

Michigan Nurses For Life

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

August 2016

“An educational group for pro-life nurses”

The Inside Story...

Page 2...
From the President

Meet Senator Emmons

Page 3...
The Crisis
is in Your Own Backyard

Page 4...
Why Are They Trying to
Make Us Kill Our Patients?

Page 5...
Euthanasia Will Not Give
People Dignity...

Page 6...
Hospice Care
New Books!

Page 7...
United Way Sent \$3 Million
to Planned Parenthood

Page 8...
Clarence Thomas Slams
Supreme Court

Page 9...
Abortion Pill Reversal
Day of Remembrance

Page 10...
Stem Cells:
A Pro-Life Primer

Page 11...
Right to Life - LIFESPAN's
Pro-Life Luncheon

Page 12...
Upcoming Events

If you no longer wish to receive this newsletter, please contact MNFL at 248-816-8489 or email info@mnfl.org

Michigan Nurses For Life

2016 Conference

The Tragedy of Human Trafficking in MI

Saturday, October 1, 2016 • 8:00 am—12:30 pm

St. Joseph Mercy Oakland Hospital • Pontiac, Michigan



“Life: Respect and Dignity in the Streets”

Sheila Meshinski, BSN, CEN, CFN, a certified forensic and sexual assault nurse examiner serving on the Michigan Human Trafficking Task Force



“Slavery in the Land of the Free”

Theresa Flores, LSW, MS, human trafficking survivor, author, victim's advocate and founder of S.O.A.P. (Save Our Adolescents from Prostitution)



“Legislation in Michigan”

Michigan State Senator Judy Emmons, serving the 33rd District, continues to be an influential leader in raising awareness on human trafficking

Phone: 248.816.8489 ♦ Email: info@mnfl.org

www.mnfl.org ♦ Online Registration: minurses.eventbrite.com

Presented by:

Michigan Nurses for Life in cooperation with **Educational Center for Life**

A certificate of attendance will be awarded for nurses. The public is welcome.

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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From the President

Dear Colleagues,
“If you can’t get past the candidates, think of the Supreme Court. The next president may have as many as three (or even more) opportunities to nominate candidates to the Court. Do you want 30 – 40 more years of what we have had or worse, or a chance to redirect the course of our country?”



Love Life!

Diane Trombley, President

Meet Senator Emmons



Senator Judy Emmons is a mid-Michigan native, fifth generation farmer, mother of three, and grandmother of five.

The senator serves more than 250,000 constituents in the 33rd Senate District which includes five counties: Clare, Gratiot, Isabella, Mecosta and Montcalm.

She has a long history of service and leadership in both the State House and Senate.

Sen. Emmons is Michigan's leading voice on human trafficking. Don't miss her explanation, at the Michigan Nurses for Life Conference (see front page), on

the legislative process and how you can get involved to stop this devastating crime.

Human Trafficking Fast Facts

- Human Trafficking is a modern-day form of slavery, widespread throughout the United States and **occurs right here in Michigan**.
- Michigan's proximity to the **Canadian border** and **waterways** increases the likelihood of trafficking in the state. —*The Hope Project*
- Michigan has had cases of traffickers prostituting minors to **Michigan truck stops** and then **over to hotels in Toledo**. —*Federal Bureau of Investigation*
- Toledo has been ranked as the 4th largest city in the US for human trafficking. —*Federal Bureau of Investigation*
- Cities in Michigan with the most calls received by the National Human Trafficking Resource Center and reported by The Polaris Project.

<http://www.senatorjudyemmons.com/human-trafficking/human-trafficking-fast-facts/>

TO FIND OUT WHERE THE PRESIDENTIAL CANDIDATES
STAND ON ABORTION GO TO:

<http://www.nrlc.org/uploads/2016POTUScomparison.pdf>

The Crisis is in Your Own Backyard

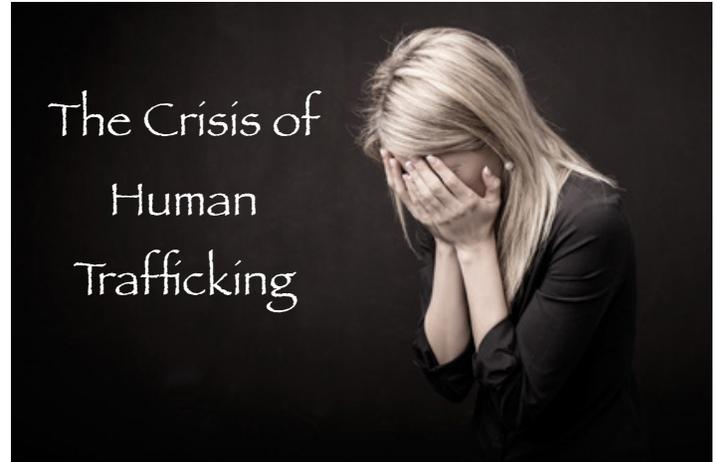
By Bradley Mattes

When you hear the term “human sex trafficking,” your thoughts probably go to some foreign land. Yet, the reality is that this crisis is taking place in your own backyard, in communities across America. It’s closer and more prevalent than you may realize. And abortion’s part of the equation.

Human trafficking is a modern-day form of slavery, claiming the lives of countless women and children. Worldwide, it’s estimated that nearly 19 million people are enslaved in the commercial sex industry. The FBI reports that the average age of entry into sex trafficking is 12 to 14. Young girls, and sometimes boys, are lured in by pimps who promise a better life, love and acceptance or fame. One of the common tactics is to pose as an agent offering the girl a career in modeling. The girls are enticed, then manipulated, intimidated and overpowered, in most cases violently. Some are beaten, raped and forced into submission. In addition to the physical harm, the psychological abuse debilitates a girl’s sense of self. They’re brainwashed into believing that they are nothing. They’re told that no one will want them because of what they’ve done. Most disturbing, their lives can be threatened if they try to resist. It’s the ultimate victimization of body, mind and soul.

Beyond the statistics are the personal and wrenching stories. Jane (name has been changed) was just 14 and had grown up in an abusive home. Her mother was a drug addict, so she lived with her father. Her father’s roommate molested her. When she finally had the courage to tell someone about it, her father turned on her. She went to live with a family friend who forced her into prostitution. A 36-year-old man, she called Jay, said he loved her and wanted her to have a better life. Together, they moved to a new state, where Jay demanded she sell herself. Jane resisted and he got violent, choking and punching her until she agreed. She became a victim by trusting the wrong person. On several occasions, Jane feared for her life. One night, she awoke to a firearm being held at her head. Eventually, Jane was able to escape when she was arrested and an FBI agent offered to send her to Children of the Night, a nonprofit organization that rescues children from prostitution. When asked why she didn’t leave, she said, “I had nowhere to go. I didn’t know anybody. Where was I to go? He threatened to kill me all the time.” Jane has now earned her high school diploma and is attending college. She finally feels that people actually care about her.

If you wonder about the scale of this issue, you need to look no further than recent news. It shows that anyone can be a victim. Brittney Cason, a sports reporter, was approached by a supposed talent agent to be a correspondent covering the Olympics in Sochi. He contacted her through her website and seemed to be legitimate. Brittney did her research and saw his credentials and his



connections within the industry. She went through an extensive four-month application process, sending samples of her work. Then she was told that she was chosen by an LA production company and again, everything seemed to check out. A contract with salary, a flight itinerary and work visa were provided.

Then two weeks before the scheduled departure, Brittney received a strange call. The agent said he needed to expand his team and asked her to recruit some of her female friends in the industry. It struck Brittney as odd that she had to go through four months of screening and now the offer was somehow extended to her friends without even seeing their work? So she decided to do some detective work. Partnering with a fellow broadcaster who was also slated to go to Sochi, they contacted the production company in LA to check the agent’s credentials. The company didn’t know who he was. They advised the ladies not to travel and the young women immediately contacted their lawyers to investigate. Brittney says, “The amount of effort this man put into posing like a talent acquisition agent is not only deceiving, it’s alarming.” The Olympics are a prominent location for trafficking and American women are typically sold for more in foreign countries.

In addition, the Super Bowl is known as a prime event for trafficking in the US. According to a Reuters report, this year, 45 people were arrested and 16 minors were rescued in a sting in New York and New Jersey. FBI officials said the juveniles were ages 13 to 17 and included high school students and children who had been reported missing. It’s chilling to realize these victims can be anyone’s daughters or sons.

As we confront this issue, it cannot be overlooked that there’s a connection between sex trafficking and abortion. It aids the perpetrator in further abusing the girl. And Planned Parenthood has been caught as a willing accomplice to the sex industry. In an undercover investigation, LiveAction sent actors into seven facilities, posing as a prostitute and pimp to inquire about Planned

continued on page 9

Why Are They Trying to Make Us Kill Our Patients?

By Philip B. Dreisbach

I am an oncologist/hematologist who has been practicing in California, primarily at Eisenhower Medical Center in Rancho Mirage, for 39 years. It has been my privilege to have treated and cared for more than 16,000 patients with cancer or blood diseases and to have provided pain relief and comfort for the dying.

I am also one of six concerned physicians who, along with the American Academy of Medical Ethics, have sued in a California Superior Court to try to block as unconstitutional the state's Physician Assisted Suicide law, which went into effect on June 9. More recently, a group of doctors and health-care professionals in Vermont joined a lawsuit filed July 19 to try to block the way that state's 2013 assisted suicide law is being interpreted and misapplied.

Signed by Gov. Jerry Brown and voted against by every elected Republican member of the state legislature, California's radical measure is part of an organized, nationwide, social-engineering campaign, heavily funded by big donors such as the leftist George Soros.

Our state's physician-assisted suicide law instantly removes penal-code protections from a vulnerable segment of the population deemed "terminally ill." The law allows anyone labeled as terminally ill to request assisted suicide—but it also accepts heirs and the owners of caregiving facilities to formally witness such requests, even though the probate code does not even accept "interested" parties as witnesses to a will.

The law does not require an attending physician to refer the patient for psychological assessment. It thus does not allow for screening for possible coercion, or for underlying mental conditions that could be behind the suicide request—unless the patient has signs of mental problems, which may not be visible to a suicide-specialist doctor they may not even know. In these and other ways, the law devastates elder-abuse law and mental-health legal protections, and it deprives those labeled as terminally ill of equal-protection rights that all other Americans enjoy.

All of us in the practice of cancer care have seen patients, diagnosed with so-called terminal illness, who have experienced a marvelous remission of disease. Very little is absolute—except death itself.

On the day that physician-assisted suicide was legalized, my hospital and the other local hospitals announced that they were opting out and would not facilitate the killing of any patients. Some local hospices informed me that they would continue to give palliative care, instead of helping patients kill themselves.

Killing is never medical care. There is no circumstance when any compassionate, competent physician would prescribe a deadly drug to any patient. If "medical practice" has any meaning, it definitely does not include using drugs to willfully kill a patient or for a physician and

pharmacist to supply a lethal drug so that a patient can kill himself.

The American Medical Association has spoken for all physicians by stating: "Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."

The irony here is that the medical community has strongly objected to facilitating the death of felons on death row, but that same medical community is now expected to help kill the innocent.

One must ignore the false rhetoric, the clawing propaganda, used by the death-by-drugs advocates. Terms like "death with dignity" and "compassion in dying" are meant to obscure the fact that these death-march ideologues are targeting the doctor to become an instrument of death.

And why must it be the physician who facilitates self-murder? Why not make the agent of death a non-physician who is given special permission to order and administer a regimen of lethal drugs? No, the advocates want to exploit the respect and trust accorded to the "good doctor" so that drug-induced deaths are viewed as "compassionate." It is part of the marketing scheme for a small but influential necro-political movement.

California and other states contemplating making this devastating change to their laws should heed the troubling example of what has happened in Oregon since its adoption of the "Death with Dignity Act" in 1997. Dr. William Toffler, a distinguished professor of family medicine at Oregon Health & Science University in Portland, Ore., testified before Congress in 2015 about abuses of the law and about the state health department's negligence.

"There is a shroud of secrecy enveloping the practice," he said. "Doctors engaging in this practice are required by state law to fabricate the cause of death stating that the cause is 'natural' rather than suicide."

As the law took effect, Dr. Toffler noted, "the Oregon legislature implemented a system of two different death

continued on page 9



Euthanasia Will Not Give People Dignity Any More Than Abortion Gave People Equality

By Mike Schouten

Being pro-life means, by definition, being for life. The same groups that recognize the value of children in the womb are those who recognize the value of the elderly, the terminally ill, the mentally ill, and all human life. With euthanasia and assisted suicide now accepted in Canada as additional ways to eliminate inconvenience and suffering, it is worth considering how interconnected the issues of abortion and euthanasia are.

Assisted suicide can be paralleled to drug-induced abortions, where a doctor prescribes pills that the patient ingests to accomplish their own goal of ending life. Euthanasia, on the other hand, can be compared to surgical abortion, where a doctor is called upon to take active measures to end a life. In cases of both assisted suicide and drug-induced abortion, if a patient's self-administered attempt fails, a doctor may be called upon to finish the job.

In both abortion and euthanasia, we see debates dominated by the word "choice." It is becoming increasingly common in Canada for the word "choice" to be associated with ending life. We have essentially eliminated our fundamental right to life, and instead made it only a right to die. There is no legal protection for a woman who chooses to carry her child to term, and no legal guarantee that a terminally ill patient will have access to quality palliative care. Instead, the discussion is focused on the right to end pre-born life, the right to end one's own life, and, some suggest, a right to end the life of someone else who has been rendered incapable of making such a decision for themselves, for reasons such as dementia or mental retardation.

As some try to tell women they are empowered by the choice to kill their child, so we are telling those suffering that they are empowered by euthanasia. Just as we tell a teenage mother she cannot, or should not, consider parenting, so we tell a terminally ill patient that he should not continue to drain resources while his illness runs its course, that he cannot find meaning in his suffering, and that he has nothing of value left to offer to society. We are telling both that the only empowering choice is death.

Pre-natal screening and high abortion rates have set the stage for a culture that is willing to embrace euthanasia. By trying to determine before a baby's birth whether her life is worth living, we break down our resistance to the same question later in life. If I, as a mother, will decide the value of my child's life based on her prenatal diagnosis, I had better be ready to extend that same measuring line to myself, my spouse, my parents, and my born children. I should also consider not only the quality of life of the person whose life is in question,



but also how the continued life of that person will affect my quality of life. Is this going to affect my goals? Be too much of a draw on my personal time and energy? Maybe that life, then, is not worth keeping.

Having the right to abort a child does not enhance a woman's equality, it tells her that what makes her unique is her weakness. So having the right to die at the hand of your doctor does not enhance a patient's dignity, it tells them their doctor is just as happy not to care for them, to move on to another patient with more value. These are lies sold in an attempt to capitalize on physical or mental weakness, fear and self-doubt, lies to cover for a system that is inadequate to meet pre-natal, post-natal and palliative care needs. These are lies the pro-life movement has never bought, lies no Canadian should accept as good enough.

Our current void of abortion restrictions and new embracing of euthanasia show a consistent devaluing of life in Canada. If euthanasia "rights" follow the course abortion "rights" have taken, it will soon be available at any age or developmental stage, for any reason, from poverty to inconvenience to relationship difficulties.

But, if we are a country that values life, or at least we want to be, then we need to stop looking for legal ways to end it and instead look for ways to embrace and enhance it. As pro-life individuals, it is our responsibility to model respect for life, to tell our friends and neighbours that we value them, and to show in how we treat each and every person we meet that we believe they have something to offer and a reason for existing.

—LifeNews.com, July 22, 2016

Hospice Care

By Barbara E. Weber, LPN, Retired

Has today's hospice care become a slippery slope? It could have been for my dear friend Mary, who resides in a nursing home.

Six months ago, the administration and the doctor informed me that Mary needed to be placed on hospice care. The main reason given was that Mary had become a "failure to thrive," after having been there only six months. She was admitted to the nursing home because her son could no longer take full responsibility for her. Mary was healthy, took no medications, but was getting a little confused. The idea of putting her on hospice care raised an alarm that went right to the pit of my stomach.

God brought to mind an excellent speaker I had heard at one of the Michigan Nurses for Life Conferences, of her warnings to be careful of hospice. Can it be used for good? Certainly, but it can also be used for the wrong reasons. I corresponded with this knowledgeable nurse who gave me a wealth of information regarding nursing homes and patients on hospice care.

It turns out that a nursing home gets more money from the state for each patient that is on hospice. Of course the patient has to be hospice eligible, but with a diagnosis of "failure to thrive," that could certainly apply. However, Mary was most definitely NOT a failure to thrive. She was eating fine, enjoying her food, still getting some physical therapy there at the home which kept her moving a bit, although she was confined to a wheelchair from the moment she arrived because they considered her a "fall risk." I also learned that the nurse aides did not bother to get an accurate weight on Mary IN HER WHEELCHAIR, and this is what partly promoted the failure to thrive diagnosis.

I was able to persuade my friend's mostly uninvolved son that she was not in need of hospice care, and in fact it would likely take her life. She would immediately lose the services that kept her going: physical therapy would be cut off, helping Mary eat would no longer be a priority, and I wonder how often she would be offered a drink of water?

The doctor was very assertive when we spoke, and seemed to have her own agenda. She said hospice was intended for people who had six months or less to live, but don't worry because she has actually taken people OFF hospice care if they didn't die! Wow, how encouraging was that? But she didn't know my Mary AT ALL, and I knew Mary was not hospice eligible.

Mary's son is her legal guardian, and he would not agree to put his mother on hospice. Thank God we are still in a time where the family has a voice.

This all happened six months ago, and I was too upset to write about it at the time. But now I am happy and thankful to report that my friend Mary just celebrated her 98th birthday on Christmas Day! She got gifts and cards from our church family; she laughed and smiled at the attention. She is feeding herself, is able to enjoy parts of her life, and always recognizes me when I come to see her. I love her and hug her, and she is precious to me. And she is precious to God.

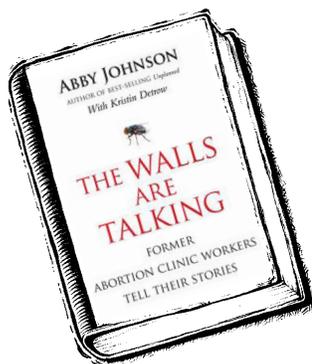
Today, I was filling out my membership renewal to MNFL, and noticed the "benefits of membership." One is fellowship and networking opportunities with other pro-life nurses. That is what helped me save Mary's life. I also was reminded that "MNFL is a volunteer organization of nurses dedicated to promoting life from conception until natural death." The abortion issue is big to us. And so is preventing euthanasia in the elderly.

Barbara has been a long-standing member of MNFL. She shares this account of her friend's near-hospice experience.

THE WALLS ARE TALKING

Former Abortion Clinic Workers Tell Their Stories

By Abby Johnson

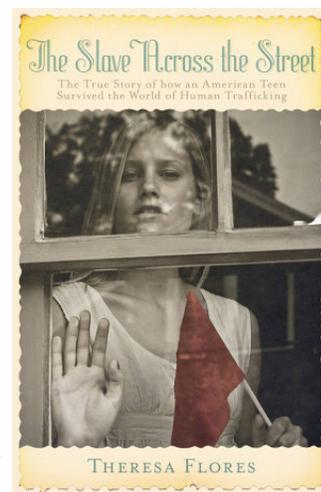


This book narrates the harrowing and life-changing experiences of former abortion clinic workers, including those of the author, who once directed abortion services at a large Planned Parenthood clinic in Texas. These individuals, whose names have been changed to protect their identities, left their jobs in the abortion industry after experiencing a change of heart.

THE SLAVE ACROSS THE STREET: The True Story of How an American Teen Survived the World of Human Trafficking

By Theresa Flores

In this powerful true story, Theresa shares how her life as an all-American, blonde-haired, 15-year-old teenager, who could have been your neighbor, was enslaved into a dangerous world of sex trafficking in an upper-middle class suburb of Detroit.



United Way Sent \$3 Million to Planned Parenthood Abortion Biz in 2015

By Steven Ertelt

LifeNews has repeatedly chronicled the relationship between dozens of local United Way agencies and the Planned Parenthood abortion business.

Last year, on the heels of shocking videos showing the Planned Parenthood abortion business selling the body parts of aborted babies, a new exposé from a group that monitors corporations that finance the abortion giant reveals the United Way is a major donor. That expose found United Way agencies giving \$2 million to the abortion giant.

A new exposé released this week shows that figure has increased to \$3 million.

The consumer advocacy organization 2nd Vote has informed *LifeNews.com* of the release of the Pro-Life Guide to United Way, a new guide that lists the over 1,200 United Way affiliates across the United States and specifies the organizations that contribute to the world's largest abortion company.

"Last year, 2nd Vote compiled an exhaustive list of United Way affiliates that helped fund the world's largest abortion provider, Planned Parenthood," said spokesman Robert Kuykendall. "The latest available financial documentation for each of these affiliates indicates that United Way funnels almost \$3 million to Planned Parenthood every year."

The guide lists over 1,200 United Way affiliates by state and provides the dollar amounts and links to the documentation for each donation to Planned Parenthood. Analysis of IRS Form 990 filings for 2013 and 2014 showed 76 local United Way affiliates that made contributions to Planned Parenthood.

"Our investigation found eight additional United Way organizations that have financial relationships with Planned Parenthood as more financial documentation has been made available. Some of the contribution amounts are in the six-figure range and conservatives who are considering support for United Way's work will want to make sure that their charitable donations don't help fund the world's largest abortion provider," Kuykendall said.

"Financial support for Planned Parenthood from non-profits like United Way helps fund an organization that engages in repulsive practices and is an advocate for policies that allow the destruction of innocent lives," said Kuykendall.

The research for this update was conducted using the most recent Form 990 filings of United Way affiliates. At the time of publication, updated 990s for 9% of the previous donors to Planned Parenthood were not yet available.



How can pro-life advocates find out if their local United Way agency donates to the abortion giant? The group tells *LifeNews* that its handy guide makes it easy to figure out which ones partner with Planned Parenthood.

The 'Pro-Life Guide to United Way' was released on 2nd Vote's website and contains a state-by-state list of every United Way in the United States. Each entry shows the amount of money donated to Planned Parenthood by that affiliate with a link to tax forms documenting the expenditure.

The release of the Pro-Life Guide to United Way follows similar resource guides compiled from 2nd Vote's research that investigated corporate contributions to Planned Parenthood. American Express, AT&T, Avon, Bank of America, Bath and Body Works and Ben & Jerry's are some of the companies the organization found to be supporting Planned Parenthood.

The guide also includes companies like Johnson and Johnson, Levi Strauss, Liberty Mutual and Macy's. Coca-Cola, Converse, Dockers, ExxonMobil, Ford, Groupon and many more corporations appear on the list as well.

—*LifeNews.com*, June 29, 2016

National Association of Pro-Life Nursing Students Scholarship

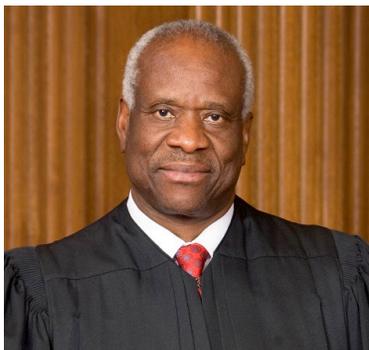


The 2017 National Association of Pro-Life Nurses' scholarship application is available on their website at www.nursesforlife.org. Any student currently enrolled in an accredited school of nursing in the fall, winter or spring of the 2016-2017 school year, including full or part-time, is eligible to participate.

Clarence Thomas Slams Supreme Court “Bending the Rules” to Create “Putative Right to Abortion”

By Steven Ertelt

Supreme Court Justice Clarence Thomas spared no criticism in his dissent [June 27] in the Texas case where the high court invalidated health and safety measures that have protected women from dangerous abortions and saved the lives of thousands of unborn babies.



Thomas said the Supreme Court was doing the bidding of the abortion industry and deciding to “bend the rules” to create a “putative right to abortion.”

Justice Clarence Thomas, who authored the dissenting opinion, wrote, “Today the Court strikes down two state statutory provisions in all of their applications, at the behest of abortion clinics and doctors. That decision exemplifies the Court’s troubling tendency ‘to bend the rules when any effort to limit abortion, or even to speak in opposition to abortion, is at issue.’”

He continued, “...today’s decision creates an abortion exception to ordinary rules of *res judicata*, ignores compelling evidence that Texas’ law imposes no unconstitutional burden, and disregards basic principles of the severability doctrine. I write separately to emphasize how today’s decision perpetuates the Court’s habit of applying different rules to different constitutional rights—especially the putative right to abortion.”

As to the bending of the rules, here’s what Thomas wrote:

Even taking *Casey* as the baseline, however, the majority radically rewrites the undue-burden test in three ways. First, today’s decision requires courts to “consider the burdens a law imposes on abortion access together with the benefits those laws confer.” *Ante*, at 19. Second, today’s opinion tells the courts that, when the law’s justifications are medically uncertain, they need not defer to the legislature, and must instead assess medical justifications for abortion restrictions by scrutinizing the record themselves. *Ibid*. Finally, even if a law imposes no “substantial obstacle” to women’s access to abortions, the law now must have more than a “reasonabl[e] relat[ion] to . . . a legitimate state interest.” *Ibid*. (internal quotation marks omitted). These precepts are nowhere to be found in *Casey* or its successors, and transform the undue-burden test to something much more akin to strict scrutiny.

Thomas added: “Eighty years on, the Court has come full circle. The Court has simultaneously transformed judicially created rights like the right to abortion into preferred constitutional rights, while disfavoring many of the rights actually enumerated in the Constitution. But

our Constitution renounces the notion that some constitutional rights are more equal than others. A plaintiff either possesses the constitutional right he is asserting, or not—and if not, the judiciary has no business creating ad hoc exceptions so that others can assert rights that seem especially important to vindicate. A law either infringes a constitutional right, or not; there is no room for the judiciary to invent tolerable degrees of encroachment. Unless the Court abides by one set of rules to adjudicate constitutional rights, it will continue reducing constitutional law to policy-driven value judgements until the last threads of its legitimacy disappear.”

Here are several select quotes from Thomas’ dissent:

“Our law is now so riddled with special exceptions for special rights that our decisions deliver neither predictability nor the promise of a judiciary bound by the rule of law, Thomas, J., dissenting, at 2.

“[T]he majority radically rewrites the undue-burden text...” Thomas, J., dissenting, at 6.

The State’s burden has been ratcheted to a level that has not applied for a quarter century.” Thomas, J., dissenting, at 9.

“[B]y second-guessing medical evidence and making its own assessments of ‘quality of care’ issues, the majority reappoints this Court as ‘the Country’s ex officio medical board with powers to disapprove medical and operative practices and standards throughout the United States.’” Thomas, J., dissenting at 10 (quoting *Gonzales v. Carhart*).

“As the Court applies whatever standard it likes to any given case, nothing but empty words separates our constitutional decisions from judicial fiat.” Thomas, J., dissenting, at 11.

“The Court should abandon the pretense that anything other than policy preferences underlies its balancing of constitutional rights and interests in any given case.” Thomas, J., dissenting at 13-14.

“I remain fundamentally opposed to the Court’s abortion jurisprudence,” he concluded. Julie Schmit-Albin, Executive Director of Nebraska Right to Life, told *LifeNews*, applauding the high court justice.

“Justice Clarence Thomas’ dissent in this case is very poignant and speaks to a Court which is bending over backwards to protect the abortion industry which preys on women and kills over a million unborn babies a year,” she said.
—*LifeNews.com*, June 27, 2016

NAB A NURSE!



Invite a co-worker to become a member of Michigan Nurses for Life, the only professional Pro-Life nursing organization in the State of Michigan!

Fellowship and networking opportunities are available with other pro-life nurses.

Abortion Pill Reversal Program



We invite you to join our worldwide network of medical providers and PRCs to help in RU486 reversal.

- 1) Go to: www.abortionpillreversal.com
- 2) Click on: [Join Our Medical/PRC Network](#)
- 3) Click on: [Register Now](#)
- 4) For questions:

Sara Littlefield
APR Executive Director
(619) 577-0997 office
(619) 692-8147 fax
apreversal@gmail.com



Abortion Pill Reversal

We launched our Abortion Pill Reversal Program to help women who have taken the abortion pill and have changed their minds. This Program will help women—not just across the nation but throughout the world—to understand that there is hope if they regret taking RU486. We are developing a network of doctors and PRCs who will partner with us to promote this option.

 [facebook.com/AbortionPillReversal](https://www.facebook.com/AbortionPillReversal)

24/7 HOTLINE
(877) 558-0333

It may not be too late to save a life.

abortionpillreversal.com

"I'm So Thankful I Called the Abortion Pill Reversal Hotline"

"I hope many more people come across your protocol and your website. I was so scared and honestly thought the website I came across back in March was going to be some kind of fake scam. I almost didn't even want to call your number. But I am so thankful that I did!

I cannot thank you enough for answering my call that day and continuing to talk me through everything, keeping me calm and trying your hardest to help. Making the decision to have an abortion was one I made with little consideration about the extreme emotional and physical harm it was going to do to my body. After taking the first pill (mifepristone), I knew I could not go through with killing my baby. I came across AbortionPillReversal.com within 24 hours after taking the first abortion pill, and thanks to them and the amazing doctors who prescribed me the progesterone, I was able to maintain a healthy pregnancy and deliver my little angel, who is such a blessing. I am so thankful for the care I received and the little life that was able to be saved." — RC



To Honor the Gravesites of our Unborn Brothers and Sisters



National Day of Remembrance for Aborted Children

Saturday, Sept. 10, 2016 • 1:00 pm
White Chapel Cemetery

Our Five Unborn Children of God

"In 1980, the bodies of 5 pre-born infants were found in Oakland County. Four bodies, found in a self-serve storage locker, were said to be 5 months or less in gestation. The fifth child found in a plastic container behind a medical clinic, was found to be approximately 8 months in gestation.

In both instances, those responsible stated that the bodies were mistakenly placed where they were found and that it was "error" or "accident" that caused them to be improperly disposed of.

Regardless of how the 5 preborn children met their deaths, it was felt by Right to Life - LIFESPAN that a more fitting place for the bodies was imperative. These children were not able to experience their right to life and we felt that at least, in death, their humanity should be recognized and burial be provided as should and would be provided for any other member of our human family.

Through the courtesy of A.J. Desmond and Sons, Funeral Directors, and White Chapel Cemetery, the bodies of these preborn children were laid to rest in a brief and simple ceremony on May 2, 1980."

- LIFESPAN Newsletter, May 1980



On Saturday, Sept. 10th, LIFESPAN will join other pro-life Americans across the country to honor the memory of the more than 50 million preborn victims of abortion during the National Day of Remembrance of Aborted Children.

Date & Time:

September 10th - 1:00 pm

Location:

White Chapel Cemetery
621 W. Long Lake Road
Troy, Michigan 48098

For More Information:

Right to Life - LIFESPAN
734.524.0162
miLIFESPAN.org

National Day of Remembrance for Aborted Children is a joint project of Citizens for a Pro-Life Society, Priests for Life and the Pro-Life Action League.

The Crisis is in Your Own Backyard

continued from page 3

Parenthood's services. During the conversation, they revealed that they were sex workers and even that they worked with girls as young as 14. According to the law, sex trafficking is considered a federal crime punishable by imprisonment of 10 years to life. But Planned Parenthood didn't comply with the law. Instead they offered support, secrecy and cover-up by saying:

- "We see people from every walk of life. There's no judgment, no sharing of information here."
- "We want to know as little information as possible."
- And in regard to abortions for 14-year-olds, "There's ways, like judicial bypass, that we can get around that (parental consent), if you guys ever need it."

If the abortion industry truly cared about women's health and well-being, they wouldn't tolerate this sexual abuse of girls. Now, the girls are doubly victimized—once by a pimp and again by an abortionist.

As pro-lifers, we must educate ourselves and advocate for the protection of these young women. At our website, we've put together a collection of articles, resources and rescue organizations. Let's continue in our fight to protect the priceless value of innocent human life.

For the lives of innocent victims,

—Bradley Mattes, CEO, Life Issues Institute, February 28, 2014

Why Are They Trying to Make Us Kill Our Patients?

continued from page 4

certificates—one that is public with no medical information and a separate one that is never made public. Thus, review and tracking of physician-assisted suicide deaths by anyone outside of the Oregon Health Division is impossible."

Equal protection is not a mindless bumper-sticker slogan. It is a pillar of state and federal constitutions and must not be corrupted. Under the law, equal protection must apply not only to the healthy and able but to the most vulnerable—the unhealthy, the disabled, the elderly—and all who might fall victim to those peddling physician-assisted killing.

Dr. Dreisbach is the director of the Desert Hematology Oncology Medical Group at the Eisenhower Medical Center in Rancho Mirage, Calif.

—The Wall Street Journal, July 24, 2016

Confused About Stem Cell Research? A Pro-Life Primer

By Brian Clowes, Ph.D.

Much of the confusion over stem cell research involves misunderstanding of terms, so let's begin with some definitions.

Stem cells are immature cells that are undifferentiated (i.e., they have not yet "decided" what kind of cell to be). A stem cell divides into two cells: (1) a duplicate of itself and (2) a cell that develops into a more specialized cell type (i.e., an eye, liver, skin or blood cell). Since stem cells replace themselves every time they divide, they are capable of long-term self-renewal.[i]

Because they are immature, stem cells can be used to treat injuries or diseases. Scientists can make stem cells reach their full healing potential by developing procedures that mature them into the correct type of stable tissue that functions normally, then by making them safe for transplantation, and finally by developing surgical procedures that maximize their ability to treat or cure diseases or injuries.

The instruction *Dignitas personae* provides guidance on which types of stem cells may be used for research and treatment: "Methods which do not cause serious harm to the subject from whom the stem cells are taken are to be considered licit. This is generally the case when tissues are taken from: a) an adult organism; b) the blood of the umbilical cord at the time of birth; c) fetuses who have died of natural causes" [32].

It should be noted that the tissues of unborn children who have died due to miscarriage are generally unsuitable for research, since they deteriorate rapidly after death.

Human Embryonic Stem Cells (HESCs)

HESCs are harvested from human embryos that are typically between three and six days old. At this point, the blastocyst consists of about 140 cells. Most of these will form the placenta, and a small interior cluster of cells are "pluripotent" stem cells—able to produce all of the many different types of cell in the human body. This feature of HESCs makes them very attractive to scientists.

Harvesting HESCs involves removing the inner cell cluster from the blastocyst and culturing it with various growth factors to produce specific types of cells. This procedure always results in the destruction of the early human being. This means that this procedure is morally equivalent to an abortion and can never be allowed [*Dignitas personae*, 32].

There are also extremely serious medical problems with HESCs. Their growth is very difficult to control, and they usually produce fatal tumors or convert themselves into cancer cells.[ii] Theoretically, this might not be the case if the embryonic cells were matured into adult cells, but this has proven to be almost impossible to achieve. Even matured HESCs continue to produce tumors.[iii]

Finally, cells transplanted from an embryo are always attacked by the recipient's immune system, and so the patient must be treated with immunosuppressive drugs



that have a variety of side effects. Since these difficult problems have not been overcome, all that embryonic stem cell research currently offers is promises of future cures.

Some have suggested that scientists clone a human embryo from a patient's own cells, thereby overcoming the rejection problem, but this procedure is still illicit since it would involve the destruction of the embryo.

Although intensive research has been done on human embryonic stem cells since 1998, not a single workable cure has been found.

Adult Stem Cells

An adult stem cell is defined as any stem cell in a human being older than a seven-day embryo. These cells are found throughout the body and in the umbilical cord. Their purpose is to replace damaged or worn-out cells throughout a person's life. They are more limited in their capabilities than HESCs, because they can only differentiate into a limited number of cell types—for example, a blood stem cell can become a lymphocyte, monocyte or some other type of blood cell, but it cannot become a non-blood cell such as a bone cell or an eye cell. These cells are "multipotent."

Unlike HESCs, adult stem cells show a lot more than mere "promise." They have cured numerous people with serious diseases, and have been doing so for decades. Adult stem cells can currently cure more than seventy medical conditions, and there are more than 4,400 ongoing or recently completed government-funded clinical trials using adult stem cells in the USA.[iv]

The greatest moral advantage that adult stem cells have over embryonic stem cells is that no life is taken in acquiring them. There are also several other great advantages to using adult stem cells in therapeutic applications, which is what the entire field is supposed to be interested in: They are grown from the patient's own body, so there is no problem with immune reactions; they are much easier to harvest, since they exist all over the body, even in fat cells; and finally, they are much easier to control, and do not form cancerous tumors, as do HESCs.

Reprogrammed Somatic Cells

The third type of stem cell is the induced pluripotent stem cell, or iPSC. These are adult body ("somatic") cells

that are reprogrammed into a state that is very similar to a human embryonic stem cell. They are not identical to HESCs, but have the same function, which means that they can produce any type of adult cell. One of the great advantages of these cells is that they are taken from the patient's own body, thereby making rejection impossible because they are "immune-matched" to the patient.

Another advantage of iPSCs is that they do not require the destruction of a human embryo. However, iPSCs may potentially grow tumors like HESCs, have low replication rates and suffer from premature aging. Importantly, some pro-life ethicists and leaders have raised serious questions about the nature of iPSCs, asking whether they are actually reprogrammed into becoming tiny embryos. We would do well to continue to be vigilant as this area of research continues to grow.

Anti-Scientific Hocus-Pocus

By now, we have all heard critics of the Catholic Church alleging that the Church is "anti-science" and is "holding up human progress." Not surprisingly, the exact opposite is the truth, and the debate over embryonic stem cell research is probably the best example of this principle.

In the late 1990s, pro-abortion scientists and politicians promised a glittering crop of miracle cures from ESCR, if only those pesky, backwards pro-lifers would just step aside and stop hindering scientific progress with their "Medieval" morality. The government and private corporations have poured hundreds of millions of dollars into embryonic stem cell research, which has yielded zero cures, while adult stem cell research, supported by the Church, has produced successful treatments for a host of diseases.

In other words, the morally acceptable, Church-supported, stem cell research option has actually been successful, yet scientists continue the unethical destruction of human embryos with their focus on ESCR.

Dr. Brian Clowes is the director of education and research at Human Life International (HLI), the world's largest international pro-life and pro-family organization.

—LifeNews.com, May 20, 2013

[i] Congregation for the Doctrine of the Faith. *Dignitas personae* ["On Certain Bioethical Questions"], June 20, 2008, ¶31.

[ii] Rick Weiss. "Embryonic Stem Cells Found to Acquire Mutations." *Washington Post*, September 5, 2005.

[iii] Maureen L. Condic. "The Basics about Stem Cells." *First Things*, January 2002, pages 30 to 34; Maureen L. Condic. "A Comprehensive Primer on Stem Cells." *The National Catholic Bioethics Center*, August 2009.

[iv] A May 8, 2013 search of the National Institute for Health's "Clinical Trials" database at www.clinicaltrials.gov shows 4,410 currently funded clinical trials using adult stem cells.

<http://www.hli.org/2013/05/can-we-support-stem-cell-research/>



Right to Life - LIFESPAN

Pro-Life Luncheon

Protect Yourself & Your Loved Ones!

Saturday, October 22, 2016



FEATURED SPEAKER:
Jason Negri.

Jason is a practicing attorney and the Assistant Director for the International Task Force on Euthanasia & Assisted Suicide.

We are all only Temporarily Able-Bodied/Able-Minded; at any time, we could have an accident, stroke, or other medical issue that would make it impossible to advocate for our own healthcare. *This can happen at any age to any person.*

Attend this luncheon to gain information and resources that will help you protect yourself and your loved ones in this age when euthanasia and assisted suicide are being forced on society at an alarming rate.

For information, please
call: 734.422.6230

O'Kelly Banquet Hall
23663 Park St
Dearborn, MI 48124

Registration at 10:30 AM
Program begins at 11:00 AM

YES! I want to attend LIFESPAN's Pro-Life Luncheon! Reservations required by Friday, October 14th. ALL tickets will be held at the door.

_____ Tickets @ \$25 each (Current LIFESPAN Members)

_____ Tickets @ \$30 each (Non-Members, *Free One Year LIFESPAN Membership Included!*)

_____ Tickets @ \$15 each (students 21 or younger)

_____ I am unable to attend, but please use this donation of \$_____ to help LIFESPAN in its work.

Name(s) _____

Address _____ City _____ Zip _____

Phone (____) _____ Email _____

If you would like to sit with anyone specific, please send in your registration forms together or list names here; tables seat maximum of 8 people (we will do our best 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

Michigan Nurses For Life

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



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Address Service Requested



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!

NATIONAL DAY OF REMEMBRANCE FOR ABORTED CHILDREN

Saturday, September 10, 2016 – 1:00 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 28 – November 6, 2016

To find a location near you,
visit: www.40daysforlife.com



LIFE CHAIN SUNDAY

October 2, 2016

2:00 – 3:30 PM

Sponsored by RTL - LIFESPAN

For information on a location near you, call: 734-524-0162

RTL - LIFESPAN'S PRO-LIFE LUNCHEON

Saturday, October 22, 2016

Registration: 10:30 AM – Program: 11:00 AM

O'Kelly Banquet Hall, 23663 Park St., Dearborn

Protect Yourself & Your Loved Ones

Against Euthanasia and Assisted Suicide. See page 7.

MNFL FALL CONFERENCE

Saturday, October 1, 2016

St. Joseph Mercy Oakland, Pontiac

Speakers: See front page

For details, call: 248-816-8489

MOVEMENT IN MOTION YOUTH BUS TRIP TO WASHINGTON, DC

January 2017

Sponsored by RTL - LIFESPAN

Student registration:

September 1 – October 31, 2016

or until all seats are filled

For details, call Lynn: 248-816-1546

