
Michigan Nurses For Life

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

October 2010

“An educational group for prolife nurses”

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VOTE! November 2

If you no longer wish to receive this newsletter, please contact MNFL at 248.816.8489 or email info@mnfl.org.

The “New” Comfort Care

When I graduated from nursing school, I learned that “comfort care” was doing the simple things to make a patient feel better. It could be something as simple as offering a cup of cold water, a back rub, a smile or kind word, mouth care, turning the patient, giving pain medication etc. It was most important when a patient was very ill, terminal or unable to care for their basic needs.

I was shocked recently to learn how those words “comfort care” have morphed into something dangerous, sinister and contrary to our pro-life views.

Several years ago, a dear friend who was 80 years old, suffered a massive cerebral hemorrhage. The CAT scan showed it had affected a major portion of her brain; the doctor told us she would not survive. She spent the last 5 days of her life in the neuro ICU, comatose and unresponsive to all stimuli, until she passed away.

A short time before she died, the nurse came in the room and gave her some IV push medication. I asked her what it was and she said “dilauid”. She came in 2 more times at 10 minute intervals and repeated the same

procedure. I went out to the desk for another nurse “I can see that you’re drugging her”, not realizing what was really happening. She said, “It won’t be long now”. My friend passed away within minutes.

This IS the new comfort care that’s going on in hospitals today. Terminal sedation---giving medication to needlessly sedate and even euthanize comatose, unresponsive and terminal patients. I am not opposed to medicating a person’s pain, which is TRUE comfort care.

When I expressed my concern to the hospital ethics committee, I thought I would be vindicated; my main concern was that this should not be the standard of care for

other patients with similar conditions. I was told by the hospice doctor that this was the principal of double effect, meaning that the patient was medicated for pain and “happened to pass away in the process.” My concerns were not heard by the ethics committee because I was not next of kin. I will continue to pursue this matter until I find resolution.

I believe that human life is precious and a gift from God; it’s not our right as health care providers to intervene to shorten it, even IF the patient is terminal. This desensitizes us to our true mission as caregivers and healers and opens the door to future abuses.

My concern is that this is common practice in our hospitals and even hospices today. It is justified by saying the patient is going to die anyway; we are just “making them comfortable”. I see major potential for a slippery slope here. That nurse seemed pretty comfortable in what she was doing. Where will it end - with you or your family members? Beware of hospitals and nurses carrying needles...you may be next!

*By Mary Lou Temple,
MNFL Board Member*

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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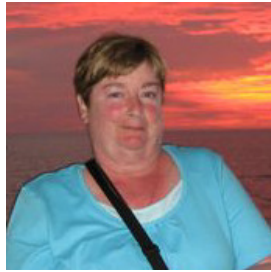
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President's Perspective



Dear Colleagues.

It is always nice to give a sigh of relief when a huge undertaking is completed and so it is with the September 18th conference.

First of all, to the board of MNFL and all those who helped make the conference such a success, I offer a huge THANK YOU! The help given to MNFL by the Educational Center of Life is especially welcome.

At the beginning of the conference I offered a few remarks regarding conscience protection for health care workers. For those of you who did not attend, we need to recognize that this is a very serious issue and we are currently in a state of limbo regarding our rights to our own moral values.

Over the years since Roe v Wade was decided, there have been a number of amendments that have been offered to provide protection against discrimination, termination and licensing for health care professionals who feel that such things as abortion, euthanasia, and doctor assisted suicide violate their religious or ethical values. Unfortunately, most of these are just amendments attached to other measures and do not carry the force of law. In April of 2009, the current administration in Washington held public hearings on this issue, but it seems that no results of those hearings have been published or acted upon. There is also serious question as to whether or not the Patient Protection and Affordable Care act provides any kind of conscience protection.

Legislation has been introduced by Rep. Chris Smith and Rep. Joe Lipinski to codify the current amendments so that they will have the force of law and provide protection but, even with 167 co-sponsors, the likelihood of passage is doubtful.

So, what must we do? Well, for a while I guess we wait and see (very difficult for most of us!) and in the meantime I encourage you to establish a dialogue with our two Senators and your House member and encourage them to do whatever they can to provide protection so that, in order to be a doctor, or a nurse, or whatever, we will not have to check our morals at the door.

REMINDER: DECEMBER IS RENEWAL MONTH. Love Life!
Diane Trombley, President, Michigan Nurses For Life

Scholarship for Nursing Students

The National Association of Pro-life Nurses is offering a \$1,000 scholarship to either a part-time or full-time student nurse enrolled in an accredited school of nursing in the fall, winter or spring of 2010 – 2011.

The selection process criteria includes an essay, academic achievements, demonstration of leadership, and participation in pro-life activities. The typed essay must consist of 200 – 300 words in response to the following: "What Nurses Can Do to Promote a Positive Respect for Life."

The application must be completed and returned to NAPN by February 15, 2011.

Go to www.nursesforlife.org to download the form.

Michigan Nurses For Life 2010 Fall Conference in Review

It sounds self serving to say that we were pleased with our conference on Saturday, the 18th of September, but we were!

The attendance was the best ever and we were especially pleased by the number of nursing students (32) who were there. Students do not yet need contact hours but each of them did receive a certificate of attendance and many also took information about the National Association of Pro-Life Nurses student scholarship.

Fr. Tad Pacholczyk presented a very informative program on end of life care and the duties, obligations and privileges we have as nurses to provide such care. He drew examples of proportionate and disproportionate care, explained our role in recognizing the desires of the patient and his/her family and stressed several times the need to name someone as a health care surrogate, explaining that so called living wills often do not meet the needs of the patient during the dying process. He also told us that the National Catholic Bioethics Center in Philadelphia always has someone available by phone to



help with emergency or time sensitive issues. The center can be reached by calling 215-877-2660 24 hours a day, 7 days a week. Leaving a message will result in a prompt call back.

Mary Mitsch courageously retold the story of the tragic death of her daughter, Jessica, as the result of a traffic accident. She outlined the things she believes should be offered to a family experiencing the sudden death of a loved one, including: the opportunity to be with that family member and not be removed to a "family room", religious counsel, the presence of family and friends, and recognition and validation of feelings and emotions that can arise at any time during and after the event.

Cynthia Dudek explained the impact the Patient Protection and Affordable Health Care Act is having on insurance rates that will ultimately cause everyone's rates to rise. She noted the need to be vigilant against the inclusion of payments for abortion in the Health Care Act.

**This election
is very important.
Please vote
November 2.**

Abortions at Military Facilities Blocked Major Victory in Senate over Taxpayer Funded Abortion

Yesterday, a group of pro-life Senators led by Senate Republican Leader Mitch McConnell (R-KY) and Senator John McCain (R-AZ) banded together, leading an effort to block a Senate Defense-spending bill that would have opened the door for taxpayer-funded abortions on military bases. The 56-43 vote in the U.S. Senate fell four votes short of the 60 votes the bill's proponents needed to move it forward.

Dr. Charmaine Yoest, President and CEO of AUL Action, recognized McCain and his colleagues for outstanding work as they "led the fight to win today's key vote rejecting taxpayer-funded abortion in the military." The vote was a major setback for the abortion industry's agenda in Washington as its leaders fight to expand abortion without limitations and at any price.

"The momentum is on the side of Life," said Yoest. "We stopped taxpayer-funded abortion on military bases

against overwhelming odds in the Senate. If one vote had gone the other way, the result would be different. That's why we must remain steadfast in our fight."

We've been updating you for weeks on our fight to stop the Burris Amendment to the Defense Authorization Bill, and – after yesterday – experts believe that this issue is now dead during this Congressional session.

"Our goal," Yoest told *Bench Briefs*, "is to stop bad measures like the Burris Amendment. But we have a bigger goal too, which is to restore a culture of Life in America. If we are going to succeed, we'll need a different Senate next year – a Senate that respects Life."

Americans United for Life
Wednesday, September 22, 2010

Michigan Abortions Drop 14% in 2009

The poor economic conditions in Michigan were supposed to elevate the number of abortions, but recently released statistics from the Michigan Department of Community Health reveal otherwise. The number of abortions performed in Michigan decreased in 2009. The report shows 22,357 abortions done in Michigan during 2009 compared to 25,970 Michigan abortions reported in 2008, a drop of 13.9 percent or 3,613 abortions.

Since 1987, there has been a 54.4 percent decrease in the number of abortions done in Michigan annually and

they have decreased in four of the last six years.

The number of abortions performed in 2009 represents the lowest annual total of reported abortions in Michigan since abortion businesses were required to start reporting information in 1979.

Entire article may be found at:
www.lifenews.com/state/5261.html.

Kuipers Ultrasound Bill Approved By Senate

"The Michigan Senate approved legislation September 29, 2010 to require abortion facilities to provide images as clear and detailed as possible to mothers who opt for an ultrasound while considering an abortion," said Senator Wayne Kuipers, R-Holland.

"When lawmakers gave a mother the opportunity to see real-time ultrasound images of her unborn child before aborting her pregnancy in 2006, we never thought doctors would trample on that right by producing poor quality pictures," said Kuipers, who sponsored Senate Bill 1283. "My bill will restore our original legislative intent – to ensure women considering abortion have access to as much information as possible before making this life and death decisions." The bill would require a doctor or person assisting the physician to use their facility's most technologically advanced ultrasound equipment for examination, view-

ing an active image and creating the physical picture of an ultrasound image.

"My goal with this reform is to protect as many babies as possible by making abortion as rare as possible," Kuipers said. "If viewing a clear ultrasound image of her unborn child causes just one woman to change her mind about having an abortion, then it is worth the effort."

The bill has been sent to the House for consideration.

Sept. 30, 2010

Source: www.grandhaventribune.com/paid/306599501913144.bsp.

New York City Abortion Doulas

New York City has a reputation for the unusual. Now it's given birth to the idea of "abortion doulas." The ironic choice of words was intentional. Lauren Mitchell and her colleagues, Mary Mahoney and Miriam Perez, have formed what they call the Doula Project operating from two Manhattan abortion mills, one specializing in late-term abortions.

Doula comes from a Greek word meaning a female caregiver. A modern-day doula provides non-medical assistance before, during and after childbirth. Her goal is to see to the physical and emotional needs of both mother and child. This could include pre-birth advice on parenting, massages during labor and even help taking care of the child and household chores after delivery. If Mitchell et.al. get their way, the positive, life-affirming reputation of doulas could be tainted by abortion—teaching to coach mothers not in the birth, but killing of their children.

Originally dubbed the Abortion Doula Project, the word "abortion" was likely dropped to appeal to more potential customers who may be put off by killing unborn babies, but are in need of legitimate doula services.

Abortion doulas are paid for their macabre services or may act as volunteers. Internet accounts from most abortion doulas reflect involvement with late-term abortion procedures. After reading several of these, I'm led to believe their primary role is public relations and damage control. One could legitimately surmise that their goal is to keep the woman from focusing on the reality of the procedure and becoming an emotional wreck.

Lauren Mitchell was with a woman who could see the ultrasound image of her unborn child about to be killed by a lethal injection. Mitchell's role was to essentially be a visual buffer hiding the reality of this mother's action. The mother turned her head and buried her face in Mitchell's arms.

A key function of the abortion doula is to reinforce the mother's decision to abort. They claim their services are needed to provide "extra reassurance" to the teen who's having an abortion without the knowledge of her parents, or for the woman who's hiding her pregnancy from the father of the baby. Instead of enabling these women to abort in secret, these key members of

their families *should* be involved in this permanent, life-changing decision. Laura G. Duncan, an abortion doula from Brooklyn, admitted there's an "incredible [amount of] shame and stigma surrounding abortion." Obviously they feel it's their calling to free pregnant women from these obstacles to "choice." But where will these abortion helpers be when days, months or years later, these hurting mothers are faced with an inescapable sense of loss, depression and regret?

An article posted on Women's eNews reported that abortionists can do 30 abortions a day "in an assembly-line fashion" with little time to offer critical counseling. Sadly, personal attention, such as holding their hand, hot water bottles and foot rubs aren't what these women require most. They need someone to look them in the eyes and say, "You don't have to kill your unborn child. There are other life affirming choices that both you and your baby can live with." This type of care and compassion for women facing an unexpected pregnancy is desperately more important than a warm blanket.

The so-called abortion doulas are getting pushback not only from legitimate pro-life doulas. They're receiving flack from their own side. Some fellow pro-abortion activists are furious these women would even acknowledge the negatives of abortion. They've spent decades claiming that terminating pregnancies does not bring difficult, painful or troubling consequences. Promoting

It would be all too convenient to mobilize a network of abortion doulas to expand the workforce of this killing industry.

this service is the ultimate admission they were wrong. This latest scheme by supporters of the abortion industry is a thinly veiled attempt to mainstream abortion by blurring the line between the act of bringing a child into the world and intentionally killing them. Mary Mahoney admitted that their goal is to train abortion doulas throughout the nation. I would expect them to attempt using abortion doulas as a platform to expand the shrinking number of abortionists in America. Pro-abortion activists have already advocated allowing nurses to perform abortions, particularly chemical abortions. It would be all too convenient to mobilize a network of abortion doulas to expand the workforce of this killing industry.

In the past, women have had to inquire if their OB/GYN did abortions. Now we may be coming to an era when women will have to ask the same question of their doulas.

*Bradley Mattes, Executive Director
LIFE ISSUES CONNECTION - page 7
OCTOBER 2010*

Pink Money: Breast Cancer Awareness

October is Breast Cancer Awareness Month, but before you buy that pink wristband, there's something you need to know.

The leading organization behind the pink ribbon campaign is the Susan G. Komen Breast Cancer Foundation. As the largest recipient of nonprofit funds going toward breast cancer research, Komen attracts donors committed to finding a cure for the disease – a mission we wholeheartedly support. But in a counterproductive twist, Komen is also funding a group that actually promotes a cause of breast cancer. That cause is abortion, and that group is Planned Parenthood.

At least 22 states have Komen affiliates that send donor money straight to Planned Parenthood. Last year, that added up to \$731,000. For the past five years, the number reached a staggering \$3 million. With Komen's leadership holding close ties to Planned Parenthood – several having served in advisory capacities or as key supporters – it's no surprise that both groups deny the impact of abortion on women's health. But the evidence doesn't lie, and a growing collection of studies are revealing that the single most avoidable risk factor for breast cancer is abortion.

In 2007, for example, the Journal of American Physicians and Surgeons published a study calling abortion “the best predictor of breast cancer.” In 2009, the Fred Hutchinson Cancer Research Center found that women who have an abortion increase their risk of breast

cancer by 40 percent.

When Komen chooses to send resources to Planned Parenthood – whether for breast screenings or anything else – they are enabling those facilities to use other dollars to promote and perform abortions. That's not something I'm comfortable with, and if you're not either, I encourage you to choose an alternative. The Polycarp Research Institute is one of alternatives making significant advances in the field.

We've also assembled some helpful information documenting the Komen/Planned Parenthood relationship and an enlightening TV episode of Facing Life Head-On that explains the connection between abortion and breast cancer. Please share this research with others and, in doing so, help us keep Pink Money from becoming blood money.

Bradley Mattes, Exe.Dir., Life Issues - Oct.15, 2010

Alternatives to funding Susan G. Komen:

Coalition on Abortion Breast Cancer - 877.803.0102

www.abortionbreastcancer.com

Breast Cancer Prevention Institute - 866.622.6237

www.bcpinstitute.org

The Polycarp Research Institute - 717.732.4904

www.polycarp.org

Pro-Lifers Targeted in FBI Pro-Abortion Training Forum

In reading the following article, remember: taking a human life is **ALWAYS** wrong!

In August of this year, the Federal Bureau of Investigation (FBI) and the Department of Justice (DOJ) partnered with Planned Parenthood, the National Abortion Federation and the Feminist Majority Foundation in presenting a training seminar declaring as “violent” the free speech activities of pro-life Americans. Participants were provided with an 84 page document entitled, “Resource Guide: Violence Against Reproductive Health Care Providers.” The document referred to statistics prepared by the National Abortion Federation dating back to 1977. In some cases offenders were identified, tried and convicted. Other cases remain “open”. A list of the websites of a number of “Anti-Abortion” organizations which include: Christian Broadcasting Network (CBN), Priests for Life, Concerned Women for America, and Life Decisions International were also included.

What is interesting about this wholesale lumping of all pro-life activity is the treatment of peaceful free-speech actions such as praying, singing hymns and

speaking or handing out literature to women entering abortion facilities as “violence” subject to investigation and prosecution. It is also interesting to note that there is that no mention made of the murder of the pro-life activist in Owosso, the abortion practitioner who brandished a gun at 40 Days for Life participants outside an abortion clinic in Tennessee, or the manager of an abortion facility in Wisconsin who plead guilty to purchasing an egg timer, putting it in the trash can outside her own facility and then calling in a bomb threat to the local police.

Yes, abortion is a violent act against the unborn child, but it should **NEVER** justify violence against the abortion provider or anyone with an opposing point of view or become a reason to break the law.

By Diane Trombley, MNFL President

“Obama Admin Targets Pro-Lifers in FBI Training Forum With Pro-Abortion Orgs”

<http://www.lifenews.com/nat6740.html>

“Resource Guide: Violence Against Reproductive Health Care Providers”

<http://www.lifenews.com/2010fbitraining.pdf>

Generally speaking, human embryos do not have names. Many do not have families either—those “left over” after infertility treatments are often so “not connected” to the father and mother who shared in their creation that they are offered as human research material to those involved in embryonic stem cell research.

So, when a researcher says he/she is doing research for Bill, who has ALS, and his wife and four children, who will do anything to have him healthy and well, it is very difficult to not feel great sympathy for Bill and family.

Perhaps if we named the embryo, and were able to see into the future and determine how his/her life would unfold, how many children she might have or what his profession might be, we might find ourselves torn by our sympathies. Whose life should be sacrificed so that the other might live?

You see, this is the choice that those who promote embryonic stem cell research are making. They can't, or won't, see the living, growing human life before them in the laboratory and assign it the same dignity and protection they give to the person suffering from debilitating disease. To them, the means justify the end and each time they employ that philosophy protection for all human life is eroded.

If we, as a society, start picking and choosing which embryonic human life will be protected and which will be harvested for research, the value of all human life is diminished. If we can use embryos for research then surely the act of abortion can't be all that bad. After all, the only difference between the two becomes who is making the decisions.

Using human embryos for research is particularly disturbing because there is a proven, effective alternative. Adult stem cells, that is any stem cell not taken from the embryo, are being used everyday, all around the

world, relieving those suffering from spinal cord injury, blindness, sickle cell anemia, leukemia, heart and kidney disease and much, much more. New stem cells, named IPS (induced pluripotent stem cells) are showing even more promise than regular adult stem cells and carry with them none of the difficulties, either biological or ethical, that accompany embryonic stem cells.

In Michigan, one of the most appalling reasons given for our universities to be doing embryonic stem cell research is that such research boosts the state's economy. We are promoting the destruction of human life under the guise of altruism when really, it is about the money. This must be so because every article written about the recent stem cell conference held in Detroit highlighted the money that would come to the state's economy if we continue to promote human embryonic stem cell research. Never mind the altruistic subterfuge; it is the money that counts!

Human life is not research material—no matter how small, no matter how “left over”, no matter where it is found. If “left over” embryos in fertility treatment centers are such a temptation, then for heaven's sake, don't make so many! If people are suffering from disease, then for heaven's sake, use what we know works and build on it instead of wasting time, and their lives, starting from scratch. Our world decided in 1945 that the means don't justify the ends when we condemned human experimentation—for heaven's sake, let's not forget that!

There Are None So Blind As Those Who Will Not See

Some seem blind to the success of adult stem cells. Maybe if they saw the evidence from a recent Italian study, their eyes would be opened to the potential of ethical research. After cataracts, corneal disease is the second leading cause of blindness in the world.

In September, Dr. Jean Peduzzi Nelson testified to the U.S. Senate about the success that Italian doctors have achieved at restoring sight to patients with corneal blindness, using adult stem cells. The details of the successful adult stem cell treatment were given in a June 2010 paper published in the *New England Journal of Medicine*. The Italian doctors treated 112 patients who had corneal blindness from chemical burns.

The clinical team isolated adult stem cells from a portion of the patient's eye, grew the cells in the lab to

create many new corneal cells, and transplanted the new cells onto the damaged eyes. Over 77% of patients recovered normal vision, and 13% of patients had partial vision restored.

One of the successful transplants was a man who had severe damage in both eyes as a result of a chemical burn in 1948. The doctors grafted stem cells from a small section of his left eye to both eyes. His vision is now close to normal. Seeing is believing! Adult stem cells are helping patients now!

ADULT STEM CELLS: MORE THAN MEETS THE EYE
New England Journal of Medicine at:
www.nejm.org/doi/full/10.1056/NEJMoa0905955

Summary by Diane Trombley

Michigan Nurses For Life



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UPCOMING EVENTS

On Sale Now! PROLIFE CHRISTMAS CARDS
Available at the following RTL-LIFESPAN Offices:
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Wayne West / Downriver 734.422.6230
Detroit 313.640.8534
Your purchase supports prolife activities.



Saturday, January 22, 2011 / 8 AM - 5 PM
LIFE IS A GIFT CONFERENCE

Join Archbishop Allen Vigneron at
Sacred Heart Major Seminary. Mass 4:00 PM.
The purpose of this conference is to rediscover the
true meaning of Life as a Gift (from the moment of
conception, to the moment of natural death).
Register online at: adonline.org/lifeisagift
or call: 313.237.4691

Monday, January 24, 2011 / 2:30-5 PM
MOVEMENT IN MOTION MARCH FOR LIFE
Youth Bus Trip to Washington, DC

Sponsored by RTL-LIFESPAN
Oakland/Macomb Chapter
Call Lynn for information: 248.816.1546
Don't delay---call today!
Buses are filling quickly!!!