

Eagle Forum Report

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July 2025

Volume 9/Number 7

Go Forth and Multiply?

SAVED FROM LIMBO

by Melissa Moschella, PhD, a Professor of Philosophy at the University of Notre Dame's McGrath Institute for Church Life.

One of the most serious ethical concerns with in vitro fertilization is that for every child born with the help of IVF, there are typically many other children — the “spare” embryos produced by the IVF process — who are kept in cryostorage and consigned to an uncertain fate. Most of these human beings will remain frozen indefinitely until their parents eventually stop paying the storage fees and they die. Although the lack of reporting requirements makes it difficult to get accurate numbers, experts estimate that there are between five to ten million frozen embryonic children in the United States alone.

Biologically, there is no doubt that these are genuine human beings at an early stage of life. All that they need to continue their lives and grow to maturity is an adequate environment that provides them with oxygen, nutrition, and protection, and at this stage of life, the only environment that can provide them with those basic needs is a woman's womb.

Why Embryo Adoption?

For all who recognize the profound, equal, and intrinsic dignity of every human being, the fate of these tiniest and most vulnerable of human lives is a tragedy that calls for a

humane and compassionate response. That response is embryo adoption. When the parents of frozen embryos are unable or don't want to gestate and raise them, we should treat these embryonic orphans just like other orphaned children and facilitate their adoption into a loving family. The embryos' parents probably followed the standard IVF protocols and are not usually given the option to limit the number of embryos that they attempt to produce.

We should also enact sensible regulations that prevent IVF clinics from routinely creating “spare” embryos in the first place, as Germany and Italy have done. These countries have also passed regulations that make it illegal to create embryos to sell them to prospective parents — a practice that unfortunately already occurs in the U.S.

The California Conceptions Donor Embryo Program buys eggs and sperm from “donors” and then uses them to make embryos for prospective parents, who pay a handsome fee for this service. Although a sponsored link to this program is the first thing that appears in response to a Google search for “embryo adoption agencies,” this program is the antithesis of



embryo adoption. The purpose of embryo adoption is to welcome existing embryos into a loving family that will gestate and raise them.

How Does Embryo Adoption Work?

The only fully licensed embryo adoption agency is Nightlight Christian Adoptions, which offers “Building Families Together,” a Snowflakes Embryo Adoption Program.

Other agencies, such as the National Embryo Donation Center and Embryos Alive, try to mimic adoption best practices, but are not licensed adoption agencies. Other embryo donation programs are run by some fertility clinics, which typically involve anonymous embryo donation and do not follow the best practices of adoption.

Like other adoption agencies, Snowflakes requires that prospective adoptive parents complete a home study with a licensed adoption agency and facilitates “matching” between the embryos' current legal parents and the prospective adoptive parents.

Parents who want to place their embryos for adoption would contact Snowflakes (or another agency) and

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submit a family profile. Prospective adoptive parents likewise prepare a family profile and also indicate to Snowflakes the number of embryos they would like to adopt. Snowflakes tries to keep siblings together, asking prospective adoptive parents to adopt all of the remaining embryos from a particular set of parents.

Once a match has been agreed upon by both parties, an adoption contract is signed, officially transferring ownership of the embryos to the adoptive parents. Unlike the adoption of already born children, the embryos are legally treated as property rather than as persons. For this reason, the embryo adoption contract is a property transfer contract. Finally, the embryos are shipped to a participating fertility clinic, where the embryos will be transferred one or two at a time into the uterus of the adoptive mother in the hopes of achieving a successful pregnancy.

Although clinics do their best to ensure that the conditions in the adoptive mother's uterus are favorable, the embryos do not always implant for various reasons. The implantation rates following the transfer of previously frozen adopted embryos are similar to implantation rates in IVF:

Roughly one-third of embryo transfers result in implantation, and roughly one-fourth result in live birth. The process does, therefore, involve some risk both to the child and to the adoptive mother, especially if miscarriage occurs after implantation. The risks are outweighed by the prospective benefits, given that the alternative is indefinite cryostorage and death.

Embryo adoption allows the adoptive mother to gestate and breastfeed her adoptive child and thus begin the bonding process even earlier than in traditional postnatal adoption, as well as enabling the adoptive parents to ensure that the child is well cared for during pregnancy (something that is usually far from guaranteed in infant adoption) and saving the child from having to suffer the "primal wound" of separation from the birth mother.

The only humane and compassionate way to deal with these millions of children whose lives are currently in limbo is to be adopted by loving parents willing to gestate and raise them.

What Legislation is Needed?

Apart from passing sensible IVF regulations to prevent additional human beings from being created only to be consigned to indefinite cryostorage, legislators can help the

millions of embryonic human beings who already exist by facilitating embryo adoption.

First, just as the government facilitates postnatal adoption through tax credits for adoption-related expenses, the same should be done for embryo adoption. Currently, couples who pursue embryo adoption do not qualify for adoption tax credits, making the costs of embryo adoption prohibitive for some people. Changing the legal definition of adoption to include embryo adoption or changing the tax rules to allow embryo adoption to count for the adoption tax credit is one important step that legislators should take.

Second, legislators should place legal limits on the number of years that parents can keep embryos in cryostorage without any attempt to gestate them. After that time limit has passed, the embryos should be declared abandoned and made available for adoption.

Although such measures will not resolve the problem posed by these millions of frozen embryos, they are crucial steps toward building a society in which even the smallest and most vulnerable of our fellow human beings are treated with the dignity and respect that they deserve. 

DESIGNING EMBRYOS

by Emma Waters, Policy Analyst, Center for Technology and the Human Person at The Heritage Foundation. This piece originally appeared in *Christ Over All*.

What society once naturally recoiled from — designer babies, artificial wombs, and the termination of disabled children — is today the source of misguided compassion. In assisted reproductive technology, the desire to overcome the natural limitations of procreation has led researchers to develop startling new technologies.

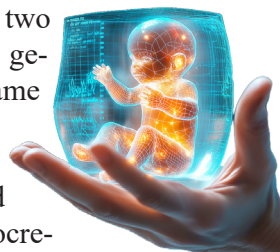
Embryonic polygenetic screening allows scientists to test how multiple

genes interact and predict an embryo's likelihood for conditions such as hearing loss, obesity, or insulin resistance. Genetic researchers claim this technology can discern an embryonic child's personality traits such as kindness, creativity, and intellectual aptitude.

In vitro gametogenesis genetically modifies human cells into viable egg and sperm — regardless of the person's sex or age. This means that one man could father a child he

is 100% related to, or two women could be the genetic parents of the same child.

Such technologies subvert God's good design for human procreation and undermine the inherent worth and dignity of each child. In reproductive technology, embryonic polygenetic screening and IVG are attempts to substitute the human person. Humans should oppose these new technologies.



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Embryonic Polygenic Screening

Embryonic polygenic screening allows prospective parents to test an embryo's genetic makeup with unprecedented detail. Unlike traditional preimplantation genetic testing that only looks for specific single-gene disorders or sex, polygenic screening looks at how multiple genes interact to assess an embryo's risk for more complex conditions.

New tech companies give each embryo a polygenic risk score that shows an embryo's chances of developing a range of health outcomes. Parents are given a polygenic "score" that shows an embryo's likelihood of developing heart disease, insulin resistance, or even hearing loss. This score, of course, entirely overlooks the role of "nurture" in favor of the embryo's genetic "nature."

This desire for a healthy child, however, may quickly give way to a dystopian world where parents can select embryos based on their potential IQ or personality traits.

Not only does this technology reject the inherent worth and dignity of each child, but it gives parents a false sense of control and security from the natural vulnerabilities of childbearing. Is the desire for the healthiest child worth the cost of all those whose lives will be deemed unworthy?

In the name of their children living their healthiest life, this technological worldview has trained many in Silicon Valley to view the human person as individual parts or raw material whose genetic makeup pre-determines their values, beliefs, capabilities, and identity. Nurture plays a secondary, or unimportant, role in the development of each child. Such conclusions, which ignore both religious insights and sociological findings, enable parents to free themselves from the personal responsibility of stewarding their child's development. At the same time, it heightens their self-imposed responsibility to

create and select genetically superior children.

Instead of pursuing treatments that may heal or improve a child's health, such technology merely discards embryos with potential health problems.

In Vitro Gametogenesis

The legal structure that governs IVF — namely, that anyone has the right to create and parent a child — sets the legal precedent for in vitro gametogenesis.

With IVG, doctors can reprogram any human cell into viable egg or sperm. In 2016, Japanese researchers Katsuhiko Hayashi and Mitunori Saitou made history when they announced that they had conceived mice from genetically modified skin cells. Many mice were able to naturally conceive their own pups. While researchers have not successfully replicated this with human DNA, Japanese and American scientists are working on it.

Hayashi and Saitou, for example, cite their desire to help women who, due to cancer, injury, age, or an at-birth defect, are unable to produce viable eggs. In the U.S., researchers at Conception hope to use this technology to enable same-sex couples to achieve joint biological parenthood.

Procreation would no longer require a distinct man and woman with healthy gametes to create a child; instead, cells from an embryo, child, elderly person, single adult, or group of adults could be used to create viable embryos. Worse, skin cells could be taken from people without their knowledge or consent, including from those who are dead.

Dr. Sonia Suter of George Washington University said, IVG would enable:

- Same-sex couples to have children biologically related to both partners;

- Single individuals to create offspring without needing another genetic contributor; and
- "Multiplex" parenting, where multiple individuals contribute genetic material to one child.

Such technology, if applied to procreation, would fundamentally alter the Bible's "package deal" of marriage, sex, and procreation where children are received as a gift within the bond of man-woman marriage.

With IVG, generational identity could be lost as multiple generations of embryos are created — and destroyed — within the span of a week. It will be children, unmoored from traditional relationships with their mother, father, and ancestors, who pay the price for our reproductive "progress."

Defending the Dignity of Creation

When men and women champion technologies that affirm or restore the human person — from ultrasounds, life-saving surgeries in utero, and beyond — they actively work to further God's kingdom on earth. Likewise, when researchers pursue technologies that substitute or destroy the human person — even with the best of intentions — their efforts will ultimately crumble, at great cost to those harmed. Dystopian developments in reproductive technology will continue to threaten the lives and dignity of unborn children, including those who do not exist yet. We must equip ourselves with proper knowledge, understanding, and godly wisdom to thwart these developments in favor of life-giving alternatives. 

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BETTER LIVING THROUGH REPRODUCTION

by Tabitha Walter, Eagle Forum's Executive Director in Washington, D.C.

Women's fertility is in trouble. From 2014-2020, the Centers for Disease Control reported a 2% decrease annually in the fertility rate among American women. Despite a 1% increase in 2020 (likely due to the COVID-19 lockdowns), the fertility rate plunged again in 2022 by 3%. The factors leading to this change include the postponement of marriage and children, economic instability, and poor health.

Another pervasive problem is infertility. Infertility affects one-in-six women around the world. Then, when a woman conceives, up to 20% of pregnancies result in miscarriage. Various means of Artificial Reproductive Technology, such as in vitro fertilization, have been sought to achieve pregnancy when all else fails. IVF is costly, painful, and inadequate. While ART can produce an embryo outside of the uterus, it cannot guarantee a successful implantation or live birth. ART often leads to unsuccessful IVF cycles and repeated heartbreak for couples. A more holistic method called Restorative Reproductive Medicine may be the answer.

The International Institute for Restorative Reproductive Medicine defines RRM as "a branch of reproductive medicine that focuses on diagnosing and treating reproductive issues by restoring and supporting the natural functions of the reproductive system." In the publication, *Treating Infertility*, Ethics and Public Policy Center's Natalie Dodson describes the difference between ART and RRM as "the former seeks to circumvent the infertility, and the latter seeks to treat the underlying causes of infertility."



RRM recognizes that every function in our body is intertwined with our overall well-being. The ability to ovulate or have a menstrual cycle within appropriate age ranges is a sign of health. We cannot shut down one system and not expect natural repercussions later. Yet, conventional medical practices have only offered birth control to treat symptoms or IVF after failing to achieve pregnancy.

RRM is truly an act of individual sovereignty. The Left's mantra of "my body, my choice" actually applies here. The strategies of RRM bring the patient in as an equal participant in treatment. On a case-by-case basis, an RRM doctor may prescribe changes in diet, certain medicines or supplements, exercise, stress reliefs, or surgeries. It is the patient's responsibility to put the agreed-upon plan into action. Through charting various biomarkers, a patient can see how these actions are affecting her body from day-to-day and understand how to best advocate for herself when receiving treatment. This allows her to have informed decisions rather than a five-minute consultation only to receive a one-size-fits-all solution. These decisions can lead to healthy lifestyle choices that will be beneficial beyond pregnancy.

For far too long, medical professionals have normalized painful symptoms that indicate problems within the female reproductive system. The most prescribed treatment for abnormal menstrual cycles or associated pain is birth control methods such as pills or intrauterine devices. These have only provided a band-aid allowing bigger problems to fester leading to infertility. We can't com-

pletely blame the doctors though; this is what they have been taught.

RRM is not part of the core curriculum of most medical programs. In order to receive training, medical professionals have to take specialized courses post-graduation. ART, however, is often taught throughout medical school. If more medical professionals are equipped with how to address the root problems of infertility, more women can be treated at the local level.

Increasing the number of RRM trained physicians would also save costs for patients while having better outcomes. Studies have shown that RRM is twenty times less expensive than IVF. A single round of IVF can cost between \$12,000-\$30,000 and most women need multiple rounds to try to achieve pregnancy, whereas RRM, depending on the procedures, could simply come at the cost of medications.

IVF has a success rate of live births of roughly 23%. This number does not take into consideration all the extra embryos created and destroyed. Comparatively, RRM has a success rate of up to 40% of live births, while also addressing long-term problems that may increase chances of future pregnancies or better health overall.

Studies have also shown that RRM significantly reduces preterm births. The average preterm birth rate in the United States is 10.4%. IVF increases this likelihood averaging 19.7% early deliveries. Incredibly, RRM falls below both averages with a 5.7% rate. Not only does RRM increase the health of the mother, but of the baby as well.

Treating infertility should not be a political issue, since infertility affects so many women and most women want to have children. We encourage Congressional and regulatory action to conduct studies into these methods. Women need better reproductive health options. 