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Newsletter of the Right to Life Committee of New Mexico

www.rtlnm.org

## WELCOME TO THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

by Dauneen Dolce, Editor and Executive Director

Many people will become aware of The Right To Life Committee of New Mexico (RTLNCNM) and will be reading *Viva Life* for the first time after attending the State Fair. For this reason, we are going to review what our organization is, what we stand for, what we support and oppose, and the means we use to reach our goals. Many of you have seen this before, but this is a good reminder. You are the Right To Life, and You are part of what our mission is about. When we forget this, then less is accomplished in our educational efforts and now our efforts to thwart anti-life activities. So everyone, keep this in mind as you read this newsletter, as you are very important. Your involvement is necessary, your education on the subjects is imperative, your ability to share time and knowledge is essential!

### MISSION STATEMENT

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.

### GOALS AND PURPOSES

On January 22, 1973, the United States Supreme Court handed down *Roe vs. Wade* and *Doe vs. Bolton*, two decisions that have proven to be among the most contentious and controversial rulings in our nation's history. These across-the-board rulings swept aside all state laws, whether 100 years old or just recently refashioned, highly protective of unborn children or one of the few "liberal" laws. In their place the Supreme Court established a national policy of abortion on demand.

With every resource available, pro-lifers defend the laws protecting the unborn child. For 34 years through education, outreach, citizen action, and legislation, The Right To Life Committee of New Mexico has worked to return legal protection to defenseless human beings. RTLNCNM seeks to protect the unborn child from abortion, the disabled newborn from infanticide, and the medically disabled and the elderly from euthanasia. These are noble goals which, thanks to people committed to the cause, someday will be attained.

With these established mission and goals, we have addressed the issues of abortion, stem cell research, healthcare, euthanasia, and assisted suicide. Information provided is factual and current. We hope that you will gain a greater knowledge of these basic life issues so you can tell others what is so often ignored in the press, schools, and by politicians.

## WHY IS RTLNCNM OPPOSING OBAMA'S HEALTHCARE PROPOSALS?

As with most programs that serve the people, there are problems with our current healthcare. These problems could be fixed without a great overhaul or without throwing out the baby with the bath

water. However, that is what is happening in Washington DC. The proposals made will literally create healthcare problems, and people will die because of the policies developed under these potential laws. There are many arguments on the subject, but we will stick to those that relate to pro-life issues to show that these bills are actually anti-life. So let's analyze what we know has been proposed. This article is being written in early August, so by the time you get this newsletter there may be more that is known. Right now the only clear bills are those that have come from some of the House committees (but not all) and have not yet been voted upon on the House floor. The Senate may have similarities or other proposals. However, Congress recessed in August and nothing passed, but there will be more activities on new or revised plans in September. We will provide information to those whose e-mail addresses we have. Others will have to wait until the October *Viva Life* for these details. Please send your e-mail address to [info@rtlnm.org](mailto:info@rtlnm.org) and you will be up-dated as often as new information becomes available.

The argument given for the "need" for having government-managed healthcare is that currently there is rationing by insurance companies that prevents doctors from deciding what treatment they can use. They also often do not treat people with pre-existing conditions, thus some people go without healthcare.

Rationing will take place in the bills under consideration not because of the presence or absence of public options, but because there is not enough money to cover everyone for everything at all times. When that happens, then the options for treatments will be limited or denied. There will be a gap between "promise" and available funds. Funds will be rationed because of the power the government will have through Medicare and over physicians. It will have the authority to ration. A government plan will lead to euthanasia and assisted suicide.

We do have models of government care to look at: The United Kingdom and Canada. Both are being used as the example for the U.S. proposed healthcare plans.

### UNITED KINGDOM

In the United Kingdom healthcare is tax-funded and government run: the government directly pays the doctors and hospital fees. Patients do not receive bills for National Health Service (NHS) care. All citizens and legal residents are automatically part of this universal system. About 95% of funding comes from taxes, and around 5% comes from user charges (for items like co-payments and costs associated with prescription drugs). Some doctors accept private insurance or fees directly from patients. Almost 10% of Britons use this private alternative.

Long wait times have become second nature, despite dangerous consequences. In the period between 2001 and 2006, the United Kingdom saw the median wait time increase from 44 to 51 days for hospital admission after the decision to admit had been made. In 2004, according to a Canadian Broadcasting Corporation (CBC) report, waiting times in Scotland and England were 8 months for cataract surgery, 11 months for hip surgery, 12 months for knee replacement, 5 months for repairing a slipped disk, and 5 months for hernia operations. In 2007 42% of the surveyed hospitals had to turn women in childbirth away because their maternity wards were

full. Former British diplomat Christopher Denne had prostate cancer symptoms and went to his NHS entry-level doctor. It then took six weeks to see an urologist who did not obtain a biopsy for 10 more months. The biopsy was positive for prostate cancer, but Denne had to wait another three months for another test to determine if the cancer had spread. Unfortunately, it had, but after more than 14 months, the time for early treatment had passed.

Waiting times are not the only way in which NHS rations care. The government's National Institute for Health and Clinical Excellence (NICE) advises which high-cost treatments should and should not be covered. As reported in the June 8 issue of *Time* magazine, "NICE uses a metric called quality-adjusted life year (QALY), which grades a person's health-related quality of life from 0-10. NICE rarely approves a drug that costs more than \$45,000 per QALY." For example, it recently chose not to pay for two expensive colon cancer drugs for NHS patients. As a result, treatment is often denied and/or delayed. A World Health Organization report from several years ago concluded that 10,000 Britons die unnecessarily from cancer each year. A BBC report comparing cancer treatment in the United Kingdom with Third World countries concluded it was worse than in emerging Eastern Europe of the late 1990s. A conference of the House of Commons All-Party Group on Cancer found that as many as 55% of people diagnosed with cancer in Britain never get to see a cancer specialist. The conference also found that five-year survival for colon cancer was 52% in Switzerland and 60% in the U.S. yet only 36% in Britain.

Kidney failure also has a dismal success rate. The UK delivers only one-third the per capita use of dialysis for kidney failure as the U.S., according to a 2004 National Center for Policy Analysis report.

## CANADA

Canada has a "single payer" system. Basic services are provided by private doctors paid for by the government at an annually "negotiated" rate. It is funded by Canada's 10 provinces and two territories, with the aid of federal block grants comprising about 16% of the cost. Provinces rely primarily on income taxes supplemented by sales taxes and lottery proceeds.

A survey in 2000 involving 1,500 people suggested that a full eight of ten Canadians consider their healthcare system to be "in crisis." Dr. David Gratzler, reporting on the survey, gave his own life story on the issue. He was in an emergency room in Winnipeg. The room was overflowing with elderly people on stretchers waiting for admission. Some, it turned out, had been waiting for five days. This happened in 1997 when he started looking into Canadian healthcare. He found out that there is a three-year waiting list for a hernia operation, even if you are in persistent pain. A woman had to wait four months for radiation therapy, when the standard of care was four weeks.

The Frazier Institute counts the number of Canadians on waiting lists for medical procedures at 827,429; the median wait time for an MRI is 10.1 weeks (The U.S. has five times as many MRI machines per capita.). In 2007 the BBC reported the waiting period between referral from a family doctor and surgery averaged 18.3 weeks across the provinces, with a high of more than half a year (27.2 weeks) in Saskatchewan, which pioneered Canada's health system.

A study in the *Canadian Medical Association Journal* found that at least 50 patients in Ontario alone died while on a waiting list for cardiac catheterization. In British Columbia a pregnant Carri Ash had her water break prematurely at home. She was told there was no room, not even a single bed, for her high-risk delivery in all of western Canada. She was only seven months pregnant and had to be flown to Seattle.

Physicians are in short supply. Canada has approximately 2.1 practicing physicians per 1,000 people, far less than the world average - a ratio that has not grown since 1990. One community

in Nova Scotia conducted a lottery for a spot to see a primary care physician. Due to the long wait times, physician shortages and poor health outcomes have meant that 33% of Canadians say they have "unmet medical needs." This has led to health care brokers who assist, for a fee, patients who cannot get timely treatment. While Canadians may not legally pay for private health insurance (other than those who live in the Province of Quebec), they may pay brokers to arrange medical care they need. Patients otherwise wait to arrange treatment outside of Canada, typically in the U.S. Apart from the brokers, one out of three Canadian doctors sends a patient to the U.S. each year. At least seven provinces send cancer patients to the U.S. for radiation therapy. Meanwhile, the M.D. Anderson Cancer Center spends more money on medical research than all of Canada.

## LET US LOOK IN OUR OWN BACK YARD - OREGON

Oregon is a good example of what happens when the government takes over the healthcare of its citizens. In Oregon there are many healthcare plans that are under the Oregon Health Plan. There is a separate plan for those in Medicare or for children who are under CHIPs. Oregon also has a Death with Dignity Law that allows assisted suicide. The two are connected. Take the case of Barbara Wagner, a 64-year old retired school bus driver. She had cancer, and after two years in remission it returned. Her doctor gave her a prescription that would likely slow the cancer's growth and extend her life. However, Barbara Wagner was notified by letter that the Oregon Health Plan wouldn't cover her prescription, but it would cover assisted suicide.

Another case is that of 53-year old Randy Stroup of Dexter, OR. He has prostate cancer and is in a fight for his life. The cancer has spread; he is uninsured and unable to pay for chemotherapy. He applied to Oregon's state-run health plan, which is to provide insurance for the uninsured and the poor. Again, a letter was sent to Randy Stroup saying the treatment was too pricey, but they would pay for physician-assisted suicide.

When this became public, the Oregon Health Plan acknowledged that it routinely sends similar letters to patients who have little chance of surviving more than five years informing them that the plan will pay for assisted suicide (euphemistically categorized as "comfort care") but not for treatment that could extend their lives. In Oregon since the Death with Dignity Act passed more than 10 years ago, assisted suicide is classified as a "medical treatment." Oregon doctors prescribe lethal overdoses of drugs. Pharmacists dispense them, sometimes with instructions to "take all of this with a light snack and alcohol to cause death." Patients die after taking them. The Death with Dignity law has now passed in the state of Washington.

It is interesting that in the federal bill being offered in Congress that it would have every senior citizen meet every five years to review their "end of life" wishes. This appears to be pressure being put on our senior citizens to pick the "comfort care" that is offered in Oregon. Thus, we will save money so that everyone can have healthcare. This whole discussion is on rationing and euthanasia. But what about abortion?

The bill going through the House would pay for all elected abortions. Should this happen, there would be no more Hyde Amendment that prevents abortions being paid with federal money (taxes) for all but pregnancies that would kill the mother or came about by rape. Thus, we would pay for all abortions because healthcare would be paid by businesses, ourselves, and who knows what other taxes. These abortions would be for all and any reason and likely to become birth control for all, since most women who have abortions have more than one.

Who are the uninsured that are not currently covered? This

could be students, people with existing conditions, and those that are unemployed. However, over half of the number given is illegal immigrants. We will pay for their healthcare and for their abortions. So our government, who supports "choice" for those who want abortion, will not allow "choice" for those who will pay for the new healthcare or for those required to take a healthcare plan. We will pay for those who are not citizens and who do not pay taxes. We will take money that most citizens agree to use to help those who are poor and can't help themselves and spend it on those who should not get healthcare in the U.S. We can afford to take care of our own citizens, not another country's citizens.

We MUST oppose this healthcare proposal. We still have the best system in the world, even with its faults, and we must correct those faults and maintain the ability to choose.

*Note:* Much of the information provided in this article came from Roger Stenson & Jennifer Popik, J.D. writing in National RTL News.

In the October Viva Life the subject of how we can afford and receive healthcare without added government involvement will be discussed.

## EUTHANASIA – WHAT IS IT?

There will be many articles on this subject and related subjects, so for your understanding we will try to define the aspects of euthanasia.

*Euthanasia:* Euthanasia is a Greek word (eu=good, thanatos-death) and generally means an action or omission intended to cause death.

1. Euthanasia can be an action (an act of commission), i.e., lethal injection, shooting, smothering.

2. Euthanasia can be an omission, such as intentionally causing death by withholding or withdrawing necessary and ordinary (usual and customary) care, medical treatment, or food and fluids.

There is no moral distinction between an act that is intended to cause death and an omission that is intended to cause death. The victim is equally as dead.

3. Euthanasia can be voluntary – that is, the person gives consent to be killed.

4. Euthanasia can be involuntary – that is, the person is incapable of giving consent or does not give consent.

*Mercy Killing:* Euthanasia is sometimes called mercy killing. The word "mercy" describes the (assumed) motive; "killing" describes the act.

*Assisted Suicide:* Suicide is the taking of one's own life. In assisted suicide, someone else provides an individual with the information, guidance, and means to take his or her own life.

*Aid in Dying:* A euphemism for assisted suicide and euthanasia.

*Rationing:* To supply with and allot as rations. To use or allot sparingly.

*Infanticide:* To kill a baby after birth. It is a form of euthanasia.

## WHEN DID EUTHANASIA COME TO THE U.S.?

There were attempts to introduce the idea of euthanasia right after World War II. It did not take off, as too many people remembered the use of euthanasia in Nazi Germany and wanted no part of it in our country. In time, people forgot, and it was reintroduced in the following timeline.

**1967:** The Euthanasia Society of America (ESA) launches a massive educational campaign establishing the Euthanasia Education Council (EEC) and introduces the Living Will as a tool to promote discussion of euthanasia.

**1973:** The first Living Will legislation failed in Florida. Rep. Walter Sackett, MD, introduced the bill as a cost-saving measure that would save billions of dollars "if the state's mongoloids were permitted to succumb to pneumonia."

**1975:** The Euthanasia Society of America becomes the Society for the Right to Die (SRD) expunging "euthanasia" (a reminder of the Nazi killing program) from its name.

**1976:** 1. SRD experiences its first success: The California "Natural Death Act," a Living Will law, passes.

2. Basing the decision on the "right to privacy," a New Jersey court permits a ventilator to be removed from 21-year-old Karen Ann Quinlan diagnosed to be in a persistent vegetative state (PVS). She unexpectedly lived for nine more years requiring only ordinary care, including tube-feeding.

**1980:** British journalist Derek Humphry immigrates to the U.S. He and his second wife, Ann Wickett, start the Hemlock Society in California. (In 1975 Humphry had helped his first wife kill herself and later wrote *Jean's Way*, a book recounting her "suicide.") Hemlock's purpose: to promote death-on demand without any restrictions.

**1984:** Twenty-two states have adopted Living Will legislation and the push is on.

**1986:** At a "A New Ethic for the New Medicine" conference, the American Medical Association's Council on Ethical and Judicial Affairs issues this policy: "Even if death is not imminent but a patient's coma is beyond doubt irreversible... it is not unethical to discontinue all means of life-prolonging medical treatment [including] medication and artificially or technologically supplied respiration, nutrition and hydration {emphasis added}."

**1987:** Thirty-two year old Nancy Ellen Jobs dies from dehydration at her parents' request. Even though two neurologists agreed that she was aware, responsive, and purposeful, the NJ Supreme Court upheld lower court decisions that family members may refuse medical care even without clear evidence of a patient's wishes.

**1988:** 1. Americans Against Human Suffering (AAHS) fails to get enough signatures to place its "physician-aid-in-dying" initiative on the California ballot. Humphry calls the effort "a valuable dress rehearsal."

2. The American Association of Retired Persons (AARP), which has lobbied for "right to die" legislation, is congratulated by the Hemlock Society of Illinois for printing an article promoting Hemlock, SRD, and Concern for Dying (formerly EEC).

**1989:** 1. Hemlock Society headquarters move to Oregon with plans to eventually place a "physician-assisted suicide" (PAS) initiative on the Oregon ballot.

2. A medical journal increasingly gives favorable treatment to assisted suicide and euthanasia, setting the stage for acceptance by doctors of physician-induced death.

**1990:** 1. In Michigan Jack Kevorkian, an unemployed pathologist, hooks his first known victim Janet Adkins, a 54-year-old Oregon woman in an early stage of Alzheimer's disease, to his "self-execution machine." Criminal charges against Kevorkian are dropped, but a judge orders him not to use the machine again. Thumbing his nose at the legal system, Kevorkian goes on a killing spree.

2. The U.S. Supreme Court, in its only termination of food and fluids case to date, *Cruzan vs. Missouri Department of Health*, upholds Missouri's requirement that there be "clear and convincing evidence" of an incompetent patient's wishes. Nevertheless, 33-year-old Nancy Cruzan is starved and dehydrated to death after a lower court finds new evidence – a casual conversation she allegedly had 12 years prior – to be "clear and convincing."  
*(continued on pg 4)*

## WHEN DID EUTHANASIA COME TO THE U.S.?...

3. The "Patient Self-Determination Act" (federal Living Will) is enacted.
- 1991: 1. Derek Humphry's *Final Exit*, a suicide manual, hits the NY Times best seller list. (This book has been found next to the bodies of depressed suicide victims.)  
2. Washington State voters reject the "Death With Dignity" assisted suicide initiative placed on the ballot by the Hemlock Society's WA state chapter led by Ralph Mero, a Unitarian minister. Its main focus is promoting "end-of-life choices" through education and distribution of Living Wills.
- 1992: AAHS tries again in California, collecting enough signatures to put a Physician-Assisted Suicide initiative on the ballot. The voters reject it.
- 1993: Compassion in Dying (CID), a spinoff of the Hemlock Society, is founded in Washington State to counsel the terminally ill and help them "with personal assistance, if necessary, to intentionally hasten death." Ralph Mero is its first executive director and president.
- 1994: 1. The Oregon "Death With Dignity (DWD) Act" is narrowly approved by voters. Legal challenges ensue blocking the PAS measure from taking effect.  
2. Every state now has some type of advance directive (Living Will or Durable Power of Attorney of Healthcare) law.
- 1996: After Jack Kevorkian assists the suicides of two women with non-terminal disabilities and is acquitted, disability activists form NOT DEAD YET (NDY), which makes news by picketing Kevorkian's home and conducting a sit-in at the Hemlock's Society's Denver office. Disability rights groups' energetic opposition to assisted suicide becomes a thorn in the side for assisted suicide advocates.
- 1997: 1. President Clinton signs the "Assisted Suicide Funding Restriction Act" prohibiting federal funds from paying for or promoting assisted suicide.  
2. The U.S. Supreme Court unanimously upholds the right of states to prohibit assisted suicide. The decision overturns rulings by the 9<sup>th</sup> Circuit Court of Appeals that Washington State's law prohibiting assisted suicide is unconstitutional and by the 2<sup>nd</sup> Circuit Court that New York has no rational interest in preventing assisted suicide for the terminally ill. Both of these court challenges had been initiated by CID.
- 1998: Michigan voters crush a physician-assisted suicide measure 71%-29%. In the ensuing years the "right to die" movement meets with failure after failure in state after state.
- 1999: After assisting the deaths of at least 130 people, Kevorkian is convicted on one count of second degree murder. He had videotaped himself injecting lethal drugs into Thomas Youk, a man with Lou Gehrig's disease. CBS "60 Minutes" aired the video in 1998. It was used as evidence against Kevorkian. He is serving 10-25 years in prison.
- 2000: Sixty-two-year old Choice in Dying (originally Euthanasia Society of American, then Society for the Right to Die) lays the groundwork for Partnership for Caring: America's Voices for the Dying (PFC) and votes to dissolve itself and transfers programs and staff to PFC.
- 2001: In November U.S. Attorney General John Ashcroft announces that the Controlled Substances Act prohibits the use of federally controlled drugs for assisted suicide in Oregon because it is not a legitimate medical practice.
- 2002: Oregon and assisted suicide supporters sue. U.S. District Judge Robert E. Jones rules against Ashcroft. Justice Department attorneys appeal Jones' ruling to a panel of three judges from the 9<sup>th</sup> U.S. Appeals Circuit Court of Appeals.
- 2003: 1. In January the Hemlock Society holds its 13<sup>th</sup> Biennial Conference in San Diego at which the "Patients' Comfort and Control Act" (PCCA) is unveiled. This model bill allows a physician to prescribe a lethal overdose under the guise of

the patient's control of medication. Hemlock officials claim it "will be very difficult for the federal government to block."

2. Midsummer, Hemlock changes its name to "End of Life Choices."

3. In a dramatic turn of events, on October 21 the Florida legislature enacts "Terri's Law." This allows Gov. Jeb Bush to order Terri Schiavo's feeding tube reinserted after six days without food or water.

2004: 1. In January the PCCA is introduced in Arizona by Rep. Linda Lopez. She had previously introduced bills modeled on Oregon's assisted suicide law.

2. On March 10 Pope John Paul II definitively states that providing patients in a "vegetative" state with tube-administered food and fluids is "morally obligatory" and that no judgment on their quality of life could justify "euthanasia by omission." Unfortunately, most Catholic health facilities have ethicists who favor withdrawal of tube feeding from PVS patients. Hopefully, they will now change their minds, but the Pope's statement is decisive, whether or not Catholic hospitals and ethicists choose to heed it.

3. On May 26 the 9<sup>th</sup> Circuit Court rules 2-1 that the U.S. Attorney General cannot penalize Oregon physicians who assist suicides by prescribing deadly doses of controlled substances.

2008: Washing State legalizes assisted suicide.

## ABORTION – WHAT IS IT?

Abortion is discussed a great deal, but many people do not know exactly what it is, what it involves, and to what extent it is used in the United States.

Abortion is defined as the induced expulsion of a fetus. In layman's terms it is the deliberate act of killing an unborn child at any stage of the pregnancy using different methods according to the development of the child. This is not to be confused with a spontaneous abortion, which is another word for miscarriage, which is not deliberate and is a premature birth of a baby before it is viable (can live outside the womb).

Before 1973 when the Supreme Court made two rulings that made abortion legal through all nine months of pregnancy on January 22, 1973, there were only a few states that had laws that even allowed abortion at all. Those few states had exceptions for rape and incest. After that date, all states were required to change their laws to allow abortions. Now, 36 years later, we have killed over 50 million unborn children, and we are continuing to kill them at the rate of 1.3 million a year or over 3,200 a day throughout our nation.

## WHAT DID ROE SAY AND HOW DID DOE VS. BOLTON IMPACT ROE VS. WADE?

Roe invalidated all abortion regulations in all 50 states. It also mandates that states may not prohibit any abortions before "viability." After viability, states may outlaw abortion unless it is necessary for the "preservation of the life or health of the mother"; however, a companion decision, *Doe vs. Bolton*, decided the same day as *Roe*, effectively gutted any restrictions. Regulations of the procedure are permitted throughout pregnancy

### **Doe vs. Bolton**

In *Doe vs. Bolton*, the court defined health as encompassing "all factors – physical, emotional, psychological, familial, and the woman's age – relevant to the well-being of the patient." Therefore, under *Roe* and *Doe*, a woman must be permitted to obtain an abortion through all nine months if it is for her "well-being". The court has never specifically ruled on whether laws prohibiting post-viability abortions are constitutional, and although many states have such laws, they are almost never enforced. The only exception

## WHEN DID EUTHANASIA COME TO THE U.S.?...

to this law is a ban on the type of abortion called Partial Birth abortion.

Can this ever be changed? The answer is yes! There are nine justices on the U.S. Supreme Court. A majority of the court can overturn the whole law. Of course, you have to have five justices who see that the Roe vs. Wade ruling was not constitutional and went beyond the scope and authority of the Supreme Court. There are four such justices on the court, so one more is needed. This is not likely to happen during the Obama Administration. The new Supreme Court Justice Sonia Sotomayer will probably be against any change. However, she is replacing a justice who was also opposed to any change. Thus, the court remains the same at this juncture.

If it is ever overruled, what is likely to happen? There would only be three states that would have a law in place to prohibit abortion. In most cases, it would have to go to the people within their states through their legislatures or via referendums. In New Mexico it would go to our state legislature, and being very pro-abortion on previous abortion votes, it would be difficult to prohibit abortions in our state. We may be able to put more restrictions on it, but it would take electing many new legislators.

## OTHER RULINGS THE U.S. SUPREME COURT HAS MADE REGARDING ABORTION

- 1975:** *Bigelow vs. Virginia, Connecticut vs. Menillo:* Bigelow allowed abortion clinics to advertise. Menillo said that despite Roe, state prohibitions against abortion stood as applied to non-physicians; states could also authorize non-physicians to perform abortions.
- 1976:** *Singleton vs. Wulff* allowed abortionists to challenge abortion-funding restrictions on behalf of their female patients. Previously, only a patient had standing in abortion cases, so this ruling had significant impact on abortion litigation.
- 1976:** *Planned Parenthood of Central Missouri vs. Danforth:* The court rejected a parental consent requirement and decided that (married) fathers had no rights in the abortion decision. Furthermore, the court struck down Missouri's effort to ban the saline amniocentesis abortion procedure in which salt injected into the womb slowly and painfully poisons the child.
- 1977:** *Mather vs. Roe, Beal vs. Doe:* States are not required to fund abortions, though they can if they choose to. A state can use funds to encourage childbirth over abortion.
- 1977:** *Poelker vs. Doe:* A state can prohibit the performance of abortions in public hospitals.
- 1979:** *Colautti vs. Franklin:* Although Roe said states could pursue an interest in the "potential life" of the unborn child after viability (Roe placed this at the third trimester), the court struck down a Pennsylvania statute that required abortionists to use the abortion techniques most likely to result in live birth if the fetus is viable.
- 1979:** *Bellotti vs. Baird* set the standard for parental consent legislation. The court struck down a Massachusetts law requiring a minor to obtain the consent of both parents before obtaining an abortion, insisting that states wanting to offer a "judicial by-pass" exception by which the child could demonstrate her maturity to a judge or show that the abortion would somehow be in her best interest. In *Bellotti vs. Baird*(1) 1976 the court returned case to the state court on procedural issue.
- 1980:** *Harris vs. McRae:* The court upheld the Hyde Amendment, which restricted federal funding of abortion to cases where the mother's life was endangered (rape and incest exceptions were later added). The court said states could distinguish between abortion and "other medical procedures" because "no other procedure involves the purposeful termination of a potential life." While the court insisted that a woman had a right to an abortion, the state was not required to fund the exercise of the right.
- 1980:** *Williams vs. Zbaraz:* State could require to fund abortions funded by the federal government but can opt out to do so.
- 1981:** *HL vs. Matheson:* Upholding a Utah statute, the court ruled that a state could require an abortionist to notify one of a minor's parents before performing an abortion without a judicial by-pass.
- 1983:** *City of Akron vs. Akron Center for Reproductive Health:* The court struck down an ordinance passed by the City of Akron requiring (1) abortionists inform their clients of the medical risks of abortion, of fetal development, and of abortion alternatives; (2) a 24-hour waiting period after the first visit before obtaining an abortion; (3) that second- and third-trimester abortions be performed in hospitals; (4) one-parental consent with no judicial by-pass; and (5) the "humane and sanitary" disposal of fetal remains. Later, the court reversed some of this ruling in *Casey*.
- 1986:** *Planned Parenthood Association of Kansas City vs. Ashcroft:* The court upheld a Missouri law requiring that post-viability abortions be attended by a second physician and that a pathology report be filed for each abortion.
- 1986:** *Thornburg vs. American College of Obstetricians and Gynecologists:* The court struck down a Pennsylvania law requiring (1) that abortionists inform their clients regarding fetal development and the medical risks of abortion; (2) reporting of information about the mother and the unborn child for second- and third-trimester abortions; (3) that the physician use the method of abortion most likely to preserve the life of a viable unborn child; and (4) the attendance of a second physician in post-viability abortions. Later, the court reversed some of this ruling (see *Casey* below).
- 1989:** *Webster vs. Reproductive Health Services:* The court upheld a Missouri statute prohibiting the use of public facilities or personnel for abortion and requiring abortionists to determine the viability of the unborn child after 20 weeks.
- 1990:** *Hodgson vs. Minnesota, Ohio vs. Akron Center for Reproductive Health:* The court struck down a Minnesota statute requiring two-parent notification without a judicial bypass but upheld the same provision with a judicial by-pass. In the same decision, the court allowed a 48-hour waiting period for minors following parental notification. In *Ohio vs. Akron* the court upheld one-parent notification without a judicial bypass.
- 1991:** *Rust vs. Sullivan:* The court upheld a federal regulation prohibiting Title X family planning clinic personnel from counseling or referring women regarding abortion. If a clinic has physically and financially separated abortion services from family planning services, the family planning component could still receive Title X money. Relying on *Maher and Harris*, the court emphasized that the government is not obliged to fund abortion-related services, even if it funds prenatal care of childbirth.
- 1992:** *Planned Parenthood of Southeastern Pennsylvania vs. Casey:* By a sharply divided vote of 5-4, the court reaffirmed the "central holding" of *Roe*, but in a 7-2 vote suggested that states could pursue their interest in "potential" life, explicitly overruling parts of *Acron* and *Thornburg* by allowing informed consent requirements (that the woman be given information on the risks of abortion and on fetal development), a mandatory 24-hour waiting period following receipt of the information, the collection of abortion statistics, and a required one-parent consent with judicial bypass. Spousal notification provisions, however, were held unconstitutional.

## ABORTION - WHAT IS IT...

- 1997: *Mazurek vs. Armstrong*: The court upheld a Montana law requiring that only licensed physicians perform abortions.
- 2000: *Stenberg vs. Carhart*: Nebraska (as did more than half the other states) passed a law to ban partial-birth abortion, a method in which the premature infant (usually in the fifth or sixth month) is delivered alive, feet first, until only the head remains in the womb. The abortionist then punctures the baby's skull and removes the brain. On a 5-4 vote, the court struck down the Nebraska law (and thereby rendered the other state laws unenforceable, as well). The five justices said that the Nebraska legislature had defined the method too vaguely. In addition, the five justices held that *Roe vs. Wade* requires that an abortionist be allowed to use even this method, even on a healthy woman, if he believes it is the safest method.
- 2007: The court upheld a congressional law that banned partial-birth abortion.

As the Supreme Court changed hands, so did Congress. Congress took on the abortion issue, especially under the Bush Administration, although policies that were pro-life were in place under both the Reagan Administration and the Bush Sr. Administration. Laws protecting life were much harder to pass. Many were put forth, but only a few were able to be passed, and these are the ones that are now on the law books and are enforceable.

- 1976: The Hyde Amendment, which prevents federal tax money from being used to pay for abortions except in the cases of rape, incest, and life of the mother. This law is vulnerable now. If healthcare pays for abortion on demand, this would probably nullify this law.
- 2002: Born Alive Infants Act requires that if a baby is born alive after an abortion that all efforts must be made to save the baby. Babies have survived a saline abortion.
- 2003: The Partial Birth Abortion Ban was passed in 2003 and after going to the U.S. Supreme Court was enforceable in 2007. This law prevents a late term abortion of a fifth month and later unborn child.
- 2004: The Unborn Victims of Violence Act states that when an unborn child is killed in the process of a crime in a federal jurisdiction, the perpetrator can be charged with the murder of that child.

**POLICIES:** Policies are changeable with administrations. Under the Reagan, Bush Sr. and George W. Bush Administration there were several policies to prevent funding of abortions in foreign countries. The Mexico City Policy would not let federal money go to organizations that were doing or promoting abortions in foreign countries. Another policy would not allow federal money to go to the United Nations to be used to promote abortions in the world. There was no federal funding of abortions on American military bases. All these policies have been overturned by the Obama Administration. Our tax dollars are paying for abortions worldwide.

## NEW MEXICO STATE – WHAT LAWS HAS IT PASSED TO PROTECT THE UNBORN?

Until 1969 New Mexico law was one that allowed abortion to save the life of the mother. In that year it was liberalized by adding a "health" clause, although it wasn't as bad as the one used in *Roe vs. Wade*, but still there was an increase of more than 200 abortions in the first year it was passed. There had only been a few abortions over many years used to save the life of the mother. This is when The Right to Life Committee started in 1970 to work to prevent further erosion. However, in 1973 along came *Roe vs. Wade*. The only part of the old law that remained and is still on the books is that all abortions must be done by doctors, and there is a parent consent

law. The consent part is not enforceable because it doesn't have a judicial by-pass. Attempts were made in the 1980s to add a judicial by-pass, but they failed. Then moves were made in 1985 to have a parental notification, which, although not required, does have a judicial by-pass. This bill has failed in every legislative session since 1985. We did pass a recording bill so that statistics could be made. In the late 90s a ban on Partial Birth Abortion was passed. A Woman's Right to Know bill has been defeated several times.

RTLNCM has had more success in preventing the passage of anti-life bills. Twice we defeated an assisted suicide bill, the last time in the 2009 legislative session. We also defeated a Freedom of Choice bill that would have banished what little protections we have and would have prevented any restriction on abortion in the future. In three legislative sessions we defeated a bill to allow embryonic stem cell research using in-vitro fertilized eggs. In 1990 we had the first vote from the House of Representatives and hope this will be the last. To understand our position more, please read the article in this newsletter on stem cell research.

The main reason pro-life legislation does not get passed is that the legislators voted by our citizens are not pro-life. We can't pass good laws without the help of our citizens in the voting booth. This is true for state and federal elections or any others that have pro-life candidates opposing pro-abortion candidates.

## STEM CELL RESEARCH – WHAT IS IT AND IS IT GOOD?

What is a stem cell? A stem cell has two abilities: to divide and make copies of itself, and to become one or more of the body's different cell types including heart, muscle, and nerve cells. There are two broad categories of human stem cells: embryonic and adult. Embryonic stem cells are taken from human embryos, killing the embryo in the process. Adult stem cells are taken from many sources – bone marrow, placentas, umbilical cords, amniotic fluid to name a few – and no harm is done in gathering them from donors.

How are stem cells used? Stem cell lines provide scientists with opportunities to "engineer" them for use in transplantation or treatment of diseases. Scientists hope to manipulate human stem cell lines and use them to overcome transplant and tissue rejection by a patient's immune system. Scientists might also be able to replace damaged genes or add new genes to stem cells in order to give them characteristics that can ultimately treat various diseases.

Why embryonic stem cells? Advocates argue that embryonic stem cells are superior because they are believed to be pluripotent: they have the potential to develop into any type of adult cell. This pluripotency is lost as the cells specialize into specific cell types. Adult stem cells have not demonstrated this quality, but many are multi-potent – able to become several types of cells. Olfactory (nasal) cells and skin cells for example, can become almost every type of human cell.

What's wrong with embryonic stem cell research? Using embryonic stem cells for medical experimentation is a bad idea. It is **UNEETHICAL** because every human embryo from which stem cells are extracted is killed. Human life, no matter how young or dependent, must never be destroyed for the possible benefit of others. It is **UNPROVEN**, since scientists have been working with animal embryonic stem cells for more than 20 years but have not developed any safe or effective treatments. It is **PROBLEMATIC** because of the enormous and complex problems such as tumor formation, tissue rejection, and genetic instability have prohibited the use of embryonic stem cells for medical application. It is **IMPRACTICAL** because embryonic stem cell research is extremely costly and highly speculative. Spending billions of dollars on unethical, unproven, and problematic embryonic stem cell research prevents more beneficial research on adult stem cells. Right now

# RIGHT TO LIFE COMMITTEE OF NEW MEXICO

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## EVERY POLL DONE ON THE ISSUE OF ABORTION SAYS OUR COUNTRY IS MORE PRO-LIFE

More people are claiming to be pro-life than ever before. This didn't just happen. Pro-lifers have helped women with problem pregnancies. Thus, 6.5% of women in this category have refused to have abortions. More women are choosing life.

The opposition has been exposed and the truth of how they have used women to advance their anti-life agenda. They have forced people through our legislators and courts to pay taxes for abortions. We in New Mexico pay for all Medicaid abortions that use the deadly chemical abortifacient RU-486. No federal funds have been used, since they only fund abortions that have resulted from rape or incest or to save the life of the mother.

The opposition defeats bills such as parental involvement and women's right to know because they have no desire to help women and seek solutions. Pro-life people have this great desire to help women, save unborn children, protect the vulnerable, and seek true life-protecting solutions for our people and our nation. With this attitude we have seen the number of abortions reduced, women helped, and an outreach to our society. It is pro-life people, common citizens, pro-life legislators, church leaders, average men and women who have made this happen. *THANK YOU ONE AND ALL!*

## HARRIS POLL SHOWS STRONG SHIFT TO PRO-LIFE POSITION ON ABORTION, ROE V. WADE.

Washington D. C. The Harris poll reveals there is a shift among members of both political parties. The poll shows Americans are questioning the results of Roe vs. Wade decision. A majority of African-Americans and Hispanics oppose the decision that allowed virtually unlimited abortions. Still there was a 50-44 percentage point margin in favor of Roe. The 6% majority is the third lowest in any Harris poll on abortion since 1973 and a 10% drop from the 16% majority in 2007. This poll was taken July 7-14 among 1,010 adults.

### ATTENTION!

Events are happening quickly and your help is desperately needed. Thus, your e-mail is essential for communication. Please send your e-mail to: **info@rtlncm.org**. Also, when you make a change, notify us. Many e-mails are taken off because our message could not be delivered. Don't let our e-mails go in your junk mail.

### MEMBERSHIP APPLICATION

I understand that the Right To Life Committee of New Mexico (RTLNCM) 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 RTLNCM, 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.

private and public funds are being wasted on research yielding no benefit to people suffering from diseases that could be cured with adult stem cells.

Adult stem cells are superior. Funds are needed for already-successful adult stem cell therapies. Using these amazing stem cells, more than 80 known cures and successful therapies have been found for conditions such as arthritis, brain cancer, breast cancer, ovarian cancer, diabetes, lupus, lymphoma, multiple sclerosis, and heart disease, to mention a few. (Many more will be discussed in the next Viva Life).

We all began as embryos. When embryos are "left over" from in vitro fertilization, they can be adopted. We must make progress in seeking cures without destruction.

## THE GOOD, THE BAD, THE UGLY, AND THE BEAUTIFUL

**GOOD:** Scientists are stunned to discover that a ten-year old German girl's brain wired itself to allow her to see out of one eye as though she has two, even though half of her brain tissue has been entirely missing from birth. Lars Muckli, a neuroscientist at the University of Glasgow, Scotland, reported in the *National Academy of Science* journal that "Despite lacking one hemisphere, she's capable of living a normal life." The girl was born with only one cerebral hemisphere after the right side of her brain stopped development at seven weeks of gestation. She was also missing most of her right eye. What astonishes the researchers is that her retinal ganglion-cells "changed their predetermined crossing patterns" and re-mapped in her brain to create nearly normal bi-sopic vision. The girl is attending school and participating in sports with children her own age. She had suffered a history of seizures in early childhood but only suffers a slight weakness on her left side. This study has revealed the surprising flexibility of the brain when it comes to self-organizing mechanisms for forming visual maps. Had this been discovered in utero, it is likely the girl may have been aborted.

**BAD:** The Obama budget contains \$10 million more for an abortion business and less for (adult) stem cell research. The measure contains nearly \$12 million for the National Cord Blood Inventory, but that is \$3 million less than was authorized by Congress in the Bush Administration in contracts for stem cell banks that store umbilical cord blood to maintain a national registry. The cord blood has proven to be effective in supplying adult stem cells that have already helped patients with more than 100 diseases or medical conditions. Meanwhile, the Obama Administration requested \$317 million to increase spending for the Title X Family Planning, which is controversial because it funds the Planned Parenthood abortion business. This is an increase of \$10 million in the fiscal year of 2009, even though Planned Parenthood's own figures show it doing more abortions than last year and more than ever before.

**UGLY:** John Holdren, the Science Czar chosen by President Obama, has already come under criticism for backing population control and forced abortions. Now, new information is appearing showing Holdren doesn't believe that newborn infants are fully human. Holdren co-wrote a 1973 book "Human Ecology: Problems and Solutions" with infamous population control advocate Paul Ehrlich in which his view supporting forced abortion appears. In another manuscript Holdren also says a newborn child "will ultimately develop into a human being" if properly fed and socialized. "To a biologist the question of when life begins for a human child is almost meaningless," Holdren argues. "To most biologists, an embryo (unborn child during the first two and three months of development) or a fetus is no more a complete human being than a blueprint is a building."

**BEAUTIFUL:** Ten years after a stunning photograph of his tiny hand traveled the world, nine-year old Samuel Amas has a firm grip on what "The Hand of Hope" means to him. "When I see that picture, the first thing I think of is how special and lucky I am to have God use me this way."

On August 19, 1999, photographer Michael Clancy shot the "Fetal Hand Grasp" - his picture of a 21-week old fetus grasping a doctor's finger during innovative surgery to correct spina bifida. Nearly four months later on December 2, Samuel was born famous. This picture was used in the Partial-Birth Abortion debate, which resulted in a ban on that type of abortion. Samuel, who wears leg braces, has won ribbons for swimming the backstroke and is a decorated cub scout. Many believe these babies should be aborted before birth.



## COMCAST CABLE PUBLIC ACCESS CHANNEL 27 PRO-LIFE BROADCASTS - MONDAYS AT 10:00 P.M.

- Sept. 7** Abortion: Questions & Answers and Living Experiments and The Committee
- Sept. 14** In the Beginning: Video Journal of Life in the Womb and Sandra Cano Interview
- Sept. 21** Ultrasound: Window to the Womb and Harder Truth
- Sept. 28** ABC: Abortion/Breast Cancer Link and Euthanasia

## COMING EVENTS

### SEMINARS

**Saturday, September 19, 10-11:30 a.m** "Our Youth and the Pro-Life Issues" by Bob Cornelius in the Glory Christian Fellowship Hall

**Saturday, October 24, 2:00 - 4:00 p.m.** "Stem Cell Research Update" - by Dr. Frank Maldonado in the Glory Christian Fellowship Hall

**State Fair Sept. 11-27** booth in the Manuel Lujan Building  
Volunteers still needed. Call 505-881-4563.

**October 17** (change) Speakers training for any dues-paying member in the state. Must pre-register by October 10. Call office: 505-881-4563 or e-mail [info@rtlmm.org](mailto:info@rtlmm.org) for information.

**Friday, Nov. 6:** San Juan County RTL annual dinner. Speaker is Alveda King, niece of Dr. Martin Luther King, Jr. Call 505-320-2906 to be a sponsor or if you have questions. More details next month.

**Saturday, November 14:** Born To Run fundraiser at Balloon Fiesta Park in Albuquerque. Registration brochures will be in October *Viva Life*. They will also be available in state office by Sept. 15.

## THINGS THAT NEED TO BE NOTED: PLEASE SHARE WITH OTHERS

**COMBINED FEDERAL CAMPAIGN FUND:** In September and October federal government employees are asked to give a donation to the Combined Federal Campaign Fund. To donate to The National Right To Life Committee, who in turn gives to RTLMM, please use the code 10542. This is tax-deductible and is very helpful towards our goals and mission.

**ALBUQUERQUE MAYOR'S RACE:** There is one pro-life candidate running for mayor: R. J. Berry. The other two have proven pro-abortion voting records in the state legislature.