# Michigan Nurses For Life

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

September 2024

***Supporting pro-life nurses since 1998***

Michigan Nurses for Life
25 Years

## COMPARE THE CANDIDATES FOR PRESIDENT

## Donald Trump

## Kamala Harris

### Taxpayer Funding of Abortion

**Donald Trump opposes using tax dollars to pay for abortions**. He pledged to sign the *No Taxpayer Funding for Abortion Act* which would limit federal funding for abortion on a government-wide basis. President Trump's Administration issued a rule to ensure Title X funding did not go to facilities that perform or refer for abortions.

**Kamala Harris supports using tax dollars to pay for abortions.** As a Senator, Harris voted against the *No Taxpayer Funding for Abortion Act* which would limit federal funding for abortion on a government-wide basis. The Biden-Harris Administration directed Title X funding to facilities that perform or refer for abortions.

### Unlimited Abortion Until Birth

**Donald Trump** opposes the *Women's Health Protection Act*, a bill that would enshrine unlimited abortion until birth in federal law and policies and eliminate existing state-level protections for unborn children and their mothers such as parental involvement measures for minors.

**Kamala Harris** voted for the *Women's Health Protection Act*, a bill that would enshrine unlimited abortion until birth in federal law and policies and eliminate existing state-level protections for unborn children and their mothers such as parental involvement measures for minors.

### Funding Abortion Providers Abroad

**Donald Trump** issued the "Protecting Life in Global Health Assistance" policy which limited federal funding for organizations that provide or promote elective abortions in other countries.

**Kamala Harris** supports President Biden's reversal of the "Protecting Life in Global Health Assistance" policy which limited federal funding for organizations that provide or promote elective abortions in other countries.

### Born-Alive Abortion Survivors

**Donald Trump** supports the *Born-Alive Abortion Survivors Protection Act*, which would ensure that infants born alive during attempted abortions are afforded the same degree of medical care as any other newborn of the same gestational age.

**Kamala Harris** voted against the *Born-Alive Abortion Survivors Protection Act*, which would ensure that infants born alive during attempted abortions are afforded the same degree of medical care as any other newborn of the same gestational age.

### The U.S. Supreme Court

**Donald Trump** pledges to nominate qualified individuals to the Supreme Court who will interpret the U.S. Constitution as written and not legislate from the bench. He appointed Justices Neil Gorsuch, Brett Kavanaugh, and Amy Coney Barrett.

**Kamala Harris** pledges to nominate only individuals who share her view that unlimited abortion should be a constitutionally protected right. She applauded the appointment of Justice Ketanji Brown Jackson and voted against the confirmations of Justices Neil Gorsuch, Brett Kavanaugh, and Amy Coney Barrett.

National RIGHT TO LIFE
Protecting Life in America Since 1968.

**nrlc.org** **Election Day**: *Tuesday, November 5, 2024*

AB072924

# 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,

This is probably the only communication we will have before the November election. It seems as though each election cycle is deemed to be the most critical in our lifetimes. I know I heard that four years ago, and four years before that.

One thing is for sure—it is next to impossible to believe what we hear and what we see and what we read. Candidates, through the media, tell us what is wrong with their opponent and rarely tell us, in concrete terms, what they stand for and will or will not do.

There is so much of concern in our county these days that it is practically impossible to know who will act in the best interests of our citizens. I try to read, and explore and research the positions of each candidate, from as many sources as I can and I encourage you, as strongly as I possibly can, to do the same thing.

I continue to listen, and question, and learn all that I can, but I hold that information up to one basic principle. My vote MUST go to that individual who will provide as much protection for the unborn, elderly and handicapped in our country as possible. If a candidate cannot offer protection to these members of our society who cannot speak for themselves, then I have no confidence that he or she will protect me.

I don't offer these words as supporting one candidate over another. They are simply a statement of my beliefs. These are truly difficult decisions and will truly be "the most critical" in the lives of those who need our protection.

Love Life, Diane

## The Abortion Drug is NOT Safer Than Tylenol

*continued from back page*

I have never really enjoyed much. I chose the option for a second time because I was familiar with it and knew what to expect, and the third abortion I decided on a medication abortion mainly for privacy."

Another woman said the "narrative" of abortion "led her to believe care was always 'intrusive and traumatizing.' So, once she discovered medication abortion, she 'immediately selected the option.'"

She concludes:

"As was my experience, not everyone has access to a private space but it is important to create a sacred space to safely have an abortion. Just like I support creating a sacred space for other birth or reproductive health services, it is important that we honor individuals as they are terminating a pregnancy."

What can you say to the "need" for a "sacred space" and to "honor" the elimination of an unborn child?

*Dave Andrusko is the editor of National Right to Life News and an author and editor of several books on abortion topics. He frequently writes Today's News and Views — an online opinion column on pro-life issues.*

*—LifeNews.com, March 7, 2024*

**PLEASE REMEMBER TO VOTE FOR LIFE ON NOVEMBER 5!!**

# Abortion and America's Phony 'Pregnancy Crisis'

***Contrary to the CDC's claims, maternal mortality rates haven't changed much since 1999.***

***Allysia Finley***

The U.S. has a "pregnancy crisis," according to liberal medical experts and the press. They're referring to America's supposedly soaring maternal mortality, not its declining fertility.

The U.S. stands out "among high-income nations for its alarming incidence of maternal deaths despite substantial health care spending," the American Medical Association says. The group, like other activists, invokes U.S. maternal mortality to advocate expanded government welfare programs and abortion access.

"Evidence and experience show us conclusively that the risk of death during or after childbirth is approximately 14 times greater than the risk of death from abortion-related complications," the AMA says. Democratic states echoed this claim in a friend-of-the-court brief in *FDA v. Alliance for Hippocratic Medicine,* which the Supreme Court heard in March. Justices who were about to overturn *Roe v. Wade* would have "blood on their hands," the medical journal *Lancet* warned in a May 12, 2022, editorial.

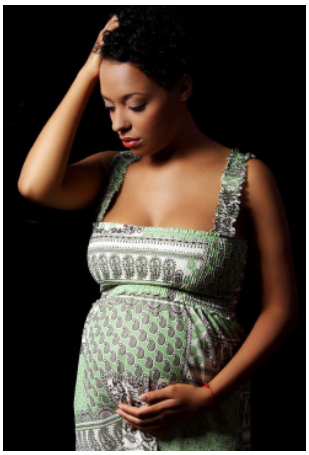
As with the Covid pandemic, experts are using bad data to drive a political agenda. A new study this month in the *American Journal of Obstetrics and Gynecology* shows that oft-cited U.S. maternal-mortality statistics are inflated owing to discrepancies in how pregnancy deaths are recorded.

The Centers for Disease Control and Prevention's National Vital Statistics System reports that maternal-mortality rates in the U.S. have roughly tripled since 2001, to 32.9 per 100,000 live births in 2021. This is nearly three times as high as rates in other developed countries—but, as the study concludes, it's largely a statistical artifact.

Deaths among pregnant women or new mothers are often classified as "maternal" even if they owe to other causes, such as cancer or pre-existing conditions. The culprit is a check box that states added to death certificates in 2003 to identify women who had died while pregnant or between 42 days and a year of when their pregnancy ended.

As the study explains, this check box "led to a rapid increase in reported maternal mortality rates" and "some egregious errors," including hundreds of women over 70 "being certified as pregnant at the time of death or in the year before death" largely because of administrative errors.

Researchers reanalyzed mortality data to identify only deaths that occurred during pregnancy or postpartum that had at least one mention of pregnancy among the causes of death on the certificate. The authors found that the maternal mortality rate remained essentially flat between 1999 and 2002 (10.2 per 100,000 live births) and 2018 and 2021 (10.4). This would put the U.S. on par with other developed countries.



The study also found that deaths directly related to labor and pregnancy have fallen over time, suggesting medical care has improved. But indirect deaths resulting from pre-existing conditions that might have been aggravated by pregnancy—such as hypertension and diabetes—increased. This isn't surprising given the rise in obesity and related conditions.

Pregnancy-associated deaths—i.e., those among pregnant women or new mothers from incidental causes—also soared to 32.6 from 0.53 per 100,000 live births during the 20-year period. In other words, death rates for pregnant women and new mothers have shot up mainly because of other causes, especially drug overdoses.

The data also suggest that young women are no more likely to die from pregnancy than they are from other causes. Bringing a new life into the world carries medical risks, but so does getting out of bed each day.

It isn't clear how expanding welfare would reduce deaths among pregnant women, which have increased amid the expansion of programs like Medicaid and food stamps. Overplaying the dangers of pregnancy may discourage some women from becoming mothers and cause some to terminate pregnancies they might not otherwise.

Comparing abortion and pregnancy deaths is also like comparing apples and bananas. For one thing, federal law doesn't require states to report abortion-related complications. Deaths that result from abortion are often classified on death certificates as pregnancy-related. This isn't to say abortion is unsafe, but data doesn't allow direct safety comparisons to pregnancy.

Whatever your views on abortion, claims that restricting it will cause maternal mortality to increase—a 2021 study by University of Colorado researchers projected that banning abortion nationwide would lead to a 21% increase in "pregnancy-related deaths"—are unfounded because data on such deaths are grossly inflated.

In any case, comparing the process of bringing a new life into the world to terminating one may strike many Americans as morally offensive. When progressives can't persuade the public, they invoke questionable science and try to get courts to impose the policies they favor. The result is a crisis of credibility for the liberal public-health establishment.

*–The Wall Street Journal, March 24, 2024*

# Association of American Medical Colleges Journal Pushes for Residencies in Assisted Suicide

***Wesley J. Smith***

*"Nor shall any man's entreaty prevail upon me to administer poison to anyone; neither will I counsel any man to do so." So says the Hippocratic Oath.*

*Alas, the oath is as dead as the patients some doctors now assist in suicide. In California, the Sutter Family Residency Medical Program even offers residencies to train doctors in assisted suicide—euphemistically called medical aid in dying (MAID).*

*Chillingly, most of the doctors who participated in a small study on assisted suicide and who prescribe poison as part of their job like it*. The study was published in *Academic Medicine,* the journal of the Association of American Medical Colleges, which pushes the assisted-suicide-training agenda:

> The authors surveyed 28 graduates and collected data from 21 former residents (response rate, 75%). Of these 21 former residents, 17 (81%) reported having opted to receive training in MAID during residency. Of the 12 residents who received training and were currently practicing in a location that allowed MAID, seven (58%) were still practicing aid in dying, and of these seven residents, five (71%) reported that their aid-in-dying work was more rewarding than their other clinical responsibilities.

*More rewarding* than healing patients, extending their lives, and palliating their pain? Good grief. This reminds me of that Canadian doctor "whose face lights up" when describing having killed more than 400 people, telling a reporter that providing lethal injections is "the most fulfilling work she has ever done."

Participating residents get hands-on experience in poison-prescribing:

> The case load for residents acting as the prescribing physician is monitored by the faculty to ensure a relatively even distribution. Aid-in-dying cases are precepted with any of the MAID-trained preceptors. If fulfilling the prescriber role, residents typically have two separate appointments with a given patient, whereas those acting as the consultant typically only have one appointment. Residents fulfilling the prescriber role are additionally expected to coordinate the patient's care and set up the consultant visit, often with a fellow resident. They are also expected to facilitate discussions and coordinate the timing of prescription and ingestion with the patient, patient's family, and hospice agencies. Residents are encouraged to attend the planned death of at least one of their MAID patients during residency, although this is not required.

Apparently medical students and newly-graduated doctors want such training, with many also wanting to participate in assisted suicide:

> This lack of MAID-trained clinicians is in clear contrast to the desire for such training among medical students and residents. In studies of Canadian trainees, between 41% and 71% reported being willing to provide MAID care. In a 2021 survey of U.S. internal medicine residents, Pham et al reported that 81% were interested in receiving MAID training, with 34% responding they would be likely to participate in MAID after graduating, and a 2001 survey of U.S. surgical residents found that 87% would be willing to assist in the death of a patient with terminal cancer.
>
> Yikes.

Still, most doctors today *do not* participate where such practices are legal. None should. And the fewer who do, the less it will be normalized.

That seems precisely the circumstance that the push to increase assisted-suicide residency programs is designed to overcome:

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# MICHIGAN NURSES FOR LIFE 25TH ANNIVERSARY CELEBRATION

***Mary Lou Temple***
***Co-Founder and Past President of MNFL***


Members of Michigan Nurses for Life met on August 9th at Cross of Christ Lutheran Church in Bloomfield Hills to celebrate their 25th anniversary. Mary Lou briefly reviewed details of MNFL's history, conferences, former presidents etc.

Diane, our current president, shared how times have changed, as far as conferences, contact hours, technology etc. The group discussed having future conferences through zoom or another means. In order to grow, we must be adaptable and willing to change. There is a need to recruit, mentor and encourage young nurses in the field. We recently gave a complimentary membership to the granddaughter of one of our founding members; this makes three generations of pro-life nurses!

We discussed what to do with our bank account funds; one of our past MNFL members, Pat Leal, generously included MNFL in her will. Ideas that were shared included: helping student nurses financially, setting up social media platforms and helping other pro-life groups.

Who knows what the future holds? We are grateful to God for guiding and blessing our organization up to this point. May He direct us into the future!

The group took pictures and enjoyed some delicious refreshments.

*Michigan Nurses for Life Board Members*

*Michigan Nurses for Life Anniversary Gathering*

# Perinatal Hospice, the Most Loving Option

***Bradley Mattes***

Few things in life derail a parent's world more than being informed that the unborn baby they were excitedly anticipating has an illness deemed "incompatible with life" or "a life-limiting condition." Perinatal hospice is the most loving option.

At times like these medical professionals should proceed with great sensitivity and compassion, realizing that even though this child's life will likely be short, she is a gift from God. Her brief presence on this earth will serve a purpose often known only to the Creator.

Sadly, at this fragile moment, doctors often matter-of-factly advise an abortion. The procedure is wrapped in soft, benign-sounding euphemisms intended to paint images of comfort and peace. They call the abortion "early induction, interruption of pregnancy," or "compassionate termination." Whatever they call it the reality is the same. An abortion intentionally ends the life of their unborn baby. Killing the child is never part of God's plan.

In the long term, the grief of abortion is added to the anguish of their child's condition.

New research shows there's a much more positive approach to a tragic pregnancy that serves the unborn child and leaves her parents with lasting positive memories. The study, Titled Perinatal Hospice: A Compassionate, Life-Affirming Option, surveyed 82 mothers facing pregnancies with grim diagnoses and served by one of 11 perinatal hospice programs.

Tragically, 55% of these mothers were offered abortions at that vulnerable moment of shock and devastation. A majority of them were advised multiple times to abort their babies. A disappointing 13 percent of doctors advised the mothers to carry their babies to term. And a paltry 19% were given information regarding perinatal hospice.

The compassionate, life-affirming option of perinatal hospice offers an array of services. These include counseling, sonograms, photos or mementos of the baby, support groups, a birth plan, a burial plan, and the all-important tool of prayer.

An overwhelming 83 percent said the level of emotional support they received was "very supportive." And 79 percent could not point to anything in the program that wasn't helpful to them.

Further, 86 percent were highly confident that they made the right choice to give birth to their babies. Over a third of the mothers said that carrying their babies to term made them more pro-life.

Choosing life is always the right choice, even when circumstances are devastating. The Lord has a perfect plan for every life conceived, even though we may not know what it is.

### Get the Word Out

Mothers responding to the survey were predominantly more affluent white women. Younger, low-income women and racial minorities would greatly benefit from perinatal hospice and are worthy of our attention.

The survey revealed that healthcare professionals are reluctant to recommend perinatal hospice or are unaware of the services. Educating them, pastors/priests, policymakers, and the general public will help ensure that women are aware of this vital, much-needed service.

*Bradley Mattes is President of Life Issues Institute.*

*—Life Issues Institute, April 18, 2024*

## UPCOMING EVENTS

**NATIONAL DAY OF REMEMBRANCE FOR ABORTED CHILDREN**
Saturday, September 14
White Chapel Cemetery, Troy – 1:00 p.m.
For information, call RTL – LIFESPAN 734-524-0162

**40 DAYS FOR LIFE, FALL CAMPAIGN**
September 25 – November 3
Find a location, visit: 40 daysforlife.com

**LIFE CHAIN**
Sunday, October 6 – 2:00 – 3:30 p.m.
Call RTL – LIFESPAN 734-524-0162
for a Life Chain near you

**CIDER WALK FOR LIFE**
Saturday, September 28
For details, call RTL – LIFESPAN 734-524-0162

**RTL – LIFESPAN LEGISLATIVE LUNCHEON**
Saturday, October 19 – 10:30 a.m. – 1:20 p.m.
Laurel Manor, Livonia
Keynote Speaker: Jason Negri, PLLC
For details, call RTL – LIFESPAN 734-422-6230

**RTL - LIFESPAN PRO-LIFE CHRISTMAS CARDS**
Call Troy Office 248-816-1546
or Livonia Office 734-422-6230

# Abortion Was the Leading Cause of Death Worldwide in 2023, Killing 73 Million

***Steven Ertelt***

More human beings died in abortions than any other cause of death in 2023.

A heartbreaking reminder about the prevalence of abortion, statistics compiled by Worldometers indicate that there were over 73 million abortions world-wide in 2023. The independent site collects data from governments and other organizations and then reports the data, along with estimates and projections, based on those numbers.

Worldometers bases its daily abortion figures on a fact sheet from the World Health Organization, which estimates an even higher figure for abortions per year than Worldometers. "Around 73 million induced abortions take place worldwide each year," the WHO says.

Abortion is also the leading cause of death in the United States.

"In the USA, where nearly 30% of pregnancies are unintended and 40% of these are terminated by abortion, there are between 1,500 to 2,500 abortions per day. Nearly 20% of all pregnancies in the USA (excluding miscarriages) end in abortion. Guttmacher Institute reports 930,160 abortions performed in 2020 in the United States, with a rate of 14.4 per 1,000 women," Worldometers reports.

When contrasting the abortion numbers to other causes of death, including cancer, HIV/AIDS, traffic accidents and suicide, abortions far outnumbered every other cause. By contrast, an estimated 10 million people died from cancer in 2023, 6.2 million from smoking, 17 million from disease, and 2 million died of HIV/AIDS.

Deaths by malaria and alcohol are also recorded.

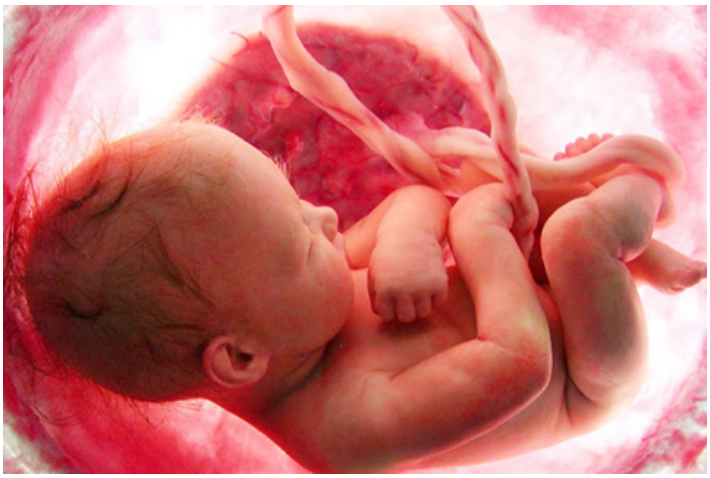
With 67.1 million people dying last year from a cause other than abortion and 140 million people dying in total from abortion and all causes, that means abortions accounted for almost 52% of every death around the world last year.

Unborn babies are not recognized as human beings even though biology indicates that they are unique, living human beings from the moment of conception and they die brutal, violent deaths in abortions.

The abortion number is incomprehensible, but each of those 73 million abortions worldwide in 2023 represents a living human being whose life was violently destroyed in their mother's womb. Each unborn baby already had their own unique DNA, making them distinct from their mother. That DNA indicated if the child was a boy or girl, their eye and hair color, their height, possible genetic disorders and other disabilities, and much more. In most cases, the unborn babies' hearts are beating when they are aborted, too.

In America, just under 1 million babies are aborted every year. Though abortion rates have been dropping in the past decade, abortion remains the leading cause of death in the United States as well.

An estimated 65 million unborn babies have been killed in abortions in the U.S. since *Roe v. Wade* in 1973.



In January, pro-life advocates will gather for the annual March for Life in Washington, D.C. to remember the anniversary of that infamous decision and call for restored protections for the unborn.

—LifeNews.com, January 2, 2024

## AAMCJ Pushes for Residencies in Assisted Suicide

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> Although demand for MAID training in residency is high, access to this training more broadly is limited. These preliminary data suggest that implementation of a MAID curriculum in residency training may be effective at producing MAID-practicing clinicians, but more research must be performed to assess the generalizability of this training model to other residency training programs. This assessment can only be accomplished through a broad dissemination of residency MAID curricula.…
>
> Overall, we found preliminary evidence that suggests such training is highly desirable among residents and may be effective at producing MAID-practicing physicians after residency. This report also provides the basic structure of a residency MAID curriculum for implementation at other residency programs.

Great efforts are being made by activists and media to normalize assisted suicide as the most "dignified" means of dying. And now, we can see that this agenda has extended to include a push to increase the training of doctors in this practice, with the apparent support of the Association of American Medical Colleges.

This leads us to a pressing question: If doctors become assisted-suicide boosters—again, as has already happened in Canada, where MDs are now urged to *suggest* euthanasia—who will be left to protect vulnerable patients?

*Wesley J. Smith is an author and a senior fellow at the Discovery Institute's Center on Human Exceptionalism.*

*—National Review, August 17, 2024*

Michigan Nurses For Life

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Address Service Requested

# The Abortion Drug is NOT Safer Than Tylenol

*Dave Andrusko*

*After I read. "What is a medication abortion? 5 people share their experiences," I wasn't surprised that "abortion providers" (aka "reproductive health clinics") congratulated* Danielle Campoamor for her in-kind contribution to the cause.

Reporting for "TODAY Parents," she prefaces her five accounts with the assurance that studies have shown that chemical abortions—which now account for a slight majority of abortions performed in the US—"are safer than Tylenol and Viagra, and 14 times safer than childbirth."

Dr. Rebecca Miller, a fellow with Physicians for Reproductive Health, also told Campoamor, "Serious complications that would require hospitalization happen in less than 1% of people who have a medication abortion."

This is the bogus Talking Point that is intended to end all discussion about safety.

Christina Francis is chair of the board of the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG). She has written extensively about the real danger—that posed by mifepristone/misoprostol. One example:

One of the largest studies to date, which analyzed high-quality registry data obtained from nearly 50,000 women in Finland, found that the overall incidence of immediate adverse events is four-fold higher for medical abortions than for surgical abortions. The same study showed that nearly 7% of women will need surgical intervention—a significant number when you consider there are nearly 900,000 abortions per year in the U.S., 40% of which are medication abortions.

Dr. Randall K. O'Bannon, NRL Director of Education & Research, also noted:

Other studies, even some by abortion advocates, have found something similar—that chemical abortions have a much higher failure rate, that more of these women have complications, that more women show up in the emergency room needing surgical treatment for bleeding, to deal with "retained products of conception"—than what Dr. Miller reports here.

Campoamor celebrates the decision last December by President Biden's FDA to end the requirement that women meet in person to obtain the two-drugs used in medication abortion. But what about if "you're in one of the 19 states where this medication option is restricted through the mail?" "In those states, you're forced to go in, in person," says Melissa Grant, chief operations officer for Carafem, a chain of abortion clinics.

But Grant says "there are other ways to obtain a medication abortion—what is commonly referred to as a 'self-managed abortion." These "alternative means, includ[e] ordering medications online or in stores from Mexico."

Grant adds, "This avenue, however, comes with great legal risk" [true enough] but is incredibly cavalier about the medical risks to women of ordering from Mexico or any other place online.

As for the accounts, they are what you expect. One woman has had three "medication abortions." She explains:

"The overwhelming reason for me choosing this method the first time was I wanted the privacy and comfort of the abortion happening at home and I was uncomfortable with the idea of a D&E procedure—it felt invasive and more uncomfortable since I would have to be in stirrups and undergoing a gynecological procedure, which

*continued on page 2*