



Are “Huxley’s Hatcheries” Coming to the U.S.?

Scientists are Trying
to Make Artificial
Wombs a Reality.

BY STEVEN W. MOSHER AND
CHIARA MCKENNA

A SQUAT grey building of only thirty-four stories. Over the main entrance the words, CENTRAL LONDON HATCHERY AND CONDITIONING CENTRE, and, in a shield, the World State’s motto, COMMUNITY, IDENTITY, STABILITY.” ~Aldous Huxley, *Brave New World*

So read the opening words of Aldous Huxley’s *Brave New World*, where human reproduction has been relegated to “hatcheries.” Women no longer bear children, instead the production of human beings has been industrialized. Babies are artificially produced, grown to adulthood in ar-



Getty Images/Mohammed Haneefa Nizamudeen

tificial wombs, and pre-programmed for their roles in society.

With the invention and rapid expansion of In Vitro Fertilization, or IVE, America has edged closer to the

chilling vision that Huxley describes, where natural birth has been replaced by scientific “decanting” from bottles. Hundreds of thousands of tiny babies are created only to be

(continued on page 4)

- 2 It Is Not Enough for Them to Kill the Unborn Child
- 6 *Discernment of Spirits for Beginners*
- 7 What a Difference an Ultrasound Machine Makes!

- 9 Maternity Care is Disappearing as Birth Rates Continue to Fall
- 11 From the Countries
- 12 PRI in the News



It Is Not Enough for Them to Kill the Unborn Child

They Want to Erase Every Trace of Her Existence

BY STEVEN MOSHER AND CARLOS POLO

Abortion advocates loudly insist that the killing of an unborn child is justified in terms of “human rights,” “maternal health,” or “personal choice.” But occasionally a document surfaces that exposes the ugly truth lurking behind this deceptive advertising.

“Best Practices for Defining the Route of Biological Remains Resulting from an Induced Abortion,” released in April 2025 by the Latin American Consortium Against Unsafe Abortion (CLACAI), is just such a document.

The title alone is a masterpiece of misdirection and obfuscation.

The vague, pseudoscientific term “biological remains resulting from an induced abortion” actually refers to the dismembered bodies of the children whose lives have been brutally cut short by an abortion. Calling them “biological remains” is peak dehumanization.

And the nebulous phrase, “best practices for defining the route,” it turns out, is a reference to ways of secretly disposing of the bodies of these tiny victims such that no legal, statistical, social, or symbolic trace of their existence remains.

The CLACAI document, in other words, is a primer on how to destroy any evidence that an abortion has taken place. At one level, this is simply the logical consequence of the incessant efforts of abortion advocates to dehumanize the unborn.

At a deeper level, it reflects a fanatical desire on the part of those who

practice what J.D. Vance recently called “human sacrifice” to hide their crimes from humanity by erasing the child victim from human existence.

Erasing the Crime from Statistics

The abortion advocates at CLACAI argue that the dead bodies of aborted babies, even if they would have been able to survive outside the womb, should never be recorded as fetal deaths in official statistics. Fetal deaths, they claim, should refer only to “unintentional” deaths, not deaths by induced abortion, of which no note should be taken.

The intent here is obvious. In arguing that abortion-related deaths of children should not be recorded, they are trying to erase all records of both the abortions and their victims from the public data.

If the state is to take no notice of their passing, so neither is the larger society nor history itself to in any way memorialize their existence. The CLACAI report explicitly discourages any type of funeral service, burial rites, or civil registration of aborted children, the only exception being if the woman specifically and expressly requests it at the time of the abortion. The practical effect of this supposed “best practice” is silent and secret disposal of the body.

No trace of what occurred, physical or otherwise, is allowed to remain.

The Population Research Institute Review is published bimonthly by:

Population Research Institute

109 East Main St.
Front Royal VA 22630
(540)-662-5240
pri@pop.org
www.pop.org

Fr. Paul Marx, OSB, PhD
(1920-2010)
Founder

Steven W. Mosher
President

Thomas Mosher
Director of Administration

Carlos Polo
Director, PRI Latin American Office

Carlos Beltramo
Director, PRI European Office

Chiara McKenna
New Media Specialist

Design by
Perceptions Studio
Amherst, New Hampshire

It Is Not Enough for Them To Kill the Unborn Child, *continued*



Getty Images/Douglas Cliff

From Dehumanization to Commodification

By keeping the bodies of aborted victims out of the registries and out of sight, the way is cleared for the commercialization of fetal tissue. It is a simple fact that when the body of a human being ceases to be recognized as such, ethical barriers collapse.

CLACAI's proposal fits perfectly into this logic: first the humanity of the child is denied, then all documentary traces are eliminated, and finally the child is reduced to "biological remains," which can be parted out to the highest bidder.

In fact, the legal framework proposed by CLACAI, where these victims' bodies are regarded as "waste" or an "available good," will inevitably lead to the selling of fetal organs and tissue for research, experimentation, or even transplantation. This is not mere speculation. In Communist China, in which respect for the innate dignity of all human beings is notably absent, infants are already being specifically grown for

the purpose of transplanting their organs into adults.

It is important to understand that the recent CLACAI document does not appear in isolation. Rather, it forms part of a broader strategy that has been investigated in detail by the Population Research Institute.

As we write in "*CLACAI: an Ibero-American network funded by USAID to promote the legalization of abortion*," CLACAI itself is the central node of a transnational network that promotes in Latin America on three different fronts: The legal-political, the media-cultural, and the technical-operational.

Its document on the handling of aborted babies clearly belongs to the third front, the technical-operational. This front is dedicated to normalizing abortion as a routine medical act, stripped of all moral, legal, or social consequences.

It is no accident that the same organizations that promote the legalization of abortion are the ones designing protocols to erase the little victims of their acts. They are all part of the same abortion net-

work, all working toward the same ultimate end: to normalize, justify and legalize the killing of innocent unborn children up to birth—and in some cases beyond.

This is where the abortion network model developed by PRI comes into play. It allows us to identify patterns, actors, and strategies that, when viewed in isolation, would go unnoticed. It allows us to meet, and defeat, these efforts before they become law in Latin America. And it is paying dividends in the U.S. as well

The Good News is that Trump has Cancelled their Funding

The Trump administration's decision to defund all organizations involved in the trafficking or improper handling of human remains is a huge blow to abortion networks like CLACAI. In the past, many of its member organizations have received direct or indirect funding from U.S. agencies such as USAID.

That will now end.

U.S. taxpayer dollars will no longer support organizations that not only promote abortion but have now gone on to seek to erase all memory of the children who were dispatched.

The international abortion movement has made it clear that it is not enough for them to kill the unborn child. They want her never to have existed, but at the same time want to traffic her body. They want to erase the uncomfortable witness, the statistical data point, the victim's body that challenges the narrative, so they can profit from her death.

We will not let her be forgotten.

Are “Huxley’s Hatcheries” Coming to the U.S.? , *continued*

discarded. Hundreds of thousands more die when implantation in the uterus fails.

The growth of this “industry” has been handicapped by the shockingly low success rates of IVF.¹ Companies tout a “success rate” of 50 percent, but this is only true for women under the age of 35, who account for only one-third of their customers. For women over 35, who make up two-thirds of their customers, IVF only results in pregnancy about 10 percent of the time.

Yet the reproductive industry, in search of profits, is now taking us even farther down the road to this dystopian future by creating tiny artificial wombs to study implantation.

In December, Cell Press published three separate research papers detailing experiments by scientists aimed at learning more about what they called that “initial bond between mother and embryo.”²

They first engineered endometrial cells – cells that make up the lining of the uterus – to create a number of microscopic uteruses. Human embryos from IVF centers were then placed in these uteruses, while the scientists watched whether implantation was a success or failure.

Of course, the embryos, whether they implanted or not, all soon died, sacrificed for “science” and the scientific advance that the scientists hoped to achieve would facilitate even more IVF, which is immoral as well.



Getty Images/Ca-ssis

But these experiments have ramifications that go well beyond their use for IVF, as the scientists themselves admitted. In fact, they proudly asserted that the technology they have developed will contribute to the development of “artificial wombs.” They claim that the full realization of such “wombs” remains “science fiction.”

We are not so sure about that.

Artificial reproductive technology has made significant advances over the past few decades. Already, in Japan, researchers claim to have successfully gestated a mammal from embryo to birth in an artificial womb.³

If the reports are to be believed, this ectogenesis – as gestation outside the womb is called – involved a goat embryo. And, of course, while

goats and humans are both mammals, they are very different.

The evidence suggests that we are well on the way toward turning the theoretical concept of artificial wombs into reality. The question no longer seems to be “if” ectogenesis can be achieved for human beings, but “when.”

Unfortunately, there is no shortage of human embryos for scientists to exploit in their experiments. Millions of “excess” embryos are created every year, because the IVF process results in the creation of up to a dozen embryos for every single couple. But only a tiny fraction of these are implanted.

Ectogenesis violates current global standards banning the growth of embryos past 14 days. But these limits are already being violated in

¹ <https://www.pop.org/in-vitro-fertilization-the-process-risks-consequences-explained/>

² <https://www.technologyreview.com/2025/12/23/1130415/organoid-uterus-microfluidic-chip-embryo/>

³ <https://www.kolapse.com/en/contenido/85636-japans-artificial-womb-and-the-future-of-reproduction>

countries like China. And even in the West, scientists have repeatedly transgressed ethical guidelines governing research involving vulnerable preborn lives. This was the case with CRISPR gene-editing,⁴ as well as the creation of embryos from “three-parent IVF.”⁵

As scientists continue to work toward ectogenesis, we are left to wonder what level of human sacrifice this will entail. How many preborn infants will be sacrificed in this quest to gestate a baby to term in a faux amniotic sac?

And there is another question, too: how would a baby be affected by growing in a sterile environment devoid of the comforts of a living womb inside their own mother?

A baby spends nine months cradled in his mother’s womb, with the sound of her heartbeat as a constant comforting sound. Her motion throughout the day rocks the baby. By 23 weeks, at the latest, a baby recognizes the sound of his parents’ voices. Babies are born recognizing the voices of their mother and father, and can be soothed by familiar music they heard in the womb. Newborn babies can be calmed after birth by simply placing them on their mother’s chest.

When Chiara was pregnant, she had a “call and response” with her son. Beginning at 20 weeks she

“ How would a baby be affected by growing in a sterile environment devoid of the comforts of a living womb inside their own mother?

could press anywhere on her belly, and he would respond by kicking or pressing back at that same spot. After birth, he recognized her and her husband’s voices, and even his grandparents’ voices since she spent a lot of time with them while pregnant. Countless videos online show newborn babies calming after birth by simply being placed on their mother’s chest or near her face.

We know that children who are neglected in the first few years of life, who have no caregiver to bond with, fail to achieve proper neurodevelopment.⁶ In severe cases, the grey and white matter of their brains are dramatically reduced. So, what would happen to a preborn child’s brain if their natural first home, their first bond, and their first caregiver were stripped away?

Another question arises as well.

Just as surrogacy created confusion over determining legal motherhood and sperm donation confusion

over legal fatherhood, so artificial wombs will create a snarl of legal questions over parenthood. Just who will be considered the parent of a child born through ectogenesis? The mother? The father? The highest bidder? Or perhaps, following Huxley, the state?

Scientists involved in ectogenesis research say that their research “will demand strict regulation, rigorous oversight, and unprecedented ethical frameworks.”⁷

But even this will not be enough. As we saw with in vitro fertilization, when there’s money to be made, industry expands faster than regulations can keep up with.

At the end of the day, whatever regulations, oversight, and ethical framework is put in place, the research itself will result in the destruction of even more human lives.

Human sacrifice, whether to ancient pagan gods, or modern medical science, is never acceptable.

⁴ <https://www.science.org/content/article/chinese-scientist-who-produced-genetically-altered-babies-sentenced-3-years-jail>

⁵ <https://www.scientificamerican.com/article/three-person-mitochondrial-ivf-leads-to-eight-healthy-births/>

⁶ <https://www.npr.org/sections/health-shots/2014/02/20/280237833/orphans-lonely-beginnings-reveal-how-parents-shape-a-childs-brain>

⁷ <https://www.kolapse.com/en/contenido/85636-japans-artificial-womb-and-the-future-of-reproduction>

PRI'S SPECIAL GIFT TO YOU . . .

Discernment of Spirits for Beginners

Learning to Hear God and Defeat the Lies of the Enemy

Ignorance does not protect against evil. Maintaining a basic understanding of the spiritual life can, and it will help you attain greater overall well-being. In this practical battle plan for spiritual awareness and strength, experts Dan Burke and Mary Ruth Hackett guide you in recognizing, understanding, and responding to the spiritual forces working for and against you.

You are engaged in a spiritual struggle whether you recognize it or not. The enemy seeks to distract, disorient, and isolate you. But have no fear: St. Ignatius of Loyola—the great soldier saint—is there at your side. Through his 14 Rules of Discernment, you will discover how to be ever on guard against spiritual attacks. He will assist you in understanding the role that your emotions play in the spiritual life so that you may put on the armor of God and not be undermined by them. He will also enlighten you on the concepts of spiritual consolation and desolation and sharpen your skills of discernment to better navigate life's choppy waters.

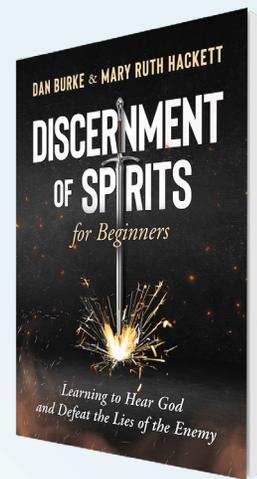
These empowering pages will help you revive your soul, flex your spiritual muscles, and stay on course to Heaven. As you become increasingly alert to the spiritual world, you will find:

- The keys to staying “awake” and on the right path
- How to recognize a spiritual attack when it happens
- Tools to respond confidently and effectively to spiritual attack
- How to respond to negative self-talk with the grace and power of God
- Ways to steer clear from things and behaviors that invite trouble
- Strategies for overcoming evil around you through the Precious Blood of Christ

Burke and Hackett present scenarios to help you see how evil spirits try to confuse, tempt, and discourage souls to give up. They also offer short, simple prayers of renunciation to help you to reject the enemy's lies.

Spiritual discernment is not just for the saints—it is foundational for all of us to see clearly, embrace the truth, and, by God's grace, be victorious.

Let us send you a copy as soon as possible, for your gift of \$50 or more! Just fill out a reply sheet, or go online at <https://www.pop.org/donate/pri>.



**USE THE ENCLOSED GIFT
REPLY OR VISIT US ONLINE TO
REQUEST YOUR COPY OF...**

Discernment of Spirits for Beginners

**GIFTS TO PRI ARE TAX
DEDUCTIBLE. GIVE TODAY!**

**SCAN TO
GIVE ONLINE!**





What a Difference an Ultrasound Machine Makes

How PRI is Saving Lives in Kenya

BY SAMANTHA LEJEUNE

Mary Mwangi was only 26 years old when she felt a sharp, escalating pain in her pelvis. What began as spotting soon became a constant, dark red flow. When she arrived at the Catholic mission hospital, the medical team faced a familiar and dangerous dilemma: Was Mary experiencing a difficult menses, or was she suffering from something far more serious?

The answer arrived via a modern miracle of technology. An ultrasound machine, gifted to the hospital by PRI, was brought to her bedside. The sonogram instantly revealed the source of the agony: a mass on Mary's fallopian tube with blood already pooling in her body cavity. It was an ectopic pregnancy on the verge of rupture. Because the diagnosis was immediate, Mary was wheeled into surgery before she could hemorrhage or fall into fatal

shock. A tragedy was averted; a life was saved.

Faith Wanjobi's story followed a different path of grace. At 29, she was thrilled to learn during her first ultrasound that she was carrying twins. However, during a follow-up scan at 22 weeks, the screen revealed a heartbreak: one of the twins had died in utero. Had the ultrasound not been available, neither Faith nor her doctors would have known anything was wrong

until she went into labor. This lack of information could have claimed the life of the surviving twin—and potentially Faith's as well. Instead, the "window on the womb" allowed doctors to monitor the surviving baby girl with weekly check-ups. They waited until her lungs were sufficiently mature, then performed a successful cesarean section. Today, that baby girl is thriving.

Mary and Faith are just two of the hundreds of mothers and babies



saved because doctors at this Catholic mission hospital in Kenya now have access to diagnostic imaging. In a letter of gratitude, the nun in charge of the facility described the technology as a total “game changer” for their community. The hospital serves a vast, impoverished region where advanced medical technology is a luxury most families cannot afford. Before the ultrasound arrived, doctors relied entirely on physical examinations and patient-reported symptoms. This made it nearly impossible to distinguish between routine discomfort and life-threatening emergencies. Complications were often discovered too late, and maternal and infant mortality rates remained stubbornly high.

When PRI’s ultrasound machine arrived in late 2023, the impact was immediate. By the end of that year, 500 scans had been performed. By early 2025, that number surged to over 5,100. This growth reflects more than just technical capacity; it reflects a burgeoning trust. Word has spread throughout the six surrounding counties—a region of over 100,000 people—that this hospital is a place where answers are found and lives are protected. While thousands of these scans celebrate healthy pregnancies, they also serve as a frontline defense against disaster. In just one year, the machine has helped clinicians identify ectopic pregnancies before they cause internal rupture, placental complications that require planned deliveries, and internal bleeding recognized before the onset of shock.

Beyond the clinical benefits, the ultrasound offers a profound psy-



chological shift. For many expectant mothers in this region, seeing their baby on a screen is the first time the pregnancy feels tangible. Watching a tiny heart beat and seeing a small body move transforms an abstract concept into a living reality. In communities where the decision to continue a pregnancy is often weighed against the heavy pressures of poverty and fear, this moment of clarity is transformative. When a mother sees her child, fear often softens into a deep, protective connection. The ultrasound affirms the dignity of the life within, giving women the resolve to choose life despite the challenges they may face.

The hospital’s reputation as a center for excellence has changed local healthcare habits. Women are seeking prenatal care earlier and choosing to deliver at the hospital rather than at home, knowing that if complications arise, the staff has the tools to intervene. Every month, the staff cares for more than 500 pregnant women and delivers 150 babies. The ultrasound has become

woven into the fabric of everyday care, replacing guesswork with informed action. It is a simple formula: one machine, a modest exam room, and skilled, compassionate, faith-filled providers.

The machine does more than produce images; it produces time. Time to act, time to plan, and time to choose life. It allows everyone involved to see, with absolute clarity, what is at stake: a human soul. This life-saving work is made possible by the donors who support PRI’s Family Care Centers Project. By placing these tools in the hands of Catholic doctors and nurses, donors are giving babies a chance at life every single day.

However, the need continues to grow. The hospital recently reported that the machine’s wand has stopped working due to heavy use, and several other clinics in needy communities have requested their own ultrasound units. With continued support, these requests can be answered, ensuring that no mother has to face the unknown alone.

Maternity Care is Disappearing as Birth Rates Continue to Fall

If we want to reverse declining fertility, we have to support expectant moms from conception through birth – and after.

BY STEVEN W. MOSHER AND SAMANTHA LEJEUNE

Samantha recently became pregnant and, as her baby grew, eventually had to admit that regular jeans were not going to cut it. So she set out to buy a few maternity basics, only to find that every department store she walked into had quietly ditched its maternity section. Stores that used to have full aisles now had nothing but one sad little rack. Plus-sized clothing now hung where expectant mamas once shopped.

As an employee of the Population Research Institute (PRI), she was well aware of the falling fertility rate in the U.S. She also knew that supply follows demand – stores stock what sells. But she hadn't noticed how the birth dearth was changing the world around her until she needed maternity clothes herself. The reality of it was jarring for all of us.

And it turns out clothing options for expectant mothers aren't the only thing disappearing. Maternity care is too.

A March of Dimes 2024 Report brings this reality into sharp focus.¹ Across the nation, it reports, “maternity care deserts” are spreading. These “deserts” refer to counties with no hospital or birthing center that delivers babies *and* no OB/GYNs or certified nurse midwives. More than a third of counties in the United States fall into this category, and plenty more barely meet the threshold for limited access.

In other words, millions of American women live in places where access to prenatal care and delivering their baby safely is far harder than it should be.

Why? Because their local hospital quietly closed its labor and

delivery unit upon deciding it was not financially viable.

This is not just a statistic. It changes the entire experience of pregnancy – for the worse. Women living in “maternity care deserts” tend to start prenatal care later, have fewer total appointments, and face higher risks of complications. Many moms have to drive up to an hour, or even more, for basic checkups, and end up delivering far from home. And they are more likely to have their babies prematurely or give birth to low-birth-weight babies.

These are not small inconveniences. They add stress as expectant moms and dads imagine



Getty Images/SbytovaMN

¹ https://www.marchofdimes.org/sites/default/files/2024-09/2024_MoD_MCD_Report.pdf

“When couples know that maternity care is accessible and affordable, higher birth rates will follow naturally. Strong families will be formed and America’s future will be assured.

an hour-long drive to the hospital while in the throes of labor. They add cost in terms of travel expenses and lost wages. And, in some cases, they constitute a real danger to the health of both mother and child. Taken together, they send a message to couples thinking about starting a family that bringing a child into the world is not supported.

Since the overturning of *Roe v. Wade*, the pro-abortion media has spread the narrative that pro-life legislation is to blame for “maternity care deserts,” claiming that states which value life have driven away doctors. But while it is true that some medical residents prefer training in states with permissive abortion laws, this is not the whole picture. The Association of American Medical Colleges admits, “Nationally, the number of residency applicants continues to exceed the number of training slots available,” including all states with pro-life legislation in place.²

The reason maternity units are closing right now is basic economics. Birth numbers are falling, there

are fewer trained staff, and the labor and delivery wards of hospitals often lose money. As Trilliant Health notes, “The strain for L&D units is exacerbated by slowing population growth, declining birth rates and the limited scalability of smaller, low-volume hospitals.”³

Making the problem even worse, many states also heavily restrict midwives and birthing centers, further limiting mothers’ access to maternity care.

This all goes back to depopulation, the issue that PRI has been warning about for decades. The U.S. fertility rate has been dropping for decades. There are many reasons why many Americans have become averse to having children, including the rising cost of housing and other financial pressures, not to mention a popular culture that devalues marriage and family.

But we rarely talk about how disappearing maternity care plays into this decline.

If starting a family means hours of driving for each and every prenatal appointment, or if birth means

delivering a baby in a hospital two counties away, it absolutely affects how couples think about children.

What makes this even more striking is that rural communities, which have higher birth rates than the American average, are losing maternity services the fastest. Hundreds of rural hospitals have shut down their maternity wards and stopped delivering babies. Rural families are still choosing life, but the health care infrastructure to support their choice is crumbling at the very moment they need it most.

If we want to reverse declining fertility, we have to support expectant moms from conception through birth – and after. Pregnancy is challenging enough already without the added fear of financial setbacks, or the worry that you might be giving birth in the back seat of your car because the hospital is so far away.

We need to rebuild a reliable maternity care system nationwide that lets women start pregnancy with confidence. And while we are at it, let’s Make Birth Free by mandating that insurance cover all the costs of birth. There is legislation before Congress to do exactly this.

When couples know that maternity care is accessible and affordable, higher birth rates will follow naturally. Strong families will be formed and America’s future will be assured.

And, as Samantha notes, while we are fixing that, it would not hurt to bring back a few decent maternity clothing sections too.

² <https://www.aamc.org/media/83806/download>

³ <https://www.trillianthealth.com/market-research/studies/2025-labor-delivery-closures-affect-smaller-hospitals>

From the Countries



CANADA Canada Targets Vulnerable Infants

Canada's euthanasia regime, Medical Assistance in Dying (MAiD), is facing renewed scrutiny after Quebec's College of Physicians again proposed extending MAiD to newborns under one year old with severe deformities or syndromes, echoing the Netherlands' Groningen Protocol. After legalization, MAiD claimed 76,475 lives by the end of 2024, with an estimated 94,000 deaths by early 2026. Toronto's Hospital for Sick Children drafted policies in 2018 permitting euthanasia for minors without parental consent, underscoring how MAiD has evolved into a system that increasingly targets the vulnerable under the guise of compassion.¹



NEPAL Sex-Selective Abortion Continues in Nepal

Nepal's gender gap is widening as illegal sex-selective abortions continue largely unchecked despite formal bans. In 2024, 16.71% fewer girls than boys were born nationwide, with even wider disparities in rural areas. More than 105,000 abortions were recorded last fiscal year, though officials believe many more go unreported since abortion drugs are available for purchase over-

the-counter. Research cited by the British Medical Journal found that between 2002 and 2011, one in 50 girls was aborted, worsening to one in 38 by 2011.²



INDIA India Allows Abortion for "Marital Stress"

India's Delhi High Court has ruled that a married woman may legally abort her 14-week-old unborn child based solely on "stress" caused by marital discord, citing mental-health grounds. The court dismissed criminal charges after relying on a 2022 Supreme Court ruling that expanded abortion access up to 24 weeks for all women. The decision excludes the father from the process and treats relational stress as sufficient justification for ending unborn life. Notably, studies indicate women who undergo abortion are more than twice as likely to experience serious mental-health issues compared to those who give birth.³



PUERTO RICO Puerto Rico Recognizes Preborn Personhood

The unborn are now recognized as human persons in Puerto Rico. Gov. Jenniffer González Colón recently signed a package of new laws, including Senate Bill 504. This pro-life measure amends the island's Civil Code to affirm that a human being in gesta-

tion is a natural person from the moment of conception in the mother's womb. Authored by Senate President Thomas Rivera Schatz and supported by senators from multiple parties, the law strengthens legal recognition and protection of unborn human life, reflecting a clear commitment to the dignity of life at every stage of development.

"Puerto Rico's new bill recognizing the personhood of the unborn from conception is an important step towards protecting life from womb to tomb," says Mr. Mosher. "Life does not begin with birth, with viability, or with implantation, but it begins at the very moment that sperm and egg fuse to become a unique human being."⁴



ZIMBABWE Zimbabwe Bishops Stand up for Life

Catholic bishops in Zimbabwe are urging citizens to oppose a proposed Medical Services Amendment Bill that would vastly expand abortion access nationwide. The legislation would replace the restrictive 1977 law by allowing abortion on request up to 12 weeks and up to 20 weeks for broadly defined health and socio-economic reasons, including for minors without judicial oversight. The Zimbabwe Catholic Bishops' Conference warned that the bill threatens the sanctity of life and rightly called abortion a "massacre of the innocent."⁵

¹ <https://ifamnews.com/en/maid-proposed-for-newborn-killings-in-canada>

² <https://www.liveaction.org/news/nepal-gender-gap-widens-sex-selective-abortions>

³ <https://ifamnews.com/en/indian-high-court-rules-woman-can-abort-her-child-over-stress-from-marital-discord>

⁴ <https://www.sanjuandaily.com/post/governor-signs-numerous-bills-into-law-reserves-decision-on-others>

⁵ <https://cruknow.com/church-in-africa/2026/01/zimbabwe-bishops-oppose-changes-to-abortion-law>

PRI IN THE NEWS

Fox News Radio China Scrambles for Resources

PRI President Steven Mosher appeared on Fox News Radio to discuss his New York Post article on U.S. strategy toward communist China. Mr. Mosher explained that China is resource-poor and heavily dependent on foreign supplies, making it vulnerable to pressure when access is cut off. He argued that U.S. actions against Venezuela's Maduro regime—whose oil China relies on—could curb Beijing's aggressive behavior and weaken its influence over Cuba. He also noted that Trump-era tariffs are squeezing China's export sector, as the Chinese economy continues to falter, with reports of roughly 75 million empty apartments underscoring its deepening collapse.

Viewership: 536.4 Thousand

<https://radio.foxnews.com/2026/01/19/iran-unrest-the-battle-over-ice/>

The First TV China's Dark History

Mr. Mosher appeared on *I'm Right with Jesse Kelly* to discuss China's dark past filled with human rights violations. Drawing on his firsthand experience in China, Mr. Mosher detailed decades of human rights abuses, from the one-child policy to the mass starvation caused by the Great Leap Forward. He warned that Xi Jinping represents a modern

continuation of Mao's rule, arguing that China now faces an imminent collapse.

Viewership: 25.4 Thousand*

<https://www.thefirsttv.com/watch/china-is-about-to-collapse-expert-says-its-imminent-and-unstoppable/>

Fox News China Turns to U.S. for Aid

Mr. Mosher appeared on One Nation with Brian Kilmeade to discuss China's weakening global position and its strained relationships with U.S. allies, including Canada and Argentina. Mr. Mosher warned that China's long record of intellectual property theft and lack of free trade make it an unreliable partner. He argued U.S. allies are unlikely to come to Beijing's aid as China faces mounting pressure. Mr. Mosher also noted that Iran and Venezuela together supply roughly one-third of China's oil imports, and pointed out that their instability is pushing China "back on its heels."

Viewership: 284.9 Million

<https://www.foxnews.com/video/6388319798112>

The Schilling Show Beijing's Iron Fist Weakens

Mr. Mosher appeared on *The Schilling Show* to discuss China's growing energy and geopolitical squeeze. Mr.

Mosher argued that Xi Jinping is facing mounting failures as China's overseas influence is rolled back, including the loss of strategic footholds like the Panama Canal. He noted that the United States is countering China without military force, using tariffs and economic pressure, to weaken Beijing's ability to project power abroad.

Viewership: 99.4 Thousand

<https://cvillerrightnow.com/podcasts/the-schilling-show-hank-perritt-adrienne-eichner-steven-mosher/>

The Catholic Stand PRI Report Exposes CRS Ties

An article published by the *Catholic Stand* featured a PRI 2024 investigative report, in collaboration with the Lepanto Institute, examining Catholic Relief Services programs in Africa. Based on field investigations in Cameroon, Zimbabwe, and Lesotho, the report documents CRS partnerships and materials promoting contraceptives, condoms, and sexual content to minors. The article highlights PRI's findings on CRS's deep reliance on U.S. government funding, arguing this entanglement has compromised Catholic moral teaching, though Catholic bishops in the U.S. have largely remained silent, despite extensive evidence.

Viewership: 217.1 Thousand

<https://catholicstand.com/catholics-contraceptives-and-the-charity-problem/>

*total monthly website visitors on each organization's website