

**IN THE SUPREME COURT OF PENNSYLVANIA
MIDDLE DISTRICT**

No. 26 MAP 2021

ALLEGHENY REPRODUCTIVE HEALTH CENTER, et al.,

Appellants,

V.

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, et al.

Appellees,

**Brief of Amici Curiae Guiding Star Ministries In Support of
Appellees and Urging Affirmation of the Commonwealth Court's Orders**

On Appeal From the Orders of the Commonwealth Court at 26 MD 2019
Entered on January 28, 2020 and March 26, 2021

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STATEMENT OF THE INTEREST OF THE *AMICI**

Guiding Star Ministries is a home for single pregnant women and their children located in Northwest Philadelphia, PA. This dwelling is situated in a former convent, staffed by persons dedicated to helping others in great need. The assistance provided by Guiding Star occurs at a precarious time in the lives of pregnant women. Prior to coming to Guiding Star, some pregnant women are often encouraged to terminate their pregnancies. They are offered the physical and financial means to accomplish this life ending procedure. Before coming to Guiding Star, low income pregnant women are also advised to consider their futures and told that their current children must be the mother's top priority. These third parties also counsel low income pregnant women that their difficulties will be solved by ending their pregnancies. However, the abortions advocated for poor women offer no real hope and sorrowfully make a difficult situation worse.

In contrast, Guiding Star Ministries is a beacon of hope and affirmation to women in need by offering real hope and help to these women with both shelter and other assistance. The staff at Guiding Star creates a welcoming community by fostering an atmosphere in which each person is loved and supported, allowing the client to thrive at Guiding Star and beyond.

Guiding Star is a beacon of hope in many other ways. Its goal and vision is to help residents become independent while developing discipline, responsibility and confidence as productive members of society. Six or seven mothers and their children are housed at Guiding Star at any given time. The residents are provided up to eighteen months of care and support. During their stay, mothers also pursue employment and education.

The aim of Guiding Star is to enable stability and encourage success. Accomplishing these goals involves providing practical and material assistance as well as spiritual and emotional

support. Mothers and their children are empowered to cultivate meaningful relationships, develop life skills and achieve goals. Through counseling and group meetings, residents learn to achieve independence.

Since its foundation in 1992, Guiding Star Ministries has developed an ideal program for truly helping low income women with difficult financial and emotional needs. The residents of Guiding Star are given tangible life skills to help them make a better life for themselves and their children. In contrast to the services offered by appellants, leaving poor women feeling cheap and worthless, the services offered by Guiding Star provide real hope to its residents, together with a clear recognition of love and support.

* No person or entity other than the *amici curiae*, their members or counsel paid for the preparation of the *amicus curiae* brief in whole or in part or authored the *amicus* brief in whole or in part.

SUMMARY OF ARGUMENT

A. Appellants' contentions that low income women in Pennsylvania are deprived of abortion services for financial reasons has not been established by appellants. On the contrary, if a low income woman is persuaded to undergo abortion, there are private resources made available to her in Pennsylvania to obtain abortion services at appellants' abortion centers in Pennsylvania. Using this unsubstantiated contention to persuade this Honorable Court to reverse its decision in Fischer v. Pennsylvania Department of Public Welfare, 509 PA 293, 502 A.2d 114 (1985) should be rejected.

B. Appellant's contentions that developments in Pennsylvania law since this Honorable Court's decision in Fischer call for a reversal of Fischer should also be rejected. There is no persuasive authority to support this contention. There are however, extremely pertinent developments in the field of biological sciences since the 1985 Fischer decision providing ample reason to also reject appellants' contention that Fischer should be set aside.

C. Appellants' inference that poor women of color are better off obtaining free abortions under the Pennsylvania Medicaid program is false. This contention ignores the suffering and emotional deprivations felt by low income women as a result of abortions that low income women do not need, are not helpful and were never wanted to begin with. Using this analysis to call for a reversal of Fischer is contrary to reason.

ARGUMENT

A. **Appellants' contentions that low income women in Pennsylvania are deprived of abortion services for financial reasons has not been substantiated.**

The gist of appellants' argument is set forth in the first paragraph of appellants' **Petition for Review in the Nature of a Complaint Seeking Declaratory Judgment and Injunctive Relief** (hereinafter "petition"). This is what appellants' contend in their introductory statement:

For more than three decades low income women in Pennsylvania who choose to terminate their pregnancy and who would otherwise have their medical care covered by medical assistance have been **forced to choose**: continue their pregnancy to term against their will or use money that they would have used for shelter, food clothing or childcare to pay for the procedure. This is exactly the choice--between health care basic essentials that Medicaid was created to avoid. Yet low income women in Pennsylvania and women alone, **routinely** face this choice. (*Petition at p.1, 114a.*) (emphasis supplied).

At ¶ 35 of their petition, appellant's further contend that: "Due to the Pennsylvania coverage ban, the vast majority of petitioner's medical assistance eligible patients who need abortions cannot use their insurance to cover the procedure. As a result, petitioner's low-income patients face **substantial difficulty** amassing the funds necessary to obtain the procedure. (*Petition at p.10, 123a.*) (emphasis supplied).

At ¶ 56 appellants' aver that in 2016, 30,881 abortions were performed in Pennsylvania and that petitioners perform 95% of these procedures. In the following paragraph, petitioners claim that of all the women seeking abortions at their facilities, between 47% and 50% of the patients (with the exception of Berger and Benjamin) are on medical assistance. Berger and Benjamin claims that 60% of its patients are on medical assistance. (*Petition at p.16, 129a.*) Berger and Benjamin, however, is now closed.

At ¶¶ 62-64 of their petition, appellants concede that low income women who contemplate having abortions in Pennsylvania have available to them “private charitable sources to help pay for their procedure.” Appellants, however, contend that obtaining this source of funding is time-consuming, not always available and that the entire bill for the procedure is not always paid through private funding. This, petitioners contend, results in “**insurmountable**” obstacles to obtaining an abortion and that “**national studies** show that roughly 25% of women on Medicaid who seek abortion in a state with a coverage been are forced to continue their pregnancies against their will because they can't acquire the funds to pay for the procedure.” (*Petition at p.18-19, 131-132a.*) (emphasis supplied). Petitioners, however, ignore the fact that national studies are irrelevant to what occurs in the Commonwealth of Pennsylvania. Indeed, there is no direct evidence provided by appellants suggesting that any particular person in Pennsylvania was ever “forced” to forgo an abortion because funds were not available for the procedure. Thus, appellants argument here are purely speculative. As will be described below, there are several entities which have raised millions of dollars to underwrite abortions for low income women who are encouraged to seek abortions in Pennsylvania.

Prior to outlining the various sources of private funding to underwrite abortions for medical assistance patients, some important facts are worth noting. First, based on petitioners’ allegations, 30,681 abortions were performed in Pennsylvania in 2016. This number is not disputed and represents the approximate number of abortions performed in Pennsylvania each year following 2016. Petitioners state that of these abortions, approximately 95% of those abortions are performed at their abortion centers. Petitioners further contend that approximately one-half of the individuals encouraged to seek abortions at their centers receive state-funded

medical assistance.

At ¶ 59 petitioners claim that “poor women in Pennsylvania “ who seek abortions in Pennsylvania are **forced** to “choose between continuing their pregnancy to term against their will and using money that they would have otherwise used for daily necessities, such as shelter, food, clothing, or childcare, to pay for the procedure.” (*Petition at p. 17, 130a.*). (emphasis supplied).

Petitioners, however, fail to identify how many mothers on medical assistance are **actually faced** with this choice. Indeed, as noted by the Women's Medical Fund: "[I]t is unknown how many people are forced to carry pregnancies to term because they are unable to afford the procedure."¹ The Women's Medical Fund is an organization that raises private money to fund abortions sought by poor women in Pennsylvania. Its fund raising efforts are more fully described below.

Petitioners also fail to address the fact that the father of the unborn child is often willing to pay for the pregnant mother’s abortion so as to avoid any financial responsibility as the father of the unborn child. Indeed, this willingness to pay for the abortion is used as an incentive to coerce an unwilling poor pregnant woman to have the contemplated abortion. Often, tragically, if an unwilling pregnant women rejects a demand to undergo an abortion, despite having it paid for by the father, the father becomes enraged and threatens the pregnant mother with violence, and, in some cases, will assault and even kill the mother for refusing to undergo an abortion.²

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<https://static1.squarespace.com/static/5d7c2db44264810cc19cdfbf/t/6112eefb9cbe52318da92652/1628630780154/2019+Needs+Assessment+.pdf>

² The highest cause of death of pregnant women is homicide. These homicides include cases where a pregnant woman is murdered because she refused to undergo an abortion

Sadly, petitioners ignore the reality that having the government pay for Medicaid abortions will result in even more coercion from the father to abort since abortions will now be totally free.

There are several private groups specifically formed to gather and disburse funds to underwrite abortions for women in Pennsylvania. The largest of these groups in Pennsylvania is Women's Medical Fund (hereinafter "Fund"), soon to be known as the **Abortion Liberation Fund of Pennsylvania**. womensmedicalfund.org.

The website for the Fund speaks for itself and the following information is quoted directly from the Fund's website.

We provide emergency financial support to people who live in the following PA counties: Philadelphia, Bucks, Chester, Delaware, Montgomery, Berks, Lehigh, Luzerne, York, and Dauphin OR who live elsewhere and are having an abortion in one of those counties. If you live in other areas we can occasionally provide assistance. <https://www.womensmedicalfund.org/get-abortion-support>

As far as petitioners' contention that obtaining financial assistance from private sources is time-consuming, the Fund's website portrays a different picture. Indeed, obtaining financial assistance appears to be quite easy since there are only two steps that an applicant needs to follow in order to receive funding:

1. Schedule an appointment for your abortion, even if you are unsure how you will pay for it.
2. Call the WMF Help Line - 215-564-6622 / ¿Usted habla Español? Por favor llame a WMF - 215-564-6622

When you call you will be prompted to leave a message with the following information. We will reach back out to you within 24 or 48 hours
After we make a pledge to your appointment, you are all set!

demanded by the father or someone else. See sampling of these murders found at <https://www.lifenews.com/2021/11/19/homicide-is-the-number-one-cause-of-death-for-pregnant-women-including-many-women-who-refuse-abortions>

<https://www.womensmedicalfund.org/get-abortion-support>.

The Fund also reports that in the most recent year, 3,758 individuals received “counseling, information, support and referrals” and that 3,263 individuals “used our financial support to follow through on their decision to have an abortion.”

<https://www.womensmedicalfund.org/impact>. In 2017, more than \$1,000,000 in revenue was raised. <https://www.womensmedicalfund.org/history>. In its November, 2021 newsletter, the fund states that “. . . we were able to increase our annual abortion funding from \$510K to approximately \$667K.³

The Women’s Medical Fund appears to be highly motivated to raise whatever money it can to pay for abortions in the state of Pennsylvania and the counties it serves. Indeed, the current director of the Fund believes that terminating pregnancies of poor women constitutes an act of love.

No one abortion is the same as another, just like the rest of our lives. But whether an abortion is coupled with grief and loss, anger and resentment, or self determination, freedom, and liberation-- all of them are acts of love for ourselves. . . . Paying for someone’s abortion is love too, it’s community care. When you know that abortion isn’t a bad thing, that it’s not something that happens to people that did something wrong, that even in it’s most tragic forms, it’s still an act of caring for yourself and those you love, you become free to love that for yourself, the people you care about. Abortion is love.

The November, 2021 newsletter also states:

Last year we announced that we were gleefully expanding our service area to 5 other surrounding counties (and 6 new clinics) where people have historically

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<https://static1.squarespace.com/static/5d7c2db44264810cc19cdfbf/t/618c025ace2228012e978838/1636565602531/Fall+2021+Newsletter+%284%29.pdf>.

lacked access to abortion funding. Immediately, we saw an increase in callers from rural and suburban areas where clinics are sparse and the pandemic has taken its toll on families who were barely getting by.

(Link to newsletter is found at footnote number 3 above)

According to the **National Network Of Abortion Funds** there are four additional organizations that provide financial resources to pay for abortions in Pennsylvania. These groups include the **Western Pennsylvania Fund for Choice, Indigenous Women Rising, National Abortion Federation** and the **Women's Reproductive Rights Association Project**.
abortionfund.org.

According to its website, the Western Pennsylvania Fund for Choice works closely with petitioner, Allegheny Reproductive Health Center located in Pittsburgh, PA. The Western Pennsylvania Fund for Choice promises to:

“ . . . insure that money is not a barrier to accessing abortion care. Abortion is essential reproductive healthcare and there are an ever-increasing number of barriers to women and people seeking safe, compassionate abortion care in the Western PA region. Donate now to Western PA Fund for Choice to help clients pay for their abortion services, their transportation, and other costs associated with accessing abortion services in our region, where barriers to abortion care are increasingly difficult to navigate.

Western PA Fund for Choice supports patients of Allegheny Reproductive Health Center (ARHC) in Pittsburgh, PA, which provides abortion care to patients from all over the region, including Central and Western Pennsylvania, Ohio, and West Virginia. <https://www.wpafundforchoice.org/>

In summary, the above information clearly contradicts petitioners' unsubstantiated claim that low income women have been **“forced”** to choose between taking an unwanted pregnancy to term or putting food on the table and that low income poor women face **“insurmountable”** obstacles and substantial difficulty finding funds necessary to obtain abortion procedures at petitioners' numerous abortion centers in Pennsylvania.

B. Appellant's contentions that recent developments in Pennsylvania law since this Court's decision in Fischer calls for a reversal of Fischer has no merit.

At ¶ 2 of petitioners' Petition for Review, petitioners contend that this Hon. Court's 1985 decision in Fischer v. Department of Public Welfare “. . . was incorrectly reasoned at the time, goes against recent developments in Pennsylvania law with respect to independent interpretations of our state constitution, and is contrary to a modern understanding of the ways in which the denial of women's reproductive autonomy is a form of sex discrimination that perpetrates invidious gender and racial stereotypes." (*Petition at p.2 115a*). Thus, petitioners want this court to cancel its 1985 decision in Fischer and compel the Commonwealth of Pennsylvania to pay for all sought after abortions under the medical assistance program in PA. Of course, this represents a demand that this court ignore its proper role of interpreting the laws and statutes of Pennsylvania and choose instead to legislate from the bench.

Petitioners statement that the 1985 decision in Fischer somehow denied “women's reproductive autonomy” is a blatant misstatement. Plaintiffs in Fischer sought to compel the Commonwealth of Pennsylvania to pay for any abortion permitted in Pennsylvania under the state medical assistance plan. This court refused to do so. Somehow, petitioners equate this result with a denial of reproductive autonomy. This contention is absurd, irrational and false.

As to whether the Fischer “goes against” recent developments in Pennsylvania law, the undersigned defers to appellees' briefs and the briefs of the other *Amici* writing in support of appellees. There are, however, “developments” since 1985 that are very relevant to this matter, although not concerning developments in the law. Such developments are the incredible advancements in the biological sciences leaving no doubt regarding the humanity of the unborn

child, a pre-born human person that petitioners want Pennsylvania taxpayers to pay to have killed.

The humanity of the pre-born embryo and/or fetus was well established in the scientific community before Fischer was decided in 1985. Indeed, one scientific authority after the other has consistently established the existence of a new human being at the earliest moment of pregnancy.⁴ The most amazing developments relating to pre-natal life are advances in sonography, and, in particular the 3D and 4D ultrasounds that demonstrate a very active life prior to birth. This life before birth was carefully described in a recent article published in the *Wall Street Journal* on October 28, 2021 entitled “The Obsolete Science Behind Roe v. Wade,” by Dr. Grazie Pozo Christie. Dr. Christie, a diagnostic radiologist describes for her readers what Dr. Christie now sees in helping the youngest of her patients:

Nestled within their mothers, these fetuses on average are 6.4 inches long and weigh 4.1 ounces. They have the proportions of a newborn — seemingly all head and rounded belly. The major organs are formed and functioning, and although the child receives nutrients and oxygen through the mother’s umbilical cord, the fetal digestive, urinary and

⁴ Development of the embryo begins at Stage 1 when a sperm fertilizes an oocyte and together they form a zygote. England, Marjorie A. *Life Before Birth*. 2nd ed. England: Mosby-Wolfe, 1996, p.31. Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception). “Fertilization is a sequence of events that begins with the contact of a sperm (spermatozoon) with a secondary oocyte (ovum) and ends with the fusion of their pronuclei (the haploid nuclei of the sperm and ovum) and the mingling of their chromosomes to form a new cell. This fertilized ovum, known as a zygote, is a large diploid cell that is the beginning, or primordium, of a human being.” Moore, Keith L. *Essentials of Human Embryology*. Toronto: B.C. Decker Inc, 1988, p.2. “I would say that among most scientists, the word 'embryo' includes the time from after fertilization...” Dr. John Eppig, Senior Staff Scientist, Jackson Laboratory (Bar Harbor, Maine) and Member of the NIH Human Embryo Research Panel -- Panel Transcript, February 2, 1994, p. 31

respiratory systems are practicing for life outside the womb. The sex of the child is easy to discern by this point. The baby swallows and even breathes, filling the lungs with amniotic fluid and expelling it. The heart is fully formed, its four chambers working hard, with the delicate valves opening and closing.

A healthy baby at 15 weeks is an active baby. Unless the child is asleep, kicking and arm-waving are commonly seen during ultrasound evaluations. The fetal spine is a marvel of intricacy, and it is most often gently curved as the fetus rests against the mother's uterine wall. Often, I watch as babies plant their feet against the uterine wall and stretch vigorously. Sometimes a delicate hand — with all five fingers — approaches the face and appears to scratch an itch. Fingernails aren't visible, but they are present. We can see how the bones of the leg meet the tiny ankles and the many-boned feet.

At 15 weeks, the brain's frontal lobes, ventricles, and thalamus fill the oval-shaped skull. The baby's profile is endearing in its petite perfection: gently sloping nose, distinct upper and lower lips, eyes that open and close. With the advent of 3D ultrasound, we can now see the fetal face in all its detail.

These are the patients I encounter daily in my work as a radiologist. Clearly human, clearly alive, no longer mysteriously hidden from the eyes and knowledge of man, they ask us to consider them not disposable nonhumans but valuable members of our human family. **Grazie Pozo Christie, M.D.**, *The Obsolete Science Behind Roe v. Wade*, Wall Street Journal, Opinion / Commentary, 10/28/2021.

The recent survival of a baby, Curtis Means, born at 21 weeks and weighing only 420 grams at birth drives home the point that Dr. Christie so decisively made. Curtis Means is now 16 months old and progressing well according to publications concerning this amazing development.

Curtis Means, born about the size of a soccer ball, is now officially the world's most premature baby ever to survive. "Guinness World Records and UAB Hospital announced Wednesday that Curtis Means, who weighed only 14.8 ounces (420 grams) at birth, set the new record," the Associated Press reported. "Born 132 days premature on July 5, 2020 with a twin who didn't survive, Curtis is now healthy and 16 months old."

It was a long journey—275 days—before a small army at the Regional Neonatal Intensive Care Unit determined that Curtis—or "Poodie," as his family calls him—was able to go home on April 6, 2021

Dr. Colm Travers is Assistant professor within UAB's Division of Neonatology and co-director of the hospital's Golden Week Program for extremely preterm infants. He said "When he was going home, the feeling we had was of being privileged to have been able to take care of him and his mum. It's such a privilege taking care of these tiny people."⁵

In summary, there may be some poor women, encouraged by others to terminate their pregnancies, who choose to do so. It may also be true that there are cases in which the cost of the abortion is not readily available to the mother. However, the greatly exaggerated contentions of petitioners who describe insurmountable burdens without providing any non-hearsay direct evidence of a single case where a low income woman was forced to choose between putting food on the table and having an abortion are not to be believed.

In their claims of insurmountable burdens faced by poor women, petitioners never utter a single word directed towards the humanity of the unborn child. Why? Half of these unborn children that die every day in petitioners' centers are girls. Who is concerned about these girls? Do these babies deserve to be wiped out at taxpayer's expense based on petitioners' exaggerated claims of hardship? Why is there no mention of groups like Guiding Star Ministries and many other similar organizations located in Pennsylvania offering real hope to poor women in difficult predicaments? Why should the Commonwealth of Pennsylvania pay to have these defenseless unborn lives destroyed when ample assistance is available to help, support and protect these mothers and their children?

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<https://www.lifenews.com/2021/11/12/born-at-21-weeks-and-1-day-curtis-is-the-most-premature-baby-ever-to-survive/>

C. Appellants' inference that poor women of color are better off with having access to free abortions under the Pennsylvania Medicaid program is without factual merit.

Appellants' petition creates the impression that the only reasonable alternative for pregnant poor women is abortion. Implicit within this message is the obvious conclusion that abortion for pregnant poor women will solve all difficulties and daily obstacles. Why is this so? First, there is no mention in the petition regarding the humanity of the unborn child. Second, there is no mention of the many institutions **that will help** pregnant low income women in a crisis pregnancy, places where hope is offered instead of death.

Free abortions will never solve difficulties in the lives of pregnant poor women. Often, the abortion makes matters worse as many later regret the abortion they never wanted. Fortunately, there are ministries and organizations available to help the many thousands of women that deeply regret their abortion and the corresponding physical and mental health issues that often arise from these unwanted procedures. Among the organizations that provide this help are *Rachel's Vineyard* and *Silent No More*.⁶

A perusal of the web sites of these organizations clearly establish that many women are deeply hurt by their prior abortion and that many of these women never wanted the abortion to begin with, but, felt there was no other choice.

Section 3202 (c) of the Pa Abortion Control Act provides as follows:

(c) Construction.--In every relevant civil or criminal proceeding in which it is possible to do so without violating the Federal Constitution, the common and statutory law of Pennsylvania shall be construed so as to extend to the unborn the equal protection of the laws and to further the public policy of this Commonwealth encouraging childbirth over abortion. 18 Pa. C. S. A. § 3202 (c)

⁶ <https://www.rachelsvineyard.org/> and <https://www.silentnomoreawareness.org/>

There is good reason for the above provision. Abortion leaves the mother with a decision that cannot be undone and which may lead to both physical and mental health complications. Encouraging childbirth over abortion also prevents a living human being from suffering a violent death.

The most comprehensive data available analyzing numerous statistics and studies concerning the mental and physical outcomes of abortion can be found at afterabortion.org, an organization under the auspices of the *Elliot Institute*.

David C. Reardon, Ph.D., director of the Elliot Institute, is widely recognized as one of the leading experts on the aftereffects of pregnancy loss on women. He is the author of numerous books and popular and scholarly articles on this topic, including the most comprehensive summary of the medical literature on abortion and mental health. He has been a noted advocate of healing programs for women, men, and families who have lost children to abortion, miscarriage, or neonatal death. His studies have been published in such prestigious medical journals as the *British Medical Journal* and the *American Journal of Obstetrics and Gynecology*, and have proven that, compared to childbirth, abortion and miscarriage are associated with higher rates of maternal death, psychiatric hospitalization, subsequent substance abuse, clinical depression, and numerous other complications. Articles about Dr. Reardon and his work have appeared in numerous magazines and newspapers, including *Newsweek* and the *New York Times*.

The emphasis of his work has been on promoting a “pro-woman / pro-life” approach to the abortion issue which emphasizes efforts to prevent coerced and unsafe abortions and efforts to create a more healing environment for women, men and families hurting because of a past abortion. <https://afterabortion.org/david-c-reardon-biographical-sketch/>

Dr. Reardon's website provides detailed information concerning the numerous potential adverse physical consequences of abortion. These include elevated risk of death, cervical ovarian and liver cancer, placenta previa, subsequent preterm deliveries and other complications of labor such as handicapped newborns and later pregnancies, ectopic pregnancy, pelvic inflammatory disease, endometriosis and cervical lacerations. Abortion is also significantly linked to behavioral changes in women such as smoking, drug abuse, and eating disorders which all

contribute to increased risks of health problems. For example, a history of abortion is linked to increased rates of PID and ectopic pregnancies.⁷

As to mental health risks associated with abortion:

It is unclear when, if ever, abortion is the sole cause of mental health problems. But there is no doubt that abortion contributes to mental health problems. At the very least, it can trigger, complicate or worsen pre-existing psychological problems.

Abortion is statistically linked to elevated risks of suicide attempts and completed suicide, sleep disorders, addiction or misuse of drugs and/or alcohol, bi-polar disorder, depression, anxiety, posttraumatic stress disorder, anger or rage, difficulties parenting, increased risk of premature death, and other emotional or mental health issues.⁸

Dr. Reardon is also the author of a publication that examined whether psychiatric treatment required for patients following abortion varied between low income women that had abortions and low-income women that did not have abortions and the findings established that low-income women that underwent abortions required psychiatric treatment at higher levels than poor women that did not abort. **Reardon, D. C. et al.** *Psychiatric admissions of low-income women following abortion and childbirth.* Canadian Medical Association Journal, 168, 1253–1256 (2003).

Petitioners rationale for wanting the taxpayer to fund abortions sought by poor women includes a clear assumption that the abortion would improve the lives of low income women. Those that have honestly studied whether this is true or not have found otherwise.

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<https://afterabortion.org/abortion-risks-abortion-complications-abortion-dangers-abortion-side-effects/>

⁸ <https://afterabortion.org/abortions-mental-health-risks/>

CONCLUSION

Petitioners' contention that changes in Pennsylvania law, and, how Pennsylvania law is now understood, requires reversal of Fischer is without foundation. Fischer has stood the test of time and was largely based on Harris v. McRae, 448 U. S. 297, 100 S. Ct. 2671, 66 L. Ed. 2nd 784 (1980).

If petitioners' contentions were accurate, petitioners could have filed their petition years ago. They declined to do so. Rather, petitioners waited until they believed that the justices of this court, because of political affiliation, would ignore the letter of the law and vote by ideology alone. Consequently, this case was filed under a pretense, a false masquerade of words. Guiding Star Ministries, however, is confident that the justices of this Court will reject petitioners' ploy and will honor their oath by analyzing and interpreting Pennsylvania law as written, rather than legislating from the bench as urged by petitioners and by those persons executing the declarations attached to petitioners' petition for review.

Unlike those cited by petitioners, one pertinent development that has occurred since 1985 is the scientific acceptance that the unborn child is a living, breathing, heart beating human being. The various references cited above leave no doubt regarding the humanity of the unborn child. Yet, petitioners are still in the business of killing these human beings as long as the mother signs on the dotted line. Of course, petitioners never address this aspect of the case even though they know that it's an unborn child whose life they are terminating during an abortion and tossing into a medical waste bucket when done.

Petitioners know that half of the babies eliminated by petitioners are girls. Do petitioners really care about the low income women they claim to serve? Do they ever discuss with their

patients the complications, including serious mental health problems, following many abortions. Incredibly, the Women's Medical Fund proclaims that what petitioners do for a living is a form of love. Perhaps this is why petitioners want all Pennsylvanians to pay for the elimination of human life. This way we can all share in the love. However, it is difficult to understand the love for an unborn child, transported into petitioners' abortion centers with a beating heart, brain activity and bodily motions and then torn limb-from-limb.

Guiding Star Ministries supports low income women of all colors. Guiding Star understands the difficulties that these women encounter when faced with a pregnancy they were unprepared for. Guiding Star knows that abortion will not solve their problems, it will only make matters worse. Forcing, the state to pay for these procedures will encourage more of these procedures, as some of the fathers involved will now tout that the abortion they encourage their partner to undergo is free.

In conclusion, Guiding Star Ministries prays this Hon. Court to reject petitioners' exaggerated and false rationale for disregarding a perfectly valid and sensible decision entered by this court in Fischer. For the sake of all persons involved in abortion, Guiding Star Ministries respectfully prays this Honorable Court to reject petitioners' false claims of love and choose instead to protect human life in every possible way.

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE WITH WORD LIMIT

I certify pursuant to Pa. R. A. P. 531 that this brief does not exceed 7000 words.

CERTIFICATE OF COMPLIANCE WITH PUBLIC ACCESS POLICY

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

CERTIFICATE OF SERVICE

I hereby certify that the foregoing document was served upon the parties via Pac file

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