The Voice of Women in Defense of Unborn Babies
and in Opposition to Abortion-tainted Vaccines

Abortion is the modern-day Massacre of the Innocents. We, as women, wish our feminine cry to be heard round the world. This declaration comes from the depth of our maternal hearts, which are devoted to defending the cause of life and combatting the culture of death. We therefore wholeheartedly affirm: “We will not be complicit in the modern-day Massacre of the Holy Innocents and we therefore refuse to accept any and all vaccines made using cells derived from aborted human fetuses.”

Abortion: the source of fetal tissue

Let us confront honestly the reality of abortion. About one in five pregnancies worldwide ends in abortion; this is an estimated 40-50 million abortions per year. Since the abortion business began in earnest, as many as 2.5 billion unborn babies have been slain in the wombs of their mothers. Just for a moment, let us ponder that figure, and try to fathom this fathomless abyss.

The twentieth century’s exceptionally barbaric cruelty, with its two deadly world wars and even deadlier ideologies, does not even approach the immense magnitude of this worldwide massacre of the most helpless of all human beings. How could we not keep this fact firmly in mind as we thoughtfully deliberate as to the morality of vaccines made from cells derived from aborted human fetuses?

This genocide of the unborn is unthinkable in its magnitude, but it is equally unconscionable in its heinous brutality: the manner of their murder is barbaric beyond belief. Let us place before our mind’s eye a few of the preferred surgical abortion methods.2 Let us picture an unborn baby boy at nine weeks after conception: he can turn somersaults, frown, and swallow. To abort this unborn boy, a hollow tube with a knife-edged tip is inserted into his mother’s womb and is connected to a powerful vacuum, which tears him into small pieces that are sucked into a bottle and discarded.

Now let us picture an unborn girl at the end of the third month in her mother’s womb: she can and does sometimes cry silently, and she can feel pain. To abort this unborn girl, a pair of forceps is inserted into her mother’s womb to grasp and twist off her bones, until her body is totally dismembered, her spine most likely snapped, and her skull crushed as she is torn from her mother’s body.

Finally, let us picture an unborn boy at 20 weeks: he can recognize his mother’s voice. To abort him, the doctor inserts a long needle into the mother’s abdomen and injects a strong salt solution which he swallows; the corrosive poison burns him inside and out. Within a day, his mother will actually give birth to her dead or dying baby. Many such babies have been born alive, then left unattended to die. This is a death more cruel than that of the children sacrificed in Gehenna, the valley near Jerusalem where the ancient Israelites once sacrificed their own children, burning them alive in the hands of the Canaanite idol Moloch. The fires of infanticide consumed them more rapidly than today’s tiny victims. It is icy cold in Moloch’s hands today: the little boy shivers until he is silent and still, lying in a pool of blood that quickly chills. Once swaddled warmly in the womb, he now lies lifeless in a sterile room, naked from head to toe, with no one to mourn or weep for him.3

The “fruit” of fetal tissue research

As if the sheer number and brutality of these abortions were not enough, aborted baby body parts are now being harvested4 for the purpose of medical research in a kind of modern-day feticidal horror story. Abortionists have admitted to amending surgical procedures5 so as to ensure that some body parts are left intact and usable by researchers. Picture the same little boy, not burned by saline, but delivered alive to a horror on par with the human sacrifice of the Aztecs, who ripped out the hearts of the vanquished while they lay panting on the sacrificial altars. After being delivered, perhaps by Caesarian section,6 the baby boy feels excruciating pain when the abortionist very quickly cuts out his kidney — with no anesthesia — so that his organ can be shipped overnight to keep it fresh for the complicit researcher.7 Knowing this, how

---

1 Thomas D. Williams, PhD, “Global Abortions Surpass 1.1 Million in First Ten Days of New Year”, Breitbart, Jan 10, 2021.
2 “All the Facts You Ever Need to Know about Abortion Methods”, LifeSiteNews.com.
6 Ibid.
can we willingly benefit from their sacrifice by using a vaccine which used these aborted babies’ bodies at any point in the process of production, no matter how long ago?

Yet, some will claim that this evil lies behind us, in decades past, while others argue that using an abortion-tainted vaccine is morally licit because the cooperation in evil is “remote.” But do these positions reflect the true breadth and gravity of the situation? The evil of using aborted fetal cell lines involves not just the original murder, but the ongoing commercialization of the child’s body, as well as the ultimate refusal to bury his desecrated remains. Moreover, the use of aborted fetal tissue in developing medical interventions most certainly does, and always will, fuel the search for new aborted fetal tissue. Fetal cell lines simply do not last indefinitely, and vaccine manufacturers have a strong incentive to create new lines to match the old ones — choosing to experiment with aborted babies of the same sex and roughly the same age. This has occurred multiple times in past decades, with the most recent aborted fetal cell line developed in 2015. Moreover, due to the notable lack of outcry about the cell lines, biomedical research with aborted children has expanded in recent decades to include collecting and trafficking the bodies of murdered unborn babies for use in research that would normally be considered unethical to perform on a human being. Moloch is never satisfied.

All these evils are only perpetuated and promoted by passive acceptance of a morally tainted vaccine on a “temporary basis.” Let us reflect on the fact that the MMR vaccine, which was developed in 1971 and is marketed by Merck, has been urged as a moral duty because of its potential to reduce congenital rubella syndrome (which it fails to do). The MMR contains a morally compromised rubella component which required nearly 100 separate abortions to develop, and despite the statements from our prelates that Catholics who use the vaccine must object to its use in other ways, it is still in use after 50 years. Neither the voices of the shepherds nor the faithful have drowned out the tacit approval required nearly 100 separate abortions.

This evil of using aborted fetal cell lines involves not only moral but is an actual act of charity to one’s neighbor in light of the gravity of the pandemic. We humbly suggest that such statements, including some official ones issued by bishops and even the Vatican, are based on an incomplete assessment of the science of vaccination and immunity, and beg such proponents to reevaluate their statements in light of the following facts:

1. The vaccine candidates that are reported to use aborted fetal cells “only during testing” made use of the HEK-293 [Human Embryonic Kidney-293] cells as an integral part of the development of their mRNA candidate and used them again to confirm the efficacy of the mRNA, sometimes through more than one type of confirmatory test.

The Covid-19 vaccines and fetal tissue

Let us now consider the present case of the COVID-19 vaccines, many of which utilize aborted fetal cell lines, either directly during the manufacturing process or indirectly through testing. There are those who argue that such use is not only moral but is an actual act of charity to one’s neighbor in light of the gravity of the pandemic. We humbly suggest that such statements, including some official ones issued by bishops and even the Vatican, are based on an incomplete assessment of the science of vaccination and immunity, and beg such proponents to reevaluate their statements in light of the following facts:

We humbly suggest that such statements, including some official ones issued by bishops and even the Vatican, are based on an incomplete assessment of the science of vaccination and immunity, and beg such proponents to reevaluate their statements in light of the following facts:

1. The vaccine candidates that are reported to use aborted fetal cells “only during testing” made use of the HEK-293 [Human Embryonic Kidney-293] cells as an integral part of the development of their mRNA candidate and used them again to confirm the efficacy of the mRNA, sometimes through more than one type of confirmatory test.

9 Dr. Theresa Deisher, “Recently Aborted Baby DNA in Vaccines”, Sound Choice Pharmaceutical Institute, November 1, 2019.
22 “Pope Francis to have Covid-19 vaccine, says it is the ethical choice for all”, Reuters, January 9, 2021.
23 Chairman of the Committee on Doctrine and the Committee on Pro-Life Activities, “Moral Considerations Regarding the New Covid-19 Vaccines”, United States Conference of Catholic Bishops.
2. The vaccine candidates in question have not been rigorously tested for their efficacy in preventing infection by or transmission of SARS-CoV-2, but instead evaluated for the reduction of symptomatic severity in those who develop “confirmed cases” of COVID-19. Even this evaluation of modest protective effect may be seriously inflated.

3. The average survival rate from SARS-CoV-2 infection is higher than 98.3%, and this is not likely to be significantly impacted by vaccines with such poor efficacy.

4. The vaccine is 5-10X more likely to produce adverse reactions than the flu vaccines, and causes 15-26X more headaches, fatigue, and dizziness (according to VAERS data). The vaccine has also caused many more severe reactions and numerous deaths. The safety data that has been collected is insufficient to determine possible long-term effects.

5. The vaccine’s experimental nature makes urging, coercing, or forcing people to take it a direct violation of the Universal Declaration on Bioethics and Human Rights.

When taken together, all of these factors demonstrate that statements that justify the use of the abortion-tainted COVID vaccine candidates not only ignore the gravity and immediacy of the crimes committed against the unborn, they ignore the scientific evidence about the disease and the inadequacy of the current vaccine candidates and their known and unknown risks.

In conclusion, as Christians we are called to put on the mind of Christ and unite our hearts to the Sacred Heart of Jesus and the Immaculate Heart of Mary. Therefore, we will not cooperate in this immense infanticidal cult. We can no longer offer this grain of incense to Moloch. The hour has come for us to imitate the early Christians in their willingness to lay down their lives for the Truth. We will not be complicit. It is time to stand up!

+ March 8, 2021

Feast of St. John of God, patron of hospitals and the sick
International Women’s Day

---

27 Pfizer, “A Phase 1/2/3 Study to Evaluate the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals”, BioNTech.

28 Peter Doshi, “Pfizer and Moderna’s 95% effective vaccines—we need more details and the raw data”, thebmjopinion, January 4, 2021


30 VAERS, Vaccine Adverse Event Reporting System.


32 Bill Gates interview, “Vaccine Safety Compromising”, BBC Breakfast, April 12, 2020


SIGNATORIES (86 women from 25 countries)

INTERNATIONALLY KNOWN SIGNATORIES: (2)

Dr. Wanda Półtawska, Polish medical doctor, specialist in psychiatry, victim of pseudo-medical experiments in the Nazi concentration camp of Ravensbrück

Abby Johnson, American anti-abortion activist

***

OTHER SIGNATORIES BY GEOGRAPHICAL REGION:

AFRICA (6)

Lesotho
Sr. Celestina Tiheli, director of Human Life International Lesotho

Kenya
Maximiliane Muninzwa, pro-life worker

Namibia
Marion Matheis, private nursing practitioner, pro-life activist

Tanzania
Alice Kawonga Hagamu, Human Life International Tanzania

Zimbabwe
Monica Chihambakwe, Human Life International Zimbabwe

Veronica Chawasemerwa, Human Life International Zimbabwe

AMERICAS (54)

Central America

Guatemala
Mercedes Wilson de Arzu, founder and director of Familia de las Americas

Costa Rica
Clara Milena Perdomo, psycho-pedagogical specialist, member of Opciones Heroicas, instructor in natural family planning for the Bishops’ Conference of Costa Rica

North America

Mexico
Dr. Pilar Calva MD, specialist in clinical genetics, professor of bioethics, advisor to Derechos del Concebido

Arlene Gugino Gaytán, member of Mision Guadalupana and the Diocesan Council of Merida for Perpetual Adoration Chapels

Laura Rebeca Lecuanda Gómez, director of Centro de Ayuda Para la Mujer en Ensenada in Baja California
Marcela Vaquera Guevara, president of Frente Nacional por la Familia en Baja California
Effy de Lille, licentiate in Family Science, Centro cultural Mater Dei

María del Carmen Limón, coordinator, Asociación Mexicana para la Superación Integral de la Familia

Rubí Peniche de Mac Gregor, Pro-Life activist in Chiapas

Brenda Lourdes Del Río Machín, women’s human rights activist, director of Que viva Mexico

Patricia López Mancera, chairwoman of Centro de estudios y formación integral para la mujer and coordinator of Frente Nacional por la familia Quintana

Mercedes Pizzuto de Marván, art historian, master in family consultancy, chairwoman of Por la Vida y la Familia en Querétaro

Marta Eugenia Menéndez Losa, member 40 días por la Vida

Gladys Noemí Alayola Montañez, consecrated woman in Instituto para la Liberación y Crecimiento Espiritual de las Almas

Gabriela Tejeda Morales, family consultant, director of Vida y familia

Rossana Villares Moreno, Movimiento Frena

Silvia Rovelo Nájera, Grupo Apostolico Betel

Luz Marie Orcí, university professor and founder of Organización para la Restauración, Consolidación e Integración de la Familia

Lilia Pastrana, member of 40 días Por la Vida

Patricia Pesqueira de Erosa, member of Mision Guadalupana

Veronica Dorbecker Puerto, member of Mision Guadalupana

Claudia Susana Nevárez Quintana, licentiate in industrial relations, member of Red de Apoyo a la Familia

Fernanda Patricia Teran Quintero, licentiate in International Business, coordinator of political action for Coalicion de grupos a favor de la vida y la familia

Mireya del Carmen Rivera Ramírez, consecrated woman in Instituto para la Liberación y Crecimiento Espiritual de las Almas

Alma Elisa Saldaña Rivera, licentiate in law, coordinator of Coalicion de grupos a favor de la vida y la familia

María de los Angeles Pavón Rodríguez, member of Asociación Católica Internacional Consecratio Mundi

Susana Troyo Rodríguez, consecrated woman in Instituto para la Liberación y Crecimiento Espiritual de las Almas

Aida Rosa Cardín de Rosado, member of Mision Guadalupana

Alejandra Yáñez Rubio, lawyer for Conciencia y Derechos Humanos

Adriana Olguín Ruiz, member of Familia Religiosa del Inmaculado Corazón y de la Divina Misericordia
Maria Luisa Rubio Barthell de Ayuso, member of Mision Guadalupana
Carmen Moreno Sánchez, member of Mision Guadalupana
Ileana López Rscoffie, Mision Guadalupana
Suhad Serna Slim, Director, licentiate in primary education, representative of Ola Celeste SalvemosLas2Vidas
Dr María de Lourdes Pérez Soto, physician and anesthesiologist
Antonieta López Valdés, licentiate in bioethics
Cecilia Alvarez Vales, member of Mision Guadalupana
Andrea Ana Paula del Villar, director and founder of Fundación Tu Decide
Isabel Olguín Villar, member of Brigadas Católicas
Haydee Namur Zurita, member of Asociación Católica Internacional Consecratio Mundi

United States of America

Pamela Acker, Master of Science, author of “Vaccination: A Catholic Perspective” (2020)
Sr/Dr Deirdre M. Byrne, POSC, Little Workers of the Sacred Hearts, General Surgeon
Dr. Grazie Christie, MD, radiologist, policy advisor for The Catholic Association, host of EWTN radio show “Conversations with Consequences”
Dr. Angela Lanfranchi, MD, co-founder of the Breast Cancer Prevention Institute
Debi Vinnedge, founder of Children of God for Life

South America

Argentina
Marcela Errecalde, spokeswoman for Latinoamerica por las 2 Vidas, human rights activist
Yamila Alfonso Ríos, obstetrician

Brazil
Anna Carolina Papa Tavares de Oliveira, pro-life lawyer
Chirlei Matos Santos, nurse
Christine Nogueira dos Reis Tonietto, pro-life congresswoman

Ecuador
Sonia Maria Crespo, family psychotherapist, director of Fundación Familia y Futuro
Amparito Medina Guerrero, coordinator of social development projects, human rights activist, Red Vida y Familia
Ximena Izquierdo, manager of EWTN in Latin America
Paraguay
Hadhara Brunstein, medical doctor and endocrinologist, chairwoman of Médicos por la Vida

Venezuela
Christine de Marcellus Vollmer, president of Provive, Alive to the World

ASIA (13)

Japan
Sakura Izumi, pro-life activist
Shigeko Ooka, secretary of Japan pro-life movement

Kazakhstan
Dina Khalelova, pediatrician and pro-life activist, Kazakhstan
Asel Schultz, post-abortion healing ministry, volunteer at “Give Life”, Kazakhstan

Malaysia
Dorothy Kuek, Human Life Service Miri, Malaysia

Philippines
Dr. Ligaya Acosta, regional director of Asia and Oceania at Human Life International
Dr. Cynthia Domingo, Doctors for Life
Dr. Jacqueline King, Doctors for Life
Dr. Dolores Octavia No, immediate former president, Doctors for Life
Dr. Eleanor Palabyab, former President, Doctors for Life

Taiwan
Sr. Fideles, director of Saint Gianna Beretta Molla Prolife Center
Meilin Liang, Saint Gianna Beretta Molla Prolife Center
Ruihua Wong, Saint Gianna Beretta Molla Prolife Center

EUROPE (11)

Austria
Dr. Eva-Maria Hobiger, MD, radio-oncologist, Vienna

France
Karen Darantière, Catholic mother, co-founder of Confraternity of Mary Coredemptrix
Jeanne Smits, Master of law, journalist and pro-life blogger

Germany
Hedwig v. Beverfoerde, Spokeswoman of Aktionsbündnis für Ehe und Familie – DemoFürAlle
Dorothee Ehrhardt, Board Member of Europäische Ärzteaktion

Inge M. Thürkauf, actress, journalist and pro-family public speaker

**Poland**

Kaja Godek, founder of Life and Family Foundation

**Russia**

Olga Kukhtenkova Ph.D., Russian editor of IFamNews, family rights activist

Alexandra Mashkova, campaign coordinator of “For Family Rights” NGO, founder of “Immune Response,” a movement against forced vaccination

**Spain**

Dr. Isabel Bellostas Escudero, pediatrician and member of Médicos por la verdad