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FUTURE MAILINGS OF VIVA LIFE

Starting in February 2012 we will e-mail newsletters to those people who have provided their e-mail address and only mail to those whose email we do not have. If you have not provided us with your e-mail address, please send it to Dina@rtlnm.org. This will save us postage costs, which are going up in price, and you will receive a full colored newsletter you can send on to others.

Many of you may not receive the newsletter if your e-mail considers it as junk mail, so you will need to work on that. You also won't receive it if you don't notify us when there is a change in your e-mail address.

Help us save money that can be used for educational purposes, and send us your e-mail address. Know that your address is secure. We do not share any of our information with anyone else. If you have questions, please call the office at 505-881-4563.

COMMENTARY BY THE EXECUTIVE DIRECTOR – DAUNEEN DOLCE

I doubt if many people know how their membership dues are used, yet this is very important.

Membership dues are used to sustain and maintain and add to the growth of RTLNM. All chapter development around the state, which takes many trips for one new chapter and trips to maintain a chapter, is done by The Right To Life Committee and not the Educational Trust Fund. More people want to give to the latter as it is tax-deductible, and membership dues are not.

The mother organization is also needed to maintain an internal PAC. It has a very important role. To be a member requires a membership form be filled out and dues paid for one year. A donation to RTLNM does not make you a member.

If you look at your label on this newsletter, it will say Ind or FM or Corp in front of a date, which says you are a member. Otherwise, it may show a D and a date, which says you are a donor but not a member.

It is very important to be a member. Politicians, news media, and many people want to know if our organization has support. The numbers they ask is our membership. We have far more donors than we have members.

I am asking you to help change this for the viability of The Right To Life Committee of New Mexico. If you are not a member, please take this opportunity to sign up and be one. If you are a member, please recruit another to become a member.

You help us be creditable, and you now get two newsletters (National RTL News and our Viva Life) so you can be well informed. Just use the enclosed envelope and write a check and sign the form. If you go to our website, you can pay by credit card. However, you will be sent a form to sign as a protection against those who would join and make havoc in our organization. (This has happened elsewhere in the name of "membership.") So to save time and money, take this opportunity to mail in your membership and help us grow in 2012.

Words of Wisdom

"Every day you may make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path. You know you will never get to the end of the journey. But this, so far from discouraging, only adds to the joy and glory of the climb."

— Sir Winston Churchill

NEW MEMBERSHIP DUES

The Right To Life Committee of New Mexico has increased its membership dues by \$5.00 starting January 2012. This increase covers the cost of adding the National Right To Life News along with the RTLNM newsletter to your membership dues. No added money will come to RTLNM.

The reason we are doing this is that NRLC-News is more comprehensive than ours, and we want everyone to have access to all the pro-life information that is available. The more we know, the more we can share, and then people become educated and involved. You will still get RTLNM's newsletter, as that covers different stories, many local.

The cost will now be: \$25 - Individual, \$35 - Family, \$45 - Business/Organization, and something new, a lifetime membership for \$500. A family membership covers two people in a family who are over 18 (as they are able to vote in RTLNM's elections). An individual is anyone 18 and over.

LEST WE FORGET

Abortion is the number one killer of children worldwide: Approximately 42 million abortions take place each year, 115,000 each day.

In the U.S. since 1973, there have been over 55 million abortions.

These are all the most innocent human beings of all. Thus, the most destructive and unsafe place to reside is in the womb!

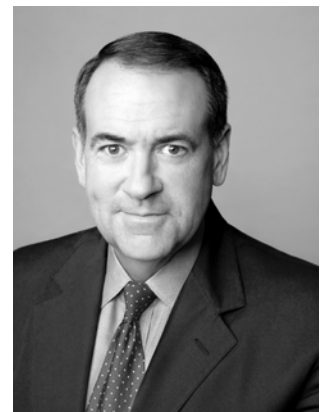
MIKE HUCKABEE IS COMING FOR RTLNM EVENT – JANUARY 12, 2012

Time is running out for making reservations for the Right To Life Committee Political Action Committee fund-raiser that takes place on Thursday, January 12, 2012 at the Sandia Resort in Albuquerque.

To make reservations you may call in or go to our web site www.rtlnm.org and pay online.

Even if you cannot attend and want to help PAC with its goal to raise money to help our pro-life candidates get elected at both the state and national level, you can go online and donate any amount. You may also send a check made out to RTLNM-PAC to 2413 Wyoming Blvd NE, Suite A, Albuquerque, NM 87112.

We have many good women and men who will be seeking public office. Many are people just like you, not rich or poor, but care about our state and nation. To run for a political office does take a great deal of money. Those who support abortion have the money, so pro-life candidates are relying on us to help them. Please take this opportunity to do that. It is an investment in our society's future and the future of our families. If you have questions, please call 505-881-4563.



PEYTON MANNING MAY HAVE HAD ADULT STEM CELL PROCEDURE TO TREAT NECK

Peyton Manning, quarterback for the Indianapolis Colts and four-time NFL MVP, apparently went to Europe to get an adult stem cell procedure on his neck, according to a report Sunday by Jay Glazer of Fox Sports.

Manning has had three surgeries on his neck in the last 19 months. Little detail was available, but the information indicates that the procedure may have used adipose (fat) derived from adult stem cells from Manning's own body. This autologous procedure (using your own adult stem cells) bypasses any problems of transplant rejection and is relatively safe.

Manning's adult cells may have then been injected around the site of his problem vertebra in the neck to assist healing and help with spinal disc fusion. In that respect, it sounds similar to the procedure that Texas Gov. Rick Perry received in Houston, Texas, for his back problem.

Glazer indicates in his report that Manning went to Europe for the adult stem cell procedure, because it is not yet approved in the U.S. This may be true, since Europe is well ahead of the U.S. in current use of stem cells for actual patient treatments. All of those treatments involve adult stem cells, of course.

Glazer's suggestion that only embryonic stem cell treatments are available in the U. S. is inaccurate, however. It's true that the only three approved clinical trials experimenting with embryonic stem cells are in the U. S. with a total of four patients known to have been injected with the dangerous embryonic stem cells, and no results as yet.

But there are actually over 2,200 FDA-approved adult stem cell clinical trials, ongoing or completed, most of which in this list are in the U. S. That includes several adult stem cell trials using adult stem cells for spinal fusion and even a couple of adipose-derived adult stem cells trials in Indianapolis. Maybe Peyton realized that only adult stem cells had real potential for safe and ethical treatment of patients. Hopefully, he will talk about his experience so more people understand the difference between embryonic and adult stem cells.

This report came from David Prentice, Ph.D. and was reported in *Life News* 10/7/2011.

2012 LEGISLATIVE SESSION AND PRO-LIFE LAWS

Facing the same legislature that defeated the Parental Notification bill in 2011 by a few votes in two committees, one in the Senate and one in the House, one can ask what is different this time around.

It is an election year, and voters will be well informed on the activities of their legislators before the session, during the session, and after the session. The Governor is going to put the "Parents Right/Notification bill on the call and will be using her office to help promote the passage of this bill, which is supported by a large majority of the people in New Mexico in every county by pro-life and pro-choice people.

You may be contacted if you have a legislator who is trying to prevent the bill from being passed, either those in leadership or those on committees. We are asking that each and ever one of you take the time to communicate with your legislator to support this bill. All it takes is an e-mail, a letter, or a phone call. Not a difficult task but a long lasting investment in the future of our children and the state of New Mexico.

Thirty-five states have passed such bills. Why is New Mexico not on that list? Obviously, we have voted for people who are not pro-life, and in New Mexico they are in the majority leadership, thus control where the bill will be sent and who is on the

committees that hear it. This leadership and others are counting on the apathy of New Mexicans. We are counting on the justice you and other New Mexicans share. It does not make sense that a child needs a parent's permission to get a tattoo, ear pierced, take an aspirin at school, or go on a field trip and not need that permission to either have a surgical or chemical abortion that can have long lasting physical and emotional effects.

That is why we have included the language "Parent's Rights" to the Parental Notification title. Parents are responsible for their child's health from 17 years and younger. If they don't take care of all aspects of their child's health, they can be charged with child abuse. Even after an abortion of which they had no input, if there are complications, the parent of the minor child must attend to the health of the child when something goes wrong in an abortion or later or again be charged with child abuse. That is why we think New Mexicans will say this IS unjust and will want a just law that gives parents the right to care for the children they love. So be prepared. Our lobbyist (Dauneen Dolce) cannot do this without your help. But with it we can move mountains, even hearts and minds. The enclosed flyer gives you information you will need to communicate with your state representative and state senator. Please keep it handy!

OOPS!

In writing about the investigation of UNM Hospital and the abortion connection there in the November Viva Life, we failed to give credit to the people who did the investigation. They are Bud and Tara Shaver who are employed by Project Defending Life. They did a great job!

UPDATE ON BUD AND TARA SHAVER'S ACTIVITIES WITH UNM

Bud and Tara, along with Fr. Stephen Imbarrato, Director of Project Defending Life, and several other concerned citizens spoke before the UNM Board of Regents on December 13, 2011. After investigating UNM's current participation in providing abortions (the majority being done on Hispanics), this meeting was held to inform and to educate the Regents about how women's lives are being placed in danger as a result of tax-funded UNM Center for Reproductive Health clinic.

Hopefully, this will be the beginning of the ending of a tax-funded abortion clinic at UNM.

GROUND-BREAKING STUDY FINDS THAT MANY PATIENTS IN A "VEGETATIVE STATE" ARE MISDIAGNOSED

A study published November 10, 2011 in the British medical journal *The Lancet* found that "...a population of patients exists who meet all the behavioral criteria for the vegetative state but nevertheless retain a level of covert awareness that cannot be detected by thorough behavioral assessment." The study, "Bedside Detection of Awareness in the Vegetative State" raises significant questions about the countless patients who may have been misdiagnosed as being in a so-called "vegetative state."

"Many patients, probably thousands, have had their food and fluids cut off and died based on what we now know may well have been mistaken assumptions that they had lost all capacity for consciousness," said Burke Balch, J.D., Director of National Right To Life's Robert Powell Center for Medical Ethics. "The *Lancet* EEG study, together with earlier functional MRI studies, holds out the hope that we may develop ways to communicate with aware patients who have routinely been diagnosed as 'vegetative,' much as today eye movements and blinks are used to communicate with some patients with paraplegia. That would

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GROUND-BREAKING STUDY... (continued from page 3)

certainly be a positive alternative to starving them to death."

Using a bedside electroencephalography (EEG) technique to assess patients, researchers studied 16 patients diagnosed as "vegetative" and 12 healthy "controls." These patients were directed to imagine that they were making a fist and wiggling toes. A fifth of the patients "could repeatedly and reliably generate appropriate EEG responses" similar to those of the conscious controls. This finding comes on top of previously published studies using more complex and less readily available fMRI (functional magnetic resonance imaging) technology that demonstrated some patients in a "vegetative" state, when instructed to imagine they were playing tennis, generated brain waves comparable to those of healthy "controls."

While the Lancet study shows that EEGs could detect signs of consciousness in patients who had been diagnosed as "vegetative," it does not follow that when EEGs do not detect these signs such patients are definitely unconscious. Twenty-five percent of the healthy and aware controls show unequivocally that a null EEG outcome does not necessarily indicate an absence of awareness.

Balch added, "Just as what were once generally accepted mental health diagnoses of 'idiot' and 'moron' have long been dropped from standard medical vocabulary, it is to be hoped that these studies will help lead to abandonment of the dehumanizing and inaccurate term 'vegetative' as an acceptable medical diagnostic term." This article came from National Right To Life.

Coming Events

JANUARY 21, 2012 – Albuquerque RTL will host its annual Luminaria Memorial Service at the Gate of Heaven Cemetery, 7999 Wyoming Blvd NE starting at 4:30 p.m. with a service following in the chapel. For more information, call Charlene Comba at 345-4423.

JANUARY 26, 2012 – Socorro County RTL: Dr. Frank Maldonado, Vice-President of The Right To Life Committee of NM, will speak at the Socorro Public Library at 7:00 p.m. on the physical consequences of abortion on women. Questions: Audrey Handley - 864-8192

Feb. 23, 2012 – Socorro County RTL: Michelle Beglau from Silent No More will be a guest speaker. Details are forthcoming.

June 28-30 – National Right To Life Convention - Arlington Virginia – Hyatt Regency Crystal City.

ROE vs. WADE – 39 YEARS LATER

It has been a long time, too long. Nonetheless, there is hope that with the right political setting this disastrous ruling can be overturned and the sanctity of life restored to our American citizens.

How bad was the Roe vs. Wade decision? "In the history of American constitutional jurisprudence, few Supreme Court decisions have come to be recognized as so faulty, and with such damaging social consequences that history has branded them not only as controversial or erroneous but also as watersheds of ignominy" (states' attorneys Dennis Horan and Thomas Balch).

Joseph Dellapenna has asserted that the opinion is so poorly written that even its defenders begin by apologizing for the difficulties in following the reasoning of the Court. Attorneys Heymann and Barzelay, although they defend Roe's consistency with "principles that are justified in both reason and precedent," regret that "these principles were never adequately articulated by the opinion in the Court." "This failure," they write, "leaves the impression that the abortion decisions rest in part on unexplained precedents, in part on an extremely tenuous relation to provisions of the Bill of Rights, and in part on a raw

exercise of judicial fiat. The Court's articulation of its position is so embarrassing that the invariable approach of legal scholars writing in support of Roe's holdings is to 'rewrite' the opinion, suggesting some constitutional rationale not proffered by the Court which attempts to justify its conclusions."

Attorney Archibald Cox speaks for many: "The failure to confront the issue in principle terms leaves the opinion to read like a set of hospital rules and regulations whose validity is good enough this week but will be destroyed with new statistics upon the medical risks of child birth and abortion or new advances in providing for separate existence of a foetus."

Virtually every aspect of the historical, sociological, medical, and legal arguments Justice Harry Blackmun used to support the Roe holding has been subjected to intense scholarly criticism. The unprecedented extremity of the Court's opinion is well known. After Justice Blackmun announced the Court's opinion on January 22, 1973, not a single abortion statute in any state of the Union still stood. Even the law of New York, the "abortion capital of the country," which allowed abortion on demand through the twenty-fourth week of pregnancy, was too protective for the unborn for the majority of the United States Supreme Court. For under Roe, it is constitutionally impossible for any state to prohibit abortions at any time during pregnancy.

The Court held:

(a) For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician.

(b) For the stage subsequent to approximately the end of the first trimester, the State, in promoting its interest in the health of the mother may, if it chooses, regulate the abortion procedure in ways that are reasonably related to maternal health.

(c) For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life may, if it chooses, regulate, and even proscribe abortion except where it is necessary, in appropriate medical judgment for the preservation of the life or health of the mother.

On the same day that the Court decided Roe, it also decided the companion case Doe v. Bolton. The Court emphasized in Roe, "That opinion and this one, of course, are to be read together." In Doe, the Court, making reference to its earlier decision in United States v. Vuitch construed the meaning of "mother's life or health."

That has been construed to bear upon psychological as well as physical well-being. The medical judgment may be exercised in the light of all factors – physical, emotional, psychological, familial, and the woman's age – relevant to the well-being of the patient. All these factors may relate to health. This allows the attending physician the room he needs to make his best medical judgment. And it is room that operates for the benefit, not the disadvantage, of the pregnant woman.

In Roe the Court expanded on the factors the physician might consider. Maternity, or additional offspring, may force upon the woman a distressful life and future. Psychological harm may be imminent. Mental and physical health may be taxed by childcare. There is also distress for all concerned associated with the unwanted child, and there is the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it. In other words the additional difficulties and continuing stigma of unwed motherhood may be involved. All these are factors the woman and her responsible physician necessarily will consider in consultation.

Thus it is clear that, under the Supreme Court's abortion decisions, no state may constitutionally prohibit abortion at any time during pregnancy. After the end of the first trimester (first three months), it may make some regulations to protect maternal health but not to impede abortion. After viability, the state may "proscribe" abortion only when the woman considering abortion

ROE vs WADE - 39 YEARS LATER... (continued from page 3)

can find no physician willing to say that her mental health would, for example, be "taxed by child care" or suffer "distress... associated with the unwanted child." In effect, "[t]he statutes of most states must be unconstitutional even as applied to the final trimester... [E]ven after viability, the mother's life or health, (which presumably is to be defined very broadly indeed so as to include what many might regard as the mother's convenience...) must, as a matter of constitutional law, take precedence over... the fetus's life..."

This was the ruling. However, rulings since then have brought about some protection for child and mother. Parents' rights come into play when a minor child is seeking an abortion. Informed consent is required when women seek abortion. Partial-birth abortions have been banned. Taxpayers' dollars have not been required in national and state governments (New Mexico being the exception with the ruling of the State Supreme Court that because we have an Equal Rights Amendment we must pay for abortions of poor women.) Other issues such as ultrasounds being used at an abortion and allowing women to see the baby are being worked through the states as is the child feeling pain and banning abortions at 20 weeks. Current supreme courts have been less rigid than the 1973 that had seven votes for the Roe vs. Wade ruling and two oppose the ruling. Slowly but surely, modifications have been made. However, it will take another pro-life judgment on the Court to overturn Roe v. Wade.

UPDATE ON MORNING AFTER PILL AND "ELLA"

When Health and Human Services Secretary Kathleen Sebelius decided not to sell Plan B "emergency contraceptive" over the counter, RTLNM received many calls to make a comment. Other than saying this was good news for the health of young women, RTL chose not to comment more. The Right To Life Committee of New Mexico does not take a position on birth control unless it is a proven method that destroys an already developing human being, such as an I.U.D.

The morning after pill is designed to prevent fertilization. However, when it is taken improperly (days after sexual intercourse), then it can work as an abortifacient. It can prevent a newly formed embryo from implanting in the uterus. However, this contraceptive, which has been used for many years in emergency rooms on rape cases, is designed to prevent pregnancy.

Ella is a whole different story. Ella is now replacing Plan B in many areas and it definitely works as an abortifacient.

Myth: Ella is an "emergency contraceptive," just like Plan B, but it works longer and more effectively.

Fact: Although it is called a "morning after pill" as is Plan B, this pill can terminate an already implanted embryo. Ella is a different type of chemical compound than Plan B (Levonorgestrel). Plan B is a kind of progesterone, and progesterone is needed by the uterine lining to grow and feed the embryo. Ella is a selected progesterone receptor modulator (SPRM). A SPRM blocks progesterone receptors and thereby starves a developing baby of this needed protein. According to the FDA, only one SPRM has been approved for drug use in the U.S.: RU-486 (Mifepristone) – a known producer of abortions for first-trimester pregnancies.

Myth: Ella is not capable of causing abortions.

Fact: According to the European Medicines Agency (EMA), the EU equivalent of the FDA, numerous studies show that Ella causes abortions in animals including rats, rabbits, guinea pigs, and macaques (similar to monkeys). Additionally, the EMA indicated that Ella "is embryo toxic at low doses when given to rats and rabbits." Given Ella's molecular similarity to RU-486 and this animal data, it is reasonable to conclude that Ella will abort human pregnancies.

Myth: Ella does not cause an abortion, because it does not interrupt an established, implanted pregnancy.

Fact: Ella can cause the demise of an embryo that is already implanted in its mother's womb, in addition to preventing implantation after fertilization. Ella also appears to have a powerful ovulatory blocking capability.

Myth: Ella is safe for women's health.

Fact: The FDA looked at limited data on safety information and should conduct further studies on the effect of Ella on women's health. In addition to the studies looked at for approval, since Ella works similarly to RU-486, there is compelling reason to believe that it will likely have similar side effects. It may cause excessive bleeding and increase vulnerability to infection. The FDA has admitted that six women died as a result of RU-486 within six years of its approval. It is possible that other serious side effects of RU-486 have occurred but have not been reported. Women who take Ella should be aware of its potential side effects.

Myth: Since Ella is only being approved for use for five days, it cannot interfere with a pregnancy since implantation usually occurs between 6-10 days after fertilization.

Fact: Nothing would prevent providers from prescribing, or women from using, Ella off-label. Indeed, Planned Parenthood openly admits that providing emergency contraception beyond the three-day FDA approved time frame. Additionally, the Planned Parenthood website describes two off-label uses for RU-486: the organization prescribes the RU-486 abortion regimen at a lower dose than is approved by the FDA, and they prescribe it after the 49-day FDA approved time frame. The FDA is not able to prevent off-label and unapproved use of the drug. Once approved, the drug can be used off-label outside of FDA guidelines. Furthermore, a woman in early pregnancy can unknowingly take "Ella" within five days of a separate sexual encounter and unintentionally and unknowingly have an abortion because she believes emergency contraception will not harm an implanted fetus.

Myth: Ella is safe for women who are breast-feeding and for their unborn and born children.

Fact: The FDA admits at least one case in which a baby exposed to Ella in utero had visual development problems and delayed gross motor skills. Despite this information, the FDA Advisory Panel did not suggest further studies on the potential for Ella to produce birth defects either for babies in utero or those drinking their mother's breast milk. Additionally, the EMA stated that "Extremely limited data are available on the health of the foetus/newborn in case a pregnancy is exposed" to the drug, as well as "it has not been possible to evaluate the teratogenic (birth defect) potential of ulipristal acetate (Ella)."

This information was derived from an article by Jeanne Monahan, Director of the Center for Human Dignity at the Family Research Council. Her sources include European Medicines Agency, A letter from David W. Boyer, Assistant Commissioner for Legislation, Food and Drug Administration to Subcommittee on Criminal Justice, Drug Policy and Human Resources, to name a few.

A MEMORANDUM BY JAMES BOPP JR. ON "PERSONHOOD" PART II

The pro-life movement was energized by Roe in 1973, but wise leaders recognized from the beginning that one of their foremost tasks was to keep abortion alive as an issue. Prohibition of alcoholic beverages is an example of an issue that enjoyed widespread support at one time, leading to the Eighteenth Amendment (1919) but then became a dead issue. If anyone tried to reenact a constitutional ban on alcohol consumption today, he would be dismissed as a Don Quixote tilting at windmills. No one would read his literature, attend his "rallies," or donate to the cause. The Prohibition issue is dead in social discourse, except

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MEMORANDUM BY JAMES BOPP JR.... (cont. from page 4)

in Muslim societies. With a string of early defeats in Congress and the federal courts, the pro-life movement stood in danger that the abortion issue would also become a dead issue, from the beginning to the present.

Astute pro-life leaders have countered this by rallying pro-lifers around passing what restrictions were permissible and by working hard to get pro-life officials elected. Getting pro-life persons in public office has been especially important with respect to those in charge of nominating and confirming Supreme Court justices, i.e., the president and the Senate - the hope that by political efforts over the long term there might emerge a majority on the Supreme Court willing to overrule Roe has been a powerful motivator for pro-life political activism. To be sure, it has been frustratingly slow due to political reversals and to the unpredictability of justices once they are secure in their lifetime appointments and subject to the allure of being lionized for "growing in office" by the Washington cocktail circuit and media establishment (e.g., Linda Greenhouse of the New York Times). All along, there has been the constant need to beat back pro-abortion legislation, at which NRLC has been masterful (and gained the well-deserved reputation of being one of the most effective lobbying groups in the nation).

A vital battle stratagem is to choose proper terrain favorable to you, unfavorable to your foe. To change the hearts and minds of the public on abortion, it is necessary for pro-lifers to frame the debate to their advantage. Pro-life leaders have wisely focused on this strategy. The debate over partial-birth abortion [PBA] has furthered this strategy, because it has forced the pro-abortion camp to publicly defend a particularly visible and gruesome practice. Normally pro-abortion New York Senator Moynihan showed the difficulty of the terrain for our opponents when he declared PBA to be infanticide and beyond the pale of civilization. The PBA campaign also countered the problem that, despite pro-life efforts, many people still believe that abortion only happens early in pregnancy, only happens for important reasons, and involves "products of conception." The PBA drawings set before the public showed a developed baby capable of life outside of the womb within inches of birth being slaughtered by a stab in the skull and the suctioning of its brains. People were shocked out of their lethargy and flawed beliefs. The PBA debate resulted in significant positive changes in public attitudes that have been measured by polls.

By contrast, the pro-life movement must at present avoid fighting on the more difficult terrain of its own position, namely arguing that abortion should not be available in cases of rape, incest, fetal deformity, and harm to the mother. While restricting abortion in these situations is morally defensible, public opinion polls show that popular support for the pro-life side drops off dramatically when these "hard" cases are the topic. And while most pro-lifers believe that a consistent pro-life position requires permitting abortion in only the rare circumstances where it is necessary to save the life of the mother, some pro-lifers advocate exceptions for rape or incest. This is an important debate to have, and we should be ready to convince the public of the need for few, if any, exceptions to laws prohibiting abortion when such laws can be upheld. However, since that is currently not the case, such a debate is premature and would undermine public support for the pro-life position.

Thus, in the current environment the public debate should be framed so that our opponents have to defend on their "hardest" terrain, exposing them as unreasonable and outrageous and revealing the true nature of the Court's right to abortion. That has been the genius of the vigorous effort to inform the public about PBA and to enact legislation that would result in court battles, which all the while keeps the abortion issue in the public mind in a posture most unfavorable to the pro-abortionist and favorable to us. The PBA effort has been about making a difference, not just

a statement. Those who object that the PBA ban leaves in place other means of abortion misunderstand or ignore the strategy and the profoundly favorable change in social attitudes wrought by the effort.

Efforts to educate, legislate, and litigate not only keep the abortion issue alive and change hearts and minds for long-term benefit, but they also translate into more disfavor for all abortions, which in turn reduces abortions. This is also true of such other "incremental" efforts as clinic regulations (which shut down clinics), parental involvement, waiting periods, and informed consent.

Those pro-lifers who eschew such incremental efforts in favor of doing nothing at all short of measure that would fully reverse Roe and provide full recognition of the unborn as persons do so on the theory that anything less somehow recognizes abortion as legitimate, which supposedly reduces the chance of reversal of Roe. Besides being in error on both counts, they spend most of their time attacking other pro-lifers with differing views on strategy.

Those with an absolutist view even see the recent victory in having the federal PBA ban upheld (which established the important principle that there are limits to the abortion right, which has been largely treated by the Supreme Court as a "super" right without the usual limits based on compelling state interests) as defeat. And some have shamelessly vilified the Supreme Court justices who gave us this important victory (erroneously claiming that these justices endorsed other forms of abortion) and excoriated those pro-lifers whose efforts lead to this pro-life victory. This is a grave injustice to these justices and to pro-life advocates.

Eschewing incremental efforts to limit abortion where legally and politically possible makes the error of not saving some because not all can be saved. It also makes the strategic error of believing that the pro-life issue can be kept alive without such incremental efforts. The lessons of history, such as William Wilberforce's efforts to end slavery, teach that we must do what we can until the day when we can do more, and doing the lesser implies no capitulation on the greater.

One unfortunate aspect of this internal debate is the inclination of some absolutist individuals and groups to spiritualize the debate over the best strategy for long-term protection of the unborn by calling on leaders who take an incremental approach to repent for their alleged deception of the public and abandonment of the unborn. This poses a serious threat to the cohesion necessary for the long-term success of any movement. Responsible pro-life leaders and organizations should remain open to well-reasoned, civil, strategy debate. The pro-life movement requires passion, to be sure, but it must be tempered by wisdom, judgment, and charity. The babies deserve no less.

Part 1 can be found in the December Viva Life. You can find this on our website www.rtlm.org.

Part three in the next newsletter will cover the Georgia Law and suggestions for what can be done with laws in our states.

James Bopp, Jr. Attorney-at-Law is the General Council for National Right To Life. He is an expert on the Supreme Court and pro-life legislation having been in front of the Supreme Court justices several times, a position most lawyers desire but never attain even once. Many organizations come to Mr. Bopp for his expertise.

THE SUCCESS OF ADULT STEM CELL RESEARCH

Prof. Dr. med. Bodo Eckehard Strauer did his first clinical treatment using an adult stem cell transplant for a heart patient on March 30, 2001 - over ten years ago. Since that time, he and his team have treated hundreds of patients, have published a text on

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**RIGHT TO LIFE COMMITTEE
OF NEW MEXICO**

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SUCCESS OF ADULT STEM-CELL RESEARCH... *(continued from pg. 5)*

such heart treatments, and many other groups around the world have used adult stem cells for treatment of heart disease.

Now Prof. Dr. med. Strauer and his colleague Prof. Dr. med. Gustav Steinhoff have published a review of the field of adult stem cell therapy for heart: *10 Years of Intracoronary and Intramyocardial Bone Marrow Stem Cell Therapy of the Heart: From the Methodological Origin to Clinical Practice.*

The paper is published as a State-of-the Art Paper in the Journal of the American College of Cardiology. It is far more than a historical overview. The paper discusses the rationale for use of adult stem cells to repair cardiac tissue, examines various routes of administration to the heart as well as possible mech-

anisms of action, documents the effectiveness in studies treating acute as well as chronic heart damage including chronic dilated cardiomyopathy, and provides a perspective for future studies to improve heart treatments. Regarding previous studies of adult stem cells for heart therapy, the authors note: Thus, the therapeutic advantage clearly prevails, and clinical use has already been realized and point to the future. Interest should be focused on adult stem cell projects that have already proven significant clinical efficacy but without having any ethical concerns.

**This report came from
David Prentice, Ph.D. and reported in
Life News 10/7/2011.**

Happy New Year!

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