

Michigan Nurses For Life

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

December 2024

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25 Years**

Surveys Show “Counseling” In Abortion Clinics Is Biased— All the surveys found the same results

*Abortion providers complain that Pro-Life Pregnancy Centers are biased.
Here is a look at the other side.*

By Sarah Terzo

There are many, many accounts of biased and dishonest “counseling” in abortion facilities. Some come from post-abortive women, others from former abortion workers.

Pro-life regulations in some states require abortion facilities to give accurate medical information about abortion’s risks and fetal development. So-called “pro-choice” advocacy groups fight these laws tooth and nail, and abortion facilities do everything they can to undermine them.

There hasn’t been a great deal of research done on abortion “counseling,” and its effect on pregnant people’s decisions, but there have been some surveys done over the years.



Surveys of Post-Abortive Women

The Center for Bioethical Reform conducted a survey of post-abortive women, which I can no longer find on their website but which I’ve copied here. Women were asked:

Were you given information about the biological nature of the fetus?

no (93%)
yes (2%)

Do you feel their opinions were biased?

no (6%)
yes (72%)

If so, for abortion?

yes (89%)
no (0%)

The numbers don’t add up to 100% because some women were undecided, said they didn’t know, or didn’t answer the question.

The survey also found that while only 26% believed the fetus was “human” at the time of their abortions, 97% came to believe this afterward. Since some pro-choice people will admit that the fetus is biologically human but maintain he/she is not a person, it’s not clear exactly what these women believed.

It’s possible, though, that many didn’t believe they were killing their baby before the abortion, but came to believe this later, which could cause guilt and emotional trauma.

Researcher David Reardon surveyed 252 post-abortive women for his book, *Aborted Women: Silent No More*. He found that:

- 66% said their counselor’s advice was biased.
- 40 to 60% described themselves as not having been certain of their decision before counseling.
- 44% stated they were actively hoping to find an option other than abortion during counseling.

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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

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FROM THE PRESIDENT

Diane Trombley, RN, BSN

Dear Colleagues,

WHERE DO WE GO FROM HERE?



The answer to the question, "Where Do We Go From Here?" is really very simple. We keep traveling the path to the destination in which all human life is protected from conception until natural death.

We have been on this road for a very long time—some of us for more than half a century!

The road is sometimes very smooth and leads to wonderful destinations—the Hyde Amendment, the establishment of organizations that have as their single focus creating laws to protect LIFE, organizations, like LIFESPAN, that provide opportunities to our young people to learn about the lies and distortions abortion supporters use to promote their deadly cause.

Sometimes the road is really bumpy—filled with potholes and great cracks that try to swallow our efforts—Proposal 3 here in Michigan, other states passing laws allowing all abortions regardless of gestational age, evil deeds wrapped up in pretty language that fool people—the road can get pretty nasty.

However—there is a middle lane on our road and that is the lane of "never give up." We all learned in our history classes that, over time, our history acts like a pendulum. It starts at the bottom (think of a clock with a swinging pendulum) and slowly moves back and forth in an ever-higher arc. Sometimes we are up and sometimes we are down, but no matter our position on that pendulum, we are ALWAYS moving steadily upward on that smooth middle lane where all life is protected and respected.

Believe!

Love Life, Diane

Story vastly underestimates the number of late-in-pregnancy abortions

Laura Echevarria

Director of Communications & Press Secretary

Kate Zernike writing in "Late Abortions Rarely Happen, but They Still Dominate Politics" (October 31), uses data from the Centers for Disease Control's (CDC) inadequate and incomplete reporting system to argue that late-in-pregnancy abortions are so rare as to be virtually non-existent.

The CDC passively collects abortion data volunteered by states. There are two significant problems with this system.

First, there are often only 47 reporting areas. States like California and Maryland—states that have the most liberal abortion laws in the nation—don't provide abortion statistics to the CDC. Second, of those 47 reporting areas in 2021, 41 of the 47 reported abortions after 21 weeks of pregnancy—an estimated total of 9,300. The other six provided no abortion numbers.

To extrapolate from these thin, underreported statistics that abortions late in pregnancy are rare or performed in limited circumstances is a master class in circular reasoning. The abortion industry, and its supporters, oppose reporting requirements, but they challenge us to find the statistics that they don't want to report and insist don't exist.

They insultingly tell us, "Move along, nothing to see here."

Note: This article was submitted as a letter-to-the-editor to the New York Times.

—National Right to Life, November 2, 2024

Assisted suicide has hidden harms

Dr. Kion Hoffman wrote this opinion article for the Duluth News Tribune which published it on September 7, 2024.

As a family practice physician with 35 years of experience, I've had many conversations with patients about their fears as they approach the ends of their lives. A common concern is they don't want to be a burden to their families.

This is a natural fear, but it is one that should be met with compassion, not with the option of physician-assisted suicide.

The legalization of physician-assisted suicide in Minnesota would be a dangerous step. It would quickly move from being an option to an obligation for many vulnerable individuals. The pressure to choose physician-assisted suicide could come from the fear of being a burden, the desire to avoid the high costs of long-term care, or the perceived expectation from others that physician-assisted suicide is the right thing to do.

This could create a dangerous environment where those who are most vulnerable are given the impression their lives are no longer worth living.

Families, in my experience, rarely see their loved ones as burdens. On the contrary, caring for a family member at the end of life often becomes a deeply meaningful experience. It is a time for expressing love, for forgiveness, and for reconciling relationships that may have been strained. These moments of care and connection are precious and irreplaceable, and they should not be cut short by a premature decision to end life.

I can speak to this from personal experience. My father, a man who lived an active life well into his 80s, struggled deeply when he lost his physical abilities. In his frustration, he asked several doctors to help him end

his life. If physician-assisted suicide had been legal, I fear someone might have complied with his request. Instead, we had three more years with him. During that time, my youngest brother and my father had some time together that they needed. My father continued to bring joy to those around him, even while living in a nursing home.

His life was still valuable and still full of moments that mattered. His pain was managed, and he died naturally at the age of 92, with me holding his hand.

Legalizing physician-assisted suicide would rob families of these precious, final moments. It would send a message to those who are suffering that their lives are not worth living.

There are many ways to make the end of life more comfortable and even meaningful. Physician-assisted suicide is not the answer. For the sake of our elders, our families, and our community, when this issue comes up again at the Minnesota Legislature, please let your representative and state senator know how you feel.

Dr. Kion Hoffman is a family-practice physician in Cohasset.

Note: This was reposted at the Euthanasia Prevention Coalition.

—National Right to Life, Sep 12, 2024



Pending Legislation to Legalize Euthanasia in Michigan

Senate Bill No. 681

November 9, 2023, introduced by Senators Cavanagh, Hertel, Klinefelt, Singh, Moss, Geiss, Chang, Polehanki, McCann, Irwin, Bayer and Wojno and referred to the Committee on Health Policy. A bill to regulate physician assistance for patient-requested life-ending medication; to require safeguards for determining that a patient is qualified to receive life-ending medication; to require documentation and reporting; to specify certain legal consequences regarding insurance; to provide for civil and criminal immunity and freedom from professional sanctions for persons acting in conformity with this act; to provide for penalties and sanctions for violations of this act; and to repeal acts and parts of acts. www.legislature.mi.gov/documents/2023-2024/billintroduced/Senate/pdf/2023-SIB-068.pdf

Senate Bill No. 680

A bill to amend 1978 PA 368, entitled "Public health code," by amending sections 17752 and 20175 (MCL 333.17752 and 333.20175); section 17752 as amended by 2020 PA 4 and section 20175 as amended by 2023 PA 62, and by adding section 16221c. www.legislature.mi.gov/documents/2023-2024/billintroduced/Senate/pdf/2023-SIB-0680.pdf

Senate Bill No. 678

A bill to amend 1956 PA 218, entitled "The insurance code of 1956," by amending sections 3905 and 4037 (MCL 500.3905 and 500.4037), section 3905 as added by 1992 PA 84 and section 4037 as amended by 1994 PA 226, and by adding section 3406rr. www.legislature.mi.gov/documents/2023-2024/billintroduced/Senate/pdf/2023-SIB-0678.pdf

When these measures are introduced, be prepared to contact your legislators and express your opinion.

How many abortions in Michigan? The state can't say under new law

Robin Erb

- For the first time in 45 years, Michigan no longer collects detailed abortion data.
- The abortion rights law signed last year repealed a long-standing requirement that providers report information on patients to the state—including whether they are married or have had previous abortions.
- Nearly every state requires some kind of reporting.

After more than four decades, Michigan is ending its annual, detailed reporting on tens of thousands of abortions each year, including a patient's age and marital status, the age of the fetus, the type of procedure and any complications.

The Michigan Department of Health and Human Services will release its 2023 data later this year, but it will be the last such report.



The change makes Michigan one of just a handful of states that no longer collect such data, according to Guttmacher Institute, an abortion-rights research group that uses state-level data to track trends.

The change comes at a time of increasing concern about personal data collection, especially on cell phones, that could be used to connect patients to reproductive health apps, whether they seek abortion information online and schedule an appointment.

Moreover, the data no longer will be collected in a state that has become a haven for residents from out of state who arrive here for abortions that are banned in their home states.

The data collection was one of the few remaining safeguards for patients, according to abortion opponents, in a procedure that happens about 30,000 a year in Michigan either in clinics or, in the case of medication abortion, in private homes.

"It's basic quality assurance," Dr. Catherine Stark told *Bridge*.

A long-time ob-gyn, Stark told lawmakers last year that such data provides quality control by, for example, letting the public know about abortion providers with high numbers of surgical complications or "violations of care."

Reporting details of abortion procedures, along with other licensing provisions, established the "protection of the health and safety of women for women undergoing abortion."

Stark, who also is medical director for the Auburn Hills-based, anti-abortion Crossroads Care Center, was testifying against the Reproductive Health Act—a law signed late last year and effective this past February.

Ultimately, the law was passed, reversing a 1978 law that required abortion clinics to report details of their work.

"Some people see that the state has a responsibility to its citizens to protect the health and safety of women, especially undergoing medical and surgical procedures," she told *Bridge*.

That law also repealed licensing regulations that set out how clinics were to be operated—such as the size of rooms and the width of hallways. Those regulations ensured, for example, that a stretcher could reach patient rooms in an emergency.

Those requirements, as well as detailed reporting, were "designed to ensure safety and positive outcomes for the patient," said Genevieve Marnon, legislative director for Right to Life of Michigan.

"The removal of the reporting requirement at the same time health and safety regulations for abortion clinics were removed should be of concern to any woman who walks into an abortion facility," Marnon said.

But others framed the data as medically unnecessary, burdensome and stigmatizing for those trying to get abortions. "Data collections by health departments can be useful when it's used for public health purposes," said Rachel Jones, principal research scientist at Guttmacher.

But at other times, she said, "the goal is to monitor and stigmatize health care providers and the people who are getting the abortions."

"For years, women and their doctors faced burdensome requirements when seeking abortion care that had no basis in medicine and were designed to dissuade women from accessing the care they needed," Lynn Sutfin, spokesperson for MDHHS, told *Bridge*.

The new law removed the reporting "in line with most other medical procedures," according to Sutfin.

Dr. Sarah Wallett, chief medical operating officer of Planned Parenthood of Michigan, echoed the sentiment, also in an email to *Bridge*:

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Surveys Show “Counseling” In Abortion Clinics Is Biased

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- 5% reported that they were encouraged to ask questions.
- 52 to 71% felt the questions were inadequately answered, sidestepped, or trivialized.
- 90% said they were not given enough information to make an informed decision.
- 83% said it was very likely that they would've chosen differently if they had not been so strongly encouraged to abort by others, including their abortion counselors.

• 95% of women who had abortions at Planned Parenthood said that their Planned Parenthood counselors gave “little or no biological information about the fetus which the abortion would destroy.”

In her study, Katherine Speckhard, PhD of the University of Minnesota, found that 81% of the post-abortive women she surveyed said they felt “victimized” by the abortion process.

The women felt “either that they were coerced into the abortion or that important information about the pregnancy resolution and abortion procedure had been withheld.”¹

I conducted a survey of my own back in 2007 when I asked post-abortive women questions about the counseling they received at abortion facilities. Half of the thirty or so women I interviewed received no counseling whatsoever. As for the rest, all but two of them said the counseling was inadequate and/or biased.

I plan to write more about my survey in the future.

How Many Show Up Undecided?

When pregnant people show up at abortion facilities, have they already made up their minds? Reardon found that up to 60% hadn't. A pro-abortion source gives a similar statistic.

A book that instructs abortion workers in how to counsel women before their abortions cites a study that found:

• 48% of pregnant people who showed up at abortion facilities had already made up their minds and were sure of their choice to abort.

• 32% were ambivalent about having an abortion.

• 20% were unprepared to make a decision and needed more time.²

The authors conclude, “This leaves an estimated 52% that could benefit from counseling.”³

The book also quotes a study of abortion facilities that found 90% of pregnant people had abortions after “counseling” and only about 8% continued their pregnancies.⁴ (Others came to the facilities too late to have abortions.) However, this is a very old study.

Testimonies from Post-Abortive Women

There have been many, many testimonies from post-abortive women about biased counseling and lies from abortion workers. If I cited every example, I would have enough material to fill not one book, but a whole series. Here is just one example.

A book of post-abortive women's stories quoted ‘Nadine’ who wrote:

I was so naïve. I had no idea what an abortion actually was. They made it all sound so safe, so easy, so simple. They promised an abortion would take care of my problem and I'd be back to my old self, and I could continue with whatever I wanted in my life. The counselor even said, “If you were my daughter, I'd tell you the same thing. It's the right thing to do.”

Everyone assured me not to worry, that there was nothing to be afraid of. The counseling I received was like, yes, you can do this; yes, it's safe; and don't worry, you won't have any problems.⁵

She says, “I have been emotionally tortured by this experience for the past 24 years.”⁶

Abortion facilities have a vested interest in selling abortions—they make money when a pregnant person consents to an abortion, not when she walks away.

Unfortunately, with the backlash against the overturn of Roe, more and more states are enshrining abortion in their constitutions. Pro-life laws are being eliminated, leaving pregnant women with no protection against lies and biased counseling.

Footnotes:

1. Dorinda C Bordlee, ESQ, “Abortion Alternative Legislation and the Law of the Gift,” Erika Bachiochi. *The Cost of “Choice”*: Women Evaluate the Impact of Abortion (San Francisco, CA: Encounter Books, 2004) 136

2. MJ Hare and J. Hayward, “Counselling of women seeking abortion,” *Journal of Biological Science* (1981) 13: 269-271

3. Joanna Brien, Ida Fairbairn, *Pregnancy and Abortion Counseling* (London: Routledge, 1996) 55

4. *Ibid.*, 54-55; cites Birth Control Trust Model Specification for Abortion (London: Birth Control Trust, 1994) 5.4

5. Teresa Burke, David C. Reardon, *Forbidden Grief: The Unspoken Pain of Abortion* (Springfield, IL: Acorn Books, 2002) 37

6. *Ibid.*

—National Right to Life, November 11, 2024



How Many Abortions in Michigan?

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"The reporting of private demographic data does not make abortion any safer than it already is, and instead may have a chilling effect for our patients," she said.

2023 fight, 2024 change

The end to reporting isn't sudden. In fact, Democrats last year noted that the act repealed what they called "reporting requirements and administrative burdens" that "made the process of affirming everyone's right to reproductive freedom challenging."

But for the most part, the fight over the Reproductive Health Act largely focused on the law's other provisions, including two—**later deleted**—that would have allowed the state's Medicaid program to cover abortions and would have **ended the 24-hour waiting period**.

The new law also notably **left intact Michigan's parental consent law**.

But tucked into the language that Gov. Gretchen Whitmer signed in November—and left out of her lengthy press release celebrating the law's passage—was the repeal of a 1978 section of state law that provided the public with **detailed reporting on abortion** each year.

Those details included things like type of procedure (by pill or through surgery), gestational age, how many live births and abortions the patient previously had, race and age and marital status of the patient. Providers had to submit such reports on every case within seven days of the procedure.

Those details were outlined in a 24-page "handbook," which made clear that individual reports were to be stripped of identifiers and were to be destroyed after five years. It also prohibited copying individual reports.

The change in reporting to the state even surprised provider Shelly Miller, a long-time abortion rights activist and executive director of Scotsdale Women's Center in Detroit.

It eliminates time-consuming and arguably intrusive questions for patients. Yet, other health systems capture robust data about diseases, conditions and procedural complications as a matter of quality control and health surveillance, she noted.

"As a woman, I get it," Miller said, of the dropped reporting requirement. "But as a provider, I want our people to be safe and I want our doctors to be safe."

She and other providers told *Bridge* they will continue to collect data for internal patient-care purposes, and they will contribute that information to places like Guttmacher, which aggregates data as a way to track trends.

But as states move away from mandatory reporting, it brings into question how solid those trend lines will be.

Voluntary reporting, few details

The U.S. Centers for Disease Control and Prevention collects data, but it's dated. The most recent report is based on 2021 data. It's voluntary, too. Four states—California, Maryland, New Hampshire, and New Jersey—already do not submit data.

Since the 1970s, Guttmacher has provided national data, too. But the group conducted its Abortion Provider Census just once every three years. Like the CDC's survey, Guttmacher's efforts also were based on voluntary responses and, to an extent, estimates.

Its most recent survey was conducted in 2021, and just half of the more than nearly 1,700 facilities performing one or more abortions responded. To help fill in gaps, Guttmacher turned to health departments.

Guttmacher switched formats last year in response to the flurry of state law changes after the Supreme Court struck down *Roe v. Wade* in 2022. Guttmacher now collects data as part of its Monthly Abortion Provision Study, but it, too, is based on voluntary responses.

And Guttmacher doesn't collect information on complications—a data point that's crucial to patient safety, abortion advocates noted.

That's because Guttmacher is focused on abortion trends, rather than clinical nuances, said Guttmacher's Jones.

Clinics will continue to collect data for patient care, said Renee Chelian, founder of Northland Family Planning Centers in southeast Michigan.

In Michigan, providers will undoubtedly keep essential medical records for patient care, Renee Chelian, founder of Northland Family Planning Centers in southeast Michigan, told *Bridge*.

"We know how many abortions we've done. We know the number of weeks. We keep a log of any complications, just like we always have, just like the health department required when we were licensed," she said. "But we don't turn it in" to the state.

Some questions no longer will be asked, such as marital status, said Miller at Scotsdale.

But Miller, Chelian and Walleit—representing Scotsdale, Northland, and Planned Parenthood—will also track data for Guttmacher, representatives told *Bridge*. Chelian said the Northland data also will be submitted to the National Abortion Federation, which represents some of the nation's abortion providers.

"Someone's still collecting the data, bottom line," said Scotsdale's Miller.

—*Bridge Michigan*, July 11, 2024

IVF Considerations

Diane Trombley

The Alabama State Supreme Court made headlines recently when the Justices ruled that human embryos, created in the laboratory for the purposes of in vitro reproduction, are human and as such cannot simply be destroyed as unwanted or “leftovers.”

My own personal bias will show when I ask what else these embryos could possibly be. They came from the union of a human ova and a human sperm—fertilization—the beginning of a new human life. The fact that this union takes place in a petri dish, in a laboratory, does not change its nature. This has moral implications for many, but from a secular viewpoint, IVF is a way for individuals dealing with infertility issues to be able to nurture a child and create a parental bond.

As one website, Compassion Care, put it, *“For IVF to work, doctors usually retrieve 10-20 eggs. All viable eggs are fertilized (usually about 70% of those retrieved). The doctors do this so they will have enough strong embryos to implant and increase the woman's odds of becoming pregnant. Extra embryos that are not strong enough to implant are not preserved.”*

Notice the carefully chosen word “preserved” in that last sentence. It can be translated to “thrown away, put in the dumpster, put into the biohazard waste container, incinerated, or sent down the garbage grinder. The Alabama court recognized these embryos for what they are—human persons. What other result could this process be for? After all, the idea here is to become pregnant with a human baby—not a carrot, or a cabbage, or cat or a dog. It seems there are a large number of people who don't understand the biology and cannot recognize that the baby is human before birth.

The IVF industry is largely unregulated, but that is a topic for another day. For our purposes, we must set the



record straight. The Alabama Supreme Court DID NOT ban the process of IVF. It did not prohibit anyone from using this process to achieve the creation of a family. They DID say that once you create life in a test tube, (something usually left up to the Creator), you cannot treat it like garbage and discard what is now a living, growing human person.

In an uncharacteristically quick fashion, 20 days later, a new law was introduced and signed by the governor aimed at protecting IVF patients and providers and practitioners from the legal liability imposed on them by the state Supreme Court ruling.

The new legislation, which passed in the majority Republican Alabama House and Senate before Gov. Kay Ivey signed it into law, aims to provide civil and criminal immunity to providers, suppliers and patients for any destruction or damage to embryos. The legislation will apply retroactively.

The new law does not address the issue of personhood at the heart of last month's unprecedented ruling, which prompted some providers to halt some IVF services, and experts say it's going to take more work to fully protect fertility services in the state.

Under the new law, “manufacturers of goods used to facilitate the in vitro process” or the “transport of stored embryos” also are provided with criminal immunity. Still, the law does not nullify the Supreme Court's analysis that says the law ought to treat embryos just like people.

There are those who are concerned that while the legislation protects providers from liability when it comes to the destruction of embryos, it could also insulate them from standard medical malpractice claims.

So, the situation in Alabama is that human embryos, created for In Vitro Fertilization treatments, are human persons and may not be destroyed, but the new law says that providers, suppliers and practitioners cannot be held legally liable if they do.

Strange world we live in. ♦

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RIGHT TO LIFE - LIFESPAN 2025 MOVEMENT IN MOTION

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Michigan Nurses For Life



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Rita Marker, the Great Anti-Assisted-Suicide Champion, Has Died at 83

Wesley J. Smith

The great anti-euthanasia warrior, Rita Marker, has died at 83 after a long illness.

Rita was in Europe in the mid 1980s and, out of curiosity, attended an international right-to-die convention. She was so alarmed by what she heard, she and her late husband and soulmate, Mike Marker, formed the nonprofit International Anti-Euthanasia Task Force (later renamed the Patients Rights Council). Along with a loyal staff, Rita began decades of work pushing against that dark agenda.

Not every great public-policy activist becomes a household name. Rita wasn't interested in notoriety or fame. Effectiveness was her lodestar, that and personal sacrifice. For as long as she was physically able, she gave all she had to the cause.

Rita had stage fright, but she spoke countless times to venues large and small.

Rita was terrified of flying. But she traveled the country and the world, speaking against euthanasia and in favor of compassionate care.

Rita was a devout Catholic. But she insisted that the task force's opposition to assisted suicide be focused through a human-rights and secular lens.

Rita did not have a professional degree—until she decided that she would be most effective by becoming a lawyer. She attended a mail-in law school while still working more than full-time for the task force and passed the California bar exam—the nation's toughest—on her first attempt.

Unlike organizations on the other side of this issue, anti-assisted-suicide work doesn't have the backing of billionaires like George Soros. The task force mostly depended on smaller donations and grants, so the finances could sometimes be iffy. As a result, Rita was woefully underpaid, particularly given her indefatigable exertions, sometimes even skipping paychecks to ensure that the work continued.

Rita could have a brittle exterior, but underneath, her heart was ripe and tender. When Ann Humphry—co-founder of the Hemlock Society with her

husband, Derek Humphry—contracted breast cancer, Derek separated from her. Then, her compatriots in the right-to-die movement shunned her. Ann reached out in despair to the old enemy, Rita Marker. Rita spread her arms and welcomed Ann as a close friend.

After Ann killed herself, Rita authored a moving book about their relationship. *Deadly Compassion: The Death of Ann Humphry and the Truth About Euthanasia* remains a classic in the genre.

Ann came to see the wrongness of the assisted-suicide movement she had helped spawn, and in a final note to Rita before her death, she urged, "Do the best you can."

Rita always did. I am convinced that in her time, Rita was the most effective anti-assisted-suicide/euthanasia champion in the world.

Rita's life was full. She is survived by seven children, 29 grandchildren and 13 great-grandchildren.

So, rest in peace, Rita. You fought the good fight. You finished the race. You kept the faith. You served your purpose. The world is better for your having been in it. Wesley Smith is a lawyer and author, a Senior Fellow at the Discovery Institute's Center on Human Exceptionalism, a politically conservative, non-profit think tank. He is also a consultant for the Patients Rights Council.

—National Review Online, November 5, 2024



**Merry
Christmas
and
Blessings
in the
New Year!**