



### EDITORIAL COMMENTARY DAUNEEN DOLCE

Periodically, I write about the passing of someone in the pro-life movement recognized as one of its “heroes.” Recently, that was Robert Schindler, the father of Terri Schindler, who so valiantly fought with the rest of his family to save his daughter’s life, and even after she was killed, helped create an organization to help others. A man of faith, a man who respected and defended life.

I want to tell you about my “heroes” who are living and serving the cause in New Mexico. Most of you would not know their names, yet they are heroes, for they too valiantly give their time and energy to stop the horrible killing of innocent people.

Who are these people? They are:

- The state board of directors who meet every other month to guide RTLNM to good decisions and to make plans for its mission and growth. In between, they work with chapters.
- Chapter directors meet monthly doing much the same as the state board but for a smaller area.
- Committee members work on projects and meet as needed to make the project a success.
- Volunteers help the board of directors (via working in the state office), the chapter directors and their activities, and support the committees with projects they are working on.

These very special people find the time where others could not. They walk the walk and talk the talk. They make the sacrifice of their personal time - all because they care and want to make our world a better one. If only we had more who thought their way and joined the ranks.

I am privileged to work with these loving people, and I see that they are “happy” in giving time. I recently read that “volunteers” live longer than the average person. I hope this is true for our volunteers. They have a sense of purpose, and they are giving to life for life.

So thank you good and generous people wherever you are in our state for what you do. The Right To Life Committee of New Mexico cannot exist without your dedication and help.

**In this newsletter is a volunteer form. Please join the ranks of happy, healthy people and make a great impact on today, tomorrow, and our future. You won’t regret the time you give.**

### SPEAKING OF HEROES, HERE IS A WONDERFUL EXAMPLE!

Through the years, people have accused RTLNM of only caring about the babies before they are born. Of course this is a ridiculous statement, as the organization cares about all innocent human beings, especially those who cannot speak for themselves. For this reason, please read the following story of someone who is as pro-life as you can be. She is a heroine!

#### IRENA SENDLER

A 98 year-old lady named Irena died recently. During WWII, Irena received permission to work in the Warsaw Ghetto as

a plumbing/sewer specialist. She had an ulterior motive. She KNEW what the Nazis’ plans were for the Jews (being German). Irena smuggled infants out in the bottom of the tool box she carried. She had a burlap sack in the back of her truck for larger kids. She also had a dog in the back that she trained to bark when the Nazi soldiers let her in and out of the ghetto. The soldiers, of course, wanted nothing to do with the dog, and the barking covered the kids’/infants’ noises. She managed to smuggle and save 2,500 children. She was caught, and the Nazi’s broke both her legs and arms and beat her severely. Irene kept a record of the names of all the kids she smuggled on a paper in a glass jar buried under a tree in her back yard. After the war, she tried to locate any parents that may have survived and reunited the family. Most had been gassed. The kids she helped got placed into foster homes or adopted. Last year Irena was up for the Nobel Peace Prize. She was not selected. Instead, former Vice-President Al Gore received the award for his global warming initiative.

**Post note: This woman deserved this prize over most who have received it, including our president. The prize that awaited her is the most valuable. May each of us remind ourselves of how many have given so much so that we could live. We must reconsider what we are willing to give to save human life in our own country.**

### MORE GOOD NEWS!

**NOVEMBER 3, 2009 ELECTIONS:** There were great victories in both Virginia and New Jersey. Although most voted on the economics of their state and some other issues, there was a factor that was not known by many and mentioned by few - the pro-life issue. Both newly elected governors and other newly elected officials are very pro-life.

The people in Maine voted to throw out a law that allowed gay marriages. This gives us hope that with the right candidates, the right message, and the involvement of our citizens, WE CAN RECLAIM OUR NATION! A little done by many for many will accomplish that. BE PREPARED. OUR TURN IS COMING.

*(continued on page 2)*

#### IN THIS ISSUE

Planned Parenthood . . . . .	2
Pro-Life African Americans . . . . .	2
Abortinist Leroy Carhart . . . . .	2
Law & Order Episode . . . . .	2
SD Judge . . . . .	3
Organ Transplants . . . . .	3
Organ Harvesting . . . . .	4
AARP . . . . .	5
Public Access Schedule . . . . .	5
Coming Events . . . . .	5
Healthcare . . . . .	6

**PLANNED PARENTHOOD:** Planned Parenthood (PP) has been a part of Abby Johnson's life for the past eight years; that is, until last month when Abby resigned her position with PP. Johnson said she realized she wanted to leave after watching an ultrasound of an abortion procedure. "I just thought I can't do this anymore, and it was just like a flash that hit me and I thought that's it," said Johnson. She had worked as the director of the Bryan Planned Parenthood for two years.

According to Johnson, the non-profit was struggling under the weight of a touchy economy and changing its business model from one that pushed prevention to one that focused on abortion. "It seemed like maybe that's not what a lot of people were believing anymore because that's not where the money was. The money wasn't in family planning. The money wasn't in prevention. The money was in abortion, and so I had a problem with that," said Johnson. "I feel so pure in heart (since leaving). I don't have this guilt. I don't have this burden on me anymore. That's how I know this conversion was a spiritual conversion."

Johnson now supports the Coalition For Life, the pro-life group with a building down the street from Planned Parenthood. Coalition volunteers regularly pray on the sidewalk in front of PP. Johnson has been meeting with the coalition's executive director, Shawn Carney, and has prayed with volunteers outside PP.

Planned Parenthood's response was to have a temporary restraining order filed against Johnson and the Coalition For Life. PP said they are worried about the information Abby Johnson could disclose. A hearing took place Nov. 10. Judge Langley listened to nearly two hours of testimony from each side before stating that PP did not offer convincing reasons "to warrant the extreme remedy of injunctive relief."

Information from: KBTX.com, Bryan/College Station, TX

**MORE ON PLANNED PARENTHOOD:** The Tennessee legislature has dispatched a strong message to Planned Parenthood. About \$1.1 million set aside for family planning will now be distributed mostly to local health organizations and not the taxpayer-supported abortion provider. Susan Allen of Tennessee Right To Life says the vote was 69-22 in the House and 25-7 in the Senate.

Susan believes an undercover video probe at Memphis PP that showed a 14-year-old girl who was impregnated by an older man getting counseling from a staff member was the major component in this effort. The staff member advised the girl on obtaining the abortion without identifying the molester. The public became aware of the actions of Planned Parenthood, and the legislators listened to their constituents.

Information from: OneNewsNow.com

### **PRO-LIFE AFRICAN-AMERICANS PROTEST AT NAACP CENTENNIAL CONVENTION**

In July, the NAACP marked 100 years of serving as the nation's large civil rights group for African-Americans. Pro-life advocates attended to educate the participants on how abortion targets the African-American community and how the NAACP has ignored abortion's effect on Black Americans by taking a pro-abortion position.

Rev. Clenard H. Childress Jr., head of the northeast chapter of the Black pro-life group LEARN, was spearheading the activities. "The NAACP continues to ignore the severe health ramifications for women who have abortions," he told LifeNews.

"A disproportionate number are African-American," he explained. "African-American women now lead the nation in abortions, and the rise in breast cancer among African-American women is epidemic. Multiple studies find this is due directly to abortions, especially among women who abort in their first pregnancy.

"With the present administration's aggressive abortion agenda, it is ever more imperative that the NAACP inform its body of the decimating effects of abortion on African-American community," he added.

He pointed out the 2004 resolution voicing support for "equal access to abortion" by the NAACP. They urged members to participate in a pro-abortion rally in Washington. In 2007 the NAACP, for the second time in four years, blocked a proposed resolution expressing opposition to abortion.

Our hats are off to the 50 pro-lifers who attempted to change the NAACP. Hopefully, many did learn information they previously did not have.

### **ABORTIONIST LEROY CARHART**

Leroy Carhart was an abortionist who performed partial-birth abortions in Omaha, Nebraska, and fought very hard to prevent a ban on partial-birth abortions.

There are very few abortionists who will do this procedure. Another abortionist, George Tiller, also did them in Wichita, Kansas. He was murdered earlier this year. LeRoy Carhart had planned to open another clinic (Tiller's shut down) to continue doing late term abortions in Wichita. However, the Wesley Medical Center in Wichita will not allow LeRoy Carhart to admit patients who may suffer from botched abortions. This could prevent Carhart from opening up a clinic. Many women are injured in an abortion and, without the hospital to save their lives, could die and the abortionist be charged with murder. The medical center says it has no agreement with any abortion clinic. It did not have one with George Tiller, and several of his patients did die. He was under investigation for one case but had been found innocent in another.

Meanwhile, Nebraska is asking the Attorney General for a comprehensive investigation into LeRoy Carhart's practice in Bellevue, a suburb of Omaha. There have been several deaths associated with his clinic.

Carhart has had to lay off half of his staff in Omaha due to the drop in the number of women seeking an abortion. This is all very good news.

### **LAW AND ORDER EPISODE**

Many of us watch this program, which usually portrays a liberal bias to controversial subjects. On October 23 there was an episode that infuriated pro-abortionists while pleasantly surprising pro-lifers with an unexpected pro-life view. The title of this particular program was "Dignity"

The story was about an abortionist killing a person trying to prevent a woman from getting an abortion. He confessed to the murder and later was found guilty. It is the issues that surrounded this murder that caused the furor.

Detectives Lupo and Bernard, who were investigating the murder, argued with each other. Det. Bernard used the rape argument to defend abortion. Bernard pointed out he was born to an unwed mother for which he was grateful.

Executive Assistant DA Michael Cutter argued with the DA about a plea bargain. He compares abortion to slavery. He said that *Roe v. Wade* conformed to the science of the day, but it deserved another look, what with the new developments in

*(continued on page 3)*

science, namely ultrasound.

The abortionist was exposed as a man who even killed a baby after being born alive. He wasn't made to look like a caring person when these details came out. An assistant DA let the defense know of these facts, because she said it was fair in the overall argument. She was chastised but she kept her job.

What makes this particular show so interesting beyond who was providing it was that virtually every pro-life argument was made with sincerity by cast members that are respected in the context of the program. It showed the real dilemma of people on this issue. This would never have been shown even a few years back. It is there now because of changing attitudes in our society. It is now acceptable to show the pro-life viewpoints. This was a pleasant surprise to many in the pro-life movement. This show will be repeated. Watch for it. You too will be surprised.

### **SIOUX FALLS, SD Judge: SD Doctors Must Say Abortion Ends Life**

A federal judge upheld part of a South Dakota law that requires women to be told abortion ends a human life but struck down disclosures that the procedure increases the likelihood of suicide and that they have an existing relationship with the fetus.

The decision by U.S. District Judge Karen Schreier ends a lawsuit that PP Minnesota, North Dakota, and South Dakota filed in response to the 2005 Informed Consent law that required several disclosures to women seeking an abortion. She sided with the state in ruling doctors must make the biological disclosure "that abortion will terminate the life of a whole, separate, unique, living human being."

It would appear both sides won. But the most significant part of this ruling is recognizing the unborn child and his/her uniqueness.

### **ORGAN TRANSPLANTS**

This subject has not been discussed for awhile in our newsletter, but with a "re-evaluation" by ethicists, it is time to look at this subject again. Two writers have addressed this issue.

### **MORAL PROBLEMS ASSOCIATED WITH ORGAN TRANSPLANTS – Rabbi Louis J. Feldman, PhD**

Organs for transplants are obtained from living donors and from cadaveric donors. Each of these sources carries unique moral problems. The category of living donors has a spectrum that ranges from the most praiseworthy selflessness to abject evil. Let us assume that a young woman is dying from kidney disease. Her mother, who is an appropriate match, offers the daughter her kidney in order to give her daughter more time in the world of the living. This is the ultimate act of parental love and caring!

Contrast this with India, where the poor serve as organ farms for the rich. One third of the population of India lives in hopeless poverty. Extreme financial desperation often drives people in India to sell their organs, thus earning for India the cynical appellations "warehouse for kidneys" or "great organ bazaar." This is morally repugnant to the civilized world and countries such as the United States that have strict laws against living people selling bodily organs.

It is true that desperate people in the United States often sell their blood for money. The difference in this case is that blood can be replaced. Furthermore, the practice of selling one's blood carries serious risks with it. Therefore, we are constantly in search of alternatives. Others may offer the argument that

inequality is a fact of life and that people should be able to sell their organs to the highest bidder. It is very true that inequality is part of reality. When President Hourai Boumediene of Algeria was dying of Waldenström's Disease (a rare disorder of the blood and bone marrow) in 1978 at the age of 46, over 100 physicians from a dozen different countries rushed to Algiers to offer their services. Most of us do not get that kind of care nor would we expect it. However, even the poorest person has the right to have the integrity of his/her body and soul respected. Nobody should be put in the position of having to sell his/her body organs.

Nevertheless, in spite of strict laws, there is a black market in organs obtained from living donors.

Organs from cadaveric donors offer the most practical approach to public need for organs. There are over 40,000 fatal automobile accidents each year in the United States. Properly obtained organs from these motor vehicle fatalities should be sufficient to satisfy most needs. We are faced with the challenge of encouraging people to become organ donors.

However, we are faced with a very serious "slippery slope" in regard to cadaveric donations. We do not want to harvest a person's organs unless said donor is really dead. Often a very thin line separates a person who is still living from a cadaver. Dr. Avraham Steinberg, the Director of Hadassah Hospital's Center for Medical Ethics in Jerusalem and the author of Encyclopedia of Jewish Medical Ethics, has described, very bluntly, why this is a concern: "The chief halachic (legal) problem in heart and other organ transplants is the determination of the moment of death, for in order to improve the potential for success, the heart and other organs must be removed while the donor's heart is still beating." The past 30 years have been marked by a constant struggle to define precisely the moment of death.

The Harvard criteria of death developed in 1978 posed serious dilemmas and were not practical for heart transplants. Some physicians posited that a flat electroencephalogram (EEG) is enough evidence to declare the donor dead. However, a flat EEG is not a reliable criterion for determining the death of the donor.

The EEG only shows us absence of electrical activity in the cerebral cortex. It does not mean that the entire brain is dead. There are many patients who had flat EEG patterns but managed to recover and are alive today. The "slippery slope" manifests itself in the opinions of doctors who wish to declare a person who is in a "persistent vegetative state" to be legally dead. Some even want to declare a person with severe dementia dead. Where will this stop? Will the time come when people with less than a 70 I.Q. be considered fair game for organ harvesting? Will we have a class of "inferior humans" who will serve as organ farms?

In 1986 the Israeli Commission on Transplants offered criteria for determining death utilizing the most modern, sophisticated technology known to humanity, thus creating reliable criteria for determining death. These five conditions were presented November 3, 1986.

1. Definite knowledge of the etiology of the brain damage
2. Complete cessation of natural respiration
3. Detailed verification of brainstem destruction
4. Objective and established scientific test of brainstem destruction such as BAER (Brainstem Auditory Evokes Responses.)
5. Evidence of complete cessation of respiration and of absent brainstem function for at least 12 hours in spite of continued standard intensive care

Even with all this, the controversy of defining death will be  
*(continued on page 4)*

with us for a long time.

Many people have signed an organ donation card, and it is so indicated by the pink dot on their driver's license. This is a commendable practice. However, the religious community should NOT passively surrender the stewardship of organ donation to secular forces. The input of the religious community is essential for maintaining the integrity of the system. There are religious approaches to this matter. For example, the Jewish community has the "Halachi Organ Donor Society" (HOD), which encourages people to become organ donors but makes sure the entire process is carried out according to the highest standards of Jewish law and ethics.

Furthermore, a person who is at the bedside of a seriously injured relative should never be pressured against his/her will to sign authorization forms for organ donations.

Finally, we are left with the problem of who gets the far-too-few organs available. Society should maintain a fair and equitable system of "waiting in line" for organs and eschew utilitarian criteria for deciding who gets an organ. Granted, there are instances in which utilitarian criteria are brought into consideration in determining who gets a needed organ. For example, imagine that there is one liver available and two candidates: One is a 75-year old alcoholic who is still drinking and the other is a 35-year-old mother of three. It is moral that the young mother be allowed to "jump the queue" and receive the liver. Also, the chances for a transplant's success are greater if the donor and recipient are in the same hospital and the available organ does not have to be transported across the country.

However, we should endeavor to avoid using utilitarian criteria in determining the recipient of an organ. The process of utilitarian decision making is very corruptible and leads to moral abyss. Consider, for example, the allocation of penicillin in treating infections of soldiers in North African military hospitals during World War II. Penicillin was a new drug in very short supply. Soldiers' infections generally came from two sources: gunshot wounds and visits to brothels. Heroes who were wounded in battle were allowed to die, while the soldiers with venereal disease were given the penicillin. The rationale for this is frightening: there were very serious manpower shortages. The wounded soldiers would most likely not be able to return to the battlefield, while the soldiers with venereal disease could be quickly restored to the front.

The Judeo-Christian tradition forbids us to grade life. We cannot say, "This person is a brilliant science student bound for M.I.T. with a promising future; he is 'A+ life'." This one is a very low ability person who will never be more than a janitor or a busboy; he is "C-life." The idea of grading human life in determining who gets an organ is unthinkable in the Judeo-Christian tradition.

A generation ago, an Israeli hospital was having a serious dilemma. They had only one dose of a life-saving medicine and five patients who needed the drug. The hospital staff turned to Israel's sages seeking advice about how to determine who gets the medicine. The advice of the sages was straightforward: "Walk over to the first bed you come to and give the patient the medicine."

Rabbi Louis Feldman is the newest member of the board of Scholl Institute of Bioethics.

**Another Perspective by Wesley J. Smith, Bioethicist,  
Senior Fellow at Discovery Institute**

### **ORGAN HARVESTING: NOW DEFINING DEFENSELESS HUMAN BEINGS AS NATURAL RESOURCES**

For years organ transplant ethicists and some in the bioethics community have agitated to change the definition of death from a purely biological determination to one based on utilitarianism and desired sociological narratives. Why mess with death? Too few organs are donated for transplant leading to long waiting lines and the deaths of some people who might be saved were organs more readily available.

But why redefine death? The point of this reckless advocacy – although they don't put it this bluntly – is that there are thousands of perfectly good organs being used by people who really don't need them anymore, by which they mean patients with profound cognitive impairments who will remain unconscious or minimally aware for the rest of their lives. Why not harvest such patients, this thinking goes, for the benefit of people who could return to normal lives?

The problem is that would break the "dead donor rule," the legal and moral pact organ transplant medicine made with society promising that vital organs would only be harvested from patients who are truly dead. Hence, if the definition of death were loosened to include, say, a diagnosis of persistent vegetative state, more organs could be obtained, and the dead donor rule could still appear to be honored, deemed essential for transplant medicine to retain the trust of society.

Of course, that would be fiction and the redefinition actually a betrayal. What these "ethicists" really propose is killing for organs, a view now being promoted in some of the world's most prestigious medical, science, and bioethical journals. For example, *Nature* recently editorialized in favor of liberalizing the rules governing brain death.

Currently, brain death requires the irreversible cessation of all function of the entire brain and each of its constituent parts. *Nature's* editorial claimed –without proof – that doctors obey "the spirit but not the letter, of this law." And many are feeling uncomfortable about it.

As well they should. But the proper answer to unethical practice isn't to accommodate wrong behavior by redefining it as right. Rather, it is to work to bring actual methods back into proper alignment with legal and ethical practice.

Instead, *Nature* descends into rank relativism, arguing that "the legal details of declaring death in someone who will never again be the person he or she was should be weighed against the value of giving a full and healthy life to someone who will die without transplant." Think about the looseness of that language! At minimum, it would mean that those with profound incapacities would be redefined out of the human condition and used as if they were mere natural resources.

Only a week later, an article by NIH bioethicist F. G. Miller, published in the *Journal of Medical Ethics* opined that the ethical proscription against killing by doctors is "debatable" and asserted that doctors should be able to harvest organs from living patients when planning to withdraw life support.

"In at least the near future, it is probable that we will continue to muddle through [with the current system]. In the longer run, the medical profession and society may, and should be prepared to accept the reality and justifiability of life terminating acts in medicine in the context of stopping life-sustaining treatment and performing vital organ transplantation."

In that seductive prescription is the end of human equality



and the obliteration of universal rights.

It is important to stress that doctors are not currently harvesting the organs of people in PVS, and surely most would never do so. But that doesn't mean it can't happen here. Richard John Neuhaus once wrote, "Thousands of medical ethicists and bioethicists, as they are called, professionally guide the unthinkable on its passage through the debatable on its way to becoming the justifiable until it is finally established as the unexceptionable."

That process is steaming full speed ahead in the related fields of organ transplantation and biotechnology. The only way to stop this dehumanizing agenda is to take notice and push back before it is too late. Some things should ever and always be unthinkable.

**Editorial Note:** With the anti-life agenda in the White House and the NIH, we may have a "push" in the wrong direction.

## KNOW THY ENEMY

The enemy we may have least expected is AARP. The following article is on the issue of support for rationing by Jack Willke, Life Issues President.

### AARP IS HOPELESSLY LIBERAL AND AGAINST THE VALUES OF MOST SENIORS

AARP's recent support for Obamacare demonstrates once again the fact that it does not represent the core values of most retired persons. Muted but straight out of hostility might be a better description.

In the years ahead, our aging population – those over 50 and therefore eligible for AARP membership - will increase by 30%. In the face of this, AARP leadership is supporting Democrat "healthcare reform." This proposes to cut \$500 billion from the Medicare and Medicare Advantage Programs. But it doesn't support adding a single doctor or nurse to these programs.

This is a clear, direct attack on a federal program that has been crucial to the care of senior citizens in the U.S. One would think that AARP, which claims to represent those seniors, would raise an alarm. Quite the contrary, this organization has publicly thanked one of the bill's authors, Representative Henry Waxman, for the bill. Both President Obama and AARP have publicly stated that there will be no cuts in benefits, but this is simply impossible and untrue. For example, Mr. Obama has stated he will cut \$177 billion from the Medicare Advantage Program. This is a supplemental insurance option for seniors that is highly popular. A recent survey showed 97% of those in this program are happy with the care it provides. Yet the proposed program, which AARP supports, would make deep cuts in this, forcing seniors to either forgo treatment or supplement it even more from their own pockets.

Recently, there has been much publicity about "death panels." This is an attack upon senior citizens or those who are ill, yet there has been no word of complaint from AARP. Incidentally, AARP is publicly in favor of gun control, amnesty for illegal aliens, and retaining the death tax. Now tell me, do a great majority of seniors agree with these three positions?

AARP tells us that they are not endorsing Obamacare, but they're running ads on FoxNews.com telling people to call their congressmen to get those who oppose healthcare reform (Obamacare) out of the way. One ad shows an ambulance, partly blocked by cars getting in the way, hinting that by "opposing reform now" we are killing people. One doubts if most seniors will buy the lie that AARP is not aggressively for socialized medicine, for it has long been for socializing everything. Recall

its support for the Medicare Catastrophic Coverage Act of 1988, which did become law. When seniors found out about this outrageous bill and that they were paying for a new government bonanza, their protests were so loud that Congress took the unheard of step of repealing it the following year.

Let us remember that AARP bitterly opposed efforts to reform Social Security under Bush four years ago, but now, strangely, when Obama offers huge cuts in actual coverage in Medicare and Medicare Advantage, suddenly we hear nothing from them about the bill. We assume this lack of response is a tacit endorsement considering the almost hysterical response four years ago. Nor did we hear any response from AARP when President Bill Clinton proposed increasing taxes on Social Security benefits. In fact, it urged approval of a federal budget that would have increased these taxes.

It is about time that taxpayers, especially senior citizens, realized that AARP does not represent the best interest of the people it supposedly serves. Rather, consistently and almost without exception, it has enthusiastically supported those forces pushing for more taxes and more and more government control. Seniors would be well advised to support other groups that really do have their interests at heart.

**Post Note from editor:** AARP has received over \$400,000 from the current administration. I personally have withdrawn my membership from this organization.

## COMCAST PUBLIC ACCESS CHANNEL 27

### SCHEDULE FOR PRO-LIFE VIDEOS

DECEMBER 2009 - MONDAYS AT 10:00 P.M.

- Dec. 7:** The Heart of the Matter and A Matter of Life and Death
- Dec. 14:** Birthright: A Friend of Life and Birthright: A Love Story
- Dec. 21:** Sex Has a Price Tag
- Dec. 28:** Abortion: Questions and Answers Parts 1 & 2

## COMING EVENTS – 2010

**JANUARY 21, 2010:** SOCORRO RTL is hosting a Luminaria memorial at Socorro Plaza at 6:30 p.m. Guest Speaker: Dauneen Dolce,

**JANUARY 22, 2010:** Dona Ana RTL: Will be having a rally on the steps of Las Cruces City Hall 11:30 a.m. to 2:30 p.m. with guest speakers.

**JANUARY 23, 2010:** Albuquerque RTL: Is hosting a Luminaria Memorial at Gate of Heaven Cemetery, 7500 Paseo del Norte NE. 1,000 luminaria bags will be placed at the cemetery beginning at 3:30 p.m. with a memorial service in the chapel at 5:30 p.m. Call Charlene at 505-345-4423.

**JANUARY 23, 2010:** San Juan RTL: Will be having a Four Corners Pro-Life Fair at the Farmington Civic Center, 11:00 a.m.–3:00 p.m. RTL chapters and pro-life organizations are invited. Contact: Steve Thomas at 505-325-4307.

*Merry Christmas*

*Happy Hannakkah*

*Happy New Year*



# RIGHT TO LIFE COMMITTEE OF NEW MEXICO

2413 Wyoming Blvd NE, Suite A  
Albuquerque, NM 87112-1164

NON-PROFIT  
ORGANIZATION  
U.S. POSTAGE  
**PAID**  
Albuquerque, NM  
Permit #471

RETURN SERVICE REQUESTED



## HEALTHCARE - THE BATTLE IS FAR FROM OVER

There have been several reactions to legislation passed by the House that also has an amendment that would prevent most abortions for being paid for by taxpayers through their healthcare.

First, some say the amendment was not good enough and NRLC "sold" out. This is not true. We are working with an overwhelming pro-abortion congress and administration. To seek perfection with the imperfect is foolhardy. Not knowing what is coming from the Senate and then the conference committee that joins the House and Senate bill to be voted upon by both entities leaves us with a lot of "we don't know." The Stupak-Pitts Amendment gave us much needed protection.

Second, there have been comments that the bill would have been killed if it didn't have the abortion amendment. The pro-life Democrats who proposed this bill would have felt double-crossed if pro-life Republicans had not voted for the amendment. Had they voted against the amendment, the bill would have been pulled from the floor, and Nancy Pelosi would have weakened the abortion language but not enough to prevent abortions from being in the bill. The Republicans had much to lose had they not supported the amendment. PP can no longer support HR 3962 because of the amendment. Meanwhile, House Democrats are working to vote against a final bill after the conference committee to not have an abortion amendment. Now the pressure is on pro-life senators such as Bob Casey (D) and Ben Nelson (D) to make sure the amendment is not stripped from HR 3962.

The bill itself will still have rationing because of the expense. The elderly

and the physically and mentally challenged will be denied treatment, which leads to euthanasia. It is happening in the other countries with similar healthcare because they too ran out of money and had to adopt restrictive measures. As it is, our own Medicare and Medicaid are being cut \$400 billion. Taxes and fees are being passed on to corporations to cover a \$1.055 TRILLION price tag over 10 years. The net cost is \$894 billion, but this does not include prescription drug coverage. Many will not get the healthcare they have been receiving. Many will go home to die when denied life sustaining care. Others will suffer more.

There are many more aspects that are objectionable to most Americans. This just refers to the pro-life measures.

We must not forget that President Obama promised PP that healthcare legislation would contain a "public plan" that would pay for abortions. This plan has not left the picture, and pro-abortion groups and dedicated liberals have not left the picture. Neither should we drop the ball. WRITE TO SENS. UDALL AND BINGAMAN. They must hear from their constituents.

We thank those who have communicated with your legislators. Rep. Harry Teague is our only rep who voted against the bill. Reps. Heinrich and Lujan voted for it. We thank churches and pro-life organizations who worked hard for this amendment. We thank N RTL for their tireless efforts.

When the Senate will act on their bill, no one knows. It will take awhile to line up the "ducks," and the Senate is not as liberal as the House. This may not come up until next year. Since a third of the Senate is up for election, the later it is discussed, the more healthcare will impact the elections.

### MEMBERSHIP APPLICATION

I understand that the Right To Life Committee of New Mexico (RTLNCNM) is a non-sectarian, non-profit organization dedicated to the right to life of all innocent human beings from fertilization to natural death; that this organization takes a stand only on those issues that are directly related to abortion, infanticide and euthanasia.

I support the goals of RTLNCNM, including a Human Life Amendment to the U.S. Constitution, and hereby make application for membership (renewal) as follows:

- Individual — \$20.00
- Corporate — \$40.00 -  
for business organizations
- Family — \$30.00
- NRL News Subscription  
(\$5.00 with paid membership)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Wish to: (check one)

- Register to vote
- Re-register

I am a registered: (check one)

- Republican     Democrat
- Other

\_\_\_\_\_  
Signature

VIVA LIFE! is published by the Right To Life Committee of New Mexico, 2413 Wyoming Blvd., NE, Suite A, Albuquerque, NM 87112-1164. Phone: 881-4563. Betty Eichenseer, Pres.; Dr. Frank Maldonado, V.Pres.; Connie Johnson, Sec.; Verna Pochop, Treas.; Dauneen Dolce, National Delegate; Editor: Dauneen Dolce. VIVA LIFE! is printed by The Sherwood Co.