



Citizens Concerned for Human Life

Blair County Life News

Volume 16 Number 2

Presenting the Pro-Life Message to Blair County, Pennsylvania

Spring 2024

Congratulations, 2024 Oratory Contest Winners!

Senior Varsity Winners (Grades 11 and 12)

Sarah Hamilton, a senior, who is homeschooled, is the First-Place Senior Varsity Winner of the Citizens Concerned for Human Life (CCHL) 2024 Oratory Contest. She is the daughter of Robin Hamilton of Windber. Sarah was awarded a \$200 prize.

Gabriella Lawson, a senior, at Great Commission Schools, is the Second-Place Senior Varsity Winner and was awarded \$150. She is the daughter of Charles and Candace Lawson of Altoona.



Junior Varsity Winners (Grades 9 and 10)

Adrianna Levri is a sophomore who is homeschooled; she won the First-Place prize of \$150 in the Junior Varsity division. Adrianna is the daughter of Ed and Maureen Levri of Altoona.

Wyatt Tanner, a sophomore at Great Commission Schools, is the Second-Place Junior Varsity winner. Wyatt is the son of Stephanie Wojcik, of Duncansville. Wyatt was awarded \$100.

Many thanks to the judges for the Oratory Contest, held March 5; they were: **Tom and Pat Forr**, President of Blair Co., CCHL and his dear wife, and **Diane Campagna**, retired former forensic student and alumni of Bishop Carroll High School; before moving to Altoona, she was actively involved with Cambria-Somerset pro-life activities. 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 Sarah Hamilton's First-Place Senior Varsity entry, entitled, "Everyone Has a Choice: Choose LIFE." The presentation of First-Place Junior Varsity entrant, Adrianna Levri, entitled, "God's Mercy is Pro-Life," is found on page 7. The presentations of the other winners will be reprinted in a subsequent issue of this newsletter.



Everyone Has a Choice: Choose LIFE



By Sarah Hamilton

She walks into the clinic, scared and alone. The receptionist escorts her to a room and she waits for the doctor. Online, she saw that the thing inside her was a fetus, just some tissue she could choose to remove if she wanted. What she does with her body is her choice. No one can tell her what to do. That's what the doctor says as he preps for the simple procedure that won't take long. She will be good to go in just a little bit, her life back on track. Problem solved.

But on the way into the clinic she saw something that keeps coming back to her. A woman held a sign with a

Bible verse on it. It said, "...I have set before you life and death, blessing and curse. Therefore, choose life, that you and your offspring may live..." *Deuteronomy 30:19.*

And something clicks in her mind. She does have a choice! She can choose life! The doctor tells her to put her feet in the stirrups, but instead she gets off the table and walks out of the room. She has made her choice.

God gives you a choice, pregnant mom in distress. But please remember that two lives will be affected by the choice you make. Your life, because as soon as you have that simple procedure, your world will never be the same. The tissue's life, too—because that clump of cells has a name, a personality, a special laugh, and hopes and dreams. This choice affects two people, my friend.

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Legislative Update



Maria V. Gallagher
Acting Executive Director
Pennsylvania Pro-Life Federation

Taxpayer Funds for Abortion

The PA Supreme Court has ordered a lower court, the Commonwealth Court, to rule on whether taxpayer funds should be used to pay for abortions. Currently, tax funds pay for Medicaid abortions only in the rare cases of rape, incest, or if the life of the mother is at stake. Please pray for a favorable ruling from the Commonwealth Court.

Alternatives to Abortion

Governor Shapiro has taken the money that was earmarked for Alternatives to Abortion and re-directed it to organizations that promote abortion. You can send an immediate message to your state lawmakers that Real Alternatives funding be restored: <https://oneclickpolitics.global.ssl.fastly.net/promo/4tc>

Pro-Abortion Constitutional Amendment

A proposed pro-abortion Constitutional Amendment in the PA House would wipe out all of our protective laws for pregnant women and their unborn children. You can send an immediate message to your state lawmakers objecting to this Constitutional Amendment: <https://oneclickpolitics.global.ssl.fastly.net/promo/4p8>

Abortionist Shield Bill

An abortionist shield bill which passed the PA House of Representatives would allow PA abortionists who both abortions in other states to escape justice. We can stop the bill in the state Senate. To send an immediate message to your state lawmaker: <https://oneclickpolitics.global.ssl.fastly.net/promo/5Y1>

Are You Registered to Vote?

It is highly important that all pro-lifers in Pennsylvania be registered to vote. Are your pro-life friends and family members registered?

Here is the link to registering to vote online in Pennsylvania: <https://www.pavoterservices.pa.gov/Pages/VoterRegistrationApplication.aspx>

Walgreens to Sell Abortion Pill in Pennsylvania

The Pennsylvania Pro-Life Federation encourages you to contact Walgreens and let them know that you object to their plan to dispense the abortion pill known as mifepristone in Pennsylvania. (CVS also plans to distribute the abortion pill, but, so far, not in PA.)

You can write to Walgreens at: <https://www.walgreens.com/mktg/contactus/contact-us-forms.jsp?tier3Id=1075>

If you have a Walgreens in your county, please also call the individual store(s) and request that they not carry the abortion pill.

Editor's Note:

See page 5 for related article.



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

Spring 2024; Vol. 16, 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.

2715 Third St., Altoona, PA 16601; phone: 814-946-0681

email: blair@centralpaprolife.org

website: www.blaircountyprolife.com

20th Annual Pro-Life Dinner

Pennwood Bible Church

440 Hospital Dr, Everett near Bedford Hospital

Friday April 26, 2024

Dinner at 6:00 p.m. ~ Doors open at 5:00 p.m.

Real "Choosing Life" Experiences Recounted by Bedford County Residents



This year, instead of bringing in an outside speaker, we are going to let local residents share their stories and choices made through all stages of pregnancy. We've invited a panel of speakers, including some local pastors, who will tell informative and inspirational experiences that you don't want to miss.

In Him we live and move and have our being. Acts 17:28

***Come join us for an evening of good food
and fellowship celebrating Life!***

Adults \$20 - Students \$15 - 4 & under free

RSVP Pam 814-652-6755 by 4/19/24

Checks should be made payable to Bedford County CCHL

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

Be a 2024 Sponsor of our "Save the Babies" Projects!

Platinum/\$250, Gold/\$100, Silver/\$50, Bronze/\$25

Sponsorship Form at: www.BedfordCountyProLife.org/sponsor

Sponsored by Bedford County Citizens Concerned for Human Life

www.BedfordCountyProLife.org

Additional Risks

for Home Use of Pills
Prescribed by Telemedicine,
Delivered by Mail

Inadequate Screening

While women visiting a clinic can have a physical examination and an ultrasound, health care providers doing only an online or telephone interview rely on a woman giving them accurate, honest answers to questions about her last menstrual period, symptoms of ectopic pregnancy, allergies or other disqualifying conditions. If a woman is unaware of these contraindications, mistakes spotting for her last menstrual period, or does not yet recognize signs of ectopic pregnancy, these important factors may be missed and the abortion pills either may not work or may prove dangerous for her.¹

Testing for Rh Factor

Failure to identify and treat Rh factor could mean the loss of future pregnancies.²

Higher Failure, Complication Rates

Less careful, less scientific screening will mean more women past the FDA recommended cutoff date of ten weeks, and thus a greater likelihood of complications or a failed or incomplete abortion.³

Less Assurance of Access to Emergency Care

Women doing screening by telemedicine and having pills shipped to remote locations may not necessarily have ready access to specialized surgical care from their prescriber or a nearby emergency care facility if they suffer sudden serious bleeding episodes or a ruptured ectopic pregnancy.⁴

Quality of Internet Medication

Women buying mifepristone and misoprostol from a foreign based internet pharmacy have no real assurance of product purity, dose, or efficacy and often receive little or no instructions on appropriate use.⁵

Sale to Dishonest, Deceptive Buyers

Online, telemedical, or telephonic screening and prescription allows those ordering to misrepresent their intentions or identities, potentially allowing these to be resold or given unknowingly to underage teens, unwilling or unscreened women with later pregnancies or conditions for whom these would not work or might prove dangerous.⁶

Difficulty knowing when you're done.

Without a professional exam, it is possible a woman might bleed and cramp and think her abortion is completed, yet be mistaken.⁷

MIFEPRISTONE SAFETY & EFFICACY Quick Facts about the Abortion Pill

Drug-induced abortions are painful and bloody.

These pills work by shutting down the child's life support system, initiating bleeding, and then stimulating powerful, painful contractions to expel the child and other contents from the uterus. Pain and bleeding are unavoidable parts of the process.⁸

Women lose more blood from a chemical than a surgical abortion.⁹

Chemical abortions take longer to complete than surgical ones.

Not counting recovery time, surgical abortions may take maybe 10 minutes to complete, so that a woman can be in and out of a clinic in a couple of hours¹⁰. Chemical abortions involve multiple drugs taken over a number of days and may take days or weeks to be fully completed.¹¹

"Medication" abortions have a significant failure rate.

The FDA warns these drugs fail to deliver a complete abortion 2-7% of the time¹².

The risk of failure and complications increases with gestational age.

The FDA originally limited use of mifepristone to women no more than 49 days after their last menstrual period (LMP) because of reduced efficacy and increased complications after that point.¹³ Years of field experience have confirmed this.¹⁴

Women see their aborted children's bodies.

Identification of the embryo or fetus is one of the ways a woman is able to confirm the abortion pill has done its job, but it can also prove traumatic when women report seeing their child's eyes, fists, or other body parts.¹⁵

There have been at least 28 deaths and thousands of injuries among American mifepristone patients.

The FDA reports that more than two dozen mifepristone patients in the U.S. have died after taking mifepristone and that thousands of others have suffered from complications such as hemorrhages, infections, and the rupture of previously undiscovered ectopic pregnancies, many requiring hospitalization and surgery.¹⁶

The warning signs of ectopic pregnancy are disturbingly similar to chemical abortion side effects.

Because women having drug-induced abortions normally face considerable abdominal pain and bleeding, patients and even doctors who have not seen an ultrasound have missed these danger signs of a rupturing ectopic pregnancy.¹⁷

Several mifepristone users came down with serious bacterial infections.

A number of women taking mifepristone died after contracting *Clostridium sordellii*, an anaerobic bacteria that thrives in oxygen-poor environments where there may be an open wound.¹⁸

Bleeding can lead to life-threatening hemorrhage.

Every woman going through a chemical abortion does a considerable amount of bleeding, but when this bleeding is heavy and does not stop, she can be in serious danger if she does not get surgical treatment.¹⁹

www.nrlc.org • NATIONAL RIGHT TO LIFE • May 2023

Citations and resources are available at: <https://www.nrlc.org/uploads/factsheets/RUSafetyEfficacyFS.pdf>

CVS and Walgreens announce plans to begin selling abortion pills within month

By *Cassy Fiano-Chesser*

Over a year after Danco Laboratories, the manufacturer of the abortion pill, announced that the Food and Drug Administration (FDA) had given approval for retail pharmacies to sell the abortion pill, CVS and Walgreens have announced they will begin selling the lethal drugs within a month.

Shortly after the Danco announcement, both Walgreens Boot Alliance Inc and CVS Health Corp signaled their intent to receive certification so they could sell chemical abortions at their pharmacies.

The decision was quickly condemned by pro-life groups. Lila Rose, founder and president of Live Action, tweeted that it is “[d]isgusting that pharmacists will now be dispensing lethal poison alongside antibiotics and allergy medication,” later adding in a press release that “[t]his news is tragic not only for the innocent victims of abortion, but also for their mothers. The highest priority for the new pro-life majority in the U.S. House of Representatives must be to stop the deadly abortion pill and rein in the reckless Biden Administration and their lackeys in the FDA.”

Mary Szoeh, director of the Center for Human Dignity at the Family Research Council, told the *Washington Stand* that CVS and Walgreens pharmacies will now become “akin to Planned Parenthood.”

Now, the *New York Times* has reported that the plans to dispense the pills used in chemical abortions are coming to fruition... and soon. Both CVS and Walgreens announced they had received their certifications from the FDA, and will begin dispensing the pills in a small number of states first before expanding.

Walgreens said they would begin in New York, Pennsylvania, Massachusetts, California and Illinois to start.

“We are beginning a phased rollout in select locations to allow us to ensure quality, safety and privacy for our patients, providers and team members,” spokesperson Fraser Engerman said. CVS spokesperson Amy Thibault said they would dispense in Massachusetts and Rhode Island to start. Both said they would abide by laws in states where preborn children are protected from abortion. “[W]e continually monitor and evaluate changes in state laws and will dispense mifepristone in any state where it is or becomes legally permissible to do so,” Thibault said.

Attorneys general from 20 states issued a warning last year that distributing the abortion pill through the mail could violate state and federal laws, and that there could be legal consequences should CVS and Walgreens sell and ship abortion pills in this manner. The letter also warned about the dangers of the abortion pill regimen.



“Abortion pills are far riskier than surgical abortions, according to established scientific consensus: Medication abortions were 5.96 times as likely to result in a complication as first-trimester aspiration abortion. Abortion pills carry the added risk that when these heightened complications invariably occur, women suffer those harms at home, away from medical help. And finally, mail-order abortion pills also invite the horror of an increase in coerced abortions,” the letter stated. “When abortion drugs are mailed or consumed outside a regulated medical facility, the risk of coercion is much higher—indeed, guaranteed—because there is no oversight.” —*LiveAction.org, March 1, 2024*

Precious Life Pregnancy Center

1716 12th Avenue, Altoona, PA 16601

814-944-2669

preciouslifeinc.com

Annual Banquet

March 22 - 6:00 pm - 9:00 pm

Jaffa Shrine - \$20.00

Annual Johnstown Breakfast

March 23rd - 9:00 - 11:00 a.m.

Anthony's Restaurant - \$10

Tickets for both events can be purchased by contacting Precious Life office or online at preciouslifeinc.com/events

Baby Bottle Campaign

From Mother's Day to Father's Day

If churches are currently not involved but would like to, please contact the office to receive bottles.

Precious Life, Inc. is a faith based, non-profit organization, offering practical help to those impacted by unplanned pregnancies through their pregnancy care centers, meeting the emotional, physical and spiritual needs of women and their families, empowering them to make positive life-affirming choices.

New Research on Abortion Pill Reversal's Effectiveness

By Bradley Mattes

Abortion pill reversal saves unborn babies when their mothers have a change of heart part way through a chemical abortion pill procedure.

A new study demonstrates an impressive success rate which translates into legitimate hope for tens of thousands of women who want to save their babies.

Chemical abortion consists of taking two different pills, mifepristone, followed by misoprostol to effectively kill an unborn child early in pregnancy. The first drug, mifepristone blocks progesterone receptors in a woman's body and reduces the receptivity of the endometrium or lining of the uterus. Progesterone is the major hormone needed to maintain a pregnancy. Misoprostol causes uterine contractions to expel the dead baby.

Progesterone has been safely and effectively used with at-risk pregnancies for over seven decades. So, common sense led doctors to consider it to counteract the effects of mifepristone. In spite of the abortion pill reversal's success rate of 64-68% and saving thousands of babies, it has no shortage of flat-earth-minded detractors.

• **Facts Are Important: Medication Abortion "Reversal" Is Not Supported by Science.** —*American College of Obstetricians and Gynecologists*

• The latest social media misinformation. —*Politico*

• Experts say this so-called "reversal" is unfounded and could be potentially dangerous. —*ABC News*

• How an unproven abortion 'reversal' treatment has advanced in the US. —*PolitiFact*

New research, published in *Scientific Reports* by Doctors Christina Camilleri and Stephen Sammut is the first heaping spoonful of crow that naysayers will have to eat. I hope they're hungry.

Using a rat model, they divided them into three different groups.

✓ A control group of pregnant rats given neither mifepristone nor progesterone.

✓ Those given mifepristone and no progesterone.

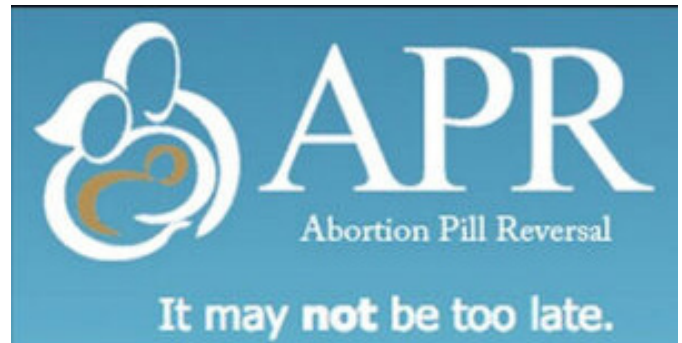
✓ Rats given both mifepristone and progesterone.

All were carefully monitored throughout the gestation period, tracking weight loss/gain, blood loss, and fetal heart rate. The number and condition of the gestational sacs and fetuses were also followed.

An impressive 81% of rats given both mifepristone and progesterone resulted in saved pregnancies with fully developed living fetuses.

Why rats? Dr. David Prentice, a renowned expert with nearly 50 years' experience as a scientific researcher and professor, says, "The biochemistry regarding progesterone, its receptor, and mifepristone (which competes for the progesterone receptor) are virtually identical to the human situation. So, this model gives insight into how the system works in humans."

Many in the media and elsewhere point to a study conducted by abortionists and abortion activists with the goal to disgrace abortion pill reversal.



The research had only 12 women enrolled and two dropped out because of the pill's difficult side effects of nausea, vomiting, and bleeding.

The research was abruptly ended when three women required emergency hospital treatment for hemorrhaging. Two of the three women received mifepristone only which clearly demonstrates the dangers of the abortion pill. However, many in the media twisted the results to advocate for abortion. Kayla Epstein writing for the Washington Post falsely stated, "One of the women had received a placebo, while two others had taken the progesterone." The reverse was true as stated in the study.

In spite of mounting evidence that abortion pill reversal is safe, effective, and accommodates women's choice and desire for healthcare, the other side will mount aggressive campaigns against this breakthrough protocol to save unborn babies.

Use this new tool to liberate women and their unborn babies from the abortion industry and its advocates which won't tolerate anything that affects their bottom line.

—*Life Issues Institute, August 10, 2023*

Abortion Pill Rescue Network

CALL 24/7 HELPLINE: 1-877-558-0333

It may not be too late to save a pregnancy



*This life in us; however low it flickers
or fiercely burns, is still a divine flame
which no man dare presume to put out,
be his motives never so humane
and enlightened;*

*To suppose otherwise is to countenance
a death-wish;
either life is always and in all circumstances
sacred, or intrinsically of no account;
it is inconceivable that it should be
in some cases the one,
and in some the other.*

~ Malcolm Muggeridge ~

Everyone Has a Choice—Choose LIFE

continued from front page

Wait—what about the father of the child? Research shows that fathers can struggle with post traumatic stress disorder, anxiety, depression, and many other adverse effects when their children are aborted. I suppose that makes three people.

But what about the grandparents? They will live with unending sorrow over the grandchild (excuse me, the grandtissue) they will never know.

Perhaps a few more than two people are affected.

Like the tissue's future spouse, who missed out on their soulmate because their soulmate was aborted. And their future children and grandchildren, who will never exist. What about all the cancer patients whose disease that tissue never cured? The people who would have been aided by the foundation the tissue will never start. The citizens who will never benefit from the tissue's tenure as president of the United States.

All because of the sterilized tweezers that annually take the lives of more people than heart disease does. The tweezers that have murdered enough American tissues to equal the population of Argentina.

But every mother has a choice! It's her body! She can do as she pleases!

Hopefully, in her decision-making, she will remember that her choice means life or death for generations.

There is only one right answer. Choose life. Your life depends on it. The...tissue...in your womb depends on it. The father, the grandparents, the children, the grandchildren, and the world depend on it.

Choose life.

But not everyone is a pregnant woman faced with a terrifying decision between life and death. Why do we—the already pro-life community—need to hear this?

Because pregnant mothers aren't the only ones with a choice. You—the average pro-life person—have a choice. You can sit back and do nothing, or you can make your life count for something!

After all, how will that birth mother know about her option to choose life, if you don't tell her? How will pro-life lawmakers across the country amend state constitutions if you don't vote for them? How will those who have been affected by abortion recover if you aren't there to hold them, tell them they are forgiven, and offer them hope in Jesus? Someone chose life so you could be here today. Make that life count. Be ready to tell a scared mother that she can choose life. Get involved in a local crisis pregnancy center. Buy baby supplies for someone you know who can't afford them. Join the March for Life, sign petitions, and contact your state representatives to inspire the government to protect life. Pray outside a local Planned Parenthood center and talk to your kids about why you are pro-life. Your actions, no matter how small, make a difference.

She walks out of the clinic and glances at the lady holding the sign that caught her attention. It was the right decision.

God gives everyone a choice, but there is only one right answer. Choose life. ♦

God's Mercy is Pro-Life

By Adrianna Levri



Quite recently, I finished reading a wonderful book, *The Rocking Chair Prophet*, by Matthew Kelly. I highly recommend it, and I will do my best to leave out spoilers in case you are interested in reading it.

In the beginning of the book, it makes the very clear point that the saddest thing ever is wasted potential. This does not at all mean that the passing of an elderly person is not tragic, it simply emphasizes how heartbreaking it is when a person doesn't so much as make it to eighteen. It is so devastating when young people die. They will never have grandchildren, or children, or a spouse, or go to college, or graduate high school, or learn to drive, or have their first job, or ride a bike, or read or write, or speak their first word, or take their first steps, or grow. Does this needless loss of life sound like God's will? If you think so, I would disagree. I think it sounds like wasted potential.

Let's look at what abortion is like for the woman. There are quite a few things that would drive someone to abort, or to consider abortion, some of which are financial trouble, unplanned pregnancies, and simply not seeing themselves as ready or emotionally prepared for parenthood.

I believe all these worries have a common solution, faith. I would encourage a woman considering abortion to have faith that God would provide. Or to have faith that someone planned that life even if she didn't. Or to have faith that during those nine months of preparation, God would make her as prepared as anyone could be for such a miracle.

When God lowered Himself to become human, He didn't appear as an infant. He began as the tiniest and most helpless of humans, a fetus. I think He did this for a couple of reasons. One might be He wanted to have the full human experience. So that no one could argue that He wasn't man in all ways but sin.

Maybe another reason would be that God the Father wished that Mary would have time to prepare. Nine months to make ready. But, to tell you the truth, I don't think anyone could ever be totally ready for a baby.

Just like Gandalf said in the *Lord of the Rings* about hobbits, "You could learn all there is to know about their ways in a month, and yet after a hundred years, they could still surprise you."

The Savior of the world was an unplanned pregnancy. Just because it might not be the ideal way for life to go, doesn't mean it isn't beautifully precious. Who are we to undermine God's will? And if we were to, if that is even possible, what would you call that? I'd call it wasted potential. If the only perfect being in the universe wanted things one way, wouldn't it be a terrible thing to say, "No, I have a better idea." One would be left wondering what joy and fabulousness we missed out on.

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28 Weeks Pregnant at a D.C. Abortion Clinic

By Monica Snyder, Executive Director, Secular Pro-Life

I was 28 weeks pregnant when I entered the small, windowless waiting room of the Washington Surgi-Clinic for my abortion appointment. I filled out paperwork and gave the front desk nurse \$11,400 in cash. I asked if it was weird that I was paying in cash. She said it wasn't. I took a seat alongside several other women.

I was nervous. But not because I was there for an abortion. I was undercover. It was January 2022, and I had agreed to partner with Live Action to secretly record my visit to this Washington clinic in hopes of showing people the true nature of late-term abortion. Live Action has investigated the Washington-Surgi clinic before and uncovered some horrifying truths. But the public remains largely unaware of the realities of late-term abortion clinics. I was hoping to help change that. There is a wide chasm between the rhetoric of pro-choice activists— who argue women choose abortion with full knowledge and autonomy—and what I experienced that day.

It was a half-hour before a nurse called me back. She drew blood, recorded my vitals, and viewed my daughter Ruby on an ultrasound. She explained the abortion would be a three-day process: two days for dilation and the third day for extraction. She assured me Ruby would feel no pain before she passed away.

I could feel Ruby turning and stretching, and her movements made me tearful. My emotional reaction surprised me. I had expected to be angry, but I was just heartbroken. I pictured her tiny face. Of course, I knew I wasn't about to do anything that would endanger her. But I also knew I was in the presence of people who would, if I asked them to, willingly and quite literally tear my little girl apart. While I knew she was safe with me, the horror of the room made me feel as if I needed to protect her.

Crying, I told the nurse I felt stupid, and that I should have made a decision sooner. She was reassuring. "Yes, I know, it's very hard. You can talk to us. We're here to help in any way we can." But she didn't ask why I wanted the abortion, whether I was sure it was the right decision, or whether I was aware of or interested in any other options.

I returned to the waiting room, sorrow washing over me. I reminded myself that Ruby and I would be leaving shortly, that she was safe and we'd both be fine. But that mantra offered no comfort for the women sitting around me. Some seemed calm. Others were crying. One woman complained of feeling ill. We sat together mostly in silence, but I wanted to turn to them and ask, "Why are you here? How can I help?"

Before Ruby, I'd birthed three children. With each pregnancy, a medical professional asked me questions to screen for domestic violence and mental health issues as a safety protocol. In stark contrast, although I wept intermittently during a multi-hour appointment to abort my healthy 28-week child, not one person screened me for coercion or psychological issues.

No one asked about Ruby's medical history or health status, either. This uninterest makes sense; after all, the Washington-Surgi clinic performs abortions through the third trimester for any reason. It is legal and readily accepted. In fact, the nurses repeatedly reassured me that there was nothing wrong with or even unusual about me, a healthy woman, seeking an abortion of my healthy child at seven months.

After another hour of sitting in the waiting room, a second nurse called me back. She discussed some potential complications. She warned of early labor, calling it a "spontaneous abortion." I asked what I would do if that happened in my hotel room that night. "It doesn't happen very often. But if it does, don't panic. [The doctor] could come and help you take care of it, or we could just tell you what to do with the remains," she said. The nurse began to hand me medications in advance of the first dilation. The list included acetaminophen, an antibiotic, and Xanax. "Those guys are just there to relax you," she said with a smile.

I asked if it would be possible to speak to the doctor performing the abortion before taking the medications, but she said that wasn't how it worked. According to her, the doctor wouldn't see me until it was time to begin dilation, and by then the medications would need to already be in my system.

Considering my options, I asked whether or not Xanax would affect my clarity of thinking, to which she replied "No, it shouldn't." I reiterated that I would prefer to speak to the doctor first, but she didn't budge. So, I told the staff that I had changed my mind. They returned the cash I paid (minus ultrasound fees), and I left.

As I walked out of the waiting room, my mind again turned to the women around me. It felt like I was abandoning them and their children in the uncertain hope that this undercover work would protect more women and children in the future. It was an abysmal calculus. I've thought repeatedly about those who stayed in that waiting room after I left, and of all the women and children who have entered it since.

Monica Snyder worked as an investigator with the human rights organization, Live Action, to investigate the Washington-Surgi Abortion Clinic to expose their late-term abortion practices. She also serves as the Executive Director of Secular Pro-Life.



—National Right to Life News, February 1, 2024



Baby born at 34 weeks gestation

Abortion Biz Opens That Will Kill Babies Up to 34 Weeks

By Monica Snyder

The *New Yorker* article, “A Safe Haven For Late Abortions,” combines the photography of Maggie Shannon with the writing of Margaret Talbot to give a closer look at the abortions performed at Partners in Abortion Care, an all trimester clinic in College Park, Maryland.

(There is no need for a graphic image warning for this article. The photographs focus on the patients and providers, and do not include depictions of the fetuses who are aborted.)

Talbot explains that Morgan Nuzzo (nurse-midwife) and Diane Horvath (OB/GYN) had long wanted to open an abortion clinic that performs abortions at all trimesters of pregnancy. They co-founded Partners in Abortion Care, which provides abortions up until 34 weeks. A typical pregnancy lasts about 40 weeks, so 34 weeks is between 7.5 and 8 months into the pregnancy.

This *New Yorker* article serves as a succinct response to several common misconceptions many moderate pro-choicers have regarding later abortion.

“Abortion ‘up until birth’ isn’t a thing.”

Pro-lifers claim abortion activists want abortion available “up until birth.” This statement is true in the sense

that many abortion activists believe there should be no gestational limits on abortion, but more controversial in the sense that few pro-choice people are actually comfortable with or would morally accept abortions very late in pregnancy. Yes, they don’t want the government regulating abortion, but generally they don’t believe people seek abortions very late in pregnancy anyway. They think the “up until birth” argument is at best moot and at worst a bad faith red herring.

And yet:

*Every week, potential clients have to be turned away because their pregnancies have advanced beyond the clinic’s cutoff of thirty-four weeks. —Margaret Talbot
A Safe Haven For Late Abortions, New Yorker*

People do seek abortion very late in pregnancy, even past 34 weeks gestation.

Of course, 34 weeks gestation is not a full-term pregnancy. Births before 37 weeks are considered preterm. It’s reasonable to hear “up until birth” as in “throughout the full 40 weeks of pregnancy.” This article does not suggest anyone seeking an abortion at 40 weeks (to my knowledge, no article does).

continued



It is statistically confirmed that the most dangerous place to be in regard to the preservation of one’s life is in the womb of a mother, who is being told that if she doesn’t want her baby, she can abort his life.

~ unknown ~

Abortion Biz Kills Babies at 34 weeks gestation

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But it's also reasonable to point out that abortions of viable fetuses—including fetuses into the third trimester—are legally sought, and do legally happen, specifically in the states with lax abortion laws. Abortion regulation (or lack thereof) matters.

“Third trimester abortion is not happening. It's called ‘having a baby.’”

There is a lot of debate over how the word “abortion” is defined (and by whom). One increasingly popular pro-choice assertion is that abortion means only “termination of pregnancy,” and does not have to entail fetal death. In this framing, a “third trimester abortion” is just termination of pregnancy via preterm delivery with the intent and result of a live newborn. (See tweet examples: “Third trimester abortions don't exist. It's called BIRTH.”)

This framing is incorrect. Abortion after viability is not preterm delivery of a live child. Abortion providers ensure fetal death prior to removing the fetus from the woman. They sometimes do so by transecting the umbilical cord, but more often by injecting poison into the fetal heart or amniotic fluid.

Abortion providers who perform later abortions have been frank about this aspect before, and the *New Yorker* article confirms the same:

“We induce demise,” Horvath, the ob-gyn, says. “This idea that people are delivering live fetuses—it just does not happen.”

—Margaret Talbot
A Safe Haven For Late Abortions, New Yorker

“Later abortions happen because the woman's life is in danger or the fetus has some kind of fatal anomaly.”

Probably the most common pro-choice misconception regarding later abortion is that these abortions are all or nearly all due to dire medical circumstances (either the woman's life is in danger or the fetus has a fatal anomaly).

We know with certainty that later abortions are not all for medical emergencies. In fact, while there isn't a great deal of quantifiable data on the subject, what evidence we can gather suggests that abortions after 21 weeks are usually not for fetal or maternal health concerns.

The *New Yorker* article profiles such a case: a woman Talbot calls “Amanda” gets an abortion at 32 weeks because she didn't realize she was pregnant until 30 weeks.

One woman Shannon photographed, a thirty-six-year-old whom I'll call Amanda, was seven months along when she came to the clinic. Several years earlier, Amanda had been given a diagnosis of polycystic ovary syndrome, and doctors had told her that the condition made it very unlikely that she could conceive without in-vitro fertilization. Because of the aftereffects of recent weight-loss surgery—nausea when she felt too full—she didn't even consider that she might be pregnant until almost thirty weeks. When a home test came back positive, Amanda was floored. —Margaret Talbot

A Safe Haven For Late Abortions, New Yorker

The article goes on to explain it took Amanda two weeks to make all necessary arrangements to get to the clinic, indicating she aborted her child at 32 weeks. Note that if a child is delivered alive at 32 weeks, he or she has a 95% chance of surviving.

If you oppose gestational limits on abortion because you have believed (1) no one aborts viable fetuses, much less abortions into the third trimester, (2) “abortion” that late in pregnancy is just labor induction resulting in live birth, and/or (3) abortions late in pregnancy are only happening for the most dire of medical emergencies...

Please reconsider.

Monica Snyder is the executive director of Secular Pro-Life, an organization that uses non-religious arguments to promote the pro-life perspective. Snyder worked as an investigator with the human rights organization, Live Action, to investigate the Washington-Surgi Abortion Clinic to expose their late-term abortion practices. She also serves as the Executive Director of Secular Pro-Life. Image is of a baby at 34 weeks.

—LifeNews.com, February 17, 2024



212 Frankstown Rd., Altoona
814-201-2147; website: crossroadspcs.org



Run Baby Run 5K

To Benefit Crossroads Pregnancy Center

Saturday, May 4th

McConnellstown Church of the Nazarene

Registration opens April 1st: www.cpcfornlife.org

Contact Stephanie Dye at 814-643-3570

8:30 a.m. Registration Opens - Day of Race/Walk

9:30 a.m. 5K Race/ 1-Mile Walk Begins

5K Race Awards

Come, join us as we run and walk together for LIFE in Central PA!!

The Mommy Poet

Do you know that feeling when you wake up in the middle of the night and it's cold and your diaper feels heavy?

And there are so many strange sounds all around you, and it's dark and scary.

And you get a hit in your head and it's your hand that's on its own adventure. And you can't control it at all and it flings itself around and scratches your face and pulls at your hair.

And your legs start kicking off the duvet, even though you're cold as it is and you try to make it stop, but they have their own will.

And so you're lying there completely helpless with flailing limbs that want to do everything, but none of the things you want.

And you can't find mom. And you call for her and you find yourself feeling really scared.

What if your beloved mom doesn't come for you?

You can't imagine anything worse and you start to cry because you miss her so terribly. You have never felt as alone as this very moment.

And then she is suddenly there. Standing right by your bed and looking at you with worry and love. And she is the most beautiful

thing you've ever seen. And you grin up at her with happiness and relief. You don't think you've ever felt as happy as this very moment.

And she picks you up and holds you close. And she smells like herself, and also a bit like you.

Like milk and safety and love. And it's the best smell in the whole entire world.

And she is warm and safe and soft and her hands caress you and she feeds you and hums your favourite tune. And you love her voice. You've known it far longer than you've really known her. It has lulled you to sleep and made you laugh and calmed you when you were distressed. It is the most beautiful voice in the whole entire world.

And you get to lie right up against her and you feel your entire body start to warm up again. And your still cold hand starts stroking her and moves up towards her neck and accidentally scratches her. Stupid uncontrollable hand. But mom doesn't get angry. She takes your stupid hand in hers and it turns all warm again. And this is the best feeling in the world. Right here in mommy's arms, with your hand in hers. Even the diaper doesn't feel as horrible anymore.

And you feel your eyes getting heavy and you know that everything is okay now cause mommy is here. Your mom. Your wonderful, incredible mom who always looks after you. Night and day.

You look up at her one last time before you fall asleep. She looks tired and her eyes are closed, and yet she is still the most magnificent thing you know. How amazing that she wants to sit here with you in this moment. How amazing that she will always sit with you for a bit when you need her to.

You smile to yourself. How lucky you were that she became your mom. The most perfect mom anyone could have asked for.

You knew, even before you saw her, that she would be the best thing in the world.

Oh, how you love her. Your mom.

—Anonymous



Alabama Supreme Court Rules Frozen Embryos are Unborn Children

Liberty Counsel, Montgomery, Alabama

The Alabama Supreme Court ruled 7-2 that an embryo created through in-vitro fertilization (IVF) is a “minor child” and is no different under the law from an unborn child in the womb. Due to the 2018 Sanctity of Unborn Life Amendment in the state’s constitution, which declares it is “public policy” in Alabama to recognize “the sanctity of unborn life and the rights of unborn children,” the Court held that the law protects “the rights of the unborn child’ equally with the rights of born children.”

In *LePage v. Mobile Infirmiry Clinic, Inc.*, the Supreme Court of Alabama faced the question of whether an unborn child being kept in a cryogenic nursery is entitled to status as a person under Alabama’s Wrongful Death of a Minor Act. (“The central question presented in these consolidated appeals, which involve the death of embryos kept in a cryogenic nursery, is whether the Act contains an unwritten exception to that rule for extrauterine children—that is, unborn children who are located outside of a biological uterus at the time they are killed.”).

The case involves a wrongful death lawsuit brought by three couples involving the death of their frozen embryos at an IVF clinic. The deaths were caused by a clinic patient who wandered into the cryogenic nursery and tampered with an unsecured freezer resulting in the embryos being dropped on the floor. The couples are suing Mobile Infirmiry, Inc.’s Center for Reproductive Medicine for wrongful death, negligence, and wantonness seeking damages for mental anguish and emotional distress.

In April 2022, the Mobile County Circuit Court dismissed the case before it could go to a discovery phase and summary judgment stating that a frozen embryo is not a “minor child” under Alabama’s Wrongful Death of a Minor Act. However, the ruling to reverse that decision by the state supreme court allowed the wrongful death suit to move forward at the circuit court level.

The Supreme Court of Alabama held that such unborn children were entitled to status as a person. “Under existing black-letter law, the answer to that question is no: the Wrongful Death of a Minor Act applies to all unborn children, regardless of their location.” (emphasis added). “[T]he relevant statutory text is clear: the Wrongful Death of a Minor Act applies on its face to all unborn children, without limitation.” (“Unborn children are ‘children’ under the Act, without exception based on developmental stage, physical location, or any other ancillary characteristics.”).

“All parties to these cases, like all members of this Court, agree that an unborn child is a genetically unique human being whose life begins at fertilization and ends at death. The parties further agree that an unborn child usually qualifies as a “human life,” “human being,” or “person,” as those words are used in ordinary conversation and in the text of Alabama’s wrongful-death statutes. That is true, as everyone acknowledges, throughout all stages of



an unborn child’s development, regardless of viability,” stated the Alabama Supreme Court.

The Alabama Supreme Court wrote: “The ordinary meaning of ‘child’ includes children who have not yet been born.”

According to Alabama Supreme Court Chief Justice Tom Parker, who wrote a separate concurrence, the state’s Sanctity of Unborn Life Amendment presents a public policy that strongly protects unborn life in the state.

Justice Parker wrote, “A good judge follows the Constitution instead of policy, except when the Constitution itself commands the judge to follow a certain policy. In these cases, that means upholding the sanctity of unborn life, including unborn life that exists outside the womb. Our state Constitution contains the following declaration of public policy: ‘This state acknowledges, declares, and affirms that it is the public policy of this state to recognize and support the sanctity of unborn life and the rights of unborn children, including the right to life.’”

Chief Justice Parker also stated that the citizens of Alabama agreed with the deliberate use of the word “sanctity” in the constitutional amendment, to which he noted that scholars have attributed “theological connotations.”

“The People of Alabama have declared the public policy of this State to be that unborn human life is sacred. We believe that each human being, from the moment of conception, is made in the image of God,” wrote Justice Parker. “Putting this all together, [the law] does much more than simply declare a moral value that the People of Alabama like. Instead, this constitutional provision tilts the scales of the law in favor of protecting unborn life.”

Liberty Counsel Founder and Chairman Mat Staver said, “Every unborn life is a human being. Every human life begins as an embryo, and now the Alabama Supreme Court has upheld the decision of its citizenry that every unborn life should be protected, no matter their stage or location.

—Excerpt from *LifeNews.com*, February 19, 2024



*Can a mother forget her infant,
be without tenderness
for the child of her womb?*

~ Isaiah 49:15 ~

Assisted suicide bills must be defeated in at least 10 US states

By Alex Schadenberg, Executive Director
Euthanasia Prevention Coalition

Assisted suicide bills have currently been introduced in 10 U.S. states including: Florida, Indiana, Iowa, Massachusetts, Michigan, Missouri, New Hampshire, New York, Pennsylvania, Wisconsin. We expect several more states to introduce an assisted suicide bill in 2024.

Some of the assisted suicide bills are being debated in states that are not likely to legalize assisted suicide, while other states are more concerning. All of these bills should be treated seriously.

No new state has legalized assisted suicide in the past two years but the assisted suicide lobby remains relentless.

The key to holding the line on assisted suicide is to stop states from legalizing it. The key to defeating an assisted suicide bill is to call it what it is. The purpose of assisted suicide is to cause death.

The other key to defeating assisted suicide bills is to clearly explain what the assisted suicide bill says. Those who support assisted suicide will vote based on ideology but many legislators will agree that the language of legislation is fundamental.

The assisted suicide lobby will use false terminology and try to sell assisted suicide as a form of healthcare that provide “choice” at the end-of-life. Assisted suicide is not healthcare or aid in dying and it provides death at the end of life.

The assisted suicide lobby claims that there is no slippery slope, yet, in the past few years nearly every assisted suicide law has been expanded by: reducing or eliminating the waiting periods, allowing non-doctors to participate in assisted suicide, allowing assisted suicide approvals by tele-health, expanding the meaning of terminal illness and removing the state residency requirement.

For instance, Amy Paulin who has sponsored the New York assisted suicide bill has said that they need to get the bill passed first and then expand it later.

J.M. Sorrell, Executive Director of Massachusetts Death with Dignity, was quoted on a similar bill as saying,

“Once you get something passed, you can always work on amendments later.”

One of our greatest concerns is that the assisted suicide lobby have forced Oregon and Vermont to remove their residency requirement and now New Jersey is facing similar pressure to permit assisted suicide tourism.

In October 2021, the assisted suicide lobby launched a court case challenging the Oregon assisted suicide residency requirement. Instead of defending the residency requirement, the Oregon government, in March, 2022 agreed to remove the residency requirement.

A February 2023 article by James Reim for the *Daily Mail* reported that Dr. Nicholas Gideonse had opened the first assisted suicide clinic in Oregon to prescribe lethal assisted suicide drugs for death tourists. At least one



person from Texas and an east coast resident has died by assisted suicide in Oregon at that time.

As for Vermont, in August, 2022, the assisted suicide lobby launched a lawsuit challenging Vermont’s assisted suicide residency requirement.

Lisa Rathke reported in March 2023 for the *Associated Press* that Vermont’s attorney general’s office reached an agreement with the assisted suicide lobby and dropped the Vermont assisted suicide residency requirement.

New Jersey is facing similar pressure. In August 2023 the assisted suicide lobby launched a lawsuit to force the state of New Jersey to drop its assisted suicide residency requirement. The lawsuit claims that the New Jersey assisted suicide law is unconstitutional because it denies equal treatment.

If the residency requirement in the New Jersey assisted suicide law is removed, the assisted suicide lobby will establish an assisted suicide clinic in New Jersey to assist the suicides of people in the neighboring states that have not legalized assisted suicide.

The assisted suicide lobby is aware that they will not legalize assisted suicide in every state but by forcing states to permit suicide tourism, assisted suicide will then become available to every American.

The good news is that in April 2023, The United Spinal Association, Not Dead Yet, Institute for Patients’ Rights, Communities Actively Living Independent and Free, Lonnie VanHook, and Ingrid Tischer have launched a lawsuit to strike down the California assisted suicide law with the goal of the case going to the United States Supreme Court to strike down assisted laws throughout the U.S.

The case asserts that the assisted suicide act is a discriminatory scheme, which creates a two-tiered medical system in which people who are suicidal receive radically different treatment responses by their physicians and protections from the State depending on whether the person has what the physician deems to be a “terminal disease”—which, by definition, is a disability under the Americans with Disabilities Act.

—Euthanasia Prevention Coalition, January 8, 2024

God's Mercy is Pro-Life

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I've heard some "pro-choice" people arguing that life starts at first breath, so a fetus couldn't possibly be alive.

If we are debating whether abortion is murder or not, I would bring up water births. Now, in doing research, I discovered that an unborn baby has a reflex for breathing where the infant will only try to breathe when their face touches the air. Despite this, it is still possible for a baby to drown before ever touching air. So, I would ask this fictional pro-abortion person whether it would be a death if a newborn baby's heart stopped beating without the child ever breathing. I would assume this person would agree with me when I say yes, that would absolutely be a death. But even if they didn't, wouldn't it still be an incredibly sad thing? Even if a life wasn't lost, one was still intentionally prevented, which is still heart-breaking. To have someone that could have, should have, been alive never hear his or her parents say, "I love you." To me, that is the perfect example of wasted potential, The Saddest Thing Ever.

It is a thing built into all our bodies and minds to be parents, whether it is a life goal or not. And when someone is for some reason unable to have children, that is often seen as a very sad thing. Again, wasted potential. In his book, *Rocking Chair Prophet*, Matthew Kelly says, "If ever something was worthy of intentionality, it's parenting. There is a dream you hold in your heart for your children. You yearn for your sons and daughters to become the-best-versions-of-themselves. This is the universal parental dream because it is the Divine parental dream." I cannot recommend this book enough, it's written very well, and I think if Matthew Kelly and G.K. Chesterton were in a room together, they'd have a long conversation.

All or nearly all species of animals on earth have two main missions: to find food and water, and to reproduce. Those instincts are built into every puppy, kitten, and goldfish, with good reason. If a creature cannot get enough food or water, it won't survive. If a creature cannot reproduce, the species won't survive or evolve. Humans are no exception to this rule. Although not all of us are called to be parents, it's in our design none the less. So, just like our fellow creatures, the inclination to be parents is written into our psyche. With this in mind, imagine how damaging it would be to take away the fulfillment of that instinct. If that inclination that is woven through our body and soul is denied and taken away, wouldn't it be like sticking a wrench in the spokes of a moving bicycle? Even if we think it's fine or it's ultimately what we want, I think that would be even more harmful. I know for a fact that abortion ends in death and ultimately, a traumatic experience for the mother (whether they realize it or not) because of the existence of Project Rachel. Why would so many women and men look for post-abortion help if there wasn't a problem?

As a closing remark, I'd like to thank God for all the potential that wasn't wasted. For the children who survived a mother and/or a father considering abortion. For the many people whose biological parents chose to not waste potential and put them up for adoption. And I'd like to quote one man whose name I do not know, all I know is he's a priest who gave a lovely homily in Washington, D.C. on the day of the March for Life. I'll be honest, I don't remember the bulk of what he said, but I do remember the last words of his talk were, "God's mercy is pro-life." ♦



Every Life Matters (ELM)

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1351 Logan Ave., Tyrone, PA 16686

814-650-7899

TheELMPSS@gmail.com

www.elmcenters.org

Yellow Umbrella Walk

April 13 - 10:00 a.m.-1:00 p.m.

Calvary Tyrone

1062 Pennsylvania Ave., Tyrone

Lunch will be served. Ticket-in is a gift card to Amazon or Walmart in any amount.



Car Show

May 11 - 11:00 a.m.-3:00 p.m.

West 10th St., Tyrone

Registration is \$15.00

To register your vehicle/more info: 814-650-7899

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B & D Acres, Tyrone

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212 Frankstown Rd., Altoona

814-201-2147; website: crossroadspcs.org

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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



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Abortion Was the Leading Cause of Death Worldwide in 2023, Killing 73 Million People

By Steven Ertelt

More human beings died in abortions than any other cause of death in 2023.

A heartbreaking reminder about the prevalence of abortion, statistics compiled by Worldometers indicate that there were over 73 million abortions world-wide in 2023. The independent site collects data from governments and other organizations and then reports the data, along with estimates and projections, based on those numbers.

Worldometers bases its daily abortion figures on a fact sheet from the World Health Organization, which estimates an even higher figure for abortions per year than Worldometers. "Around 73 million induced abortions take place worldwide each year," the WHO says.



Abortion is also the leading cause of death in the United States.

"In the USA, where nearly 30% of pregnancies are unintended and 40% of these are terminated by abortion, there are between 1,500 to 2,500 abortions per day. Nearly 20% of all pregnancies in the USA (excluding miscarriages) end in abortion. Guttmacher Institute reports 930,160 abortions performed in 2020 in the United States, with a rate of 14.4 per 1,000 women," Worldometers reports.

When contrasting the abortion numbers to other causes of death, including cancer, HIV / AIDS, traffic accidents and suicide, abortions far outnumbered every other cause. By contrast, an estimated 10 million people died from cancer in 2023, 6.2 million from smoking, 17 million from disease, and 2 million died of HIV / AIDS. Deaths by malaria and alcohol are also recorded.

With 67.1 million people dying last year from a cause other than abortion and 140 million people dying in total from abortion and all causes, that means abortions accounted for almost 52% of every death around the world last year.

Unborn babies are not recognized as human beings even though biology indicates that they are unique, living human beings from the moment of conception and they die brutal, violent deaths in abortions.

The abortion number is incomprehensible, but each of those 73 million abortions worldwide in 2023 represents a living human being whose life was violently destroyed in their mother's womb. Each unborn baby already had their own unique DNA, making them distinct from their mother. That DNA indicated if the child was a boy or girl, their eye and hair color, their height, possible genetic disorders and other disabilities, and much more. In most cases, the unborn babies' hearts are beating when they are aborted, too.

In America, just under 1 million babies are aborted every year. Though abortion rates have been dropping in the past decade, abortion remains the leading cause of death in the United States as well.

An estimated 65 million unborn babies have been killed in abortions in the U.S. since *Roe v. Wade* in 1973. In January, pro-life advocates will gather for the annual March for Life in Washington, D.C. to remember the anniversary of that infamous decision and call for restored protections for the unborn.

—LifeNews.com, January 2, 2024