

“An educational group for pro-life nurses”

Roe v. Wade's Disastrous Impact on Medical Ethics

By Nancy Valko

Most people volunteer for the pro-life movement. I consider myself a draftee. For me, there was no “choice.” I became a conscript because of personal and professional experiences that followed in the wake of the *Roe v. Wade* decision.

I was a young intensive care unit nurse when the *Roe v. Wade* decision came down in 1973. Like most people I knew, I was shocked when abortion was legalized. As a medical professional, I couldn't imagine good doctors and nurses condoning—much less participating in—such a brutal act.

However, I quickly found that my medical colleagues were split on the issue. In a foreshadowing of what was to come, those supporting what was then said to be “only” early abortions were the most vocal and insistent. Our formerly cohesive unit began to fray.

However, I was professionally offended by the pro-life argument that legalizing abortion would lead to the legalization of infanticide and euthanasia. It was one thing to deny the truth with an early and unobserved unborn baby but it was quite another to imagine any doctor or nurse looking a born human being in the eye and killing him or her.

How wrong I was!

Infanticide and Medical Discrimination Against People With Disabilities

My eyes were opened with the 1982 *Baby Doe* case in Indiana. Baby Doe was a newborn baby boy with an easily correctable hole between his esophagus (food pipe) and trachea (windpipe). He was denied this lifesaving surgery by his parents and a judge because he also had Down Syndrome. He also was not fed. Six days later, Baby Doe starved and dehydrated to death while his case was being appealed to the Supreme Court.

When we read the story, my husband and I wanted to adopt Baby Doe. But all offers of adoption were refused.

When our daughter Karen was born a few months after Baby Doe, we were stunned that she had both Down Syndrome and a severe heart defect but I was determined that she would not become another Baby Doe.

The cardiologist told us that Karen had an 80-90% chance of survival with one open-heart surgery by age 6 months. He also gave us a “choice”—to let Karen die. I was outraged that he could even consider not treating my daughter like any other baby with the same heart defect.

Even worse, when my daughter was hospitalized with pneumonia at 4 months, I was tipped off that my trusted pediatrician had made her a “do not resuscitate” without my knowledge or consent because “Nancy is too emotionally involved with that retarded baby.” I then realized that “choice” was just an empty slogan that had infected medical ethics.

Although Karen survived that incident, she unfortunately died at age 5-1/2 months just before her scheduled surgery.

At last, I finally joined the disability rights and the pro-life movements.

The “Right To Die” Movement

A few years after Karen, I was shocked by the so-called “right to die” movement that pushed “living wills” to refuse even food and water by tube if or when a person became incapacitated. I became involved in both the Nancy Cruzan and Terri Schiavo cases.



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...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

What Happened In New York?

Many of us have lived through the years when we were promised that abortion would only be available for the first three months of pregnancy. Then, we heard that, in spite of the full extent of the *Roe v. Wade* decision, abortion would be safe, legal and rare.

Those smoke screens for the taking of innocent human life have just been blown away by the harsh wind of the recent New York decision. The new law was not just announced, but celebrated with applause and cheers in the New York Assembly and the top of the One World Trade Center was illuminated by a pink light.

In the state of New York, abortion is now legal with absolutely no restraints:

- 1) As to place
- 2) As to gestational age of the baby, up to the point of delivery, if the mother's "health" is threatened
- 3) There is no biological definition of health considered only the woman's "age, economic, social and emotional factors"
- 4) As to who can perform an abortion—not just a medical doctor, but midwives and physician's assistants can perform abortions
- 5) As to a waiting period
- 6) The definition of a human person has been changed to mean "one who has been born and is alive"
- 7) The child need not receive any medical care or intervention if aborted alive
- 8) The unborn child cannot be recognized as a homicide victim if the mother is assaulted, or as having died in an accident (e.g., motor vehicle)
- 9) There is no provision for the conscience protection of a medical professional who opposes abortion

New York is not alone. Democratic representatives in the legislative bodies of Vermont, Rhode Island, New Mexico, New Jersey and Virginia have submitted language similar to New York's to change their abortion laws. The legislature in Virginia tabled the bill submitted by Assembly Delegate Kathy Tran (D-Fairfax) which clearly would have allowed the abortion of a baby of a woman in active labor. Later that day, the same Assembly Delegate voted for a measure which would protect the environment of a particular caterpillar in Virginia.

Why so many, why now? It would appear that abortion supporters in these and other states fear that *Roe v. Wade* could be overturned. If that were to happen, each state would then have to devise and approve legislation regarding abortion. These states want to be "ahead of the curve" and have laws already codified in their states so as to prevent a vote of the people.

Voting is important. Elections have consequences. This is one of them.
Love Life, Diane

The so-called right to abortion has pitted mothers against their children and women against men. It has sown violence and discord at the heart of the most intimate human relationships.

—St. Teresa of Calcutta

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Dorothy Von Barga, mother of Phyl Sallee

Given by: Diane Trombley



Nursing: The Most Trusted Profession in the Country

Nurses outrank docs in new Gallup poll

By **Jebra Turner**

The annual Gallup Honesty and Ethics Poll was just released and the results show the most trusted profession—ranked number one for an astounding 17th consecutive year—is...drum roll, please...nursing.

When a sampling of random people in the U.S. were phoned and asked “please tell me how you would rate the honesty and ethical standards of people in these different fields,” more than 84% rated nurses as “high” or “very high.” (Other ratings they could have chosen were “average,” “low,” or “very low.”)

Gallup has sampled the public’s views since 1976, and while the professions change from year to year, nurses have outpaced all others since 1999 when the role was first included. That is nearly every year, because there was one year when nurses didn’t top the list. That happened in 2001, after the 9/11 terrorist attacks, when firefighters were included for the first and only time and scored the highest. Gallup conducts the telephone survey in late November and releases the results in December.

Healthcare professions usually dominate the top of the list, and this year is no different. The most trusted groups after nurses were medical doctors, scoring 67%, and pharmacists, coming in right behind at 66%. The lowest rankings for honesty and trustworthiness went to telemarketers and sadly, members of Congress, who tied for last place at 8%.

What is it that makes nurses so esteemed for their ethics and honesty? There are many theories, ranging from degree of intimacy (we stand naked—both literally and metaphorically—before nurses) and the fact that nursing is a female-dominated profession. The



Gallup data also suggest that women are viewed as more trustworthy than men. Estimates show that 90% of nurses are female, according to the American Nurses Association (ANA), but that percentage is dropping as more men enter the field.

Additionally, nurses have a code of ethics to uphold, and they study that topic seriously in nursing school to prepare for difficult ethical dilemmas with life and death consequences. Their licensure also compels them to do what’s right for the patient, not just what’s expedient or in their own (or their employer’s) best interest.

In the end, though, trust is based on personal experience. With nurses making up the largest portion of the healthcare workforce, almost everyone has had a relationship with a nurse, either as a patient, family member, or friend. They’ve most likely seen that nurses are always there, and always for them, as caregivers and patient advocates.

“Every day and across every health care setting, we are on the frontlines providing care to millions of people,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, ANA president. “Nurses’ contributions to health care delivery, public health challenges, natural disaster relief efforts, research, education, and much more, are unmatched and invaluable.”

Unmatched they are. We would like to congratulate all the extraordinary nurses for ranking at the highest level for their ethical standards. We know that nurses have many super powers—trustworthiness is maybe the greatest one. —*Minority Nurse, January 6, 2019*

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Vermont Bill Pushes Abortion Without Limit

By Wesley J. Smith



In the wake of New York's radical abortion expansion, Vermont may soon enact a law that would have zero limitations on abortion as to time, reason, fetal viability, or method. From H-0057:

(a) Every individual has the fundamental right to choose or refuse contraception or sterilization.

(b) Every individual who becomes pregnant has the fundamental right to choose to carry a pregnancy to term, give birth to a child, or to have an abortion.

This means a healthy, viable baby could be killed at 8 months, thirty days gestation. It means the abortion could be delayed or done in a manner to permit organ harvesting. It means that a fetus whose brain was sufficiently developed to experience pain could be torn slowly apart in the womb in the most agonizing manner. It would also allow sex-selection abortion and, if it were ever possible to determine, termination to prevent a gay baby from being born.

And what are we to make of this provision?

(c) A fertilized egg, embryo, or fetus shall not have independent rights under Vermont law.

At the very least, it would fully authorize the horrible fetal-part selling practices in which Planned Parenthood was caught engaging (the videos about which have now been validated by a federal court).

It could also permit odious practices beyond abortion, for example creating a free space for germ-line genetic engineering, as recently done in China. And what would prevent fetuses from being maintained in an artificial womb for purposes of experimentation—since they would have no rights, recognized human dignity, or legal status?

Don't scoff. Experimentation was conducted in the late 60s on living fetuses. One 1968 study—on a 26-week aborted fetus kept alive for five hours in an artificial environment—even received the Foundation Prize Award from the American Association of Obstetrics and Gynecology.

Also note that there are no residency requirements. Since almost every jurisdiction in the world places restrictions on late terminations, Vermont could well become the viable-fetus abortion capital of the world.

The 91 authors of this bill—think about that—want Vermont's public policy to state explicitly that unborn human life has no value or moral worth that any born person is bound to respect. What are we becoming?

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

—National Review, January 24, 2019

Babies Born Alive After Abortion Can Be Left to Die Under New York Law Legalizing Abortions Up to Birth

By Steven Ertelt

New York Governor Andrew Cuomo this week signed into law a bill that legalizes abortions up to birth. While that has been the main focus of the legislation, the new law also revokes medical care for babies who are born alive after botched abortions.

While Congress and legislatures in other states have tried to pass laws called the Born Alive Infants Protection Act, which require doctors to provide appropriate medical care and treatment for babies who are born alive after a failed abortion, the state of New York is moving in the other direction. New York now essentially allows infanticide.



The law Gov. Cuomo signed repealed section 4164 of NY's Public Health Law, which mandated medical care for any baby born alive during an abortion.

"When an abortion is to be performed after the twentieth week of pregnancy, a physician other than the physician performing the abortion shall be in attendance to take control of and to provide immediate medical care for any live birth that is the result of the abortion," the law reads.

Does this mean that babies will just be left to die in New York at abortion clinics if they somehow survive the abortion procedure? As Tony Perkins, president of Family Research Council, said, the answer is yes.

"This law guarantees it, sweeping away a large chunk of the penal codes that protected abortion survivors. Thanks to this Act, Kermit Gosnell, and his bloodstained, rat-infested, third-world excuse for a clinic, would be untouchable," he said. "The Resurgent's Stacey Lennox puts that into its gruesome context. "For those of you who saw the movie [Gosnell], Baby B would not be considered a victim."

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Abortion and the Breast Cancer Epidemic in India

By Angela Lanfranchi MD FACS

In February 2017, the *Asia-Pacific Journal of Clinical Oncology* published the "Epidemiology of breast cancer in Indian women."

Malvia, et al. found that from 1982-2005, the incidence of breast cancer had almost doubled. Breast cancer is now the leading cause of cancer deaths in women in India. India's burden of breast cancer is ever increasing and now impacting 1.5 million women a year.

Moreover, women suffering from breast cancer were a **decade younger** than women in western countries. Most breast cancers in India occur in women in their 30s and 40s!



Link to abortion

In 2018, the Breast Cancer Prevention Institute funded and published "Induced Abortion as an Independent Risk Factor for Breast Cancer: A Systematic Review and Meta-analysis of Studies on South Asian Women" in *Issues in Law and Medicine*. (A meta-analysis looks at separate but similar studies in order to use the pooled data for statistical significance. It is regarded by scientists as very strong evidence.)

Of the 20 studies analyzed, 16 were done on Indian women. The meta-analysis found a **151%** increased risk of breast cancer after an induced abortion.

In 2014, "Breast Cancer and Induced Abortion," an analysis also published in *Issues in Law and Medicine*, revealed that the incidence of breast cancers increased 10-14 years after an abortion. This analysis was consistent with the known biology of breast cancer. There was no statistically significant increase in breast cancer risk before 10 years and after 14 years of an abortion.

Induced abortion in India, referred to as "Medical Termination of Pregnancy," was legalized in 1971. Sons are most highly prized and sex selection abortions, although illegal, are not uncommon.

A study published in the *Lancet* 2006 and based on conservative assumptions, reported that the practice of sex-selection accounts for about a half million miss-

ing female births yearly. Over the past two decades, this translates into the abortion of some 10 million female fetuses.

According to UNICEF, 27% of Indian women marry by the age of 18. Breast cancer in these young women cuts to the heart of the family leaving young children without mothers and husbands without wives.

In addition to the tragic loss of female unborn babies, sex selection abortion leads to abnormal male/female ratios, resulting in a disordered society of men without a spouse and many other regrettable social outcomes.

Angela Lanfranchi, MD FACS, is President of the Breast Cancer Prevention Institute.

—National Right to Life News, January 2019

New York Law

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"Person," as far as this law is concerned, means a human being who has been born and is alive. Not a second before, and maybe—without infant protections—not a few seconds after either," he continued.

Another analysis from Hot Air of the new law concurs that born alive infants will be left to die in New York.

Contrary to what its proponents say, the RHA goes far beyond *Roe vs. Wade* in its aggressive extremism. Granting non-doctors permission to perform abortions does nothing to advance the security and health of women. Condoning coerced or involuntary abortions by repealing criminal sanctions even in cases where a perpetrator seeks to make his partner "un-pregnant" through an act of physical violence does not represent any kind of progress in the choice, safety or health of women. Removing protection for an infant accidentally born alive during an abortion is abject cruelty, something most people of conscience would deem inhumane for even a dog or cat. Finally, allowing late-term abortions is nothing less than a license to kill a pre-born child at will.

The law removes protections for babies who survive an abortion procedure. "The new law removes protections for babies born alive after an abortion—meaning they could be left to die after birth—by rescinding a portion of New York's public health law," Live Action reported.

—LifeNews.com, January 25, 2019



Gosnell Movie Hits Video on Demand and DVD

The *Kermit Gosnell* Movie hit Video on Demand January 22nd; DVD, February 5th. If you missed this powerful indictment of the

abortion industry, here's your chance to see the film and alert your friends and family.

The Consequences of Roe v. Wade?

Over 60 million lives have been destroyed since 1973, or the equivalent of the population of these 18 states.

60 MILLION PEOPLE



Nearly 61 million. A staggering number.

By Carol Tobias, President, National Right to Life

That's how many unborn lives have been destroyed by abortion in the United States since 1973.

The abortion industry and their friends in the media want you to believe a lot of things about this tragic number that just aren't true.

They want you to believe that the nearly 61 million precious children killed by abortion were not human beings. They want you to believe these unborn babies are "better off dead."

They want you to believe unborn babies can't feel pain or that abortionists don't ply their deadly trade using a method that rips babies apart, limb by limb, until they bleed to death.

They want you to believe that women are not hurt by abortion. They deny, or ignore, study after study showing physical and psychological dangers to women who've undergone abortions.

Pro-abortionists want you to believe that in 1973 the Supreme Court found a previously undiscovered "right" to abortion in the Constitution.

I've read the Constitution. I can't find any such right. Even pro-abortion legal experts concede that the Roe decision was unfounded. What seven unelected justices had done, to quote Justice Byron White, was simply an "exercise of raw judicial power."

—National Right to Life News, January 2019

Michigan Nurses for Life, February 2019

Roe v. Wade's Disastrous Impact

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Both involved seriously brain-injured, non-dying young women declared “vegetative,” a dehumanizing term invented in 1972. I wrote an op-ed for my local paper predicting that the potential pool of victims would expand if death by starvation and dehydration was allowed.

I was thinking about my own mother who had Alzheimer's and cancer and indeed I was asked at one point if our family was going to feed her. I replied that my mother would die naturally from her condition, not starvation and dehydration.

How far we have descended! Now, prominent doctors and the American Nurses Association are promoting what Compassion and Choices calls voluntary stopping of eating and drinking by mouth (VSED) as a legal option to “speed up dying” for competent people with serious illnesses. “Living wills” to prevent even spoon feeding for people with dementia are also being developed.

Physician-Assisted Suicide

The “right to die” movement ultimately did expand into the Compassion and Choices organization, the well-funded former Hemlock Society that promotes physician-assisted suicide by lethal overdose. In the late 1990s, Oregon became the first state to legalize assisted suicide. Now a handful of states and the District of Columbia have followed Oregon but the relentless effort to legalize physician-assisted suicide continues in the other US states.

Over the years, I had cared for many suicidal people and I saw the seductive effect of people like Jack Kevorkian, the infamous “Dr. Death” on them. As a nurse, I knew how dangerous it was to portray suicide as a “solution” to many at-risk people.

But it became personal when my 30-year-old daughter Marie killed herself using an assisted suicide technique that she learned reading the pro-assisted suicide book “Final Exit.” My Marie had struggled with drug addiction for 16 years and despite our best efforts and those of her therapists, she finally succumbed to despair. She was the only suicidal person I ever lost.

I was not surprised when two people close to Marie became suicidal after her death. Fortunately, they were saved.

Suicide contagion is not a figment of someone's imagination but a real phenomenon. It is no coincidence that the US suicide rate has skyrocketed since Oregon first legalized physician-assisted suicide.

Euthanasia

I also discovered that it's only a short step from “I wouldn't want to live like that” for assisted suicide to “No one should have to live like that” for euthanasia.

In 2003, Dr. Lloyd Thompson, then head of the Vermont Medical Society, escaped prosecution for intentionally giving a paralyzing, “life-ending drug” to an

elderly woman with terminal cancer whose breathing machine had been removed. The family had opposed prosecuting the doctor.

Ironically and around the same time, I was threatened with the loss of my job after I refused to increase a morphine drip “until he stops breathing” on an older man who did not stop breathing as expected after his ventilator was removed. The patient was presumed to have had a stroke when he did not wake up from sedation after 24 hours. I reported the situation up the chain of command at my hospital but no one supported me. I escaped termination that time but I refused to back down.

An autopsy later showed that the man had no lethal condition or brain injury.

Conclusion

As the late Fr. Richard John Neuhaus wisely said, “I believe in the slippery slope the same way I believe in the Hudson River. It's there.”

But until and unless we are ready to recognize what we unlock when we legalize “just a little bit” of medical killing, we may find that the slippery slope has no bottom and that no one is safe.

And I saw it all start with the *Roe v. Wade* decision legalizing abortion.

—National Right to Life News, January 2019

Ultrasound

continued from back page

I wonder how many other minds and hearts that ultrasound touched. From the comments below the photo, it was clear that Facebook friends were astounded at the amazing image.

And it is no wonder that studies show that, when pregnant women are shown an ultrasound of their babies inside supportive pregnancy resource centers, the vast majority will choose life for their children.

Thus it is abundantly obvious why abortion centers do their best to hide ultrasounds from their abortion-minded clients. Once a woman sees that miraculous image, her tenuous bond to her child is highly likely to grow stronger. The ultrasound literally puts a face—a distinctively human face—on what the abortion industry cavalierly refers to as the “choice.”

The experience of seeing that Facebook ultrasound has also left me to wonder, “How many twins are aborted each year in our country? How many times is the tragedy of abortion actually doubled through the deaths of two preborn babies at one time?”

In the words of one clergyman, this could be considered a “two-for-one temptation.” Twice the tragedy. Twice the heartache for the mother left behind.

Never underestimate the power of an ultrasound to change a mind and to save a life. And consider using your Facebook feed as a way to celebrate life at all its stages and at all phases of development.

—National Right to Life News Today, September 12, 2018

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Never Underestimate the Power of an Ultrasound to Change a Mind and to Save a Life

By Maria Gallagher

Legislative Director, Pennsylvania Pro-Life Federation

It happened when I was scrolling through my Facebook feed one day.

In between posts about the latest football games and political rants, I saw it—and it melted my heart.

There was an ultrasound of not one, but two babies—the latest additions to my Facebook friend's family.

I have seen my share of ultrasounds over the years—my darling daughter's was the most memorable. Lying on the exam table, I looked up at the screen and saw my little one playing with her toes while in utero.

It was an incredible and unforgettable sight.

But I believe this was the first time I have viewed an ultrasound of twins. The precious preborn babies were clearly visible—and their official age was 14 weeks' gestation.

In that moment, gazing at that image, it was hard for me to fathom the idea that anyone would view them as unworthy of care and too young to be guaranteed the right to life. It was also hard to accept the fact that babies where I live, in the Commonwealth of Pennsylvania, can be legally aborted up to 24 weeks' gestation—10 weeks past the age of the twins in question. It is even more alarming to think about the babies who are aborted up to the moment of birth.

A picture is worth a thousand statistics. It is one thing to hear about nearly one million preborn children being aborted each year. It is quite another to see a prenatal portrait of a baby who lacks protection under the law.



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