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NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

WELCOME NEW AND LONG TIME PRO-LIFERS!

There will be many new people who will be reading *Viva Life* for the first time and being introduced to The Right To Life Committee of New Mexico (RTLNCNM) because they stopped at the State Fair booth we have from Sept. 5 to Sept. 21. We welcome these people that are brand new and those who have been with us for many years. All are needed for our cause, and all are invited to become well informed.

Since many are new, we are presenting information some of you already know. However, many may have forgotten or never understood what our organization's goals and mission are. So one and all, here is the scoop.

The Right To Life Committee was formed in 1969 and incorporated in 1970, as New Mexico was one of five states to liberalize their laws even before the U.S. Supreme Court ruling called *Roe vs. Wade* was made in 1973, which made abortion on demand legal for all nine months in every state. It overrode all existing laws that limited or denied access to abortion.

Our organization is a civil rights organization, not a religious one. We work on the basis of the Declaration of Independence that says *All men are created equal with the inalienable right to Life, Liberty and the Pursuit of Happiness*. There are many people from all faiths, walks of life, young and old, men and women from all over the state that support our organization. All anyone has to do to join and work with us is to be Pro-Life.

The mission of the Right To Life Committee of New Mexico is to educate the public and build pro-life support and values in order to protect all innocent human life from fertilization until natural death.

To carry out this mission, we set goals, and when they were met, we created others. One of the first goals was to establish a chapter in each of the 33 counties in New Mexico. We are still working this goal, since we only have established 10. We have chapters in the counties of Bernalillo, Torrance, Sandoval, Santa Fe, Cibola, Valencia, Socorro, San Miguel, San Juan, and Los Alamos. We are currently working to re-establish chapters in Lea and Dona Ana County. Once this is done, we hope to re-establish chapters in Otero, Quay, and Gallup.

We need five pro-life people to establish a chapter, and we hope to find those willing hearts that care to help their citizens in their county to get the facts that will change hearts and minds.

We also concentrate on events that will further educate people. This includes the State Fair, state conventions, dinners and other events. Once people are educated on the true facts, their attitudes on abortion change, if they were not pro-life in the first place. That is why our nation is turning away from abortion.

However, abortion is not our only subject. We have the fastest growing problem, euthanasia and assisted suicide, already well established in our society. It is in our healthcare systems and very much present in those healthcare plans being encouraged by federal and state governments. We already have assisted suicide in Oregon, and now Washington State will be voting on this matter.

We have a political action committee (PAC) that seeks pro-life candidates and works towards getting them elected so that pro-life bills can be passed both at the state and national level. Some people choose to treat RTLNCNM as only being a political

entity, but they are wrong. Our educational efforts are our main thrust, and even in politics there is an educational aspect. Laws are important; they give a message to our society on the value of life. However, society itself must appreciate that laws alone will not bring about a people that values all human life from fertilization until natural death. Each one of us has a role in establishing this basic fact. The Right To Life Committee of New Mexico is here to help you with this assignment. We hope you will help us work to achieve the greater goals.

ATTENTION!!!
THERE IS A GREAT NEED FOR
VOLUNTEERS AT THE STATE FAIR.
IT'S EASY TO DO AND IT IS
ESSENTIAL!!! PLEASE SIGN UP NOW.
CALL GENEVA AT 505-881-4563.

A CHAPTER IN ACTION THAT NEEDS ACTION

**ONE MAY BE GREAT,
BUT MORE WOULD BE BETTER!**

The sign you see below this article has been placed in a strategic and very visible spot at 615 Coors Blvd. NW in Albuquerque. However, we want to have more signs like this. This should motivate you to look for other places where the property owner will allow a similar one to be installed. Albuquerque RTL, chapter of The Right to Life Committee of New Mexico, can assist you with information. Are you up to it? Contact Charlene Comba at 345-4423.





BORN TO RUN 2008

by Chairman Leroy Chavez

Mark your calendars for the 6th Annual Born To Run 5k run/walk and 1 mile run/walk to be held at Balloon Fiesta Park in Albuquerque on November 8, 2008 beginning at 9:00 a.m. Right now sponsors are needed to help make this a first class event.

Enclosed in this edition of *Viva Life* you will find a sponsor form for Born To Run. Additional forms can be printed from the RTLCLNM website (www.rtlm.org). Please consider sponsoring this event, one of the biggest fundraisers of the year for The Right To Life Committee of New Mexico. Last year Born To Run drew nearly 300 pro-life runners and walkers, and with your help this year's event can grow to 400 or even 500 pro-life runners/walkers. What a statement that would make to our elected officials!

Born To Run is more than a fundraiser. It also raises awareness for the pro-life cause in the form of race brochures, posters, and other Born To Run advertisements distributed throughout Albuquerque and the surrounding area. Registration forms to run or walk in Born To Run will be available shortly through the RTLCLNM website (www.rtlm.org) along with a brochure that will be in the October's issue of *Viva Life*. Please call the office at 505-881-4563 with any questions about sponsoring or participating in Born To Run. Your generosity and participation are greatly appreciated.

equally distributed proportion of uninsured and privately insured patients living in their area. For example, an inner city hospital may have disproportionate share of uninsured people.

Second, this situation results in uninsured individuals tending not to seek preventive care, which they cannot afford, seeking treatment only when an illness or injury is advanced, and using emergency rooms for all sort of healthcare, not just the traumas for when they were originally designed. This results in both poorer healthcare and less efficient allocation of healthcare resources.

The NRTLCL Proposal: Cost-Shifting at the Level of the Insurer rather than at the Level of the Provider

What the National Right To Life Committee (NRLC) proposes is that instead of this cost-shifting occurring unevenly and ineffectively in hospitals, it can be done more fairly and efficiently through insurance. We propose that states adopt legislation ensuring that all within their borders obtain at least a defined level of basic health insurance, while requiring insurers to provide their fair share of basic health insurance policies at sliding scale discounts varying with income and assets to those the state determines will otherwise be unable to afford it. Insurance companies would take into account the need to finance these required discounts when setting their premium prices, just as hospitals now have to take into account the need to finance undercompensated and uncompensated care in their emergency rooms when setting the prices for their service.

This would mean that the level of healthcare for all would effectively be set not by legislative votes establishing varying levels of taxes but by the collective decisions of many citizens (and employers) deciding what premiums they were willing and able to pay for health insurance, with the cost of covering the uninsured taken into account in those decisions. The level of healthcare provided would never exceed what the economy as a whole could afford, but neither would it be held, by government constraint, below what Americans would freely choose. Yet as the level of available healthcare changed, the healthcare available to those otherwise unable to afford it would change with it. A rising tide really would lift all boats.

The proposal essentially involves the more rational and efficient allocation of what is now being spent to cover healthcare for those who are uninsured, not the raising and spending of substantial new resources. Private sector cost shifting is going on now at the provider level, and it is effectively being paid for now, indirectly, by insurance premiums. Under the NRLC proposal, this cost shifting would be moved directly to the level of the insurer and would continue to be paid for by insurance premiums.

Some may object to a requirement to purchase health insurance. Exception could be indeed be established for those with conscientious objections to traditional medical treatment (such as Christian Scientists). It is important to recognize, however, that when those who can afford to purchase health insurance choose not to do so and then, having sustained a severe illness or injury, obtain treatment under EMTALA, they effectively become "free riders." They receive benefits without having paid their fair share toward the cost of those benefits, even though able to do so. A good analogy may be found in the requirement imposed when one registers a motor vehicle. One is generally required to show proof of an automobile liability insurance policy in at least the statutory minimum amount. The reason is that there is the possibility of an accident resulting in injury or damage, and, without such insurance there is no guarantee that the injury or damage could be adequately compensated.

The pro-life movement believes that every human being has the right to life from inception to natural death, including the right not to be denied life saving medical treatment through healthcare rationing. The approach NRLC is now proposing would provide universal access to health insurance without rationing in an economically realistic and politically feasible manner.

Coming Events

STATE FAIR:

September 5 – September 21
Manuel Lujan Building - South Wing

BORN TO RUN

November 8, 2008
Balloon Fiesta Park – morning

THE RIGHT TO LIFE OF NEW MEXICO CONVENTION:

April 4, 2009 – Albuquerque

HOW EUTHANASIA RELATES TO HEALTHCARE REFORM

by Burke Balch – National Right To Life

Part II

Part I of this series was written in the August edition of *Viva Life*. Healthcare Cost, Problems False and Real were discussed. For those who missed the first part of this article, please go to www.rtlm.org for the whole August issue.

Designing an Alternative: Understanding Private Cost-Shifting

Considerable amounts of money are presently spent on providing healthcare for those who are now uninsured. That is because under federal law (the Emergency Medical Transfer and Active Labor Act, better known by its acronym as EMTALA), any emergency room at a hospital that receives Medicare or Medicaid funding must provide essential healthcare services to those who show up, regardless of their ability to pay. In practice, this means that some of the money taken in from privately insured patients is used to cover the costs of those who are uninsured.

This "private sector cost shifting" has two main problems. First, it is geographically uneven. Most hospitals do not have an

LEGAL ABORTION DOES NOT MEAN SAFE ABORTIONS. THIS CLAIM IS FALSE & DANGEROUS

One of the statements made by those who support abortion is that "Abortion is safer than childbirth." Childbirth is a natural process that takes place every day, and it is usually an action that has no serious effects on a mother's life or health. Not true for abortion, an action that is not natural and is working against a woman's body.

Women who have abortions are 3.5 times more likely to die than those who carry to term. Post-aborted women committed suicides seven times more often than those who carried to term. Women who aborted died in accidents four times more than those that carried to term. The risk of dying from homicide for post-aborted women is seven times higher than women in the general population and 13 times higher than those who deliver.

This information came from a study done in Finland of all 15-49 year old female deaths for the years 1989-1994 and identified any pregnancy related deaths in the 12 months before death.

Why are there such dramatic differences? Post-abortive women have consistently shown high levels of depression and suicidal ideation. Women with children are more careful, while post-abortive women may be more prone to risk-taking, hence more accidents. Post-abortive women are more significantly into substance abuse and have more tendencies to anger and violence, which at times leads to homicide. Overall, the emotionally upset post-aborted woman can engage in risk-taking behavior not usually engaged in by a mother with a child.

Under Suicider's Anonymous, the findings are that suicide is several times more common in post-abortion than post-delivery women.

The American Journal of Alcohol and Drug Abuse shows that substance abuse is five times higher after abortions.

Even women who carry babies for fetal abnormality and have an abortion have psychological stress that is higher three months later for women who terminated their pregnancy between 24-34 weeks than it was for women who delivered such babies after 34 weeks. Studies show that psychological complications show a disproportionate number of such complications were related to abortions for fetal abnormality. *Zolse & Black "The Psychological Complications of Therapeutic Abortions p. 742 written in 1992.*

Researchers in California examining medical records for six years after abortion found that post-abortive women were likely to have two to nine times the treatments for mental health as compared to those who delivered. *P. Coleman, D. Reardon "State Funded Abortions vs. Deliveries" presented at The American Psychological Society Annual Convention July 26, 2000.* The reported average maternal mortality from 1982-1996 has declined to 7.5 deaths for every 100,000 live births. Broken down racially, it is five to six for White women and 18-22 for Black women.

Abortion mortality rates are under reported. What is reported and where is questionable. We know there were 23 deaths from abortion reported in 1992-1993. These were reported to state agencies. Eighteen of these deaths were then reported to the Center for Disease Control who keeps the records. They in turn reported two deaths. This is pure dishonesty and manipulation of the facts.

What can cause the death of a woman after an abortion? The most common cases are infection, hemorrhage, and uterine perforation. Johns Hopkins Hospital reported a rate of 5.2% for women who had abortions in the first trimester and up to 18.5% in midtrimester. The real killer can be a pelvic abscess that comes from a perforated uterus and sometimes the bowel. Two UCLA professors are reporting on four such cases.

Infection can result in permanent damage to the fallopian tube. This and pelvic infections can lead to infertility. Acute inflammatory conditions occur in 5% of the cases, whereas

permanent complications such as chronic inflammatory conditions of the female organs, sterility, and ectopic (tubal) pregnancies are registered in 20-30% of all women. These are definitely higher in primigravidas (aborted for first pregnancy).

Because these infections and complications arise later, they are never reported or associated with the original problem – abortion.

Recently, there have been articles on the rise and a growing number of premature births taking place in the United States and in the world. After one legal abortion, premature births increase 14%; after two it is 18%, and after three it is 24%. A number of women are using abortion as birth control; thus, they often have several abortions.

This report comes from hospitals in Greece-Journal Ob-Gyn-Great Britain, Medical World News International Journal GYN & OB and The World Health Organization.

Other effects of an abortion that studies from all over the world are supporting is the link to breast cancer, especially on first abortions and those women with a history of breast cancer in the family.

There are consequences of having an abortion, and women are not being told the truth so that they truly can "make a choice." It is wrong and it is unfair for mother and child, and it can be avoided. We hope to get legislation called "A Woman's Right to Know" passed in New Mexico. It has been attempted but defeated in the New Mexico legislature. It has passed in many states in the United States.

We must share this truth with others: abortion is not safe, even if it is legal. It can be deadly, and it can hurt many: a whole society, mother, father, and always the child.

ABORTION EVIDENCE MOUNTS: Major Study Sees Psychological Harm

by Celeste McGovern,
Catholic Register Correspondent – May 4, 2008

LONDON – Emma Beck hanged herself on the eve of her 31st birthday. The note the talented British artist left revealed the depth of her grief.

"Living is hell to me. I should never have had an abortion," she wrote. "I see now I would have been a good mum. I told everyone I didn't want to do it, even at the hospital. I was frightened; now it's too late. I want to be with my babies; they need me. No one else does."

Beck's suicide in 2007, six months after aborting twins and the inquest that followed in February of this year, has intensified the controversy about the risk to women of psychological harm from abortion.

On March 4, Britain's Royal College of Psychiatrists issued a surprising statement that women could be at significant risk for psychiatric disorders following abortion.

To give informed consent, the college added, women must be more clearly informed of possible risks to their health. The new statement challenges the decades-old consensus among professional mental health bodies that the psychological risks of abortion are less than those of continuing the pregnancy.

The college's previous 1994 statement said, "There is no evidence in such cases of an increased risk of major psychiatric disorder or of long-lasting psychological distress."

Even for women identified as high risk of psychiatric disorders and undergoing later abortions, the college previously said aborting was "the least detrimental alternative."

In Great Britain, as much as 90% of the nearly 200,000 annual abortions are officially done to preserve the mother's "mental health." But the college of psychiatrists' new statement calls the current research base "inconclusive" and suggests that abortion information leaflets may need updating, and abortion staff may need new training about potential psychiatric problems.

"It is certainly a move in the right direction," said Margaret Cuthill of the Glasgow-based British Victims of Abortion. "We see the women who are dealing with physical and emotional

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Abortion Evidence Mounts... (continued from pg. 3)

problems after their abortions. They are traumatized."

In Scotland where the early abortion pill RU-486 is the leading abortion method, Cuthill said she sees women who "have been told that they will be expelling a blob of jelly, and they go home and miscarry a tiny baby. They are really overcome with unexpected grief and guilt. For many, many years these women have been told that their grief is not real," Cuthill said.

British Victims of Abortion fields calls from only about 40 post-abortive women each month, but Cuthill expects that number to grow. Project Rachel, one of the first post-abortion healing groups in the U.S., grew from 18 weekend retreats in 1999 to more than 600 annually in 47 states and 17 countries.

For its part, the American Psychiatric Association has held the same policy on abortion since 1977. It states that an "unwanted pregnancy" can cause long-term mental harm to a woman and her unwanted child, and so the association opposes all efforts to restrict any abortion and "affirms that the freedom to act to interrupt pregnancy must be considered a mental health imperative."

The association did not respond to the Register's questions about the Royal College of Psychiatrists' new statement. The American Psychological Association is releasing a new report on abortion and mental health this summer.

David Reardon, a leading American researcher on post-abortion health at the Elliot Institute, said the key issue for the medical community should be extending help to women who clearly are at risk of suffering from abortion. Said Reardon, "If we can identify the women who are most at risk of psychological damage from abortion – and we can - we have a duty to make sure she has all of the relevant information and she is truly consenting."

Before long, advocates of abortion-on-demand everywhere will have to follow the British psychiatrists' lead and acknowledge the evidence that abortion can cause grave psychological trauma to women, Reardon predicts. Said Reardon, "You can only go so far dismissing post-abortive women's experiences before you start to look really cold and uncaring."

"Our lives begin to end the day we become silent about things that matter."

– Martin Luther King, Jr.

THE POLITICAL ARENA

The rumor has been going around that Barack Obama is pro-life. Many Democrats are buying into this lie because they want to be able to vote for a Democrat in this presidential election. Polling done by the Pew Research Center finds that half of voters don't know that presidential candidate John McCain is pro-life and that Barack Obama is pro-abortion. The survey shows that when pro-life voters know that information, they support McCain by a three-to-one margin. Among informed pro-life voters, McCain beats Obama by a 70-24 percent margin. Obama has a one percent lead among pro-life voters who are uninformed about their positions (43-42 percent). We must get this information to our pro-life friends. McCain is pro-life. Obama, who has been endorsed by NARAL, is pro-abortion. He voted to oppose a ban on partial-birth. He supports tax-funding for abortion.

The truth must be shared and followed as well as supporting your own basic philosophy of being pro-life. Barack Obama is not pro-life; he is pro-death.

Washington D.C.

Catholic professor Douglas Kmiec made national news in early June when he was denied communion for endorsing pro-abortion presidential candidate Barack Obama. Kmiec was still in the news in late June with an article making a false claim that Barack Obama is pro-life on abortion.

Kmiec wrote on Obama's position on abortion in an editorial that appeared in the *Chicago Tribune*, and he discussed the recent meeting Obama had with several religious leaders.

In his editorial, Kmiec said much of the discussion revolved around the issue of abortion, and he tried to make the argument that Obama has a compassionate position that is essentially pro-life.

Obama said he earnestly wants to "discourage" abortions from happening "despite the distortions of some who think if they affix the 'pro-abortion – won't overturn-Roe-label' to the senator, pro-lifers like myself won't give him the time of day," Kmiec writes.

Yet Obama has repeatedly said not only that he will not appoint judges who will consider the possibility of overturning Roe. He will only appoint judges who will uphold Roe and keep unlimited abortions legal throughout the entirety of pregnancy for another 25 years.

Ramesh Ponnuru of *National Review* is one pro-life advocate who doubts Kmiec is right on Obama. "The next time Obama does an outreach sent with conservative or moderate evangelicals or Catholics, I hope someone will ask him how his support for taxpayer-funded abortion squares with his earnest desire to reduce the incidence of the procedure," Ponnuru wrote in response.

Other Truths that Need to Be Revealed:

Obama Cover-Up Revealed on Born-Alive Abortion Survivors Bill

New documents just obtained by NRLC and linked below prove that Senator Obama has for the past four years blatantly misrepresented his actions on the Illinois Born-Alive Infants Protection Act.

Summary and comment by NRLC spokesman Douglas Johnson.

A newly obtained document proves that in 2003 Barack Obama, as chairman of an Illinois State Senate Committee, voted down a bill to protect live-born survivors of abortion – even after the panel had amended the bill to contain verbatim language copied from a federal bill passed by Congress with no objection in 2002, explicitly foreclosing any impact on abortion. Obama's legislative action in 2003 – denying effective protection even to babies born alive during abortions – was contrary to the position taken on the same language by even the most liberal members of Congress. The bill Obama killed was virtually identical to the federal bill that even NARAL ultimately did not oppose.

This "neutrality clause" is very important in this whole discussion. In 2002 the bill enacted in Congress was added to explicitly state that the bill expressed no judgment in either direction about the legal status of a human prior to live birth. This clause that was also in the Illinois legislation read, "Nothing in this section shall be construed to affirm, deny, expand or contract any legal status or legal right applicable to any member of the species homo sapiens at any point prior to being 'born alive' as defined in this section." This bill passed without dissent in Congress.

Meanwhile, Barack Obama, as a member of the Illinois Senate, actively opposed a state version during three successive regular legislative sessions. His opposition to the state legislation continued into 2003 – even after NARAL had withdrawn its initial opposition to the federal bill and after the final federal bill had been enacted in August 2002.

When Obama was running for the U.S. Senate in 2004, his Republican opponent criticized him for supporting "infanticide". Obama countered this charge by claiming that he had opposed the state BAIPA (Born Alive Infants Protection Act) because it lacked the pre-birth neutrality clause that had been added to the federal bill. This amendment was added to the Illinois legislation in 2001. The news media has not challenged this false statement and cover-up by Obama.

The truth is that Obama killed the bill in Illinois. He was the chairman of the Senate Health and Human Services Committee. This committee did allow the "neutrality clause" (copied verbatim from the federal bill) to be added to the bill, yet immediately

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afterwards *Obama led the committee Democrats in voting against the amended bill, and it was killed 6-4.*

Documents about the bill and the Senate Committee Action that can be seen as Senate Committee Action Report in HTML (web browser) format, Senate Committee Action Report in JPG (photo) format, or Senate Committee Action Report in PDF (Adobe Document) format shows the real truth. This report verifies the facts provided in this article. National Right To Life has documented evidence on their website at www.nrlc.org. Other reports such as the Senate Republican Staff Analysis and an Associated Press dispatch dated March 13, 2002 reported the 6-4 committee vote that defeated the bill.

Post Note: We cannot let our candidates avoid the truth. We cannot avoid the truth, and only the truth should accompany us into the voting booth. We cannot say we are pro-life if we support those who do not value life or who do not want to protect it.

RIGHT TO LIFE IS TRYING TO SHARE THIS INFORMATION WITH OTHERS. WE NEED YOUR HELP TO DO THIS. IF YOU WOULD LIKE TO HELP IN THIS EFFORT, PLEASE E-MAIL INFO@RTLNM.ORG OR CALL DAUNEEN DOLCE AT 505-881-4563. THIS IS VERY IMPORTANT!

CANDIDATES SUPPORTED BY RTLNCNM PAC FOR STATE LEGISLATURE

SENATE

Dist. 9 Steven Komadina – 328-4696
Dist. 21 Kent Cravens – 858-0799
Dist. 26 Spiro Vassilopoulos – 247-2810
Dist. 37 Lee Rawson – 649-3568

HOUSE

Dist. 2 James Strickler – H: 327-4190/C 402-3248
Dist. 7 Timothy Lardner – 414-2999
Dist. 8 Paul Gabaldon – 550-4476
Dist. 12 Clyde Wheeler – 452-0175
Dist. 14 Clara Pena – 877-7484
Dist. 15 Teresa Zanetti – 344-7248
Dist. 17 Ron Toya - 344-9092
Dist. 21 Howard De La Cruz Bancroft – 220-7284
Dist. 26 Rhead Story – 553-0964
Dist. 28 Jimmy Hall – 294-3343
Dist. 32 Philip Skinner - 531-7013
Dist. 51 Gloria Vaughn – 434-2819
Dist. 53 Stanley Locke – 640-6717
Dist. 57 Dennis Kintigh – 623-1258
Dist. 58 Candy Ezzell – 625-0550
Dist. 59 Nora Espinoza - 623-5324
Dist. 60 Paula Papponi – 896-0531
Dist. 63 Mathew Rush – 780-7874
Dist. 63 Anna Crook – 763-4108
Dist. 67 Dennis Roch – 799-7796
Dist. 70 Mel Root - 425-3620

These good people want to go to the New Mexico State Legislature to work for you. Many of you will be getting letters endorsing the candidate in your district. *Please help these candidates; they need your help desperately.* However, some of you do not have a pro-life candidate to vote for or to help. Please, find another name in your area and help that candidate. We want changes in our legislature, but first we must get the people to the legislature. This can be done with a small amount of time and small donations by many. It is that simple. Help them so they can help you and our cause.

STEM CELL RESEARCH WHAT DO WE SUPPORT?

When the discussion of stem cell research is brought up by the press, etc., the discussion doesn't speak to the different types of stem cell research. There are two kinds. The first is embryonic stem cell research that removes stem cells of a human baby in the embryonic stage. The second is called "adult" stem cell research, which includes all stem cell research that is not embryonic. There is a wide range of stem cells that fall under this category. They can be stem cells from your own body or from another human being, which includes babies, adults, cells from umbilical cords and amniotic fluid that carried the baby in utero, and from placentas. We also can get adult stem cells from animals that can be used in human beings. The sources are growing. The most promising are our own skin cells that researchers have found can do what they had hoped for in embryonic stem cells but do not require the death of a human being.

We oppose embryonic stem cell research because it does kill an innocent human being. In addition, embryonic stem cells have never been used in a human being to accomplish the cures that have been promised by this procedure. They have been used in mice, which has caused the mice to have tumors and ultimately, death.

Many forms of adult stem cells have been used to cure or to treat many diseases. To date, this includes brain cancer, ovarian cancer, skin cancer, testicular cancer, Non-Hodgkins Lymphoma, Acute Myelogenous Leukemia, breast cancer, Chron's Disease, Multiple Sclerosis, acute heart damage, and liver cirrhosis, to name a few of the current 72 diseases and conditions using adult stem cells.

Every day there is a new break through. For example, adult stem cells have been used to repair the lower back during a diskectomy, a procedure to remove a herniated disk. This was done by spinal surgeon Dr. Jeffrey Kleiner in Centennial Medical Center in Aurora, Colorado. He says, "Stem cells have been used over the past three years for treating back pain." He added that the stem cell procedure performed along with a diskectomy may offer patients long-term pain relief and decrease the risk of needing additional back surgeries.

Bone marrow stem cells have been used to treat fatal genetic skin disease. Physicians in Minnesota recently showed that adult stem cells found in blood and bone marrow may effectively treat a genetic skin disease that is consistently fatal. Children who get this disease typically die in childhood. Nate Liao, a 2-year-old from New Jersey, underwent an experimental therapy in October 2007. This happened after researchers at the University of Minnesota Dr. Jakob Tolar and Dr. Brue Blazar had discovered that certain stem cells found in bone marrow could correct the recessive epidermolysis bullosa (RDEB) defects in mice. Life expectancy was increased. Nate received marrow and cord blood from his healthy brother. He is doing very well with each passing month. More RDEB patients will be enrolled in the clinical trial.

Post Note: There can be positive solutions without the destruction of innocent human lives. Embryonic stem cell research only destroys and hasn't saved one life.

JERSEY ABORTIONIST FLUSHED BABIES FROM ABORTIONS DOWN TOILET

A New Jersey abortion practitioner is under fire for flushing the remains of babies who died from abortions down a toilet and tossing bloodied materials from abortion procedures into garbage bins. He has been charged by local authorities with operating an abortion business without a license to store or process medical waste. Flavious Thompson, 60, turned himself in to police at the

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RIGHT TO LIFE COMMITTEE
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Jersey Abortionist...

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Lakewood police department, according to a report in the *Asbury Park Press* newspaper. His attorney, Robert Tarver, Jr., accompanied Thompson. Detective Lawrence Doyle, the investigating officer, charged Thompson with the crimes just days after his receptionist Liza Berdiel was charged with three counts of performing abortion without a medical license, theft, and forgery. Berdiel had injected three women with abortion drugs while Thompson was gone or during non-business hours. She also stole prescription pads from Thompson and wrote illegal prescriptions. Thompson had alerted police to Berdiel's actions, which occurred at his Pleasant Women's Pavillion abortion facility. After he notified authorities of the injections, police issued a search warrant for the abortion business and found the additional problems, according to the *Asbury* newspaper. Thompson has been charged with dumping class three medical wastes, including the bodies of the babies and items saturated with blood during the abortions. He should have been sending it all to a site approved by the state Department of Environmental Protection.

Editor's Note: Once again, the environment is more important than human life. Also, since many women don't see a doctor, how do they know who is treating them is a doctor? How many clinics all over this country may have unauthorized, non-medical people doing

illegal activities on unsuspecting women? When you don't care about women, you don't need to give care.

NETHERLANDS' PRO-EUTHANASIA PSYCHIATRIST PUBLISHES DO-IT-YOURSELF SUICIDE GUIDE

Amsterdam, Netherlands (Life News)

A Netherlands psychiatrist who assisted the suicide of a grieving mother that ultimately led to the Dutch Supreme Court ruling that the depressed should have the right to kill themselves has now published a do-it-yourself guide to committing suicide.

Join us
at the
State Fair!
We could
Use Your
HELP!

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 Required

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