries, the fetus is anesthetized separately from the mom to create the best outcomes for the surgery. [72] Thus, the medical establishment treats a fetus as a patient with full rights when the mother eagerly wants to keep her child alive.

It is clear from the science that unborn children at 15 weeks' gestation are already amazingly complex human beings. They can be treated as independent patients, they show preferences independent from their mothers, and they have goal-directed behaviors. These humans deserve protection, too.

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# Pro-Lifers Speak Out Against Taxpayer-Funded Experiments Using Aborted Fetal Body Parts

*A recent study out of the University of Pittsburgh has highlighted the ongoing questions regarding the harvesting of fetal tissues for medical research.*

By Laurretta Brown

Pro-life advocates and lawmakers are calling attention to a recent study out of the University of Pittsburgh that raised questions about whether the university was taking organs from aborted babies that were delivered alive.

These pro-life concerns are compounded by the reality that, under the Biden administration, the National Institutes of Health (NIH) has allotted \$88 million in funding for human fetal-tissue research for fiscal year 2022. And, although unanswered questions surrounding how organs are used for this research and consent is obtained continue to crop up, the Biden administration has lifted restrictions and ethical review on these experiments.

In August, FOIA requests from Judicial Watch and the Center for Medical Progress revealed that the University of Pittsburgh in 2015 proposed to the National Institutes of Health (NIH) to “develop a pipeline to the acquisition, quality control and distribution of human genitourinary [urinary and genital organs and functions] samples obtained throughout development (6-42 weeks gestation).” The university’s researchers also told NIH, “We record the warm ischemic time on our samples and take steps to keep it at a minimum to ensure the highest quality biological specimens.”

Warm ischemia time is defined by NIH as “the time a tissue, organ, or body part remains at body temperature after its blood supply has been reduced or cut off but before it is cooled or reconnected to a blood supply.”

In September, more than 50 GOP federal lawmakers wrote a letter demanding a complete investigation into the University of Pittsburgh’s abortion procedures and research. They wrote that “the statements about ‘warm ischemia’ raise questions about the cause of death for these babies....Pitt states that it sought to minimize the time between when the blood supply to an organ was reduced and when the organ is cooled or reconnected. If the organs are harvested from a baby born after induced abortion, it is possible the baby was delivered alive and the removal of the organs was the cause of the baby’s death.”

They added, “Pitt’s application states that it can obtain access to the organs and tissues of unborn babies between 6-24 weeks gestation, but it partners with another organization to obtain unborn babies between 25-42 weeks gestation. Babies as young as less than 22-weeks gestation have been known to survive outside the womb with appropriate care.” The lawmakers also quoted the university’s statement that it “tailor[s] [its] collection processes on a case-by-case basis to maximize the needs of investigators,” noting, “It would be illegal for researchers to have any part in the decisions surrounding the obtainment of fetal tissue from elective abortions.”

## David Daleiden’s Perspective

Experiments involving the removal of organs from aborted babies have been going on for decades, David Daleiden, founder of the Center for Medical Progress who released pro-life undercover videos allegedly showing trafficking in human fetal tissue by Planned Parenthood, told the *Register*. “Aborted babies have been experimented on at the University of Pittsburgh going back nearly 100 years,” he said, referencing the work of the university’s Dr. Davenport Hooker, who “actually filmed his experiments in the 1930s to 1950s testing the reflexes of babies aborted alive until they died—the films are available on YouTube.”

Daleiden also pointed out that a nurse, Wilhamine Dick, at Pitt’s affiliated UPMC Magee Hospital, testified in 1972 before the Pennsylvania Legislature that “she saw live aborted infants moving while being packed in ice to ship to the university for experiments.”

The Washington, D.C.-based law firm Hyman, Phelps and McNamara (HPM) concluded a review of the university’s practices in December, stating that the “university’s activities in support of research involving human fetal tissue are conducted in compliance with federal and state laws.” However, the firm stated it did not review “the clinical decision-making or delivery of medical care, such as abortion, by individuals serving in their capacity as University of Pittsburgh Medical Center (UPMC) employees,” since “UPMC is a private, nonprofit corporation that operates hospitals and employs physicians, residents, and fellows,” and “Pitt has no role in managing or supervising the provision of medical services by UPMC personnel.”

This caused many, including Rep. Chris Smith, R-N.J., chairman of the U.S. House of Representatives Pro-Life Caucus, to view the probe as a “whitewash.” “A truly transparent and comprehensive assessment would not have evaded the questions raised by public records,” he told *Fox News*, “especially and including whether the University of Pittsburgh used the body parts of babies who were born alive and died from having their organs harvested, as well as if individuals procuring the baby body parts for the university altered abortion procedures to suit their gruesome research.”

“The University of Pittsburgh lawyered up and tried to call it ‘transparency,’ yet refused to examine the actual abortion and organ-harvesting practices at its affiliated clinical locations like UPMC Magee and Planned Parenthood Western Pennsylvania,” Daleiden said.

“Planned Parenthood’s abortion providers are on staff at the University of Pittsburgh and perform abortions at UPMC to obtain the fetuses for the university’s experiments,” he added. “Planned Parenthood Western Pennsylvania is a ‘contracted care site’ for the universi-

ty, part of the university medical system. The so-called 'regulatory assessment' released by Pitt a few weeks ago in fact determined that Planned Parenthood abortion providers at UPMC routinely failed to document patient consent correctly—even to the point that some consent forms were not signed."

### Funding 'Humanized Mice'

A recent report from White Coat Waste, a group that opposes experimentation on animals, highlighted that the NIH plans to spend \$88 million on human fetal-tissue research this year, with \$27 million already approved for ongoing research. It detailed several experiments involving the transplanting of organs from aborted babies on to mice.

In one such experiment at University of North Carolina at Chapel Hill, "mice were implanted with minced pieces of fetal bone marrow, liver and thymus to make their bodies mimic the human immune system—or, in the words of the experimenters, 'BLT-humanized mice.'"

Another experiment involved "implanting two pieces of human fetal lung tissue (Advanced Bioscience Resources) subcutaneously into the back" of the mice. One NIAID-funded study that took place at the University of Pittsburgh involved transplanting the scalps of aborted babies onto mice.

The White Coat Waste report found that 80% of the funding going to human fetal-tissue research came from Dr. Anthony Fauci's National Institute of Allergy and Infectious Diseases. David Prentice, vice president and research director at the pro-life Charlotte Lozier Institute, who has a doctorate in biochemistry, told the *Register* that "Dr. Fauci's institute seems to be one of the chief abusers in terms of fetal-tissue funding from abortion. ... Fauci may be a good scientist, but as the head of this institute, he's the responsible person that allows this funding to continue."

### Ethical Alternatives

Prentice said that such experiments are "antiquated science, using organs and tissues and sometimes whole limbs from aborted babies for studies," when "there are better and certainly ethical techniques nowadays, for example, using adult stem cells." He said that many of the studies involving human fetal tissue make "what are called humanized mice," but "there are a lot of different ways to make humanized mice" that don't involve an ethical issue, like adding "human cancer cells to a mouse and just seeing how they grow in the mouse or adding a couple of human genes, or I could add adult stem cells."

He went on to explain that "it's the source of the tissue that really causes all of the problems" and added that "umbilical-cord blood" or "tissue that has been taken from surgery after birth" can be used in research as ethical alternatives.

Prentice thought that millions were still being spent by NIH on this type of research because this is the way

they've always done this, and "they think abortion is fine, so they see no problem." He said in this area scientists "are not being creative in terms of our scientific experiments, not looking for better ways to do the experiments, more efficient ways that would help patients—instead of traffic in body parts."

Daleiden told the *Register* that fetal experimentation is "primarily about the convenience of having an 'assembly line' supply of fresh, living human biological 'material' for commercial and experimental use," and it "exploits the unequal legal status of aborted infants in order to avoid the responsibilities and liabilities of research on more protected groups of people."

Father Tad Pacholczyk, the director of education and staff ethicist at the National Catholic Bioethics Center, told the *Register* that the Church "has long protested the use of human tissue obtained from direct abortions in research and instead encouraged the use of alternatives, as emphasized in several of her bioethics teaching documents. For example, the use of cells derived from a miscarriage, with parental consent, can offer a matched-tissue source to cells derived from direct abortions."

Prentice pointed out that the Trump administration announced \$20 million in funding in December 2018 for developing "human-tissue models that closely mimic and can be used to faithfully model human embryonic development or other aspects of human biology, for example, the human immune system, that do not rely on the use of human fetal tissue obtained from elective abortions." He said that announcement generated "a lot of excitement in the scientific community," as "you could see people that were eager to switch away from something that was controversial, whether they agreed with abortion or not."

### NIH Reverses Review Requirement

In April, the NIH announced that because "the HHS secretary has determined there are no new ethical issues that require special review, HHS is reversing its 2019 decision that all research applications for NIH grants and contracts proposing the use of human fetal tissue from elective abortions be reviewed by an Ethics Advisory Board."

Prentice, who was a member of that board, told the *Register* that they looked at 14 proposals for use of fetal tissue in experiments and only approved one, by a split vote. He pointed out that while there were proponents of fetal-tissue research on the board, "at least one-third of those denials were unanimous, which tells you that even these pro-fetal-tissue researchers, their conscience bothered them enough that they could see ethical flaws in these proposals." He lamented that "the current administration really doesn't want to face up to the ethics of it."

Father Pacholczyk also served on the fetal-tissue advisory board in 2020 and said during that time he was "pleased to see the strong pro-life advice and perspective offered by

*continued on page 16*



*Albert Einstein, who was German and Jewish, and lived through that dark period of mass slaughter, rightly observed: "The world is a dangerous place to live, not because of the people who are evil, but because of the people who don't do anything about it."*

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—LifeNews.com, September 14, 2021

## Tax-Funded Experiments

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that board and their almost-unanimous recommendations to decline to fund many research proposals that relied on cell lines and tissues derived from abortions." He also praised the Trump administration's creation of the board, saying that, "as far as I am aware, no prior administration had ever taken such intentionally pro-life steps to limit the use of fetal cells derived from direct abortions in research."

Prentice noted the political back-and-forth that has taken place over the past several decades over funding for these experiments using human fetal tissue. "Even back in the 1980s, NIH was funding research using fetal tissue from abortions," he said. "President Reagan actually instituted a moratorium that stopped it for a while; that continued through President H.W. Bush, and then President Clinton reinstated that funding. There was an attempt in the Trump administration to decrease and hopefully stop all of the funding. There was a decrease, but President Biden has restored that funding."

Father Pacholczyk said that there was a "whiplash effect" under the Biden administration that is "returning us to the prior situation where fetal-tissue research faced very few practical barriers or limitations." He emphasized that "control over funding serves as a critical mechanism to avoid unethical research practices in the research sciences. The granting of funding, especially federal funding, is one of the highest forms of approbation and blessing a researcher can obtain in terms of his or her particular line of work. Disbursement of funding needs to be directly linked to our vision of good, ethical science."

When Daleiden first released undercover footage in 2015 of Planned Parenthood employees appearing to traffic in the body parts of aborted babies, even then-presidential candidate Hillary Clinton called the footage "disturbing."

"People from all walks of life are horrified by post-heartbeat abortions and trafficking of aborted babies," he said. Daleiden urged public representatives to be "loud and bold about these topics and keep talking about them and demanding answers from the government, Planned Parenthood and institutions like Pitt."

Lauretta Brown is the Register's Washington-based staff writer.

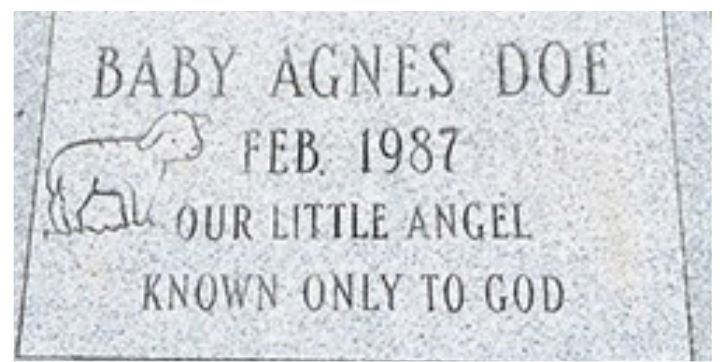
—National Catholic Register, March 1, 2022

Editor's Note: A podcast is available at [Positively Pro Life: The University of Pitt Exposed](https://www.wdham.com/episodes/positively-pro-life/). Go to: <https://www.wdham.com/episodes/positively-pro-life/>.



**Tyrone, PA  
Annual  
March for Life  
January 17, 2022**

A prayer service begins this event at St. Matthew Church. Participants walk 1.25 miles to Oak Grove Cemetery to the grave of Baby Agnes Doe. The remains of this female infant were discovered in an abandoned dump near Bellwood in 1987. St. Gregory K of C arranged for a dignified burial. This annual March is in remembrance of this child and all those whose lives have been lost to abortion.



# Are the COVID Vaccines Safe for Pregnant Moms? New Questions Raised

By Katarina Carranco

**P**regnancy is beautiful and sacred. It confers hope on the family that brings new life into this world and to all of society. This is one of the many reasons we work so hard to protect the unborn and their mothers.

At this time, however, there is a real threat to the future of this world, that being to pregnant women and their unborn babies. A threat that very few are talking about or, perhaps more likely, they're being censored from doing so.

We are all well acquainted with COVID-19 and surely have heard a great deal about the so-called vaccines that claim to fight and protect against it. Yet one thing that we have not heard nearly enough about, if at all, is the effects these vaccines are having on pregnant women and their babies.

If you have not yet heard, a brave doctor by the name of James Thorpe is spearheading this discussion and going up against the American Board of Obstetrics and Gynecology, knowing well that his career, livelihood, name, and virtually everything is at stake. He is challenging the Board even though they already threatened doctors in the entire field: either they agree with the board's pro-vaccination stance for pregnant, recently pregnant, and lactating women or they will be stigmatized as "misinformation" spreaders.

Dr. Thorpe is challenging them anyway.

According to Dr. Thorpe, "there have been more fetal deaths, fetal miscarriages and fetal malformations that have been reported to VAERS [Vaccine Adverse Event Reporting System] in just six or eight months than all the other vaccinations in pregnancies in the last 32 years... There are about a million births in the US per year, I estimate that about one-third of those births [are from pregnant women who] have been vaccinated in the last year [2021]. That comes up with a number of 300,000 and the fetal deaths that I projected were basically directly from VAERS data, and using Dr. Jessica Rose's underreporting factor of 41 that comes up with easy 100,000 plus fetal deaths."

Evidence supporting this view can be found in a paper by Brock and Thornley. This paper goes to show that the use of mRNA vaccines has increased the rate of spontaneous abortions, otherwise known as miscarriages, by seven to eight times the standard. Their paper comes after questioning the conclusions of another study that supports the use of mRNA vaccines in early pregnancy. That study has now been forced to make a correction after concerns were raised by other scientists. Sadly, it has now been incorporated into many international guidelines for vaccine use in pregnant women, including the CDC.

Despite the correction from that study they used to support vaccines for pregnant women, the CDC continues to recommend COVID-19 Vaccination "for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future." Additionally,



to further substantiate their vaccine encouragement, they produced an assessment to show the effects that the virus can present when it infects pregnant women. However, that study's most notable limitation is that the variables are limited to pregnant and non-pregnant women who have had the virus. It does not take into account vaccination status, an omission which can certainly be misleading now that we know that even vaccinated individuals can, in fact, be carriers of the China virus.

That CDC study, as well as numerous more papers that are available, lack that one very important vaccination status variable. This can be dangerously misleading, especially since scientists could be misidentifying what might actually be adverse vaccine ramifications as COVID infection side effects or fetal deaths instead. Yet, at the onset of the vaccine release, we saw organizations like the WHO recommending pregnant women not to get vaccinated due to the risks that might not outweigh the benefits. However, less than a week after this warning they reversed their position to be more closely aligned with the CDC's already flawed stance.

As a result, an unsuspecting pregnant woman might see no other option than to get vaccinated thinking the effects of the virus present a greater risk to her and the child than getting vaccinated.

There is no hard evidence that these vaccines are safe for pregnant women, only speculation or worse in some cases, manipulated data. Pregnant and breastfeeding women were excluded from vaccine control trials; therefore, the safety of the vaccine for Authorized Emergency Use was only determined by no adverse pregnancy-related outcomes in pregnant animal and offspring trials. This means that the data we currently have now about pregnant women who have had the COVID-19 vaccines comes from women who were left on their own at the onset of this pandemic to weigh the risks of getting the virus against the unknown safety risks of vaccination thereby making them the real experimental trials.

Sadly, we now know that in reality 4 out of 5 pregnant women who got the COVID-19 vaccines suffered miscarriages despite numerous studies that cited the study

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## From the President's Desk

### A Chance Meeting

"A picture is worth a thousand words," as the old saying goes. This past Saturday, my wife, Patricia, and I went to our local Sheetz to purchase a cup of coffee. While there, after saying "hello" to Hezzie Thompson who wasn't supposed to be there, Scott Mangarella stopped in. He and Hezzie had been at the "Lighthouse" where a group of men meet each Saturday morning for prayer and fellowship.

Scott, who is the founder and director of Precious Life, one of our local crisis pregnancy centers, spoke to us about his forthcoming trip to Romania where Scott has established a mission to assist pregnant mothers with their needs in an attempt to lower the number of abortions in that former Communist country.

I commented on how the Romanians were taking in refugees from Ukraine like the other Eastern European countries which formerly had been under the "iron hand" of communism.

Scott replied, "Did you see the baby strollers at the train station in Poland where Polish mothers were leaving their strollers for Ukrainian refugees fleeing the war?" Scott told me to type in "Baby Strollers for refugees" on Google.

I did and what I saw inspired me.



*Strollers for refugees and their babies fleeing the conflict from neighboring Ukraine were left at the train station in Przemysl, Poland*

What a beautiful act of love and charity these Polish women have shown for those fleeing oppression. What a wonderful example the Polish and other Eastern European countries have given to the rest of us about caring for their neighbor.

Thinking about these examples, this is what we are about—trying to help our neighbor, the unborn child, the least of our brethren, so that he or she might need a stroller someday.

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

**Precious Life** is hosting its annual Banquet on Friday, March 25th at 6:00 p.m. at the Jaffa Shrine. Keynote speaker is Kelly Lester, nationally-known for her miraculous story, "Beauty from Ashes." Tickets are \$20 donation. Call 814-944-2669 or go to: [preciouslifeinc.com](http://preciouslifeinc.com).

### Donations have been made—

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Joseph Koehle  
Joe & Alberta Maschue  
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Veronica & Dave Consiglio

#### *In Honor of:*

##### *Pro-Life Work*

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#### *In Honor of & In Memory of:*

*All Living and Deceased Members  
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##### *James M. Seidel*

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##### *Patrick John Myers*

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### Please Support Blair County Chapter, Citizens Concerned for Human Life, Inc.

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## Reaching Souls

*By Sarah Hamilton, First-Place Junior Varsity Winner*

January 22, 1973. A day that will live in infamy. More than 63.5 million lives have been lost to abortions since that day. This sobering statistic brings to light a fierce battle: tissue made of hydrogen, oxygen, nitrogen, and carbon or living being made in the image of God?

Texas passed legislation recognizing babies' rights once their heartbeat is detectable. West Virginia's and Florida's Houses, and Arizona's Senate, have passed a 15-week abortion ban. The Supreme Court is considering states' rights to determine their own abortion laws. These are answered prayers for pro-life advocates. Our government has been making achievements for life.

But the government isn't alive. It doesn't have a soul. It is a thing, meant to serve the people of America. Shall we then strive to change a government, that has no soul, or change people, who do have souls? Government will pass away, but souls will live forever. A government's ruling may save children's physical lives, but not their souls. Why advocate for physical life if there is no spiritual life to guide it? That is why, first and foremost, we must reach souls. How do we do that?

First, above all, we must pray throughout the entire process. We must pray for the women we serve so they will be convicted to accept Jesus. We must pray that we will be willing to step out in faith and engage them. We must pray that the Holy Spirit will guide us to speak his words, and that he will show the women we speak to that Jesus is Lord. We must pray over this entire process.

The second step may be the most uncomfortable. We must leave our comfort zones. We can't reach anyone from our couches; we have to go to them. Jesus didn't stay with the law-abiding Pharisees while he was on earth, because they already knew what to do. He ate with the tax collectors, prostitutes and sinners. Then why do we sit and talk with the righteous people in our church, never leaving the safety of its walls? Why don't we go, making a difference like Jesus did?

Stepping away from the comforts of home isn't easy, but it is rewarding. We must come alongside these women—right in the middle of their problems—and love them as they are. These mothers, the ones who need Jesus now as they contemplate taking the life of another, are in an incredibly complex situation.

Their stories are endless; their trauma is real. How is it possible to reach such hurting souls with God's love? With God, all things are possible.

Yes, these women have sinned just like the rest of us, and they are contemplating sinning now. But that doesn't deter Jesus! Why, then, should it matter to us? It shouldn't. When Jesus was on earth, he spent more time reaching sinners and pulling them out of their despair than he did with those who did everything right! We must be Jesus' hands and feet and illustrate the Gospel through our actions. And, through our influence, they'll see just how much Jesus loves them and their babies.

What's our next step? We've come alongside a hurting soul and brought her to a life-giving relationship with God. Now, if she can't raise her child, we can prayerfully guide her through the adoption process. If she is able to raise her baby, we can be a support for her parenting journey—especially for a single mother. These moms need an encouraging influence throughout their whole parenting journey: pregnancy is just the beginning.

What is our job? Pray. Step outside our comfort zones. Meet these mothers and love them, no matter their pasts. Stay alongside them, no matter the cost. Love them through both their parenting journey and their journey with God.

I would be proud to advocate for the unborn: to take a stand in government for their precious lives. But it is my mission—and I believe that of others here—to stand up for spiritual life. I will introduce mothers and babies to my friend, Jesus. But if I don't tell them, who will? If you don't become a catalyst for change—use your voice and actions to reach women for Christ, who will? I don't want anyone to die without having the chance to choose eternal life. So my job is to tell everyone I meet about Jesus, who died so they don't have to. ♦