Michigan Nurses 🐶 For Life

1637 W. Big Beaver Rd., Suite G • Troy, Michigan 48084

August 2015

"An educational group for pro-life nurses"

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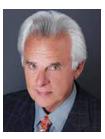
Michigan Nurses



2015 Conference

"First Do No Harm" The Threat of Assisted Suicide As End of Life Care

Saturday, September 26, 2015 • 8:00am—12:30pm St. Joseph Mercy Oakland • Pontiac, Michigan





"The Threat of Assisted Suicide"

Wesley J. Smith, Author and Senior Fellow Discovery Institute

<u>"What is Happening with POLST in MI?"</u> Edward L. Rivet II, Legislative Director Right to Life of Michigan

The public is welcome!

Registration Information:

Phone: 248.816.8489 • Email: info@mnfl.org • www.mnfl.org

To Register Online: mnfl.eventbrite.com Presented by:

Michigan Nurses for Life in cooperation with Educational Center for Life

A certificate of attendance will be awarded for nurses.

From the President

Michigan Nurses For Life

Our Purpose:

...To raise the consciousness of the nursing profession to protect all human life from conception until natural death

...To form an educated core of nurses who can speak for their profession by acting as a community resource for life issues

...To promote public education and awareness about life issues on both ends of the spectrum, from abortion to euthanasia

...To uphold and defend human life in all stages and conditions of development

Michigan Nurses For Life

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248-816-8489 - Office Email: info@mnfl.org Web Site: www.mnfl.org

Hours:

Monday through Friday 10 AM - 3 PM

Officers:

Diane Trombley, President Mary Anne Barrett, Secretary Alice Maher, Treasurer

Board Members:

Ann Bellar Martha Jacobs Phyl Sallee Linda Seng Susan Stumbo Phyllis Sullivan Mary Lou Temple

Editor and Layout:

Marge Bradley

Dear Colleagues, SILENCE! DO NOT SPEAK! SAY NOTHING!



y saying as little as possible about the scandalous activity attributed to Planned Parenthood, that organization hopes to ride out the current storm of bad publicity and exposure.



They have let others, their usual defenders—Josh Ear-

nest, Presidential Press Secretary, Hillary Clinton, Nancy Pelosi, NYT, Salon, most Democratic politicians (sorry, no disrespect to Democratic politicians, just stating a fact), speak for them. What are they saying? "Edited tape," "gorilla video," "taken out of context," "war on women," "not the whole story," "we don't make money from this," "tissue for needed research," "contributing to finding a cure for Alzheimer's and Parkinson's," and on and on and on and on.

Well, let's see—the medical director for PP admitted on the video that she and other PP doctors modify the technique they use during an abortion to be sure to remove, intact, that tissue and those organs negotiated for with the firms that want them. She acknowledged that getting an intact head out of the uterus is difficult and might require a lengthier procedure. Another PP doctor was seen and heard discussing negotiating methods and price with a presumed buyer, indicating that she was looking for a large monetary return on her time and trouble because, after all, she was wishing to buy a Lamborghini automobile. Even if this last remark was made tongue in cheek, discussing removing body parts and monetary returns for dismembering a human infant over Caesar salad and Chardonnay is stomach-turning.

Going back to the responses from PP defenders—parts of the tape presented on the internet were edited for length. The entire 2-1/2 hour tape is available to anyone who wants to spend that much time listening to how to remove an intact arm, and the written transcripts are also available. They say it was edited. Offer some proof. They say that the tape does not show the whole story. Ok, show us the whole story. Show us how informed consent is obtained—do they tell the woman she can "donate tissue" or do they tell her they will remove a leg and an arm, intact and whole, because that is what the buyer wants? Gorilla tape—I don't know what that is. Undercover, a sting, the PP doctor did not know she was being taped?—yes, yes, yes. Illegal?—no. Researchers no longer need "fresh tissues" (I could be gross and say that sounds like "fresh meat," but I won't) for their research. They want it yes, but they don't need it. The tapes are "mean-spirited" and represent a war on women, seeking to deny needed health services. If the tapes are mean-spirited, the words are coming right out of the mouths of PP representatives. The only war on women is the one fashioned by those who know that a good way to make abortion acceptable is to call it 'reproductive rights.' That the only way to make PP respectable is to say they provide a whole host of services to women and abortion is only a small part—to the tune of 347,000 "small parts" a year. A baby's arms, legs, liver, lungs or head are indeed small at 12 weeks.

STAND UP! SPEAK UP! INFORM YOURSELVES! SUBSCRIBE TO LIFENEWS.COM! GET THE RIGHT TO LIFE - LIFESPAN NEWSLETTER. SHARE WHAT YOU KNOW WITH FACEBOOK, TWITTER AND WHATEVER OTHER SOCIAL MEDIA ACCOUNTS YOU HAVE. IF YOU REMAIN SILENT, THIS WILL FADE FROM SIGHT. THE STATES THAT HAVE PROMISED TO INVESTIGATE (9 SO FAR) WILL LET THE ISSUE MOVE TO THE BACK BURNER. Will you make people angry? Yes. Will you lose friends? Yes. Will you be called names? Yes. Will you be instrumental in removing over \$500,000,000 tax dollars given to PP? Hopefully. Will you be the voice for a voiceless baby? I pray that you will.

"THE ONLY THING NECESSARY FOR EVIL TO TRIUMPH IS FOR GOOD MEN/WOMEN TO DO NOTHING."

—Edmund Burke

Obama Administration Sends \$5.6 Million to Planned Parenthood Abortion Biz

Bv Steven Ertelt

he Obama administration has made funding the Planned Parenthood abortion business a top priority during two terms and the administration has just announced another \$5.6 million for the abortion corporation. The grants to various affiliates of the Planned Parenthood abortion business came via the Department of Health and Human Services.

The announcement came July 4, 2015 from the Office of Adolescent Health, which is responsible for implementing and administering the national, evidence-based Teen Pregnancy Prevention (TPP) Program. The TPP program is described by OAH as, "one of a growing number of federal programs that focus on providing evidence of what works, investing in new and innovative approaches, and fostering a culture of learning."

Planned Parenthood is one of 81 organization to receive funding under the program to prevent teen pregnancy. A breakdown of the \$5,679,657.00 grant dollars to the abortion business is detailed below.

Under what OAH labels their Tier 1A, "Capacity Building" to Support Replication of Evidence-Based TPP Programs" they gave \$750,000 to Planned Parenthood of the Great Northwest Seattle Washington for "vulnerable youth."

In OHA's Tier 1B, "Replicating Evidence-Based TPP Programs to Scale in Communities with the Greatest Need program, three Planned Parenthood affiliates received almost \$3,000,000 in grant money:

Planned Parenthood of the Heartland Des Moines, lowa received \$965,988. Planned Parenthood of the Great Northwest Seattle, Washington received \$999,999. And Planned Parenthood of Greater Washington and North Idaho Yakima, Washington received \$963,670.

In OAH's Tier 2B, "Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy" program: Planned Parenthood of the Great Northwest Seattle, Washington received \$2,000,000. \$1,000,000, was allocated for "Family-based intervention for rural youth and their parents or caregivers" and another \$1,000,000 for "Clinic-based intervention for LGBTQ teens and health care providers."

The Obama administration grants to Planned Parenthood follow on the heels of a new report showing Planned Parenthood does one-third of all abortions in the United States. Planned Parenthood sells itself as a non-profit organization that concerns itself with women's health, but a shocking new report indicates Planned Parenthood is little more than an abortion business. While the number of abortions it does and the percentage of its operations that are abortions is in the rise, the number of women receiving legitimate health care at Planned Parenthood is steadily declining.

"Over the last 45 years, Planned Parenthood has become the expert in making money from ending lives," observed Americans United for Life President Charmaine Yoest. Her organization released the report [July 6, 2015] which details how the billion-dollar abortion company has increased its profits and market share, even as fewer women have abortions every year.

Yoest stated: "Unlike the national trend observed by the Associated Press, the Centers for Disease Control, and everywhere else that abortions are on the decline, at Planned Parenthood abortion sales are up-meanwhile its overall patients and other services are down. This is as a result of a move to create abortion mega-centers to mass-produce abortions at an even deadlier rate."

The new AUL analysis documents how Planned Parenthood Federation of America (PPFA) has gobbled up the abortion market, aggressively displacing unaffiliated abortion clinics in favor of its large facilities in urban centers, so that it can increase the number of abortions done on unborn babies. Yoest says these mega-centers (abortion clinics of at least 10,000 square feet) have opened in at least 18 cities since 2004.

"Planned Parenthood's mega-centers strategy coincides with its increasing share of the U.S. abortion market: from performing 1 in 5 abortions to 1 in 3," Yoest said, noting that Planned Parenthood, in abandoning health care for women, has mandated that all of its affiliates do abortions. As a result, the number of abortions performed by Planned Parenthood has increased with the addition of the mega-centers by more than 70,000 abortions annually.

In December, the abortion giant Planned Parenthood released its 2013 annual report and the new numbers indicate it did more abortions than the year before — killing 327,653 babies in abortions while taking in millions in taxpayer funds. The report indicates Planned Parenthood did 327,653 abortions in 2013, an increase over the 327,166 abortions it did in 2012.

While it remains America's biggest abortion corporation, the "nonprofit" continued to make money-bringing in \$305.4 million last year and \$305.3 million this year. Planned Parenthood continued to receive over a half-billion dollars in taxpayer money, as it took in \$540 million in 2012 and \$528 million in 2013.

In 2013, abortions made up 94% of Planned Parenthood's pregnancy services. For every adoption referral, Planned Parenthood performed 174 abortions. While abortions rose, Planned Parenthood adoption referrals dropped 14% in one year, and prenatal care services dropped 4%. Planned Parenthood's cancer prevention services are down 17% over one year, and contraceptive services dropped by 4%.

During fiscal year 2013-2014, Planned Parenthood received more than \$528 million in taxpayer funding, or more than \$1.4 million per day, in the form of government grants, contracts, and Medicaid reimbursements. Taxpayer funding accounts for 41% of Planned Parenthood's overall revenue. Planned Parenthood reported more than \$127 million in excess revenue, and more than \$1.4 billion —LifeNews.com, July 6, 2015 in net assets.

Memorial

n January 4, 2015, the husband of Mary Lou Temple, co-founder of MNFL passed away. John Temple retired in 1998 as a Radiologist for Southfield Radiology at Providence Hospital. We extend our sincere condolences to the family. Memorial Contributions were received from: Alice Maher, Mary Anne Barrett, Linda Seng, Ann Bellar and Phyllis Sullivan.

Michigan Nurses for Life offer courageous witness in often difficult circumstances

By Elizabeth Wong Barnstead

ormed in 1995, the Michigan Nurses for Life realize that being involved in health care means they "are truly in the front lines of life issues," explained Diane Trombley.

"It is we who are instructed and our mission is to implement doctors' orders and care for our patients," said Trombley, president of the Troy-based organization.

However, there are times when a nurse is "put in a position that violates their strongly held moral convictions," and in these instances, the nurse might struggle from lack of resources and support.

Sometimes the response is "No, I cannot cross that line," said Trombley, who is Catholic. "It's very difficult to be a nurse today."

"All of us went into nursing with the idea that we're going to help people," she said, adding that nurses have an affinity for extending themselves for the care of their patients.

But, "if that care has now branched into doing harm to one's patients, it's a difficult thing to face," said Trombley, citing the moral decisions that many nurses face today, including assistance in abortions, physician-assisted suicide and appropriate hospice care.

Trombley said she has been active in the pro-life movement for 45 years and credited her nursing background for bringing her to a pro-life worldview.

Though she retired from clinical nursing years ago, she emphasized that "you're never not a nurse," and is still contacted by friends and neighbors seeking medical advice or assistance.

Moral dilemmas

Trombley said a major issue for pro-life nurses today is the issue of hospice care — "protocols that are offered to a patient enrolled in hospice, at home or facility, don't have the same protections for human life that hospice was originally designed to put forward," she said.

She added that pro-life nurses are also concerned about the growing use of embryonic stem-cell research, which destroys human life at its earliest stages.

Nurses also face dilemmas when not in a clinical setting. Phyl Sallee, a board member of Michigan Nurses for Life, said educational institutions vary in leniency when it comes to instructors bringing up God, moral dilemmas and life issues.

Having served as both a staff nurse and as a nursing instructor on the undergraduate level, Sallee said that she regularly taught pharmacology (medications) and pediatrics courses until her recent retirement.

Sallee has been a member of southeast Michigan's Right to Life - LIFESPAN for many years. When Michigan Nurses for Life started up next door, Sallee joined them as well. "We're the only, as far as I know, pro-life nursing organization in the state," said Sallee. "One of the main goals is to educate other nurses about pro-life issues."

Sallee said when teaching about the levels of pain felt at various ages, she included the issue of pain felt by babies in utero.

"I start talking about neonates, babies in utero," she said. "Sometimes I explain the different types of abortion procedures," adding that current studies indicate pain felt by babies as young as 20 weeks gestation, though some data has indicated an even earlier stage.

Baby feet

Ann Bellar, another board member of Michigan Nurses for Life and a nursing instructor, said she has focused her undergraduate and graduate-level nursing lectures on how "people have intrinsic worth and value," and presents "the appropriate way to respect their bodies."

Bellar said she believes a nurse's hands receive a special consecration from God, and that nursing is a calling and vocation.

When teaching at religious institutions, she shares this outright, and at secular schools she points out that "a nurse's hands are a special set of hands, going to bring the healing touch to people."

Bellar likes to wear the "baby feet" pin depicting the actual size of a 10-week-old unborn child's feet, and has worn them to some of her classes.

A student once asked her about the feet, and she explained. The student left without further comment, only encountering Bellar again at the end of the school year.

"Those baby feet saved my nephew," said the student, explaining that her sister had become pregnant and was considering abortion at about 10 weeks.

"Now we have a beautiful baby boy," the student added. —The Michigan Catholic, January 26, 2015



Members of the Michigan Nurses for Life, based in Troy, talk during a meeting in January 2015. Clockwise, starting at left, are Linda Seng, organization president Diane Trombley, Ann Bellar and Phyl Sallee.

Euthanasia's Cancerous Corruption of Medical Morality

By Wesley J. Smith

uring World War II, German doctors euthanized disabled babies and adults. As Robert Jay Lifton reported in The Nazi Doctors: Medical Killing and the Psychology of Genocide, no one forced these doctors to kill. Many of them believed euthanasia to be a "healing treatment" that ended "unlivable" lives, liberated families from the burden of caregiving, and kept the country from "wasting" scarce resources on the lebensunwertes leben ("life unworthy of life"). Such was the fruit of years of utilitarian indoctrination and the resulting societal acceptance of eugenics ideology.

At the time, Netherlander doctors were well aware that German medical ethics had devolved. Thus, when the German commander of the occupation, Arthur Seyss-Inquart (now known as "the Butcher of Holland"), commanded that Dutch medical practices adjust to the German way, Netherlander doctors courageously defied the order.

Seyss-Inquart was furious. First he exacted financial revenge, stripping doctors of their medical licenses. The doctors stopped signing birth and death certificates, but continued treating their patients. Seyss-Inquart then took lethal action. One hundred doctors were arrested at random and shipped to concentration camps, from whence few returned. Still, the remaining doctors held their ground. They would not turn on their most vulnerable patients.

Eventually, in a triumphant success story of peaceful civil disobedience, the Germans backed down and rescinded the order. The medical adviser to the Nuremberg Trials, Dr. Leo Alexander, wrote about the episode in the New England Journal of Medicine:

Thus, it came about that not a single euthanasia or nontherapeutic sterilization was recommended or participated in by any Dutch physician. They had the foresight to resist before the first step was taken, and they acted unanimously and won out in the end.

But times have changed, and not for the better. It is a painful irony that some of the very policies Seyss-Inquart could not force upon Netherlander doctors have been willingly embraced by their contemporary counterparts—including the technically illegal but widely accepted infanticide of disabled babies.

Today, most Dutch doctors openly embrace euthanasia and assisted suicide—and not only for those who are dying. A just-released study in the *Journal of Medical Ethics* delineates the profoundly corrupted medical morality of the Netherlands. The study asked doctors about their practice of, and attitudes toward, euthanasia. An astonishing 60 percent of respondents reported having



lethally injected a patient. Demonstrating how thoroughly euthanasia consciousness has permeated medical ethics in the Netherlands, *only 14 percent* of respondents said that they could not conceive of killing a patient.

Even though 40 percent of the surveyed doctors had never performed euthanasia, almost all reported that they would under certain circumstances. Making plain the morally infectious nature of euthanasia, large percentages reported that they could "conceive of" killing patients who were not terminally ill or, in some cases, who were not even physically ailing. A whopping 34 percent could "conceive of" killing a patient as a way to end suffering caused by "psychiatric disease." Forty percent of doctors are willing to kill "early-stage dementia" patients, and 33 percent are willing to kill "advanced dementia" patients who had requested as much in an advance medical directive. Death statistics bearout medical views: euthanasia killings of the mentally ill have sharply increased.

A wide swath of doctors expressed willingness to kill the elderly. More than a quarter (27 percent) of the doctors said they would kill an elderly person "with medical grounds for suffering but in the absence of severe physical or psychiatric disease." Even more startling, 18 percent disclosed that they could "conceive of" euthanizing an elderly person who was simply "tired of living, without medical grounds for suffering."

Mark Twain warned that there are damn lies and then there are statistics. But sometimes statistics tell hard truths. Decades of medicalized killing have euthanized Hippocratic values in the Netherlands. As our country debates whether to grant American doctors wider authorization to end lives, we should pay careful attention. If we allow our medical ethics to be remade in the Netherlander image, in a few decades it may be nearly impossible to find a doctor who is not willing to kill.

Wesley J. Smith is a senior fellow at the Discovery Institute's Center on Human Exceptionalism and a consultant to the Patient's Rights Council. —First Things, May 15, 2015

Rationing? Obamacare Health Care Plans Have 34 Percent Fewer Doctors, Hospitals

By Sarah Zagorski

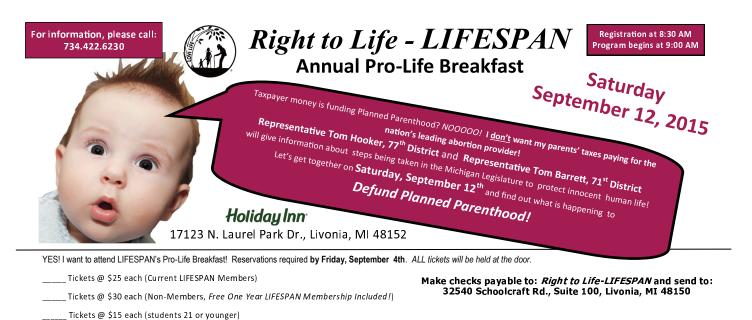
A ccording to the Washington Examiner, a new study reveals that Obamacare plans have 34% fewer doctors and hospitals than other health insurance plans. The information was released today by Avalere Heath and proves that exchange networks actually provide fewer heart and oncology specialists as well as fewer primary care and mental health providers. Additionally, the exchange networks provide 24% fewer hospitals than normal health insurance plans.

The vice president of Avalere said the following about the new facts: "Patients should evaluate a plan's provider network when picking insurance on the exchange." The statistics come from surveying the plans in North Carolina, Florida, California, Texas and Georgia.

However, the information from Avalere isn't exactly "new" because in 2013, the New York Times reported that the ObamaCare Health Care Law cut-rate plans and limited specialists in certain areas. As LifeNews previously reported, the article titled, "Lower Health Insurance Premiums to Come at Cost of Fewer Choices" explained, "When insurance marketplaces open on Oct. 1, most of those shopping for coverage will be low-and moderate-income people for whom price is paramount. To hold down costs, insurers say, they have created smaller networks of doctors and hospitals than are typically found in commercial insurance. And those health care providers will, in many cases, be paid less than what they have been receiving from commercial insurers." Additionally, the article revealed that many of the best medical centers are excluded from many of the exchange plans to cut costs. The writers explained, "In a new study, the Health Research Institute of PricewaterhouseCoopers, the consulting company, says that 'insurers passed over major medical centers' when selecting providers in California, Illinois, Indiana, Kentucky and Tennessee, among other states. 'Doing so enables health plans to offer lower premiums,' the study said. 'But the use of narrow networks may also lead to higher out-of-pocket expenses, especially if a patient has a complex medical problem that's being treated at a hospital that has been excluded from their health plan.'"

In other words, Obamacare offers lower quality care and limits options for some people seeking treatment for advanced illnesses. Of course, this is only one problem with the President's healthcare law; the other is that the Government Accountability Office (GAO) released a report that showed Obamacare plans cover abortion and receive taxpayer subsides.

The GAO report also found that nearly all of the insurance issuers sampled are not itemizing the required separate abortion surcharge on its bills—confirming that the Obama Administration is ignoring the law's abortion accounting gimmick. In 2014, taxpayers funded over a thousand Obamacare health plans that subsidize abortion on demand—even late-term abortion—in defiance of the Hyde Amendment the President publicly said he would honor. —LifeNews.com, July 21, 2015



to accommodate seating requests): ______ Photos/video may be taken at this event by LIFESPAN and may be used by us on the web, in publications and/or other media. If you would prefer that your image not be included, please contact the Main Office: 734.524.0162 There are several versions of the following, some for men, some for women. We thought that the nurse's response was suitable for either. The words ring true and even though we are busy, busy, busy, sometimes just a gentle touch is sufficient.

Cranky Old Man

What do you see nurses?...What do you see? What are you thinking...when you're looking at me? A cranky old man...not very wise, Uncertain of habit...with faraway eyes? Who dribbles his food...and makes no reply. When you say in a loud voice...'I do wish you'd try!' Who seems not to notice...the things that you do. And forever is losing...A sock or shoe? Who, resisting or not...lets you do as you will, With bathing and feeding...The long day to fill? Is that what you're thinking?...Is that what you see?

Then open your eyes, nurse...you're not looking at me. I'll tell you who I am...As I sit here so still, As I do at your bidding...as I eat at your will.

I'm a small child of Ten...with a father and mother, Brothers and sisters...who love one another. A young boy of Sixteen...with wings on his feet, Dreaming that soon now...a lover he'll meet. A groom soon at Twenty...my heart gives a leap. Remembering, the vows...that I promised to keep. At Twenty-Five, now...I have young of my own. Who need me to guide...And a secure happy home. A man of Thirty...My young now grown fast, Bound to each other...With ties that should last. At Forty, my young sons...have grown and are gone, But my woman is beside me...to see I don't mourn. At Fifty, once more...Babies play 'round my knee, Again, we know children...My loved one and me.

Dark days are upon me...My wife is now dead. I look at the future...I shudder with dread. For my young are all rearing...young of their own. And I think of the years...And the love that I've known.

I'm now an old man...and nature is cruel. It's jest to make old age...look like a fool. The body, it crumbles...grace and vigor, depart. There is now a stone...where I once had a heart. But inside this old carcass...A young man still dwells, And now and again...my battered heart swells I remember the joys...I remember the pain. And I'm loving and living...life over again. I think of the years, all too few...gone too fast. And accept the stark fact...that nothing can last.

So open your eyes, people...open and see. Not a cranky old man. Look closer...see...ME!! —Author unknown

Nurses' Response

What do we see, you ask, what do we see? Yes, we are thinking when looking at thee! We may seem to be hard when we hurry and fuss, But there's many of you, and too few of us.

We would like far more time to sit by you and talk, To bathe you and feed you and help you to walk. To hear of your lives and the things you have done; Your childhood, your wife, your daughter, and son. But time is against us, there's too much to do— Patients too many, and nurses too few.

We grieve when we see you so sad and alone, With nobody near you, no friends of your own. We feel all your pain, and know of your fear That nobody cares now your end is so near.

But nurses are people with feelings as well, And when we're together, you'll often hear tell, Of the dearest old Gran in the very end bed, And the lovely old Dad, and the things that he said. We speak with compassion and love, and feel sad, When we think of your lives and the joy that you've had.

When the time has arrived for you to depart, You leave us behind with an ache in our heart. When you sleep the long sleep, no more worry or care, There are other old people, and we must be there. So, please understand if we hurry and fuss, There are many of you, and too few of us. —Author unknown

MNFL Goes to College



Minvited to be an exhibitor at Madonna University's Student Nurses Career Fair. It was a pleasure meeting the young women and men who attend-

ea as they continue their studies and search for jobs. They learned more about our professional organization's goal of protecting life in all its stages from conception to natural death.

Kudos to Mary Beth Theisen who staffed a Michigan Nurses for Life pro-life resource table at an event sponsored by Oakland Community College, Royal Oak Campus. Mary Beth reported that the pro-life materials and her presence were received very well by those in attendance. Thank you, Mary Beth!

National Association of Pro-Life Nursing Students Scholarship

The 2016 National Association of Pro-Life Nurses' scholarship application is available on their website at www. nursesforlife.org. The application must be completed and returned to the NAPN by February 15, 2016. Any student currently enrolled in an accredited school of nursing in the fall, winter or spring of the 2015-2016 school year, including full or part-time, is eligible to participate.



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For more information about Michigan Nurses For Life Office: 248-816-8489 Email: info@mnfl.org or visit us on the web at: www.mnfl.org

Check out the great MNFL web site at: www.mnfl.org

If you would like to add or delete a name from our mailing list, please contact Michigan Nurses For Life at 248-816-8489. Thanks!

SAVE THE DATES!

RTL - LIFESPAN'S ANNUAL PRO-LIFE BREAKFAST Saturday, September 12, 2015

Registration: 8:30 AM – Program: 9:00 AM Holiday Inn, 17123 N. Laurel Park Dr., Livonia Learn how your taxes are paying for the nation's leading abortion provider! See page 6.

NATIONAL DAY OF REMEMBRANCE FOR ABORTED CHILDREN

Saturday, September 12, 2015 – 2 PM

White Chapel Cemetery, 621 W. Long Lake Rd., Troy Sponsored by: RTL - LIFESPAN For more information, call: 734-524-0162 or visit miLIFESPAN.org

40 DAYS FOR LIFE September 23 – November 1, 2015 To find a location near you, visit www.40daysforlife.com

MNFL FALL CONFERENCE

Saturday, September 26, 2015 St. Joseph Mercy Oakland, Pontiac Speakers: See front page For details, call: 248-816-8489 CIDER WALK Sunday, September 27, 2015 1:30 – 3:30 PM Starr Jaycee Park 13 Mile Rd., Royal Oak Sponsored by: RTL - LIFESPAN For information, call: 734-524-0162 or visit www.miLIFESPAN.org

LIFE CHAIN SUNDAY



October 4, 2015 2:00 – 3:30 PM Sponsored by RTL - LIFESPAN For information on a location near you, call: 734-524-0162

MOVEMENT IN MOTION YOUTH BUS TRIP TO WASHINGTON, DC

January 2016 Sponsored by RTL - LIFESPAN Student registration: September 7 – October 31, 2015 or until all seats are filled For details, call Lynn: 248-816-1546