

Michigan Nurses For Life

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

February 2025

Supporting pro-life nurses since 1998

**Michigan Nurses for Life
27 Years**

Pro-life victories begin on day 1 of the Trump administration

By Andrea Trudden

As the Trump administration begins its work, the pro-life movement is already seeing significant victories that affirm the sanctity of life and restore resources for women seeking hope and help. These immediate wins underscore the importance of leadership that values life and empowers women to choose it.

1. ReproductiveRights.gov removed

One of the most notable changes is the removal of ReproductiveRights.gov, a website that had been a central resource guiding women to abortion providers under the Biden administration. This site played a pivotal role in advancing an abortion agenda, steering vulnerable women away from alternatives that could provide them with life-affirming support and resources.

Women seeking assistance in an unplanned pregnancy have been able to find compassionate, practical help through OptionLine.org since 2003. This 24/7 helpline connects women to a nationwide network of over 3,000 pregnancy help organizations offering free services like pregnancy tests, ultrasounds, parenting support, and more.

The removal of the government abortion-affirming site is a clear step toward ensuring women are met with real choice, options, and the support they need.

2. Apparent easing of censorship of Abortion Pill Reversal

Another powerful shift is the noticeable reduction in censorship surrounding Abortion Pill Reversal (APR). For years, this life-saving option was suppressed in internet search engines, making it harder for women to learn about reversing the effects of the first abortion pill.

Today, APR information appears prominently in Google searches, giving women timely access to life-saving information when it matters most. We are hopeful, but still cautious, as we watch the number of calls coming in rise. Since its introduction, statistics show APR has saved over 6,000 babies, and if the apparent lift of censorship trend holds true, more women will have the opportunity to choose life thanks to this restored visibility.

3. Pardons for pro-life activists

President Trump pardoned 23 pro-life activists who had been sentenced under the FACE Act by the Biden administration for protesting at abortion facilities and whom supporters said were unfairly targeted for their beliefs. Some of the activists had been imprisoned. Trump, in a signing ceremony at the White House, told reporters the activists "should not have been prosecuted."

A step forward for life

These changes mark a significant shift toward truth, transparency, and real choice for women. They also represent a reprieve from the last four years of government-sponsored abortion zealotry and a welcome move toward protection of the right for pregnancy help organizations to serve women and families in need.

Note: Heartbeat International manages the Abortion Pill Rescue® Network (APRN) and Pregnancy Help News. Heartbeat is currently the subject of two lawsuits brought by state AGs concerning sharing information about Abortion Pill Reversal. Andrea Trudden serves as the Vice President of Communications & Marketing at Heartbeat International, overseeing the public presence of the organization and its network of more than 3,600 pregnancy help organizations worldwide.

—Heartbeat International, January 23, 2025

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

1637 W. Big Beaver Rd., Suite G
Troy, Michigan 48064-3540

Office: 248-816-8489

Email: info@mnfl.org

Web Site: www.mnfl.org

Officers:

Diane Trombley, RN, BSN, President
Mary Anne Barrett, RN, Secretary
Alice Maher, RN, MSN, Treasurer

Board Members:

Martha Jacobs, RN
Leann Clink, RN, BSN
Phyl Sallee, RN, MS, CPNP
Linda Seng, RN
Susan Stumbo, BSN, MS
Phyllis Sullivan, BSN
Mary Lou Temple, RN, MS, Nursing

Administrative Assistant:

Marilyn Schepansky

Editor and Layout:

Marge Bradley

FROM THE PRESIDENT

Diane Trombley, RN, BSN



Dear Colleagues,

We often sing a song at church that begins with "A new day is dawning..." My wish is that these words are truly prophetic, and we will see positive changes regarding the need to protect and respect all human life!

You will notice that the following pages contain a number of items on euthanasia. This is actually by design. There is a subtle but extremely persistent effort being made to "normalize" euthanasia in our country and beyond. Health care professionals are actually encouraging seriously ill or old, or handicapped patients to kill themselves!!

I have always maintained that opposition to euthanasia is a more difficult position to explain, primarily because it is an action that the individual involved performs on himself or herself, rather than imposing it on someone else as with abortion.

Having said that, I do not mean that euthanasia is the answer to serious illness or old age, and being encouraged to die by doctors, nurses, therapists, etc. seems to be the antithesis of medical practice. If one puts the argument in a religious perspective, accepting euthanasia is the despair we are warned to avoid. Putting it in a purely practical framework, it is abandonment.

We are promised that euthanasia is/should be voluntary and self-administered and we have nothing to fear from allowing or encouraging it in our society. If one lives long enough, one has the opportunity to speak to lots of people about lots of things.

A long time ago, I attended a conference on pro-life issues and had a discussion with an older Episcopalian priest who had attended the doctors' trials in Nuremberg, Germany, after WWII. Most defendants maintained that allowing euthanasia in Germany was desired by the people before Hitler's rise to power. He then said, "The people request and the state demands."

Will we learn from history or repeat it?

Love Life, Diane

UPCOMING EVENTS

40 DAYS FOR LIFE

March 5 – April 13

Find a location, 40daysforlife.com

CROSSROADS CARE CENTER'S BENEFIT

March 7 (Lunch or Dinner) – Royal Park Hotel, Rochester

Speaker: Robert J. Muise, Esq.

For information: 248-293-0070 x 107

BE THE CHANGE – YOUTH TRAINING

Saturday, March 8

Auburn Hills: 9:30 am – 1:30 pm

Livonia: 12 pm – 4:30 pm

For information, Lifespan Youth Director: 248-816-1546

LIFESPAN ANNUAL DINNER

Tuesday, May 6 – San Marino Club, Troy

Speaker: Rachel Campos-Duffy (Fox & Friends Weekend)

For information: 248-816-1546

Assisted suicide laws, once legal, inevitably expand

By Alex Schadenberg, Executive Director
Euthanasia Prevention Coalition

When a jurisdiction is debating an assisted suicide bill, many organizations and individuals present information about the necessary safeguards that the jurisdiction must implement to “safely” legalize assisted suicide.

The Euthanasia Prevention Coalition knows that it is not possible to “safely” legalize assisted suicide and once legal the law will inevitably expand.

Great Britain is currently debating an assisted suicide bill sponsored by Kim Leadbeater. Many states have already introduced assisted suicide bills in 2025 and we anticipate many more legalization bills this year. We know that some states that have legalized assisted suicide will debate bills to expand their law.

This article focuses on the experience with assisted suicide in jurisdictions where it is legal.

Nearly every jurisdiction that has legalized assisted suicide, later expanded their law.

The assisted suicide lobby groups know that it is more difficult to legalize assisted suicide than it is to expand the law once it is legal.

On June 5, 2024 Colorado Governor Gary Polis signed Senate Bill 24-068 which expanded their state assisted suicide law by: allowing advanced practice registered nurses to approve and prescribe assisted suicide; reducing the waiting period from 15 days to 7 days; and allowing the doctor or advanced practice registered nurse to waive the waiting period if the person is deemed to be near to death (same day death).

In previous years other states expanded their assisted suicide laws.

In 2019 Oregon passed Bill SB 0579 which expanded their assisted suicide law by giving doctors the right to waive the 15-day waiting period when a person was deemed to be near to death.

In 2021 California passed Bill SB 380 which expanded their assisted suicide law by reducing the waiting period from 15 days to 48 hours. It forced doctors who oppose assisted suicide to be complicit in the act and it forced all medical institutions to post their policy on assisted suicide.

In 2022 Vermont expanded their assisted suicide law by removing the 48-hour waiting period, (allowing same day death), removing the requirement that an examination be done in person, (allowing approvals by telehealth), and it extended legal immunity to anyone who participates in the act.

In 2023 Washington State expanded their assisted suicide law by allowing advanced practice registered nurses to approve and prescribe lethal poison, by reducing the waiting period to seven days and to force healthcare institutions and hospices to post their assisted suicide policies.

In 2023 Hawaii expanded their assisted suicide law by reducing the waiting period from 20 days to 5 days, by allowing the waiting period to be waived if the person is deemed to be near to death and by allowing advanced practice registered nurses to approve and prescribe lethal poison.



In 2023 Oregon expanded their assisted suicide law by passing House Bill 2279 which removed their state assisted suicide residency requirement.

In 2023 Vermont also expanded their assisted suicide law by passing Senate Bill 26 which removed their state assisted suicide residency requirement.

Oregon and Vermont removed their assisted suicide residency requirements in response to legal challenges by Compassion & Choices, an assisted suicide lobby group. By removing the state residency requirement assisted suicide was expanded nationally because anyone in America can die by assisted suicide in Oregon and Vermont.

There is currently a lawsuit by Compassion & Choices challenging the New Jersey state assisted suicide residency requirement. On September 19, 2024, a U.S. District Court Judge upheld New Jersey's right to limit assisted suicide to state residents. This decision was appealed by Compassion & Choices on October 18, 2024.

It must be noted that Compassion & Choices support legislators' attempts to legalize assisted suicide, but once it is legal they soon go on the offensive to expand that law.

This was also true in Canada, where euthanasia and assisted suicide were legalized in June 2016 (Bill C-14) and the law was expanded by Bill C-7 in March 2021 by (among other things) removing the terminal illness requirement, removing the 10-day reflection period, allowing euthanasia for incompetent people who were previously approved and allowing euthanasia for mental illness alone. The implantation of euthanasia for mental illness alone has been delayed until March 2027.

Groups that support euthanasia will state that Bill C-7 was related to the Truchon court decision in Quebec, but Bill C-7 expanded the law further than the Truchon required.

continued on page 4

Assisted Suicide Laws

continued from page 3

Push back to assisted suicide legal expansions in America.

In March 2022 a group of California doctors launched a court case designed to protect the conscience rights of medical professionals who oppose assisted suicide. In September 2022 U.S. District Judge Fernando Aenlle-Rocha ruled that the California End of Life Options Act that had been amended by Bill SB 380, violated First Amendment rights of doctors by requiring them to participate in assisted suicide.

In April 2023, The United Spinal Association, Not Dead Yet, the Institute for Patients' Rights, Communities Actively Living Independent and Free, Lonnie Van Hook and Ingrid Tischer launched a lawsuit to strike down the California assisted suicide law. The case asserts that the California assisted suicide law is a discriminatory scheme that contravenes the Americans with Disabilities Act. This case continues.

As noted above, it is harder to legalize assisted suicide than to expand the law after it is legal. No new state assisted suicide law has become law in the past three years yet in that same time five states, that had legalized assisted suicide, expanded their law.

Expansion occurs for many reasons

When we examine the expansions of the American assisted suicide laws, we recognize several key themes. There is the removal of waiting or reflection periods, allowing non-physicians to do the act, and allowing non-residents to die by assisted suicide.

Other expansions to assisted suicide laws include the redefinition of the language of the law.

In December 2017, Fabian Stahle, a Swedish researcher asked the Oregon Health Authority how they define terminal illness. Stahle learned that the Oregon Health Authority defined the six-month terminal illness prognosis as including someone who would have a six-month prognosis if they reject effective medical treatment. This was clearly an expansion of the law by redefining the language of the law.

A similar redefinition of the meaning of the law has occurred in the Netherlands. The Netherlands has nev-

er actually amended their law but they have changed the interpretation of the meaning of the law.

For instance, originally the Netherlands did not consider euthanasia for people with psychological conditions. In 2009, an interpretation of the law suggested that euthanasia for people with psychological conditions was possible. Since that time the number of deaths for psychological conditions has continuously expanded.

In Canada, most of the expansions to the MAiD [Medical Aid in Dying] law have been based on equality. The Truchon court case in Quebec was decided based on the concept that preventing MAiD for people who do not have an irremediable medical condition was discriminatory. Justice Baudouin decided that it was unconstitutional to deny some people MAiD based on the person not being terminally ill.

Once legal, expansion of the law is inevitable.

When a legislature debates an assisted suicide bill they will do so based on the language of the bill. They will argue that the bill before them is tightly worded with effective "safeguards" but even if this were true, most often a bill that is legalized is expanded a few years later.

Once assisted suicide is legal, restrictions on the law become "discriminatory" or unjust. For instance, it becomes unjust to force a person to wait to die; it becomes unjust to limit it to terminal illness; it becomes unjust to limit it to physical conditions; it becomes unjust to force people to have to self-administer.

Before legalization, everyone is equal under the law. Everyone is equally protected from being killed or equally protected from suicide.

However, once legalized, people who "qualify" under the law are medically abandoned as they are told that they can have treatment or death. In other words, death becomes an alternative to treatment and care.

Legislators need to know that we oppose killing people.

We don't just oppose killing people who are terminally or chronically ill, but we oppose killing all people. Legislators need to know that we support caring for people and not abandoning them to death.

—National Right to Life, January 23, 2025

Med Students Create AI Simulation to Pressure Women Into Having Abortions

By Grace Porto

Medical students from the University of Texas Medical Branch in Galveston created an artificial intelligence (AI) simulator to practice "counseling" women to abort their unborn children.

Politico reports that students created the simulation in response to the state's laws that can punish those who "aid and abet" abortion procedures after a child's heartbeat can be detected.

Students developed the simulation "so they and their colleagues could practice walking someone through the medical risks and benefits of all options—including abortion," according to *Politico*.

In a 2024 survey of third-year medical students who used the simulation, 65% of students reported "feeling more comfortable about eventually providing counseling and better prepared to work with patients," the article stated.

The agency added that other medical students reported that the technology "did not fully simulate the emotional responses they might encounter."

The simulation's developers are considering how to use it for other "sensitive or restricted topics" within the school's curriculum.

—LifeNews.com, January 16, 2025

Shocking Article in Academic Medicine: Helping Patients Die: Implementation of a Residency Curriculum in Medical Aid in Dying

By Nancy Valko

"First, do no harm" is attributed to Hippocrates and is one of the principal precepts of bioethics that all healthcare providers are (or were) taught in school and is a fundamental principle throughout the world.

But today, the Hippocratic Oath, the oldest and most widely known treatise on medical ethics that forbade actions such as abortion and euthanasia that medical students routinely took upon graduation, has now been revised or dropped at many medical schools.

So we should not be surprised that we now have an article in the August issue of *Academic Medicine* ([lww.com](http://www.com)) titled "Helping Patients Die: Implementation of a Residency Curriculum in Medical Aid in Dying," by Spielvogel, Ryan MD, MS; Schewe, Savannah MD.

The authors state the need for such a program is because:

"As more states legalize medical aid in dying (MAID), **there is an ever-increasing need of physicians trained in this type of end-of-life care.** However, resident curricula in MAID have not been previously reported or assessed. The authors describe a residency curriculum in MAID and evaluate the resident outcomes of this program." (Emphasis added)

They describe the program they started in California: "Since 2018, the Sutter Family Medicine Residency Program in California has offered training in MAID to its residents. Residents attend lectures, evaluate patients for MAID, write prescriptions for aid-in-dying medications, and attend the planned deaths of their patients if desired. In February 2023, an anonymous branching survey was sent to graduates of the program from 2019 to 2022 to evaluate residency graduation year, receipt of MAID training, currently practicing MAID, how rewarding MAID is compared with other clinical responsibilities, how stressful MAID is compared with other clinical responsibilities, comfort discussing MAID with colleagues, comfort discussing end-of-life care generally, personal view of MAID as a practice, and works where MAID is permitted."

Results of the Survey

"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, **7**



(58%) were still practicing aid-in-dying, and of these 7 residents, **5 (71%) reported that their aid-in-dying work was more rewarding than their other clinical responsibilities.**" (Emphasis added)

The authors of this study conclude that there is: "...promising preliminary evidence that **MAID training in residency may be an effective strategy in the long-term at closing the suspected patient access gap that purportedly exists.** This preliminary evidence can be inferred by the fact that **7 of the 21 responding graduates (33%) in this study reported actively practicing MAID compared with the 30 of approximately 5,000 physicians (approximately 0.6%) practicing MAID group-wide at the large institution described above.**" (All emphasis added)

Conclusion

Ominously, an August Gallup poll titled "Most Americans Favor Legal Euthanasia" stated that **"71% of Americans polled 'believe doctors should be 'allowed by law to end the patient's life by some painless means if the patient and his or her family request it.'"**

That is a change from polling in 1950 showing only **36% support** for "ending a patient's life through painless means." (All emphasis added)

Tragically, too many Americans are falling for the lie that it is better to be made dead than disabled or dying. Assisted suicide laws are tragically wrong, and I have personally testified against them. It's not about politics. It's about medical ethics and the need for trust in both our healthcare system and our healthcare providers.

—<https://nancyvalko.com>, October 31, 2024

The Truth About Chemical Abortion Drugs—Three Myths & Three Facts

By Alliance Defending Freedom

Since the initial approval of chemical abortion drugs by the FDA in 2000, government agencies and cultural voices have repeatedly claimed that the drugs are “safe and effective.”

But is that claim true? Or, did the FDA put women at greater risk by removing commonsense safety standards, beginning in 2016?

This is your guide to find out what the pro-abortion forces don't want you to know about abortion drugs, commonly referred to as the “abortion pill.” Alliance Defending Freedom (ADF) is proud to be on the front lines of this issue, standing up for the health and safety of women and girls. ADF is committed to challenging the reckless actions of the government and the abortion industry to promote drugs that harm women and are designed to destroy innocent unborn life.

LEARN MORE: Doctors are Standing Up to Protect Women Who are Suffering from the FDA's Reckless Actions.

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>



MYTH # ONE

MYTH – Abortion drugs are safe and effective.

FACT – Abortion drugs put women and girls at increased risk of harm.

Simply put, abortion drugs present many risks to women.

According to the FDA's own label, roughly one in 25 women who use these drugs may end up in the ER. Women and girls across the country have suffered serious, even life-threatening, complications such as severe bleeding, infections, or sepsis because the FDA stopped requiring doctors to provide vital in-person exams to women using these high-risk drugs.

Despite this, the FDA removed all in-person doctor visits, including necessary screenings for serious conditions and life-threatening complications, causing more women to end up in hospital emergency rooms. Data cited by the FDA showed that hospitalizations increased 300% with no in-person doctor visit.

Doctors and medical professionals are filling the care gap created by the FDA, caring for the many women who have been lied to and misled by the government agency supposedly dedicated to “protecting” their health.

Pro-abortion forces seem to be interested in protecting the industry's profits and not the health and well-being of women and girls.

Roughly one in 25 women who use abortion drugs will require emergency medical attention for serious, even life-threatening, complications.

BOTTOM LINE: Abortion drugs put women's lives at risk of dangerous complications.

LEARN MORE: I Was Told Abortion Drugs Wouldn't Hurt Me. It Was a Lie.

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

MYTH # TWO

MYTH – Removing safety standards for abortion drugs was a sensible, science-based decision.

FACT – The FDA put women at increased risk by removing commonsense safety standards that protected women from a high-risk drug.

If the FDA was being true to its mission to “protect” the health and safety of women, it would be honest with the people it serves about the harm caused by abortion drugs. It would restore the safety standards that had been in place for 16 years—standards that the FDA once argued were necessary for “safe” use of the drugs.

For instance, doctors were previously required to provide ongoing care to women using the drugs, including an initial in-person visit and two follow-up visits to check for serious complications like severe bleeding and life-threatening infection.

That's gone now. If the FDA was really prioritizing women's health, it wouldn't allow women to get these high-risk drugs without a single doctor's visit.

The FDA seems to be more interested in pushing abortion drugs instead of protecting women's health and safety.

BOTTOM LINE: The FDA must be held accountable for recklessly and illegally removing important safeguards that helped protect women from high-risk drugs.

LEARN MORE: Supreme Court Weighs Restoring Commonsense Safeguards for Chemical Abortion Drugs.

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

MYTH # THREE

MYTH – Abortion Pill Reversal is ‘unproven’ or unethical’

FACT – Statistics show that taking the natural hormone progesterone before taking the second drug in the abortion drug process has likely saved over 6,000 unborn lives and has a 64-68% success rate.

When they censor and target statements about Abortion Pill Reversal (APR), pro-abortion voices make clear that their claim to support “choice” for women is disingenuous.

The most common form of chemical abortion is a two-drug regimen—mifepristone, followed by misoprostol. Some women, after taking mifepristone, experience regret and change their minds about wanting an abortion. APR uses the natural hormone progesterone to counteract the life-ending effects of the first abortion drug.

APR has been shown to have a 64-68% success rate.

To date, it's estimated to have saved more than 6,000 unborn lives.

The abortion lobby and their allies in government are trying to keep women from finding out about the option to save their babies after beginning the abortion drug process. Alliance Defending Freedom is challenging state officials who have tried to punish pregnancy centers for speaking about it. ADF is also standing for medical professionals in a state that has attempted to prohibit them from providing APR or even providing information about it to their patients.

BOTTOM LINE: Abortion Pill Reversal is saving innocent lives, and women deserve to hear the truth about this available option.

LEARN MORE: Women Deserve the Opportunity to Choose Abortion Pill Reversal.

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

WHAT YOU CAN DO NOW

PRAY—Pray that God would work in the hearts and minds of Americans—that we would have a renewal of a culture that supports women’s health and affirms life in our country. Pray for our work at the state level, that more laws would be passed that save lives and put an end to the harms of chemical abortion drugs. Pray that more mothers who have taken the first abortion drug would be led to learn more about Abortion Pill Reversal and be moved to save their baby’s life.

SHARE—Did you find this helpful? Make sure to pass it along to a friend or someone you know who has questions.

Download document at: <https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

—Alliance Defending Freedom, ADF Legal.org

Canada’s Socialized Health-Care

Culture of Death: 15,000-plus Die Awaiting Care; 15,000-plus Euthanized

By Wesley J. Smith

What a debacle. More than 15,000 people died in Canada in one year because they couldn’t access care in the country’s collapsing socialized health-care system.

From the Toronto Sun story:

Close to 15,500 people died waiting for health care in Canada between April 1, 2023 until March 31, 2024, according to data compiled by SecondStreet.org via Freedom to Information Act requests across the country.

However, SecondStreet.org says the exact number of 15,474 is incomplete as Quebec, Alberta, Newfoundland and Labrador don’t track the problem and Saskatchewan and Nova Scotia only provided data on patients who died while waiting for surgeries—not diagnostic scans.

SecondStreet.org says if it extrapolates the unknown data, then an estimated 28,077 patients died last year on health care waiting lists covering everything from

cancer treatment and heart operations to cataract surgery and MRI scans.

Holy cow!

But it gets worse. About the same number of people were euthanized in Canada in 2023. Some asked to be lethally jabbed because they couldn’t access health care in a timely fashion.

Meanwhile, hospices that resist allowing lethal injections on-site to focus exclusively on proper care have been defunded by the government.

What a disaster. Canada’s socialized medical system can accurately be described as a health-care culture of death that results in many thousands of people dying each year—either because of an inability to access proper care in a timely fashion or because of legalized homicide. Eh!

Wesley J. Smith is a Senior Fellow at the Discovery Institute’s Center on Human Exceptionalism.

—National Review, January 15, 2025



I think it’s very important for people who see the truth of these matters and who understand how evil this move is toward recognizing abortion and euthanasia as human rights...it is incumbent upon all people of all traditions of faith to join together. Even with euthanasia, we know that when a regime of medicalized killing is unleashed in society, it’s not simply the people who wish to be killed who end up being killed.

~ Robert George, Princeton Law Professor ~

Michigan Nurses For Life

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

Address Service Requested



Abortion Was the Leading Cause of Death Worldwide in 2024, Killing 73 Million

By **Steven Ertelt**

More human beings died in abortions than any other cause of death in 2024.

A heartbreaking reminder about the prevalence of abortion, statistics compiled by Worldometers indicate that there were over 73 million abortions world-wide in 2024. The independent site collects data from governments and other organizations and then reports the data each day, along with estimates and projections, based on those numbers.

Worldometers bases its daily abortion figures on a May 2024 fact sheet from the World Health Organization, which estimates a tragically high number of babies killed in abortions.

“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 2024, 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 2024 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 66 million unborn babies have been killed in abortions in the U.S. since *Roe v. Wade* in 1973.

In January, pro-life advocates will have gathered 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, 2025

