



Citizens Concerned for Human Life

Blair County

Life News

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Presenting the Pro-Life Message to Blair County, Pennsylvania

Winter 2024

Planned Parenthood Collected \$1,780 in Tax Dollars for Every Baby It Killed in Abortion

By Marie Smith

The U.S. Government Accountability Office (GAO) released a long-awaited report documenting the amount of federal funding received by certain abortion providers requested by 142 congressional Republicans led by Sen. Marsha Blackburn, Rep. Chris Smith and Rep. Vicky Hartzler in January 2022. GAO reports that the U.S. government used taxpayers' funds to subsidize the domestic and global abortion industry.



Federal Funding for Certain Organizations Providing Health-Related Services, 2019 through 2022, documented the amount of federal funding received by certain abortion providers between 2019 and 2021 including Planned Parenthood, International Planned Parenthood Federation (IPPF), MSI Reproductive Choices, and at least four U.S. abortion facilities which received a combined total of \$1.89 billion through grants, agreements, loans and programs like Medicare, Medicaid and Children's Health Insurance. But, Planned Parenthood, responsible for the deaths of **over one million** preborn children between 2019 and 2021, collected the largest share of funds: **\$1.78 billion**.

Despite an overwhelming majority of Americans opposing the funding of abortions overseas, the federal government gave \$2.03 million for global abortion industry giant International Planned Parenthood Federation and \$1.35 million for MSI Reproductive Choices, formerly known as Marie Stopes International. In 2022, IPPF reported that it provided five million "abortion-related services," and MSI reported 4.7 million "clients reached with safe abortion or post-abortion care."

According to Rep. Chris Smith, co-chairman of the Congressional Pro-Life Caucus, "GAO found that Planned Parenthood received a whopping \$1.78 billion between 2019-2021 while the nation was struggling with the COVID-19 pandemic. This included \$90.14 million in forgivable loans through the Paycheck Protection Program—money that could have gone to struggling small businesses, many of which were forced to close."

"Federal taxpayer dollars should not be funneled to big abortion corporations like Planned Parenthood, which has **killed over 9.3 million unborn children since 1970, including 1.11 million between 2019-2021**," Smith continued. "This money would have been better spent helping the businesses that were forced to close or providing comprehensive medical support for both women and children, he said."

Senator Blackburn declared, "It is appalling that big abortion providers are continuing to receive billions of dollars in federal taxpayer funding. While small businesses struggled to make ends meet during the pandemic, Planned Parenthood illegally siphoned over \$90 million from the Paycheck Protection Program, specifically designed to help our mom and pop shops keep their doors open."

It was also reported that from 2021 to 2022, the Biden administration increased funding to Planned Parenthood through the Department of Health and Human Services **from \$5.71 million to \$27.06 million—a 373% increase**. This came about after the Biden administration rescinded the Trump-era Protect Life Rule for Title X programs, which barred all groups that received federal funding through Title X from referring women to abortion providers and required them to maintain physical and financial separation from abortion facilities.

Marie Smith is the Director of the Parliamentary Network for Critical Issues.

—LifeNews.com, December 20, 2023

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Legislative Update

PRO-ABORTION CONSTITUTIONAL AMENDMENT

We need to have a full court press to try to defeat House Bill 1888, the proposed pro-abortion Constitutional Amendment. Pro-abortion Democrats are likely trying to ram through this Constitutional Amendment in the PA House, similar to what was passed in Ohio.

This bill is so bad because it would wipe out protections such as parental consent, informed consent, conscience protections for doctors and nurses, and protections against taxpayer funding of abortion.

Please send an immediate message to your state Representative and state Senator urging them to oppose House Bill 1888, the pro-abortion Constitutional Amendment. You can send a message to your lawmakers by going to: (https://oneclickpolitics.global.ssl.fastly.net/messages/edit?promo_id=18546).

Also, please call the PA House Judiciary Committee members below with this message: **Please oppose House Bill 1888. I do not want my hard-earned tax money to pay for abortion.**

Hon. Rob W. Kauffman (717) 705-2004

Hon. Kate A. Klunk (717) 787-4790

Hon. Torren C. Ecker (717) 783-8875

Hon. Clint Owlett (717) 772-5371

Hon. Timothy R. Bonner (717) 783-6438

Hon. Joe Hamm (717) 787-5270

Hon. David H. Rowe (717) 787-3443

Hon. Jim Rigby (717) 772-9924
Hon. Joe Kerwin (717) 260-6148
Hon. Paul Schemel (717) 783-5218
Hon. Robert Leadbeter (717) 783-1102

Increasingly, we are being asked: Do emails and calls to state lawmakers really make a difference? The answer is an emphatic "Yes!" The other side, led by Planned Parenthood, frequently floods email inboxes and phone lines with messages. Babies and their mothers are depending on us to be even more engaged than the other side. I have been told by a number of lawmakers and aides that they do pay attention to the emails and phone calls they receive. In addition, suppose a reporter contacts a legislator and asks him or her if they've received much feedback on a pro-life or pro-abortion bill. We want the lawmaker to be able to say that he or she has been inundated by messages from the pro-life side. Our grassroots network is our strength. Working together, we can achieve miracles! Thank you for all you do to promote life!

—Maria Gallagher, Legislative Director
Pennsylvania Pro-Life Federation

Pregnancy Support Services

Crossroads Pregnancy Center

212 Frankstown Rd., Altoona

814-201-2147; website: crossroadspcs.org

February Diaper Drive

Specifically sizes 3-7, Pull Ups and Wipes
Donations will be accepted throughout the entire month.
Please call 814-201-2147 to arrange drop off time.

Every Life Matters (ELM)

1351 Logan Ave., Tyrone ♦ Phone: 814-650-7899

TheELMPSS@gmail.com ♦ www.elmcenters.org

Free Pregnancy Tests, Limited Obstetric Ultrasounds, Parenting and Prenatal Education, Post-Abortion Recovery and Material Resources

Baby Bottle Campaign starts January 21-Sanctity of Life Sunday, until the end of February. Bottles can be picked up at ELM.

Live2Lead Workshop: Friday, January 19, 9 a.m.-3:00 p.m., Tyrone Gathering Place, 857 Washington Ave., Tyrone. This is an opportunity to re-energize your team with inspiration, passion and drive. It is based on John Maxwell and geared towards businesses and organizations that need a boost. Call 814-201-2096.

A Time to Heal—Beyond Survival: Eight-week class for women who are seeking healing from abuse or any traumatic event. Call 814-201-2096.

Student Contests 2024



REGIONAL ORATORY CONTEST

Written Copy Due: February 26, 2024

Regional Competition: March 3, 2024

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

Students must prepare a five to seven minute pro-life talk on abortion, infanticide, euthanasia or embryonic stem cell research. Speeches must be from a pro-life perspective and delivered as written, but need not be memorized. The student may use a podium and appropriate hand gestures but may not use props. A written copy of the speech must be emailed by **February 26, 2024** to: **Janet Creighton: janetcreeghton3495@gmail.com**. In the email, send the following: name, address, city, county, phone, email address, school, name of parent(s)/ guardian. Then, text Jan, **814-515-9470**, to let her know that you emailed your entry.

Awards

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

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

All regional contestants may also be a contestant for the state competition. Being a contestant for the regional competition does not automatically enroll you in the state competition.

Pro-Life Dinner Invite—All regional contestants will be invited as our guests to the Bedford County Annual Pro-Life Dinner. The top two Varsity contestants will be invited to speak at the dinner.

PENNSYLVANIA STATE SPEECH CONTEST

PENNSYLVANIA PRO-LIFE FEDERATION - BE A LIGHT FOR LIFE!

Submit video/written entry by April 15, 2024

Speak Up for Those Who Cannot Speak for Themselves!

The Pennsylvania Pro-Life Federation contest is open to high school juniors and seniors. A Novice Contest will be held for high school freshmen and sophomores. Students must write and give an original 5-7 minute pro-life speech on abortion, infanticide, euthanasia or stem cell research. Students must video record the speech and submit the video and written speech to the Pennsylvania Pro-Life Federation by **April 15, 2024**. Cash prizes will be awarded. In addition, the first-place winner of the Senior High Oratory Contest and a chaperone will receive an all-expense-paid trip to attend the National Oratory Contest at the 2024 National Right to Life/Teens for Life Convention, representing Pennsylvania. **For complete contest rules: www.paprolife.org or call 717-541-0034.**

2024 STUDENT ESSAY CONTESTS

PENNSYLVANIA STATE ESSAY CONTEST

Written Copy Due: March 1, 2024

The 2024 Pennsylvania Pro-Life Federation “Be a Voice for the Voiceless” Essay Contest is open to PA students in grades 7-12. Students must write a pro-life essay about abortion, infanticide, euthanasia or stem cell research. There is a 500-word limit for essays submitted by students in grades 7-9 and a 750-word limit for students in grades 10-12. Each essay

must include a cover page downloaded from the Federation website: **www.paprolife.org**. Winning essays will receive cash prizes. Deadline for entries is **March 1, 2024**. Essays can be e-mailed to **lifelines@paprolife.org** or mailed to the **Pennsylvania Pro-Life Federation; 4800 Jonestown Rd., Suite 102; Harrisburg, PA 17109**. **For complete contest rules: www.paprolife.org or call 717-541-0034.**



NATIONAL RIGHT TO LIFE ESSAY CONTEST

The National RTL Essay Contest is open to students in grades 10-12 (Senior Essay) and grades 7-9 (Junior Essay). Prizes awarded will be: 1st Place-\$400; 2nd-\$300; 3rd-\$200 and will be awarded in each level. Essays shall be 300-500 words in length and answer the question: “**Why are you pro-life?**” Essays **must be mailed (not by email) between December 20, 2023 and January 21, 2024, and be postmarked by January 21**. Mail to **Scott Fischbach, 1446 Duke St., Alexandria, VA 22314**. For more information on the complete rules, please email Scott at **scott@nrlc.org** or visit the NRLC website at **nrlc.org**. NRLC also offers Oratory and Video Contests; see website for more information.

Adoption: Thriving is better than dying



By Ryan Bomberger

No one is better off dead. We're all better off loved. As someone adopted from the foster care system, I reject the pro-abortion rhetoric that abortion is somehow a better option than adoption. People invoke the "but-what-about-trauma" defense as if that should shut down any conversation. Killing another innocent human being is traumatic. Violently being deprived of life (whether the unborn child or the mother killed via a botched abortion) is traumatic. The ad to vote against Ohio's radical Issue One exposes fake feminism's willingness to look the other way when women die from abortion brutality.

Thankfully, Created Equal and the pro-life movement do. We care about mother, father and child, born and unborn.

I could have been one of those nameless, faceless victims. I was conceived in rape but adopted in love. My birth mom's courage set off reverberations that will last for generations. The most beautiful reverberations are my family: my amazing wife and four kiddos (two of whom were also adopted).

I wasn't better off dead. Instead, I'm able to show how the beauty of adoption enables triumph to rise from tragedy. I have nine other siblings (out of the twelve) who were also adopted. Their broken narratives met breakthrough with two parents whose love helped to change the trajectories of our lives.

No. It wasn't easy. Life isn't easy for biological children, unless of course, I missed the memo. Adoption is a challenge for many reasons, but I've witnessed how it brings wholeness and healing to trauma that needs to become a reference point, not a resting place.

It reminds me when Olympic gold medalist, Simone Biles, proclaimed in 2021 on Instagram that she was "very pro-choice." The most decorated gymnast in history, adopted out of the foster care system by her grandparents, supports the violence of abortion. It's hard to wrap my mind around that.

She is the tangible example of what I call the Beauty of Possibility yet uses her global platform to promote

death over life for others. She gave some lame reasons for supporting abortion: "your body, your choice... adoption is expensive... foster care system is broken and it's TOUGH."

Never mind the irony in that same post where she condemned people who didn't allow themselves to be forced to wear useless masks to prevent COVID. So much for "your body, your choice"!

Yes, the foster care system is broken. So is our government. So are churches. So is the USA Gymnastics and the United States Olympic and Paralympic Committee (you know, the ones that allowed the now-incarcerated Dr. Larry Nassar to abuse female gymnasts for years).

But guess what? You don't punish the victims. You punish those who cause the injustice. You revamp broken human systems so that the innocent can flourish. You don't kill them.

Yes. Life is tough. Life isn't struggle-free. Quite honestly, adversity makes us better human beings, whether experiencing it ourselves or elevating others above it. It's why adoption is so precious to me.

In both the spiritual and the physical, it helps restore what's broken. And like anything else in life, it's not a quick fix. Sometimes it takes a lifetime, but the beautiful part is that person is alive.

Adoption is a mercy-filled expression of our humanity. Supporting birthparents before, during and after making an adoption plan is key. We can never forget them in the adoption triad. Adoptive parents need a network of family and friends to help strengthen them in their journey. And adoptees, like my children and me, need to know that we're loved, safe, and in a forever place.

My friend and colleague Melissa Ohden, a saline abortion survivor and adoptee, explains it beautifully: "Adoption is an option everyone can live with."

Yet, mainstream media in its blatant pro-abortion advocacy has been demonizing adoption increasingly since the overturn of *Roe*. Academia has chimed in too. Anti-racism zealot and *NY Times* best-selling author, Dr. Ibram X. Kendi, refers to white parents who adopt "transracially" as "white colonizers" who use black children as "props." Clearly,

he knows as much about adoption as he knows about running the beleaguered multi-million dollar anti-racism center at Boston University.

Since when do you have to be the same color to love another human being? Funny how progressives always seem to move backward in time.

I was adopted by white parents who didn't have some savior complex; they had a love reflex. This, apparently, is foreign territory for those like Kendi who pontificate academically regarding something they know nothing about personally. My selfless parents are the reason why many in my family, including several of my nieces and nephews, have opened their hearts and their homes to adoption.

When my father tragically passed away on January 22, 2021, our organization—The Radiance Foundation—created the Henry & Andrea Bomberger Adopted and Loved Fund to honor my parents' legacy of love. We want to help Christian families seeking to adopt by awarding grants to help cover what are becoming increasingly exorbitant costs.

Yes, Simone. Adoption can, sometimes, be expensive. So are cars, houses, college tuition, and training to be an Olympian. What is the cost of an erased life? Imagine the world without a Steve Jobs, Faith Hill, Dave Thomas, Babe Ruth or a Simone Biles ever existing.

The National Adoption Council's most recent stats show there were 95,306 adoptions in 2020 (due in large part to COVID), down from 115,353 in 2019. Sadly, these numbers have been falling due to drastically lower international adoptions for years as abortion numbers keep rising. In 2020, there were 930,160 abortions. For every one child adopted, there were ten children aborted. Violence doesn't help the vulnerable thrive.

That could've been me. That could've been my children. It's why I devote my life to fighting the injustice of abortion as I simultaneously help raise millions for pregnancy centers, maternity homes and adoption agencies across the nation. I was adopted and loved. And I want that victory for so many more.

Ryan Bomberger is the Cofounder and Chief Creative Officer of The Radiance Foundation where this first appeared.

—National Right to Life News Today, December 6, 2023



An Open Letter to a Pregnant Woman Who is Struggling

Maria Gallagher, Legislative Director, Pennsylvania Pro-Life Federation



The little one inside of you is a gift.

The positive pregnancy test took you by surprise. You hoped to be pregnant someday, but not today. Definitely not today.

Thoughts swirl through your mind. Why is this happening right now—when so much in life, and in the world, is uncertain? What's to become of you, now that you are sure of your pregnancy? Could life get any more complicated?

At this particular moment, you may feel a jumble of emotions—fear, anxiety, worry, sadness. Or you may feel completely numb, not knowing where to turn.

The truth is, you are worthy. You are important. You are irreplaceable. You have a strength deep within you that you may not even recognize.

You are a gift to the world. And the little one inside of you is a gift as well.

Things may look a little blurry from your sleep-deprived perspective. Try to get some rest and take time to be good to yourself. For, in caring for yourself, you will be loving your little one.

Take a few minutes to imagine life three years from now, when your baby is a tow-haired toddler. Watch as he comes toward you to give you a hug. Know that there is a future beyond your present uncertainty and a light beaming at the end of the tunnel.

If you need help, please reach out to your local pregnancy resource center, where caring, compassionate individuals stand ready to journey with you through your pregnancy. They will help you with everything from diapers to day care referrals and will be steady companions for you and your baby.

Trust, that in a universe of possibilities, pregnancy is the greatest possibility of all. For within that possibility rests the seeds of new life.

I am praying for you and your little one. I have faith in you and your ability to make the right decisions for you and your baby. Stand firm in the belief that you are strong, capable and resilient.

And, in the end, that child of yours is so worth fighting for.

—National Right to Life News Today, December 27, 2023

Potential Suffering Does Not Diminish the Worth of an Unborn Child

By Mary Forr, Director, Center for Human Dignity, Family Research Council



In the week of December 3, Kate Cox, a mother who is 20-weeks pregnant, sued the state of Texas over its law protecting the unborn from abortion.

Kate's story is tragic. Her baby girl has Edward's syndrome, a genetic condition that results in a stillbirth 50 percent of the time. If she survives past birth, statistically, her daughter only has a 10 percent chance of making it past her first birthday. Doctors have told Kate that her little one might live an hour, or at most, a week. They've also told Kate that carrying her child increases her risk of hypertension and gestational diabetes, and that an additional c-section could make it impossible to have more children.

Cox sued for a temporary restraining order allowing an abortionist to kill her unborn child. On December 7, Travis County District Judge Maya Guerra Gamble granted this order.

In her ruling, Judge Guerra Gamble said, "The idea that Ms. Cox wants desperately to be a parent, and this law might actually cause her to lose that ability is shocking and would be a genuine miscarriage of justice."

In response, Texas Attorney General Ken Paxton issued a letter to Houston hospitals stating the judge's order would not insulate them from future criminal and civil liability for violating Texas' law. And, in a desperate attempt to save the baby girl from the horrors of abortion, Paxton appealed the ruling to the Texas Supreme Court reasoning,

"The people of Texas will be irreparably harmed by the temporary restraining order (TRO)." He continued, "Although Plaintiffs and their agents can later be prosecuted for violations of law committed under cover of a TRO, post hoc enforcement cannot restore the life of an unborn child lost in the interim."

Kate Cox is living a nightmare, but the miscarriage of justice is not the Texas law protecting her unborn child. It is the intended killing of an innocent, baby girl.

Kate Cox's daughter's life has incalculable value, and the culture of death that sees her as expendable and allows an abortionist to kill her hurts us all. It places worth on a person's attributes rather than that person's being—adding up the potential joys and potential sufferings and tipping the scale in favor of or against a life. This mentality blinds us to the truth that when we love the people the world does not, we are transformed by the mystery of love that turns imperfection into beauty and sacrifice into joy.

In an op-ed written the day before the ruling, Cox wrote, "I do not want to continue the pain and suffering that has plagued this pregnancy...I do not want my baby to arrive in this world only to watch her suffer."

Certainly, Kate Cox loves her daughter, but the decision she has made to pursue abortion isn't one made from motherly love. It's made from fear. Her fear is understandable—she has been told her child is going to suffer and die. But fear does not excuse anyone from upholding the dignity of another.

No mom wants to see her child suffer. But at some point every mom does see her child suffer. And while it is impossible to accurately predict how much suffering a child will endure, it is certain that the amount of suffering does not add to or diminish the worth of that life.

We cannot focus so much on eliminating the suffering that we are willing to eliminate the sufferer. The solution is not to turn to an abortionist; the solution is to turn to God.

God is love—and perfect love casts out fear (1 John 4:8). Parents facing what seems to be an impossibly difficult perinatal diagnosis are asked to trust that both they and their children are held in God's loving embrace. He knows the plans He has for every child; after all, it was He who knit them in their mother's womb.

While this is easier said than done—and certainly easier to prescribe from the sidelines—parents do not have to walk this difficult journey alone.

Pro-life perinatal hospice programs exist to help families like the Cox family—families who have heard the most devastating words any parents could hear and are searching for hope. Each program is unique, and many offer practical guidance. They are connected to doctors who acknowledge that a mother's life and her unborn child's life are not in competition with one another, but instead, exist in a beautiful relationship. They offer bereavement support and funeral planning. And, perhaps most importantly, they introduce a couple to a community that has experienced similar situations.

Though these organizations are not well known, they exist across the country. Be Not Afraid, Isaiah's Promise, String of Pearls, Leaves in Time, The Kristen Anderson Perinatal Hospice Program, and Jerome's Hope are just a few. While they do not pretend to take away the suffering parents face, they are there as companions on the journey.

In the past few weeks, we have celebrated the birth of our Savior—the Being whose life gave meaning to suffering. Regardless of what happens next, we know that today the Cox family is suffering beyond what we could imagine. We should pray that their suffering is relieved. We should pray that the Texas courts protect the vulnerable, and we should pray that Kate Cox receives the support she needs to give her child the greatest gift any mother ever could—life. *Update: After the Texas Supreme Court temporarily blocked a lower court's ruling and is protecting a disabled baby with Trisomy 18 from abortion, the mother of the baby is went to another state to have the baby killed.*

Parents are sharing how their school-age children with Trisomy 18 are “thriving” amid widespread misinformation in the media that the condition is “incompatible with life.”

By McKenna Snow

The concerned parents’ outcry comes as the abortion lobby pushes the story of Kate Cox, whose child was diagnosed with Trisomy 18, a condition also known as Edwards Syndrome. In November, Cox and her unborn child gained national attention when, after a long legal battle with the pro-life state of Texas, she went out of state to obtain an abortion.

On December 30, LiveAction published an article highlighting that many parents of children with Trisomy 18 “are outraged over the media’s false reporting of the condition.”

The notion that Trisomy 18 is “incompatible with life” is based on “outdated studies [that are] at least 20 years old,” LiveAction pointed out.

“Trisomy 18 has not been considered ‘incompatible with life’ since 2019, and research is proving that children with Trisomy 18 can survive as long as they are given the medical care they need,” LiveAction continued:

Research out of the University of Michigan’s Mott Children’s Hospital has revealed that by “taking an aggressive approach to treatment, 90% of babies born with Edwards syndrome can go home from the hospital, and their five-year survival rate can reach close to 77%.” Trisomy 18 families in Michigan are frustrated at how Cox’s story has been portrayed by the media.

Within the last several years, improved medical technology has increased doctors’ ability to support children with Trisomy 18. “Yet moms are rarely given this information; to the contrary, they are often given worst-case scenarios and pressured to have an abortion,” LiveAction added.

LiveAction also referenced the *Detroit Free Press*, which published an article featuring “multiple families of children with Trisomy 18 [who] have said the Cox case has been hurtful and has further perpetuated negative stereotypes towards children with Trisomy 18—who can live if they are given the chance.”

One mother named Jewel Calleja, whose four-year-old daughter CC has Trisomy 18, shared that when she read about Kate Cox in the news, “the language that was used to describe Trisomy 18 — ‘not viable,’ ‘lethal,’ ‘fetal anomaly with virtually no chance of survival’—it really impacted me...Because it’s false information.”

Dr. Collin Smith from Mott’s Children’s said it is no longer the case that children with Trisomy 18 can only live for a year at most—despite being taught that in medical school just five years ago. There is “a lot of misinformation about a lot of those outcomes,” Smith added.

“We’re finding that with the proper support early on in life, we can really give them a great quality of life after they make it through the acute period,” Smith said.

Other parents who have felt the pain of losing a child to Trisomy 18 shared their sympathy with Cox while simultaneously opposing her decision to abort.



Last month, Kody Cooper wrote movingly in an article for *Word on Fire* that his own son, Bosco, had passed away from Trisomy 18 before he was born.

“I thus understand well the pain that the Coxes are going through because I’ve been there. “But I cannot agree with their framing of the issue. Nor can I agree that they have a moral or legal right to contract the killing of their child.”

“Doubtless neither Kate nor [her husband] Justin wanted their baby to suffer a heart attack or suffocation. Neither did my wife nor I,” Cooper wrote:

But it simply does not follow that violently dismembering a baby of five-month gestational age with Trisomy 18 in the womb is the compassionate alternative to bringing him to term, even when a form of suffering arising from his genetic condition is foreseeable.

Another mother, Jennifer Lo Tiempo, shared that when her unborn son was diagnosed with Trisomy 18, doctors told her he “would not be able to breathe after birth.” At birth, however, “her son Danny was crying loudly. He’s now in third grade and thriving,” LiveAction reported.

“We were told that he would never even know who we are, that he would never know love. That is the most loving kid. He just knows love and he just knows happiness and I wouldn’t trade a single second,” Lo Tiempo said:

“We’re a community that has banded together and become a family. I love the fact that we’re able to give hope to these other families, and other families come to me and say that Danny inspired them to fight for their child.”

“That is the best thing that anybody has ever said to me [in] my entire life. That my boy can inspire somebody else to give their kid a chance when all the doctors are saying don’t bother.”

McKenna Snow writes for *CatholicVote*, where this column originally appeared.

—LifeNews.com, January 3, 2024

Department of Justice tells Heartbeat it will protect pregnancy centers via FACE Act

By Lisa Bourne

The U.S. Department of Justice (DOJ) has pledged to Heartbeat International that it will enforce the Freedom of Access to Clinic Entrances (FACE) Act impartially and that its enforcement will include offenses against pregnancy help centers.

In a December 9 email to Heartbeat International President Jor-El Godsey, Assistant Attorney General for the Civil Rights Division of the DOJ Kristen Clarke told Godsey that violence and threats against “reproductive health services providers” is “unacceptable,” and that the DOJ’s enforcement of the FACE Act encompasses the protection of pregnancy centers. Heartbeat is the largest network of pregnancy help organizations in the U.S. and internationally.

“As I have previously said, the key principle underlying Justice Department’s enforcement of the FACE Act is that violence or threats of violence against patients or providers of reproductive health services is unacceptable,” Clarke stated to Godsey. “The Department will enforce the Act evenhandedly to protect the rights of all patients and all providers, including pregnancy resource centers” (emphasis in the original).

The FACE Act “prohibits violent, threatening, damaging and obstructive conduct intended to injure, intimidate, or interfere with the right to seek, obtain or provide reproductive health services.” Specifics are available on the DOJ website.

Signed by President Bill Clinton in 1994, the statute was originally aimed at addressing protests of abortion facilities.

The DOJ, however, has clarified amid the rash of post-*Dobbs* attacks from abortion supporters on pro-life groups, pregnancy help organizations, and churches, that the FACE Act does in fact apply to pro-life pregnancy centers, the centers falling under the “reproductive health services” category due this definition including “services relating to pregnancy.”

In addition to the FACE Act historically being associated with protests of abortion facilities, the term “reproductive services” has typically been used to denote abortion and birth control.

Clarke informed Godsey that a defendant in a FACE Act case brought by the DOJ, Whitney Durant, had pled guilty December 8 to a violation of the Act by attacking HerChoice pregnancy center in Bowling Green, Ohio, in April of this year.

“Defacing facilities that provide reproductive health services will not be tolerated in our society,” Clarke said in the statement. “The Justice Department is committed to enforcing the FACE Act to protect all patients who seek reproductive health services and all persons and facilities that provide such services.”



According to court documents and statements made in court, Durant had intentionally damaged the HerChoice pregnancy center on April 15 of this year by defacing the center’s building, specifically spray painting, “LIARS,” “Fund Abortion,” “Abort God,” and “Jane’s Revenge.”

Godsey welcomed enforcement of the law in the case of Durant and the pregnancy center attack.

“Pregnancy help centers, like HerChoice, should be able to help women seek alternatives to abortion without threat of vandalism or violence,” Godsey said. “We thank the Cleveland FBI office and local law enforcement for their efforts to uphold the FACE Act and bring those responsible to justice. Helping women to choose life for their own baby should not be a political tool or matter of controversy. Every woman should be loved and supported in her pregnancy.”

Since the May 2022 leak of the Supreme Court majority draft opinion in the *Dobbs* case that would eventually strike down *Roe v. Wade*, abortion supporters have targeted pregnancy help organizations, pro-life groups, and churches with vandalism, violence, including firebombing, protests, and online disparagement. Pro-abortion elected officials have also publicly disparaged pregnancy centers with false and inflammatory rhetoric, at times working to target them via legislation.

The CatholicVote violence tracker had 88 attacks on pregnancy centers and pro-life groups since the *Dobbs* leak as of press time. CV also tracks violence against Catholic churches, and according to the group, as of December 11, 2023, “at least 219 attacks have been perpetrated against Catholic churches since the draft Supreme Court opinion proposing to reverse *Roe v. Wade* was leaked in early May 2022, with many including graffiti with pro-abortion messages.”

Pro-life and pregnancy help advocates have called for the attacks on pro-life and pregnancy help organizations

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March for Life With Us Washington, D.C. January 19, 2024

The Blair County Chapter of Citizens Concerned for Human Life bus transportation from the Altoona area to the March for Life departs from St. Therese Church parking lot (Altoona) at 7:00 a.m., stopping at St. Mary Church (Hollidaysburg) at 7:20 a.m. and lastly, Walmart (East Freedom) at 7:45 a.m. Cost: adults \$15; students \$10; bring a bag lunch; a dinner stop will be made on the return trip.

Reserve a seat!

Call Pat at 814-946-0681, Roxanne at 814-695-8008 or Kathleen at 814-591-0248

(Donations to help with bus expense are appreciated! Mail to Blair Co. CCHL, 2715 Third St., Altoona, PA 16601.)

Regional Chapters' Bus Transportation to March for Life

Bedford Chapter

9:00 a.m. bus departs from Lincoln Highway Wal-Mart parking lot; arrive by 8:45 a.m.

Cost: \$20 per person; dress warmly and bring bagged lunch; stop will be made for supper on return

For more information and reservations: contact: Pam 814-652-6755; www.BedfordCountyProLife.org

Cambria-Somerset Chapter

7:00 a.m. bus departs from St. Benedict Church, 100 Main St., Carroltown

7:30 a.m. bus departs from Giant Eagle parking lot, Ebensburg, 881 College Plaza, Rt. 22 West

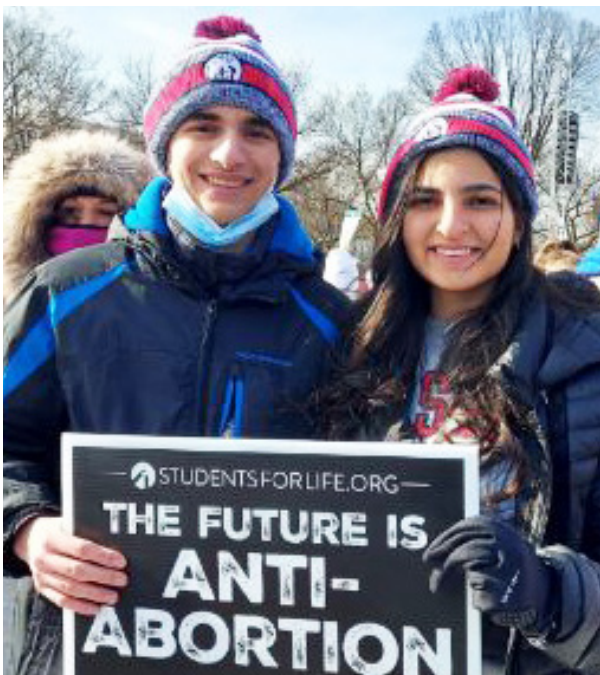
Cost: \$20 per person; \$10 students; dress warmly; stop will be made for supper on

return; for further details and reservations, contact: **Bill 814-329-0929** or

Patti 814-330-1022

Centre Chapter

A bus will depart from the State College area; contact **Sue 814-238-9590**



LOCAL MARCH FOR LIFE

St. Matthew Church, 1105 Cameron Ave., Tyrone

Sunday, January 14, 2024, Noon

The event begins with a prayer service at St. Matthew. The group then walks the 1.25 miles to Oak Grove Cemetery to the grave of Baby Agnes Doe, where another short prayer service is held.

A luncheon will be served after the March at the church hall; the public is invited. Those attending are encouraged to bring a sign to display.

Those unable to walk from the church to the cemetery are encouraged to drive at the end of the procession.

Contact: 814-684-1490; stmatthewtyrone@gmail.com.

Imagining Death

By Sarah O'Dell

How Then Should We Die?:

Two Opposing Responses to the Challenges of Suffering and Death

by S. Kay Toombs

Colloquium Press, 170 pages, \$10

In 1936, C. S. Lewis's friend and physician R. E. Havard penned a letter reflecting on the newly-introduced Voluntary Euthanasia Bill, a proposal rejected by the House of Lords later that year. Viewing attempts to legalize medically-sanctioned suicide as the "logical sequel to the secularization of society," he mused that its legalization would "add to, not reduce, the distress...surrounding death."¹ Permitting euthanasia, Havard argued, would not only defy the medico-ethical tradition expressed in the Hippocratic oath and thereby harm the patient-physician relationship, but also worsen the suffering of the severely ill themselves, causing patients to feel that it was their "duty" to spare others the "burden" of witnessing their suffering.

Nearly ninety years later, physician-assisted suicide (PAS) has become legal in over ten countries and a growing number of states in the U.S.: Oregon, Vermont, Washington, Colorado, California, Hawaii, New Mexico, New Jersey, and Maine. (It remains illegal in the United Kingdom.) The Western social imaginary which surrounds medicine—and death—has clearly shifted. Have Dr. Havard's predictions come to pass?

Invoking Francis Schaeffer's 1976 classic, *How Should We Then Live?*, S. Kay Toombs's *How Then Should We Die?* dissects prevailing cultural attitudes toward illness, disability,

and death. She draws two distinct portraits: 1) disability and illness as understood in a culture that considers autonomy a "cardinal value" and embraces physician-assisted suicide as "death with dignity," and 2) how disability and terminal illness are accommodated in covenantal Christian community. Each likeness reflects its own predominant methodology. Parts one and two, "Cultural Values and a Loss of Dignity" and "Dying with Dignity: A Cultural Perspective," draw on bioethics, popular media, survey data, and the legal landscape surrounding physician-assisted suicide, while the final part, "A Culture of Healing: Living and Dying with Dignity in the Context of Christian Community," is pastoral and personal in tone. Throughout, Toombs draws from her own multi-faceted experiences: as a Christian "living in a nondenominational Christian community for more than twenty years," as an associate professor emerita of philosophy, as an individual who has lived with disability for decades—in the form of Multiple Sclerosis—and as a wife who supported her husband, Dee, through the terminal stages of cancer.

Her goal is not to provide a comprehensive history of physician-assisted suicide but a primer for a Christian audience that examines the patterns of thought surrounding the practice—including the role of media and the rhetorical undertones of the "right to die" movement. Language is important here: Is it "physician-assisted suicide," or something that avoids the connotations of "suicide," a word whose meaning has remained stable since its English appearance in Thomas Browne's *Religio Medici* (1643)?

What happens when we shorten physician-assisted suicide to "PAS" or roll down the slope of euphemism? In Canada, for example, where "medical assistance in dying" has become "MAID," persons suffering exclusively from mental illness will be eligible to end their lives next year.



***What is more humane—to eliminate the suffering in a person,
or to eliminate the person who is suffering?***

~ Brian Pollard, palliative care specialist ~

Toombs understands this shifting language as symptomatic of a new culture of death, a social imaginary that shapes not only the lived realities of those experiencing illness and disability, but also our society's attitudes toward medicine and personhood writ large. Her judgment of physician-assisted suicide is harsh, yet her approach is sympathetic; she feels "a certain uncomfortable kinship" with patients who seek medically-furnished deaths.

The first two sections of *How Then Should We Live?* rehearse a story familiar to those acquainted with the controversies tied to physician-assisted suicide. Toombs quotes the usual spectrum of bioethicists and discusses several notable cases, including that of Brittany Maynard, a twenty-nine-year-old American woman who ended her life in 2014 following a battle with brain cancer. Toombs's book, however, is distinct for its implicitly phenomenological focus, reflecting her previous scholarship on the experience of living with illness and disability (including her 1992 *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient*). She stresses how contemporary discussions of death emphasize autonomy in a way that diminishes the mutuality of caregiving relationships, generating both caregiver resentment and self-recrimination on the part of the cared-for. When physician-assisted suicide is normalized, she argues, a natural death becomes unnatural, unimaginable, and abject. Confirming Havard's predictions, Toombs links the increasing push for physician-assisted death with our collective desire not to bear witness to suffering, suggesting that we self-kill out of obligation to spare others. She fears that while physician-assisted suicide is now elective, a sense of duty will transform it into an expected, even compulsory, path.

The final portion of Toombs's book rejects the "almost 'magical' confidence" our culture places in medicine and describes how covenantal Christian living transforms illness, disability, and death. In a community characterized by self-sacrificial love, she argues, "the incurably ill and dying are not separated from the community of living, but...remain at the center of a web of intimate and supportive relationships that continue to affirm the value of their existence." She draws evidence from the experience of her community: Stevie, a child who suffered a rare form of muscular dystrophy; Perry, a young father with Lou Gehrig's disease; Dee, who was cared for by church members for the final three months of his life. When he became too weak for Toombs to care for him alone, fifteen women from their community volunteered for round-the-clock shifts. In a context of radical self-giving, Dee's growing physical limitations were not perceived as a burden but as an opportunity to enact love, transforming even his own perception of his illness. Toombs recounts a day in which Dee recast physical distress itself as a "healing experience," an apparent paradox furnished by the experience of "supernatural love . . . expressed through the self-sacrificial service of others."

Such accounts of suffering-unto-death may sound aspirational to jaded ears; in claiming witness to supernatural grace, Toombs states that friends who faced terminal illness died with grace and peace, "without exception." Yet Toombs's willingness to bear witness to the realities of human suffering and death—and contextualize them in the Christian Story—challenges her reader to see differently, to understand terminal disability through the reality of the cross, the "ultimate symbol of dislocation and shared vulnerability" described by Michael Mayne. In affirming the centrality of the cross, Toombs does not "romanticize the rigors of dying" or turn away from the grim realities of physical suffering. If the Crucifixion—and the command of Matthew 16:24–26—radically changes the significance of human suffering, it also demands that we imagine death differently: not as an intolerable defeat or the violation of our cherished idols of self-determination, but as an opportunity to affirm and deepen our relationships with God and each other.

In providing a Christian response to euthanasia, R. E. Havard wrote of the "courage to face suffering," a courage that "only Christianity can give." In re-imagining death in the context of Christian covenantal community, Toombs's courage is more than evident.

Sarah O'Dell is an MD/PhD candidate and medical humanities scholar in Southern California.

Footnote:

1 Letter from R. E. Havard to Miss G. Cobb, November 30, 1936. Robert Havard Papers, Folder 6, Wheaton College, Wheaton, IL.

—First Things, November 16, 2023

Five Reasons to Oppose Assisted Suicide

continued from back page

phrase was not defined⁵ and, consequently, the application of the law varied. In September 2019, a Québec Superior Court decision struck this phrase from the law.⁶

Canada is also a prime example of how a euthanasia law can incrementally expand. Canada passed its assisted death law in June 2016. In February 2020, Parliament introduced Bill C-7 to expand the law by eliminating the waiting period, permitting euthanasia of an incompetent person who requested an assisted death in advance, and eliminating the terminal illness⁷ requirement. Safeguards in assisted death laws are designed to politically sell killing. These laws protect physicians who are willing to kill; they do not protect those who die from the lethal drugs.

3 Assisted death should be opposed because it is fundamentally incompatible with the physician's role as healer.

The American Medical Association Code of Ethics Opinion 5.7 (Physician-Assisted Suicide) states that:

...permitting physicians to engage in assisted suicide would ultimately cause more harm than good.

Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

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Five Reasons to Oppose Assisted Suicide

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Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life.⁸

Assisted death laws are designed to protect physicians who are willing to cause the death of a patient, usually upon request. When the role of a physician changes from healer to killer, it fundamentally changes the physician.

In August 2016, 25-year-old Candice Lewis, who had several medical conditions, was pressured by a doctor to “request” an assisted death while she was in the hospital. Candice’s mother Sheila Elson stated in a *CBC News* story:

“His words were ‘assisted suicide death was legal in Canada,’” she told *CBC*. “I was shocked, and said, ‘Well, I’m not really interested,’ and he told me I was being selfish.”

According to Elson, Lewis was within earshot when the doctor made the comment—which she said was quite traumatic for her daughter to hear.⁹ Sheila said the following in the film *Fatal Flaws*:

Not once did Candice say to them, “I want to end my life.” The doctor came in the next day after he told me about assisted suicide, stuck his face down in Candice’s and said, “Do you know how sick you are?” When I got his eye contact, we went out in the hallway and I told him, “Don’t you ever pull something like that again.”¹⁰

The fact that Candice was a person with disabilities should not change the value of her life. How many people are pressured by a medical professional and, unlike Candice, die by assisted death?

4 Assisted death should be opposed because doctors are fallible; they can make medical errors and misdiagnose conditions.

In his article, “Why Getting Medically Misdiagnosed Is More Common Than You May Think,” Brian Mastroianni states that 12 million Americans are affected by medical diagnostic errors each year and an estimated 40,000 to 80,000 people die annually from complications related to misdiagnoses, with a similar number of people experiencing a permanent disability related to misdiagnosis.¹¹

In April 2013, Pietro D’Amico, a 62-year-old magistrate from Calabria, Italy, died by assisted suicide at a Swiss assisted suicide clinic. His autopsy revealed that he had been medically misdiagnosed.¹²



Assisted death is a permanent decision often done when a person fears a painful or difficult death or is experiencing depression or feelings of hopelessness. Once they are dead, it is too late to learn that they were misdiagnosed or living with a treatable condition.

5 Assisted death laws should be opposed because legalization pressures physicians who then pressure patients. What begins as a choice to kill or a choice to die becomes a pressure to kill and a pressure to die.

During the debate to legalize euthanasia in Canada, the euthanasia lobby argued that the issue was about choice. The “freedom of choice”: to die by euthanasia, and for a doctor or nurse practitioner to participate.

Sadly, Candice Lewis’ story may not be rare.

In February 2018, less than two years after Canada legalized assisted death, the Delta Hospice Society (DHS), an independent charitable organization in British Columbia (BC), was ordered by the Fraser Health Authority (FHA) to provide euthanasia.¹³ The DHS resisted and continued its good work. In December 2019, the FHA ordered them to provide euthanasia or lose their government funding.¹⁴ The DHS refused to comply with the government’s edict saying that, “MAiD is not compatible with the DHS’s purposes stated in the society’s constitution, and therefore, will not be performed at the Irene Thomas Hospice.”¹⁵

The Canadian Hospice Palliative Care Association and the Canadian Society of Palliative Physicians sent the BC Minister of Health a joint statement saying,

“...MAiD is not part of hospice palliative care; it is not an ‘extension’ of palliative care nor is it one of the tools ‘in the palliative care basket.’”¹⁶ The Minister of Health responded by ordering the DHS to comply or be taken over by the province in February 2021.¹⁷

Some recent assisted suicide bills in the United States have included a “do or refer” provision.¹⁸ This means that if assisted suicide is legalized, a doctor would not have to prescribe assisted suicide drugs; however, if they received a request for assisted suicide, they would be required to refer the patient to someone who will write the prescription.

In Canada, doctors in Ontario have been ordered by the College of Physicians and Surgeons to do an “effective referral.” This means that the College can punish doctors who refuse to kill and refuse to refer their patients to a doctor who will kill.¹⁹

Advocates of assisted death use the term “freedom of choice” to promote their ideology. This campaign slogan has resulted in medically condoned killing. This ideology has led to a persuasive pressure to die or an edict to kill and is the central part of a cultural campaign to normalize killing.

Society must maintain and build on its commitment to caring, not killing.

For footnotes, go to this article at Euthanasia Prevention Coalition; www.epcc.ca

Doctors Confirm Abortion Pills are Dangerous for Women: “A Serious Health Risk”

Mark Green & Ingrid Skop

As an ER physician and an OB-GYN, we are extremely concerned about the health and safety risks of mail-order abortions. That’s why we are grateful that the Fifth Circuit Court of Appeals recently ruled in the *Alliance for Hippocratic Medicine v. FDA* case that the FDA violated the law when it loosened safety standards for the two-step abortion pill regimen of mifepristone and misoprostol. Apart from taking the life of an unborn child, chemical abortions also pose significant health risks to women and girls, especially when taken without medical supervision.

When mifepristone and misoprostol were first approved in 2000, the Food and Drug Administration (FDA) failed to adequately review its safety during the drug approval process. In fact, the only way the FDA was able to skip the normal approval process was by classifying pregnancy as a “life-threatening illness.” This is absurd.

Even more concerning is that the FDA unlawfully waived the pediatric study it is required to do, meaning this drug regimen was never tested on girls under the age of eighteen. Pediatric studies are important for many reasons. In this case, a drug that affects hormones might respond differently in a teenager going through puberty than in an adult woman. However, no one knows *how* differently these potent drugs may affect adolescent girls’ development because the FDA skipped the required studies.

Concerns surrounding the use of mifepristone and misoprostol aren’t new. Take for instance the story of 18-year-old Holly Patterson, who died from septic shock just days after having a chemical abortion at a Planned Parenthood in California. This young woman’s death was preventable, but because her symptoms were not recognized she was initially brushed off with more painkillers and sent home. In response to this tragedy, a “black box” warning was added to mifepristone’s and misoprostol’s labeling.

In addition, misdiagnosis is a serious problem that increases the risk to pregnant women. Underestimation of gestational age will result in a higher likelihood of failures requiring surgery. A woman with an undiagnosed ectopic pregnancy, for example, is **30% more likely to die** from a ruptured ectopic while undergoing a chemical abortion than if she had not sought an abortion. This is because she may attribute pain and bleeding to the abortion rather than a warning sign that her life is in danger.

That’s why the Biden administration’s attempt to weaken the safety protocols surrounding these drugs is such a big deal. Under previous guidelines, this drug could only be dispensed in an in-person healthcare setting. Yet the Biden administration removed that safeguard by approving “DIY” abortions by mail.

Why is the medical bureaucracy putting its weight behind mail-order abortions? The answer isn’t science or public health; it’s politics. Since the Supreme Court



struck down *Roe v. Wade*, more states are passing pro-life legislation. To get around these laws, activist bureaucrats want to send these dangerous drugs through the mail and are risking women’s health in the process. But politics is no excuse for neglecting proper vetting processes for a pharmaceutical drug.

According to federal data, **the rate of abortion pill-related emergency room visits has increased 500% since mifepristone and misoprostol were approved.** One major study showed abortion drugs are four times riskier than surgical abortions. One in five women suffered complications, 15.6 percent suffered hemorrhage, and 5.9% required surgery, often in emergent conditions, after taking abortion pills.

Part of the problem could be that these pills were only tested in-person; therefore, there is no data regarding the safety for those taking them at home without medical supervision. As an OB-GYN who has practiced medicine in Texas for 30 years, I (Dr. Skop) have treated multiple women who have suffered complications from taking abortion pills, including recently performing an emergency surgery on a woman who bled for months after having a chemical abortion.

Doctors take an oath to do no harm. This pill is harming not just unborn babies, but women and girls as well—and under the current administration, starting with the excuse of COVID-19, it has been ordered online and mailed regardless of the consequences.

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Abortion Pills are Dangerous for Women

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No Biden administration official or FDA paper pusher is in the emergency room when women come in with complications from this drug, but physicians are. And we are concerned. That's why a group of doctors sued the FDA over its lax abortion pill rules.

According to the FDA, as of June 2022, 4,213 women experienced adverse effects from mifepristone and misoprostol, 1,048 were hospitalized, 604 lost so much blood they needed transfusions, and 141 contracted infections—71 of which were considered severe.

Yet the use of this drug has increased over the past ten years by 120 percent. Unfortunately, we may never know how many women are actually harmed by this drug as there are no mandatory reporting requirements, and some doctors have pledged not to report this critical public health data to the federal government.

Since 2016, the FDA has tracked no complications short of death—a fact that undermines Americans' confidence and trust in its authority. The FDA's decision to ignore the facts is negligent. The Fifth Circuit agreed. Pending Supreme Court review, this decision is a vindication of the alarms we doctors have been raising about our patients' safety.

The abortion lobby's go-to argument for decades has been that abortion is health care and it is "between a woman and her doctor," but fast-tracking an untested drug and putting it in the mail without a doctor's supervision undermines their own argument. In reality, many on the far-left care less about women's health than they do about pushing abortion-on-demand, without apology.

It's our duty to ensure women and girls are safe. The FDA has failed to meet its legal obligation. It's clear: the FDA put politics above the health and safety of women. This cannot stand—accountability is long overdue.

Rep. Mark Green is a physician and combat veteran of Afghanistan and Iraq, where he served three tours. He interviewed Saddam Hussein for six hours on the night of his capture. He is chair of the House Homeland Security Committee and serves on the Foreign Affairs Committee.

Ingrid Skop, M.D., FACOG, is Vice President and Director of Medical Affairs for Charlotte Lozier Institute, leveraging more than 30 years' experience as a practicing obstetrician-gynecologist in Texas.

—LifeNews.com, September 26, 2023



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

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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.

2715 Third St., Altoona, PA 16601; phone: 814-946-0681
email: blair@centralpaprolife.org
website: www.blaircountyprolife.com

FACE Act

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to be addressed by authorities, however, there has been a dearth of abortion activists arrested and indicted at the same time dozens of pro-life advocates have been arrested for peaceful protest, at times with extreme, heavy-handed tactics applied to the peaceful pro-lifers.

The *Daily Signal* reported in September: The DOJ has charged at least 26 pro-life individuals in 2022 with violations of the FACE Act. No far-left attackers were charged with the FACE Act in 2022, and the DOJ has charged only four people with FACE Act violations in 2023 for attacking Florida pro-life pregnancy centers.

Arguably the most egregious instance of extreme use of the FACE Act against a pro-life individual on the part of the federal government has been the arrest of Mark Houck, the pro-life advocate and father of seven, upon whose home some 25-30 FBI agents descended in September 2022 terrorizing the family's children with the arrest. The DOJ's case against Houck involved a 2021 incident at a Philadelphia-area Planned Parenthood where Houck had pushed an abortion facility volunteer who had been repeatedly harassing his son. Local authorities had declined to charge Houck. He was found not guilty in the federal case earlier this year, and the family is suing the DOJ for 'malicious and retaliatory prosecution.'

Despite the varied pro-abortion attacks on pregnancy help since *Dobbs*, the roughly 3000 pregnancy help centers in the U.S. have continued to provide comprehensive, compassionate care to women and families in need.

—Excerpt from *Pregnancy Help News*, December 11, 2023

Need Help in a Crisis Pregnancy?

Crossroads Pregnancy Help Center

212 Frankstown Rd., Altoona

814-201-2147; website: crossroadspcs.org

Every Life Matters (ELM)

1351 Logan Ave., Tyrone

814-650-7899; TheELMPSS@gmail.com

Precious Life, Inc.

1716 12th Ave., Altoona

814-944-2669; website: preciouslifeinc.com

Real Alternatives, Inc.

1-888-LIFE-AID; website: realalternatives.org

Post-abortion counseling

Project Rachel

814-884-8000; ProjectRachel@dioceseaj.org

Rachel's Vineyard

877 HOPE 4 ME (877-467-3463)

website: rachelsvineyard.org/

Family Life

Diocese of Altoona/Johnstown

Pastoral Guidance

814-886-5551; familylife@dioceseaj.org

From the President's Desk

The Ultimate Underdog

Did you root for the New York Yankees or the Pittsburgh Pirates in the 1960 World Series?

When I was a young lad in the 1950s, the Yankees were at the height of their dominance in Major League Baseball. They appeared in eight World Series games and won six times during that decade.

The Pirates, on the other hand, were for the most part, worse than mediocre, having a winning record only two times in the decade. The teams were destined to meet in the 1960 World Series.

The Pirates were the decided underdog in the Series. The Yankees outscored them in the seven games—fifty-five to twenty-seven. They outhit the Pirates ninety-one to sixty; yet, the Pirates won with a walk off home run in the ninth inning of the last game by Bill Mazeroski.

What the pro-life movement and the babies need now is to take on that role of the underdog and win over those who for some reason do not realize that an unborn child is a human being. We need to convince young women and men that when you are pregnant, you're having a baby.

The odds and the money are against us.

Planned Parenthood received over \$1780.00 of tax payers' funding for each abortion death between 2019-2021. (*LifeNews.com, Dec. 20, 2023*).

Our Fall edition of this newsletter highlighted the Billions of Dollars that Warren Buffet and the recently deceased Charlie Munger donated to promote abortion around the world. They were joined by Bill Gates, Microsoft's founder, George Soros, the Greek Billionaire, the Rockefellers and the Ford Foundations, among others, in the funding of organizations which provided abortions. Those guys and their organizations are the elites of the financial world comparable to the Yankees of the '50s in baseball.

How did the Pirates win despite being out-hit and out-scored? They won because they didn't give up.

We cannot give up. We must keep praying and fighting for the biggest underdog of all—the little child in the mother's womb. We must be their voice in this fight for life and the soul of our country. Let's convince pregnant mothers and women everywhere to root for the underdog.

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

We are grateful to all who purchased pro-life Christmas cards this season!

Donations have been made—

In Honor of:

Pro-Life Work

Requested by:

Dr. Randall & Annette Patterson

Alan & Kim Curtis

Andrew & Roxann Blazewicz

Amy B. Barney

Patricia M. Hatch

The Bruno & Lena Family Foundation

Dan & Beth Norris

Sr. Rose Tomlinson, R.S.M.

Kathleen A. Morgan

Thomas & Penny Weyant—

In Honor of Jesse Weyant

Dianne & Paul Hite

Patty Fay

The Byrne Family

Josie Smith

Living and Deceased Members

of McNelis All Stars

Requested by: Chris C. McNelis

In Memory of:

Mary Shea

Requested by: Stachmus Family

Paul Engelman

Requested by: Mary Engelman

Tomlinson & Zeth Families

Requested by: Deborah Bland

Mary Dozier

Requested by: Anonymous

James Hatch

Requested by: Patricia Hatch

Thomas Oster

Baby Christine Oster

Requested by: Marge Bradley

Donations may be made in memory of loved ones who have died or to honor someone special, for a particular occasion, or just because...Blair County *LifeNews* will publish your name as well as the names of those you are honoring and/or remembering. Send donations to Blair Co. CCHL, 2715 Third St., Altoona, PA 16601. Thank you!

Please Support 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 our quarterly newsletter. Thank you!

_____ Annual Membership \$10.00 _____ In Memory of: _____
_____ Student/Senior Member \$5.00 _____ In Honor of: _____

Name _____ Phone _____

Address _____ City _____ Zip _____

Email address _____

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
CITIZENS CONCERNED FOR HUMAN LIFE, INC.
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Five Reasons to Oppose Euthanasia and Assisted Suicide

There are many reasons to oppose euthanasia and assisted suicide (also known as assisted death). Here we focus on five key reasons.

1 **Assisted death should be opposed because it involves causing a person's death (killing).**

Laws permitting assisted death give doctors (and nurse practitioners in Canada) the right to cause a person's death. Society should never allow one person to legally kill another.

In Canada, the Netherlands, Belgium and Luxembourg, assisted death is done by euthanasia. Euthanasia is intentionally injecting a person with a combination of lethal drugs. In most countries it is prohibited under murder or homicide laws.

In the United States and Switzerland, assisted death is done by assisting a person's suicide. This is when a doctor prescribes a combination of lethal drugs that the person self-ingests.

Euthanasia and assisted suicide involve another person, usually a doctor, who directly kills or is involved with causing the death of another person. Those who promote assisted death focus on the difficult life conditions that pressure someone to request to die. They argue from a situational ethics' standpoint to justify killing, an act which is normally considered to be universally wrong.

Assisted death is sold as healthcare. In an interview, psychiatrist and ethicist Mark Komrad said:

"If you were just to replace the image of the needle or the pill with a gun, I think that would make a much more vivid picture of something that would be transculturally wrong."¹

People go through difficult physical or psychological conditions, but these human experiences must not be exploited to justify killing. Providing proper care and support is the appropriate response.

2 **Assisted death should be opposed because "safeguards" only protect the physician; they do not protect vulnerable people.**

Assisted death laws are designed to protect the physician (or another) who is willing to participate. These laws do not provide effective oversight and protection for the person who is being killed. These "safeguards" are designed to sell the legalization of assisted death to politicians who have concerns about killing, but they include exceptions that are wide enough to drive a hearse through.

The State of Oregon was the first jurisdiction to legalize assisted death in 1997.² The assisted suicide lobby did not challenge the safeguards in the law because they wanted to convince other jurisdictions that there is no "slippery slope." However, in 2019, the assisted suicide lobby announced that the problem with assisted suicide laws is the restrictions. That year the Oregon legislature removed the 15-day waiting period.³

The euthanasia lobby alleges that the Netherlands have not changed their euthanasia law since it was passed in 2002. This is inaccurate: the language of the Netherlands' euthanasia law has not changed but the interpretation of the law has. The most recent example is the extension of euthanasia to include incompetent people with dementia.⁴

Canada is a prime example of a country where safeguards lack effective definition or meaning. For instance, Canada's euthanasia law required that a person's "natural death be reasonably foreseeable." However, the meaning of this

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