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NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

THERE IS DROUGHT IN THE GRASSROOTS

In recent months, there have been requests for supporters of The Right to Life Committee of New Mexico to help the organization in several activities. These activities included membership drives, gathering petition signatures, telemarketing to raise funds, helping an existing chapter, helping establish a new chapter, and requested readers of *Viva Life* to fill out a new volunteer form.

Although there have been some wonderful responses from some people, the majority of you said, gave, or did nothing at a time when RTLNCNM is gearing up to do massive education programs to prepare this state for the reversal of *Roe vs. Wade*. We need to establish a strong network of chapters that can take on the basic activity of education in their chapter area, but instead we get chapters going by the wayside.

While the opposition has their rallies, gathers their people and seeks money, and places initiatives on ballots to STOP pro-life laws, one wonders why we do not have a just, truthful agenda. Are people just pro-life in words and not in actions? Are you too busy for the innocent unborn child who cannot help him/herself? Is there no time for the living who each day are being killed in nursing homes?

Your children and your grandchildren need you to be involved. It isn't the things you can buy them that will matter in our world when they are our age; it is what kind of world it will be. We can work for the world that all children should have – one of love, compassion, and justice.

So what are you going to do? Are you going to sit back and think that less than one hundred people on state and chapter boards will do all the work, while, by the way, they also care for their families? The drought of grassroots volunteerism must come to an end, or we will face even bigger challenges than a shortage of water or fires. We will face an erosion of a world of "goodness". It will happen because you did nothing. You do nothing, you get nothing. Please be pro-life in action as well as words. E-mail us for a volunteer form at info@rtlnm.org. We can also supply the list of chapters where you can give *some* time to the one in your area. If there is no chapter, step up to the plate. Your county deserves to hear the truth and be guided. Are you part of the solution or are you part of the problem? Only you can answer that. We will help you to help others. Contact us at 505-881-4563.

CORRECTION FOR MARCH VIVA LIFE

Under the article "Roe vs. Wade - Myth or Fact," page 4: Myth 'Supreme Court Justices have criticized *Roe vs. Wade*,' the word "No" should be before the word "Supreme." On the same page, under Myth: The U.S. abortion rate is relatively low, it should read "24.5% of all pregnancies end in abortion." Sorry for the typo errors.

RU 486 – CAN WE HOPE THIS DEADLY ABORTIFACIENT WILL GO AWAY?

President Bush is planning to nominate Acting Food and Drug Administration Director Andrew Von Eschenbach as the permanent commissioner of the agency.

In the past, we have seen the agency ask questions on both RU-486 and the Morning After Pill. Hopefully they will look at these facts and do what is right.

RU-486 Leaves a Tragic Trail

Specific details of complications from the abortion drug have been released by the U.S. Food and Drug Administration. They include:

1. Death from septic infections,
2. Life threatening hemorrhage (42 cases),
3. Extremely serious hemorrhage (168 cases),
4. Blood transfusions needed (71 cases),
5. Surgery to repair abortion damage (513 cases, half of them emergencies), and
6. Fetal malformation after failed abortion attempts.

A special issue of the *Journal of the American Medical Women's Association* (Summer 2000) seemingly intended to promote approval of the drug in the U.S. but was full of red flags. One study, for example, compared bleeding patterns following RU-486 and surgical abortions. Twenty percent of women who underwent a RU-486/misoprostol abortion suffered prolonged bleeding for 35 to 42 days. The FDA already knew that in the Population Council's drug trials of 65 women "(7.9%) ...received surgical interventions: 13 (1.6%) were...mostly for the excessive bleeding."

An emergency room physician from Waterloo, Iowa testified before the FDA that he had saved the life of a woman who, as a result of participating in the RU-486 drug trials, had lost one-half to two-thirds of her blood.

Dr. Wu Shangchun of the National Research Institute for Family Planning in Beijing, a doctor who collaborates in China's coercive population control program, warned in the same issue of *JAWA*: "Some recent adverse events resulting from undiagnosed ectopic pregnancies have led providers to pay more attention to ultrasound examination." He described "common complications" of RU-486 as including "profuse bleeding and allergy". Allergic reactions to mifepristone (RU-486) or misoprostol were not uncommon manifesting in facial edema, skin rash and itching, numbness of feet and hands, and even a serious case of allergic shock. Due to the risks inherent in a RU-486 abortion, Dr. Wu reported that it was falling into disfavor among staff at large hospitals.

The Center for Disease Control (CDC) has made its warnings heard on RU-486. In the December 2005 *New England Journal of Medicine*, the CDC warned women of the

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risks of fatal infections from RU-486 and asked doctors to be on the lookout for toxic shock related to the infections.

In February the FDA announced that it will convene a panel of experts this May to determine why the dangerous drug RU-486 has caused severe bacterial infections that have resulted in the deaths of four women and injuring hundreds more. Some 15 to 20 scientists who have studied the infections will be asked to present their findings at the conference scheduled May 11 at the CDC office in Atlanta.

Because the bacteria cause problems so quickly and without the normal telltale signs, the FDA has placed its highest black box warning label on the abortion pills.

Last summer a Brown University researcher announced he had developed models to explain why women died after using the abortion drug. According to Professor Ralph Miech, MD PhD, the abortion drug triggers a bacterial infection in a woman's cervical canal that doesn't normally occur. The bacteria thrive on the decaying tissue from the dying, unborn child and impair the woman's ability to fight off the infection. He said the antiprogesterone effects of mifepristone also cause changes in the cervix that allow *C. sordelli*, a common vaginal bacteria, to enter the cervical canal. That could be exacerbated by instructions from Planned Parenthood for women to use the drug vaginally instead of orally. The FDA recommends oral use, but the national abortion business frequently tells women to disregard that instruction.

Needless-to-say, abortion advocates don't want a probe of an abortion drug already approved.

Coming Events

 **NATIONAL RIGHT TO LIFE COMMITTEE'S 34TH ANNUAL CONVENTION.** June 22-24 in Nashville, Tennessee at the Sheraton Music City Hotel

SCHEDULE:

Thursday, June 22 - 10:00 a.m. – 9:00 p.m.

Friday, June 23 – 7:30 a.m.

(Prayer Breakfast) - 9:30 p.m.

Saturday, June 24 9:00 a.m. to 11:00 p.m.

(Banquet 8:00 p.m. to 11:00 p.m.)

Costs: Adult - \$95, Senior (65+) - \$70

Married Couple - \$150

High School/College Students - \$25

One Day Registration - \$45

Special Functions: Prayer Breakfast - \$25

Banquet - \$50

Childcare is available; call for further information.

Questions or Reservations: Call 202-378-8842 or go online www.nrlc.org/convention.

PUBLIC ACCESS CABLE TV SHOWS FOR APRIL 2006

Fridays on Comcast Cable TV Channel 27:

11:00 pm to midnight

April 7th Abortion Questions and Answers Part 1 and 2

April 14th The Miracle of Life

April 21st Teens and Chastity

April 29th Kathy's Story; The Silent Scream; The Answer

AUSTRALIA VOTES FOR A BILL THAT WOULD PAVE THE WAY FOR THE LEGALIZATION OF RU-486 DESPITE PUBLIC OPINION OPPOSING IT

A major battle is going on in Australia. Before legislation was passed, pro-life Health Minister Tony Abbott had the authority to allow or disallow the abortion drug RU-486. He is now stripped of the oversight, and his authority is passed to the Therapeutic Goods Administration, which is pro-abortion. It is expected that this group will approve the use of RU-486.

The facts about the 10 deaths from RU-486 were publicized. The chief pro-abortion proponent of the bill finally admitted the damage to women. Besides the deaths, the U.S. Drug Agency has documented injury to over 850 women, many of them life threatening.

May what we do in the U.S. regarding RU-486 be positive and cause other countries to consider removing this drug from use in their country.

Information provided by Life Issues, Life News and International Newsletter of Life Issues.

ABORTION MAY BE LEGAL, BUT IT SURE ISN'T SAFE.

We hear of many pieces of legislation that are being debated because they do not have a "health" exception. So we need to know what a health exception as defined by the Supreme Court would require. We also need to look at those factors in abortion that cause serious health problems for the woman and why we need the laws without health exceptions to protect women from being physically harmed or worst yet, killed.

Dr. Jack Wilke in *Life Issues* – October 2004 discusses the U.S. Supreme Court's health exception.

A Health Exception: "Health" was defined by the U.S. Supreme Court saying abortion could be performed *"In the light of all factors – physical, emotional, psychological, familial, and the woman's age – relevant to the well-being of the patient. All these factors may relate to health."* *Roe vs. Wade, January 22, 1973.*

In its companion decision, the Court said, *"Maternity or additional offspring may force upon the woman a distressful life and future. Psychological harm may be eminent. Mental and physical health may be taxed by childcare. There is also stress for all concerned associated with the unwanted child, and there is the problem of bringing a child into a family already unable, psychologically or otherwise, to care for it."* *Doe vs. Bolton, January 22, 1973.*

In a concurring opinion, Justice Douglas stated that health included the woman having to: *"endure the discomforts of pregnancy; endure the pain, higher mortality rates and aftereffects of childbirth; abandon educational plans; sustain loss of income; forgo the satisfaction of careers; tax further mental and psychological health in providing childcare; and, in some cases, to bear the lifelong stigma of unwed motherhood."* *Roe vs. Wade January 22, 1973.*

As a result of the above decisions, the word "health" has become a legal term of art. The overwhelming majority of the general public thinks of it as physical or maybe emotional health that would seriously threaten the life of the mother. In fact, when "health" is in a law, it guarantees

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abortion-on-demand until birth. It can be briefly described as including physical and social well-being as defined by the woman herself.

Every attempt in law to directly limit abortion has stumbled on this rock. Most recently, we have seen three federal district courts in California, Nebraska, and New York enjoin the new federal ban on partial-birth abortion. All three referred directly to the fact that the ban did not have a "health" exception. Two of these judges, by their history and writing, were clearly pro-abortion sympathizers. Judge David Casey in New York, however, was clearly different. He asked very piercing questions requiring extremely vivid detailed and graphic answers. As the case proceeded in front of him, many became more and more hopeful that this decision might be to uphold the law. Sadly, we were to be disappointed. Judge Casey had forced them to admit abortion kills live babies who experience excruciating pain during the abortion. He found the pro-abortionists' attempts to justify partial-birth abortions were "false, incoherent or merely theoretical." He rejected their contention that partial-birth abortion was sometimes justified for medical reasons and called the procedure "gruesome, brutal, barbaric, and uncivilized." But in the end he enjoined the law. Why? He said he had to, citing the above cases and the more recent U.S. Supreme Court case in 2000 *Stenberg vs. Carhart*. Judge Casey said that a health exception is constitutionally required, so he was bound to rule against the law.

Real Health Complications:

Now that we have looked at the history and definition of "health" given by the U.S. Supreme Court, let's move on to "health" as we know it in our daily lives.

PHYSICAL EFFECTS ON WOMEN WHO HAVE AN ABORTION

This information came from the United Nations International Children's Emergency Fund (UNICEF), the World Health Organization (WHO) and the United Nations' Educational, Scientific, and Cultural Organization (UNESCO), all supporters of abortion.

According to WHO, the major causes of maternal injury and death worldwide are hemorrhage, infection, the obstruction of labor, abortion, high blood pressure, and medical problems complicated by the pregnancy, e.g. diabetes.

By far the majority of maternal deaths and injuries occur through hemorrhage, infection, and obstruction during the process of separating the mother and the fetus. These risks are intrinsic to the separation process, regardless of whether the separation is a delivery or an abortion.

The woman who aborts is pregnant with all its risks. Abortion separates the fetus from the mother in order to prevent a live birth. The dangers of the separation process are still present. If a woman uses abortion as a method of limiting births, she can have several pregnancies a year, with all the dangers of pregnancy and separation each time.

Separation events, either births or abortions, are more dangerous in the developing world than in the developed countries because of poor general health care of women – particularly lack of antibiotics, drugs to prevent hemorrhage, and lack of clean facilities.

In most countries, it is common after abortion is legal-

ized for abortion rates to sharply increase for several years...just as we have seen in the U.S. Making abortion legal in developing countries would increase the number of separation events and result in increased maternal deaths and injuries.

In the developed world, the dramatic decline in maternal mortality rates coincided "...with the development of obstetric techniques and improvements in the general health status of women." *Maternal Mortality Global Fact Book WHO. It appears the key to saving women's lives in the developing countries is the improvement of maternal health care, NOT increasing the number of abortions.*

DAMAGE TO THE REPRODUCTIVE SYSTEM:

Abortion can damage a woman's uterus and cervix leading to future problems. Chemical abortions using RU-486 are bloody, painful, and dangerous, and the long term effects on the body are unknown.

A study appearing in the *American Journal of Public Health* in 1998 found aborting women face a 50% increased risk of having a subsequent ectopic or tubal pregnancy. The risk was nearly twice as high (90%) for women having two or more abortions.

Women having abortions face more than a doubled risk of future sterility. Decreased cervical resistance due to forced dilation may result in early cervical failure and the spontaneous abortion (miscarriage) of future pregnancies. Premature birth is the leading cause of infant morbidity and mortality, and at least ten international studies show previous abortions significantly increases that risk.

Preterm birth is associated with lower birth weight and higher rates of cerebral palsy, often leading to physical and mental disability.

COMMON ABORTION SIDE EFFECTS, COMPLICATIONS & INJURIES

SURGICAL ABORTIONS:

1. Infections, Sepsis, Endometritis
2. Cervical Lacerations
3. Uterine, Bladder, or Bowel Perforations
4. Pelvic Inflammatory Disease
5. Incomplete Abortion, Retained Tissue

CHEMICAL ABORTIONS:

1. Severe Pain
2. Cramping
3. Nausea
4. Diarrhea
5. Hemorrhage
6. Infections, Rupture of Undiagnosed Ectopic pregnancy

BREAST CANCER AND ABORTION

It is a crime that groups, especially those that claim to be in support of women and want them to have the right to choose, refuse to provide full information from which they can choose. This not only includes the above information but the facts about the link between abortion and breast cancer.

With increasing studies done by both those who support abortion and those who do not, more and more facts are showing that there is definitely a link between abortion and breast cancer. Penn State College of Medicine summarized all the abortion breast cancer link data, which was then published in the British Medical Association's *Journal of Epidemiology and Community Health* in 1996.

Back in 1988 Dr. Tom Rohan et al. published a study in

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the *American Journal of Epidemiology* that focused on dietary risk factors and breast cancer in Australian women. As was appropriate, the study also looked at all the “classical” risk factors for breast cancer, including reproductive history. But curiously, no data was shown for abortion.

Fast forward to 1995. A research team headed by French epidemiologist Nadine Andrieu published a paper in the *British Journal of Cancer* combining data from several earlier studies, including the Rohan study. Intriguingly, in presenting Rohan et al. earlier data, the Andrieu paper revealed for the first time the Australian data on induced abortion. We learn from Andrieu’s team that Rohan et al. had found that the strongest and most significant risk factor for breast cancer in Australian women (stronger even than family history of breast cancer) was induced abortion (as opposed to spontaneous abortion or miscarriage) - a whopping 160% increased risk! For a research team to omit its most significant finding is unheard of, but not when the subject is abortion.

In further studies, the ABC link has been kept out of published reports in three more recent studies. The first study done by Le Ming Bu et al. dealt with women in mainland China. It was actually published in abstract form in 1995 in the *American Journal of Epidemiology*. Consequently, only its most basic findings were presented. Even so, the findings are rather striking (an statistically significant). If a woman had one abortion, it raised her breast cancer risk by 190%. Two or more abortions raised breast cancer risk by 260%.

A second study published in 1996 in the *Proceedings of the National Science Council ROC* was written by Dr. Fu-Ming Lai et al. and concerns women in Taiwan. The Lai study focuses almost entirely on reproductive factors and their impact on breast cancer risk. In fact, the list of reproductive variables examined including abortion is impressively thorough. The data tables are not quite as thorough, however. Data on abortions is conspicuously absent. Without showing any data, the authors stated, “the number of spontaneous or artificial abortions were not found to be related to an increased risk of breast cancer.” The data for this conclusion was sought by Dr. Joel Brim, professor of biology and endocrinology at Baruch College of the City of University of New York. He never got a reply.

Angela Lanfranchi, M.D., FACS, a breast surgeon and Clinical Assistant Professor of Surgery at Robert Wood Johnson Medical School, co-founder of the Breast Cancer Prevention Institute, and co-author of a book on the subject, provides us with more information on breast cancer and abortion. She says there are 10,000 cases of breast cancer attributable to abortion each year. Only 15% of women with breast cancer have a family history of the disease, yet over the last 30 years the number of new cases of breast cancer has increased by 40%. Most of the increase has occurred in the Roe vs. Wade generation, i.e. those women of reproductive age when the ruling was made in 1973.

Meanwhile, attention is being given to this matter through the courts. In Portland, for the first time a woman has won a court case in a lawsuit saying that an abortion business failed to inform her of the link between abortion and breast cancer. The lawsuit is only the second to be successfully prosecuted and the first to obtain a judg-

ment. The 19-year old woman filed suit against the Portland-based All Woman’s Health Services abortion facility. She had an abortion there in May 2001 when she was 15 but was not told of the psychological risks or that the abortion procedure has significantly high breast cancer risks for teenagers. The woman has a family history of breast cancer; when combined with the abortion, it would have almost assuredly caused her to contract the disease later in life. Jonathan Clark, the woman’s attorney, told the press that the judgment “makes a pretty powerful statement about the science,” showing that the abortion facility did not want to defend its stance against the research data confirming a link exists. The abortion facility chose to settle the case out of court. The judge signed the agreement on January 24, 2006, and the amount of the judgment is confidential.

Please note: Oregon has neither a parental involvement law nor a woman’s right to know law. If they had, perhaps one 15-year old would not have gotten breast cancer.

Meanwhile, the number of women who have contracted breast cancer and are dying from the disease is on the rise, and the Coalition of Abortion/Breast Cancer is blaming abortion for causing the problem. It is also blaming the government’s National Cancer Institute (NCI) and breast awareness groups for lying about the abortion/breast cancer link. With the expected 5,170 more cases and 560 more deaths than last year, when do we tell women the truth? In 2006 274,900 cases of breast cancer are expected, and just under 41,000 women are expected to die. So many of these cases could be avoided, but those who support a woman’s right to choose will not give women the information with which to choose or save their lives.

UNITED NATIONS: While efforts are being made to topple pro-life laws in other nations saying that making abortions illegal will increase women’s deaths, the new report from the United Nations indicates that this is not so. According to new figures from the U.N. Populations Division, nations with laws legalizing abortion have not seen a corresponding drop in the rate of maternal deaths. They do not experience lower rates of maternal mortality compared to nations that have made abortions illegal. The information is found in the “World Mortality Report: 2005”. The U.N. says the report is the first of its kind and registers maternal and infant mortality for every nation.

In the next *Viva Life*, a review of the psychological harm done to women will be made.

THE MORNING AFTER PILL (PLAN B) IS NOT THE RU-486 ABORTION PILL.

It is very clear that people do not understand the difference between the Morning-After/Plan B pill that is given after having unprotected sex and is considered to be a birth control pill and RU-486. RU-486 is strictly an abortifacient that can ONLY be given between the 5th and 7th week of pregnancy. Its sole purpose is to kill the already established embryo.

A form of the Morning-After/Plan B pill has been used for years in hospitals for victims of rape. Initially, women realized the effectiveness of taking extra birth control pills if they felt there was a possibility of pregnancy. The belief was that these extra pills would help prevent pregnancy. Pharmaceutical companies realized the value of this method and started marketing specific pills that could be used after sex. These pills are really the same typical com-

The Morning After Pill...

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ination oral contraceptives but with higher doses of hormones.

The Morning-After/Plan B pill is really misnamed for a number of reasons. Duramed Pharmaceuticals, the manufacturer of the Morning-After/Plan B, provides one pill to be taken as soon as possible and one additional pill to be taken 12 hours later. Other manufacturers claim a woman must take between two and five of these birth control pills immediately and a second dose in 12 hours for the same effect. In all cases, the Morning-After/Plan B pill requires more than one pill.

Another misconception is that a woman must wait until the next morning before taking these pills. The truth is that the pills are meant to be started as soon as possible but certainly within the first 72 hours after unprotected sex.

A third concern is the claim that these pills cannot act as an abortifacient. In some cases, the pills prevent ovulation, but in other cases they inhibit implantation of a developing child in the embryonic stage. In cases in which an embryo cannot implant, the drug acts as a chemical abortifacient, and that leads to the confusion between the two drugs. Pharmaceutical companies have addressed this issue by referencing this method of birth control as "emergency contraception" instead of the Morning-After Pill/Plan B.

RU-486, the Abortion Pill

In 1980 a Frenchman, Dr. Etienne-Emile Baulieu, discovered a steroid hormone similar to progesterone called mifepristone. The sole purpose of this drug is to abort an early pregnancy. The French pharmaceutical company, Roussel-Uclaf, patented the drug. The company's initials provide the first part of the drug's label, namely RU-486.

Due to pressure from American pro-life organizations, European manufacturers became concerned about marketing RU-486 in the U.S. The manufacturing rights were handed over to a newly-formed American company, Danco Laboratories, and the name of the drug was marketed as Mifeprex (which is derived from the generic name mifepristone).

Mifeprex is designed to terminate a pregnancy with the first seven weeks, although it has been used to abort babies as late as nine weeks. Because this drug was established as a non-surgical abortion method, it is often referenced as "The Abortion Pill."

SUMMARY

The Abortion Pill, currently marketed as Mifeprex in the U.S. and RU-486 in Europe, is used to abort a baby within the first seven weeks of pregnancy.

The Morning-After Pill/Plan B is meant to provide security for a woman who is fearful of a pregnancy due to unprotected sexual intercourse. Although the Morning-After Pill/Plan B could serve as a contraceptive, it could also serve as an abortifacient.

UP DATE ON EUTHANASIA ACTIVITIES

It wasn't that long ago that we were struggling with the plight of Terry Schiavo, the non-terminal patient who was placed in a nursing home under questionable reasons and at the request of her estranged husband. Terry was allowed to have her water and nutrition denied; thus, she was killed. It made us all look at the problem of vul-

nerable people who cannot speak for themselves and a society that moves to kill them.

Michael Schiavo was helped in his legal endeavors by euthanasia organizations. The circuit courts, state, and Supreme Court all sided with Michael Schiavo's request to kill his wife, even though she had no advance directive, and her parents swore she, as a devout Catholic, would not want to be killed.

The Judge, George Greer, is now going to receive an award from the Pinellas County Chapter of the American Civil Liberties Union. With all the information provided to him, we see that his "judgment" was obscured by his liberal affiliations.

Meanwhile, Michael Schiavo has created a Political Action Committee (PAC) to obtain retribution from the legislators who voted with Terry Schiavo's family and who tried to stop him from ending her life. The PAC is to help support those candidates who oppose government protecting the lives of the disabled.

He has raised \$10,392 as posted on the FEC website, and most of these donations came from a November fundraising drive. It spent \$4,000 for fundraising and other expenses, leaving him with \$6,500. The expenses were for the PAC's website and payments to Derek Newton, a Democratic campaign activist who used money for advertising and promotions. So far, the only candidate being targeted by the PAC is Texas Congressman Tom Delay.

The Terri Schindler-Schiavo Foundation was established when Terri was alive to help pay legal costs and has now launched a website (www.terrisfight.org) to help other families and disabled or incapacitated patients like Terri.

HALEIGH POUTRE, THE NEWEST EUTHANASIA CASE

An 11-year old girl in Massachusetts named Haleigh Poutre could be the next Terri Schiavo. Haliiegh was beaten nearly to death last September allegedly by her adoptive mother and stepfather. The beating left her unconscious and barely clinging to life. Within a week of the beating, her doctors had written her off. They apparently told Haleigh's court appointed guardian, Harry Spence, that she was "virtually brain dead." Even though he had never visited her, Spence quickly went to court seeking permission to remove her respirator and feeding tube. The court agreed, a decision affirmed recently by the Supreme Court of Massachusetts, so a little girl who had suffered so much was stripped of the chance to fight to stay alive. If she didn't stop breathing when the respirator was removed, which the doctors expected to happen, she would slowly dehydrate to death.

Before "pulling the plug" on Haleigh, Spence finally decided to visit her. He was stunned. Rather than finding a little girl with "not a chance" of recovery as doctors described Haleigh's condition, Haleigh was conscious. When asked by a social worker to give Spence a yellow block, she did so and responded to other simple requests.

Laudably, Spence immediately called off the dehydration. Haleigh is now off her respirator and breathing on her own. She has been transferred out of the hospital and is currently being treated in a rehabilitation center. This doesn't mean she is completely safe, but it is hoped she will keep improving.

People don't fail, they give up trying.

**RIGHT TO LIFE COMMITTEE
OF NEW MEXICO**

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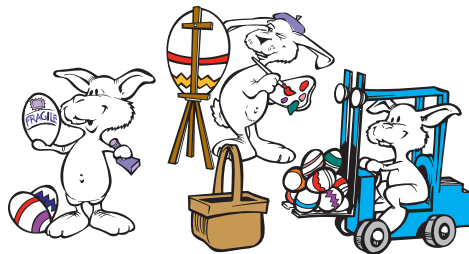
The Dutch government is setting up a commission that would set the rules for allowing doctors to euthanize "serious suffering" newborn babies they believe will not live, even with medical care and attention.

Euthanasia of newborns is still technically illegal, but the commission that would consist of three doctors, an attorney, and a bioethicist will likely recommend that physicians who kill newborns but follow certain guidelines not be charged with manslaughter or murder.

A Dutch pro-life group is very worried. Bert Dorebos believes the commission will be a cover for doctors to engage in more euthanasia.

"It is a very dangerous and tragic development," he told Reuters News Agency. "It means that doctors will have a freer hand as to whether to end the life of a child or not. It is a slippery slope."

Happy Easter



**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

Five Alive PROGRAM

RTLNCNM hopes you will sign up for the *Five Alive Program 2006*, which helps provide a budget to keep our organization operational and meet our basic needs. You can fill out the form below. We will need this a.s.a.p. so that we can mail envelopes out and have you ready to start contributing your tax-deductible donation in January. \$5.00 a month from everyone would allow us to raise money for media and other educational tools, so come on board by sending in the form below...

I wish to donate \$5.00 monthly I wish to donate \$ _____ monthly

Monthly thank you notes will not be sent.

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