

Michigan Nurses For Life

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

September 2009

"An educational group for prolife nurses"

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Fall Conference Registration:

Print form online:
www.mnfl.org

Or call:
248.816.8489

By Fri, Oct. 9, 2009

Michigan Nurses For Life in cooperation with Educational Center For Life and Madonna University Council of Catholic/Christian Nurses Present:

MNFL 2009 Fall Conference

Coping with an Adverse Prenatal Diagnosis Perinatal Hospice and Family Support

Friday, October 16, 2009
8 AM – 2 PM

Location: Madonna University Residence Hall East Dining Room



"Perinatal Hospice Care for Families" Keynote Speaker: Byron Calhoun, MD

Professor, Department Vice-Chair, OB/GYN at West Virginia University Charleston, Dr. Calhoun pioneered the concept of perinatal hospice.

His most recent article "The Perinatal Hospice" offers a prolife alternative to partial birth abortion for fetal anomalies.

"Caring for Families After the Loss of a Newborn"

Speaker: Janet Holtz
Co-founder and Director of Perinatal Hospice of Washtenaw County

"Sharing Our Hospice Story" Speakers: Mary Jo & Del Paquin

Parents who experienced two perinatal losses---with and without hospice care will share their personal story.

"Managing Acute Post-Operative Pain" Speaker: Ann Bellar, PhD, RN

Assist. Professor of Nursing, University of Detroit Mercy. Former President, Michigan Nurses For Life.

**4.5 contact hours
for nurses
including 1 hour pain
management
pending through
Madonna University**



"Support for Parents of Children With Disabilities" Speaker: Cynthia Kidder

Founder and CEO of Band of Angels, a support group for parents of children with Down syndrome, autism and other disabilities.

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

Coventry Place - Suite G
1637 W. Big Beaver Road
Troy, Michigan 48084-3540

248.816.8489 - Office
248.816.9066 - Fax
Email: info@mnfl.org

Hours:

Monday through Friday
10 AM - 3 PM

Officers:

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

Board Members:

Martha Jacobs
Margaret Joyce
Barbara Lubinski
Phyl Sallee
Linda Seng
Phyllis Sullivan
Mary Lou Temple

Editor and Layout:

Susan Beardsley

President's Perspective

Dear Colleagues,

Well, this is the space where I should tell you everything you ever wanted to know about the Health Care Reform bills currently under consideration. Well, guess what—not gonna happen!

Why? Mostly because I am not sure there are even two people in this entire country who fully understand these measures, especially since they have been written by committees, in separate rooms with different people doing the construction.

Another, more serious reason is because no one will know what these measures will ultimately provide, or deny, until they are written, agreed upon, signed and then go through the legal process. From a pro-life perspective, **HB3200 DOES PROVIDE FUNDING FOR ABORTION!** This categorical statement is based on at least two reasons. The so-called Capps Amendment, named after Rep. Lois Capps (D-CA) was offered, and approved, as a means of not providing funds for abortion in HB 3200. While the Capps amendment's language appears to do away with the abortion mandate, pro-life legislators note that it explicitly permits the Secretary of HHS to include abortion in the services offered by the public plan. Whether the Hyde Amendment is reversed or not, the language in the Capps amendment would have to adhere to the Hyde Amendment only for the duration of the Hyde authority. That authority expires each year. So, if abortion is not specifically banned in the bill, and Hyde is not passed again, then abortion is covered. Secondly, the 6th Circuit Court of Appeals found in *USA v. Engler (1996)* that the term "family planning" includes abortion. Family planning is a term used frequently in HB3200 and its various cousins. A quick court challenge would uncover the 1996 decision. Finally, if in fact the writers of the Health Care Reform measures were really willing to exclude abortion from tax dollar payment, they would not have defeated every amendment offered by pro-life legislators that sought to make that exclusion.

The notion of "death panels" was a little over the top in my way of thinking but the idea that physicians would receive extra cash incentives for having "end of life" discussions with their elderly patients sends a chill down my spine.

These measures are among many that should give all health care professionals great cause for concern. Phrases like, "appointed boards of lay men and women (non health care professionals) that would be charged with making decisions about "positive outcomes"; getting rid of "unnecessary and ineffective treatments and medicines" sounds good, but who determines what is unnecessary and ineffective? In this case, not the doctors. Who gets treated, who will pay for it, what kind of treatment, how long they can be treated, how "positive" must a positive outcome be? These questions should be answered before a law is passed. What is the hurry? When dealing with such a large part of our economy, that affects every man, woman and child in our nation, it would seem that measured, deliberate discussions, **OPEN AND TRANSPARENT** to all citizens would result in a far more acceptable reform than our current hurry, hurry, quick, quick effort. Speed does not equal quality and if it really does need doing, it needs doing well.

Love Life!

Diane Trombley, RN, BSN
President, Michigan Nurses For Life

Every Pro-Life American Must Tell Congress Now: **“Vote against any health care bill that does not explicitly exclude abortion!”**

**Health care bills in Congress could create the
greatest expansion of abortion since *Roe v. Wade*.**

1. Email now: Go to www.NRLactioncenter.com. Follow the simple directions at the bottom of the web page to send urgent messages to your U.S. senators and your U.S. House member.

2. Email now: Copy this action alert and email it to all your pro-life friends and relatives.

3. Copy & Distribute: Copy and pass this alert out at pro-life churches and meetings. To download this form, go to www.stoptheabortionagenda.com

4. Make Personal Contact with Your Senators and Congressmen:

Use every opportunity: office meetings, fairs, town meetings, and other public events.

5. Telephone: Call the offices of your two U.S. senators and your U.S. House member (through the Senate switchboard: 202-224-3121 and the House switchboard, 202-225-3121). Give your zip code and you will be connected to the correct offices.

Give the senator's or representative's staff your name and address and tell them to relay a message:

“I urge you to oppose Senator Kennedy's health care bill (for Senate staff), or the House Democratic Leadership health care bill, H.R. 3200 (for House staff), because it would result in coverage of elective abortion in a new nationwide 'public option' health insurance plan, and would allow federal subsidies to go to other plans that also cover elective abortions. **I STRONGLY URGE YOU TO OPPOSE ANY HEALTH CARE BILL UNLESS ABORTION IS EXPLICITLY EXCLUDED!**”

Check for updates at
www.NRLactioncenter.com



Please copy and distribute freely.

New York Nurse Speaks Out About Hospital That Forced Abortion Participation

by Steven Ertelt, *LifeNews.com* Editor - July 28, 2009

New York, NY (LifeNews.com) — A nurse in New York City who Mount Sinai Hospital forced to participate in an abortion is speaking out about her ordeal. As LifeNews.com first reported, Alliance Defense Fund attorneys filed a lawsuit last week for Cathy Cenzone-DeCarlo who says she told the hospital about her objections.

Since 2004, officials at Mount Sinai Hospital knew that Cenzone-DeCarlo had deeply-felt pro-life views and would not consent to assisting in an abortion.

That didn't stop hospital officials from threatening her with disciplinary measures if she did not honor a last-minute summons to assist in a scheduled late-term abortion.

It felt like a horror film unfolding," Cenzone-DeCarlo told the New York Post today about having to participate in an abortion against her wishes. "I couldn't believe that this could happen."

She told the newspaper she has been having nightmares and trouble sleeping ever since the May 24 incident.

"I felt violated and betrayed," Cenzone-DeCarlo said about how officials at the hospital treated her after knowing her faith and values.

Now, she hopes the lawsuit will be sufficient to restore protection for her religious and moral views about abortion in the workplace.

"I emigrated to this country in the belief that here religious freedom is sacred," she said. "Doctors and nurses shouldn't be forced to abandon their beliefs and participate in abortion in order to keep their jobs." Despite the fact that the patient was not in crisis at the time of the surgery, the hospital insisted on her participation in the procedure on the grounds that it was an "emergency."

Federal laws prohibit hospitals that receive federal funds from forcing employees to participate in abortion procedures under any circumstances but that apparently didn't stop Mount Sinai Hospital from asking Cenzone-DeCarlo to join in the abortion of the 22-week-old unborn child.

ADF Legal Counsel Matt Bowman talked with LifeNews.com last week about the case.

"Pro-life nurses shouldn't be forced to assist in abortions against their beliefs," he said. "Requiring a devout, Catholic nurse to participate in a late-term abortion in order to remain employed is illegal, unethical, and violates her rights of conscience."

"Federal law requires that employers who receive funding from tax dollars must not compel employees to violate their sincerely held religious beliefs, but this nurse's objections fell on deaf ears," Bowman added.

"Chasing away workers from the health care field is disastrous health care policy," Bowman continued. "An individual's conscience is likely what brought them to the health care field. Denying or coercing their conscience will likely drive them right out."

According to the lawsuit, the abortion was not an emergency situation.

"Category I" is the classification reserved for "patients requiring immediate surgical intervention for life or limb threatening conditions," but the abortion in this case was classified as a "Category II." That is a determination for surgeries needing to take place within six hours.

ADF says that means the hospital had no reason to insist upon Cenzone-DeCarlo's assistance in the abortion in order to protect the patient.

Bowman said plenty of time existed to find a different nurse to assist, especially since evidence indicates that the patient's condition did not rise even to a Category II. The lawsuit adds that Cenzone-DeCarlo observed no indications that the abortion was a medical emergency while in the operating room.

ADF attorneys filed the complaint in *Cenzone-DeCarlo v. The Mount Sinai Hospital* with the U.S. District Court for the Eastern District of New York.

They are also requesting a preliminary injunction that would order the hospital to honor Cenzone-DeCarlo's religious objection against assisting in abortion and refrain from retaliation against her while the case moves forward.

Related web sites:

Alliance Defense Fund - <http://www.telladf.org>

Printed from: <http://www.lifenews.com/state4311.html>



Real Health Care Respects Life



Pro-Life Nurses Group Urges Congress: Keep Abortion Out of Health Care

by Steven Ertelt, *LifeNews.com* Editor - August 6, 2009

Washington, DC (LifeNews.com) — A national organization for pro-life nurses is joining the chorus of voices urging members of Congress to keep abortion out of health care. The board of directors of the National Association of Pro-Life Nurses is unified in asking Congress to make sure abortion funding and insurance mandates are not included.

The NAPN includes nurses who are on the front lines of providing health care to millions of Americans.

Not only do they not want taxpayer-funded abortions, they are asking Congress to make sure they are not forced to participate in abortions, as happened to a New York nurse who recently filed a lawsuit.

Saying that the "proposed health care legislation affects those of us in the nursing profession directly" the National Association of Pro-life Nurses called on Congress to consider five points when adopting a restructuring plan.

"The bill must not include any mandate for abortion, abortion funding prohibitions must be included to reflect long standing bans in place, and state laws regulating abortion must be upheld," NAPN told LifeNews.com Thursday.

Concerning their involvement in the nursing profession, the group says there "must be protection of the conscience rights of health care workers, and any plan adopted must include full prenatal and delivery care for all pregnancies."

The pro-life nurses also told LifeNews.com that they are concerned about end-of-life issues.

"We are opposed to mandating end of life consultation for anyone regardless of age or condition because of the message it sends that they are no longer of value to society," they say. "Such consults place pressure on the individual or guardian to opt for requests for measures to end their lives."

"We believe those lives and all lives are valuable and to be respected and cared for to the best of our abilities," the nurses continue.

The pro-life nurses group says appropriate medical care and treatment must be provided "for any human being in need of care regardless of disability or level of function or dependence."

Doctors must do so, they say, in accordance with the 1999 Supreme Court decision in the *Olmstead v. L. C.* Decision.

Related web sites:

National Association of Pro-Life Nurses
<http://www.nursesforlife.org>

Printed from: <http://www.lifenews.com/nat5327.html>



2009-2010 Nursing Scholarship Application

The National Association of Nurses is currently receiving scholarship applications. To download the form go to www.nursesforlife.org. The application must be completed and returned to the National Association of Pro-life Nurses by November 15, 2009. The scholarship award is \$1000.

Moving Toward a World with Fewer Children with Down Syndrome

By Dave Andrusko

"The quandaries being raised by the tests illustrate the morass of issues that will arise as scientific and technological advances produce more tests to identify markers for genetic conditions—before conception, during pregnancy and even after birth.

"For 50 years, folks have been working to develop a noninvasive genetic test for Down syndrome,' said Sequenom chief executive Harry Stylii. 'People have described it as the Holy Grail of genetic testing. We are on the cusp of delivering that.'

"It will probably take a year or two for doctors to become comfortable with that, but I think that's where we're headed,' Stylii said, adding that the technology will probably be used to screen for other genetic disorders as well." — From "New Safety, New Concerns in Tests for Down Syndrome," *Washington Post*, February 24

The lengthy article by Rob Stein in the *Washington Post* was as sobering an analysis of where we are in the quiet campaign to hunt down "defective" babies as you are likely to find. Things have gone from bad to worse.

Once upon a time, the tests were either fairly crude, carried a serious chance of being inaccurate or inducing a miscarriage, or could not be confirmed until the second trimester.

What the new tests "promise" (although the story carried a few cautionary notes that the technology has not yet been proven "reliable") are "more definitive results early in the pregnancy." It's as if the search and destroy mission has taken a quantum leap forward, moving from walkie talkies to wireless headsets, from dime store binoculars to night vision goggles, and from peering around corners at ground level to using unmanned aerial vehicles.

We learn from Stein that at least four biotech companies "are racing to market a new generation of tests for Down syndrome." Worse yet the technology can be employed to "screen for other genetic disorders as well."

How does it work? Stein explains that new techniques can isolate genetic information from cells or "free-floating snippets of DNA or the related molecule RNA" that

circulate in a woman's bloodstream.

At a meeting last month, Sequenom of San Diego "reported that results from 858 women showed that its test did not miss a single case of Down syndrome and produced only one false alarm, making it much more accurate than the currently available screening tests and on a par with amniocentesis," Stein reports. Re-read those words and ponder what they mean: "its test did not miss a single case of Down syndrome." Impetus for the latest onslaught came from a 2007 recommendation by the American College of Obstetricians and Gynecologists that all women—not just older women or women statistically more likely to have children with Down syndrome—be offered screening tests for Down syndrome.

Exact figures are elusive, but even with the less precise/more invasive screening upwards of 90% of babies found to be genetically "flawed" are aborted. At the same historical moment we increasingly recognize the full and equal humanity of our brethren with disabilities, we race to find ways to locate them in utero and kill them.

Stein's story does an excellent job of illustrating our schizophrenia: "The new tests for Down syndrome come as advocates pressure Congress to fund a law passed last year aimed at ensuring that couples get accurate information about genetic conditions and at providing support for women who decide to keep their affected children or put them up for adoption." Indeed, according to Stein, members of the National Down Syndrome Society gathered in D.C. to lobby for "\$25 million over five years to implement the legislation."

According to Madeleine Will of the National Down Syndrome Society, "These tests make this all the more important."

One other thought on this story (which can be found at <http://www.washingtonpost.com/wp-dyn/content/article/2009/02/23/AR2009022302837.html>). Let's say they can eventually diagnose with 100% accuracy very early in pregnancy.

If physicians know next to nothing about the real lives of children with a variety of genetic disorders—if they paint a distorted and unrelentingly bleak picture—they have committed the most egregious (and deadly) error of all. Any mother will tell you she is virtually putty in the hands of a physician who tells her of the "burden" the child will be—how everyone will be "better off" if she "terminates."

Continued on page 8...



Gardasil Vaccine News



The following article is taken from the Virginia Hopkins Health Watch. We offer it to you for your review.

Dear Reader,

Finally, the American Medical Association has spoken some truth about the controversial vaccine Gardasil, the mainstream media has picked up the story, and doctors are "just saying no," to it for their patients.

An article in the current issue of the Journal of the American Medical Association (JAMA, August 19, 2009) takes Gardasil manufacturer Merck to task for marketing Gardasil as a cervical cancer vaccine rather than an HPV vaccine; for ignoring those populations of girls and women most at risk for cervical cancer; and for what amounts to deceptive advertising by withholding troubling facts about the vaccine.

Here are some facts about Gardasil, in a nutshell:

- HPV infections are very common, and almost always go away on their own without doing harm. The vaccine does not appear to be effective for women who have an existing HPV infection.

- Cervical cancer, relatively rare in the U.S., is easily and inexpensively prevented and/or cured with regular pap smears.

- According to the JAMA article, "...populations in geographic areas with excess cervical cancer mortality, include African Americans in the South, Latinos along the Texas-Mexico border, and whites in Appalachia..." The vaccine has not been marketed to these girls and women, presumably because they can't afford the \$300 price tag.

- The Gardasil vaccine is expensive and poorly studied—only a few hundred women were given it in the testing phase, and they were only followed for 17 months. We do not know if this vaccine continues to prevent some forms of HPV for more than 17 months, yet millions of women have been strongly pressured to get it, making them, in effect, guinea pigs.

- Reporting of Gardasil side effects and follow-up on

those reports has been sketchy at best.

- Few of those in charge of regulating this vaccine are admitting that any of the serious side effects and deaths are directly related to Gardasil. Less serious side effects have been trivialized. For example, fainting is one of the most common side effects reported. If the reports of fainting were due to shock from the pain of injection, as claimed by so many, fainting would be a reported side effect of, for example, flu shots, which is not the case. These are not Victorian-era women in corsets who are fainting. Fainting indicates a serious lack of oxygen in the brain. The same goes for the many reports of serious headaches following the Gardasil vaccine—this is not a trivial side effect.

There is no risk/benefit formula that can justify a poorly studied vaccine given to millions of women that is likely causing serious, permanent side effects and death. Tens of thousands of women have already been harmed and killed by drugs such as DES, estrogen-only HRT, and estrogen-progestin HRT. Enough already.

Not one woman should have to die because of this vaccine—not one.

For more about Gardasil, please read my article, *Truthines in Advertising – Gardasil*, at www.virginiahopkinstestkits.com/gardasilvaccinehpv.html and pass the article around to friends and family—the more people who have the truth about the Gardasil vaccine, the fewer girls and women who will be harmed by it.

Sincere thanks and gratitude to my wonderfully awake, aware and proactive readers—Virginia Hopkins

Originated at Virginia Hopkins Health Watch
<http://www.virginiahopkinstestkits.com>

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Michigan Nurses For Life
Exhibit Table

2009 Nursing Expo
Doubletree Hotel
Bay City Riverfront
Bay City, MI
October 2-3, 2009

Sponsored by:
Michigan Nurses Association

Michigan Nurses

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



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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!

UPCOMING EVENTS

SATURDAY, SEPTEMBER 26, 2009
PROLIFE BREAKFAST 9AM - Noon

Keynote Speaker: Marjorie Dannenfelser
President and Chairman of the Board,
Susan B. Anthony List
To make reservations call
RTL-LIFESPAN: 248.478.8878

SUNDAY, OCTOBER 4, 2009
LIFE CHAIN 2:30 - 3:30 PM

Please join us by standing in silent, peaceful witness
delivering the message that abortion kills children.
For an updated list of Life Chain locations, call
RTL-LIFESPAN: 248.478.8878

SATURDAY October 10, 2009
CIDER WALK - 2:00 PM

RTL-LIFESPAN Annual Walk For LIFE
on the scenic Paint Creek Trail in Rochester, MI
For further information, call: 248.478.8878

Moving Toward a World with Fewer Children with Down Syndrome

Continued from page 6...

It takes tremendous fortitude and a great support team to stand up to the "experts." But there are wonderful rewards for those who refuse to buckle.

Stein's story concludes with these three paragraphs.

"We have a nation of physicians who are unprepared for explaining a diagnosis of Down syndrome," said Brian Skotko, a physician at Children's Hospital in Boston who works with the National Down Syndrome Society.

"Many overemphasize the negative consequences or outright urge women to terminate their pregnancies." Skotko, whose sister has Down syndrome, predicted such tests would result in fewer babies being born with the condition.

"Every day my sister teaches me lots of life lessons—to laugh when others are mocking me, to keep on trying when obstacles are thrown my way," he said. "If there were a world with fewer people with Down syndrome, I think the world would miss all these important lessons."

National Right to Life News, March 2009 / Reprinted with permission