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NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

## RIDDLE

What has 1,560 legs and smiles? The 780 people we need to man a concession stand at Isotopes Park for a complete season. On an average, we need 20 people per game to fully staff the concessions stand – more on the weekend. Multiply 20 by 39 games, and you have the largest manpower need for any RTLNM event. **We need you!!!** A number of volunteers work multiple games, but with these numbers we always need more warm bodies.

Revenue from these efforts is a large part of our organization's budget that goes towards keeping our state office open, educational materials available, and a host of other necessary components running smoothly. It would create a severe hardship if this source of revenue was to stop. We don't ask for your money for this, but we do ask for your time – a very precious commodity.

We're down to the last month of the Isotopes' baseball season. Barring a miracle, it doesn't appear the team will progress into post-season play. Our August schedule is August 8, 9, 10, 16, 17, 22, 23, and 24. That's only eight games, and then our season will be complete. You can see the calendar on our website at [www.rtlnm.org](http://www.rtlnm.org). Some of the kids that work with us get their service hours completed for this next school year or for confirmation class by the time the fall semester starts. With eight games remaining, there's a potential to pick up 40 service hours – five per game. Wouldn't it be great to have that over and done with when there's so many other things that will take the kids' time during the school year?

Won't you join us? We have a great time and raise funds for RTL to boot! To sign up or for questions, contact Betty at 821-9101 or [eeichenseer@bigplanet.com](mailto:eeichenseer@bigplanet.com). Thank You!!!

## WANTS AND NEEDS – AN EDITORIAL by Dauneen Dolce, Editor

In our lives there are many things we want. We want peace in our lives. We want to be able to raise our families in a decent society that respects life. We want a government that will protect us and not do harm to us. We want our children well educated and to know our moral values and philosophies. We want our voices to be heard and our needs to be taken care of when we cannot provide for ourselves, such as in illness or circumstances beyond our control. We want freedom to speak and to be heard. We want liberty to live the lifestyle that the U.S.A. affords us. We want positive solutions to our problems.

Now the other side of the coin is *Needs*. For the *Wants* to be obtained or maintained, we must meet the needs of what it takes to do that. You see it takes people to bring the wants to fruition. We are the government, we are the schools, and we are the families. We maintain liberty, freedom, moral values, and we are the solution makers.

We may hire or elect people to do some of this work for

us, but then we are responsible for these people who work for us. We still have a responsibility in our homes, neighborhoods, and the work place to maintain our values and ethics. We still need to monetarily help organizations who do the work for us, and when they are volunteer organizations to give time for the goal and mission to be carried out.

In politics, it is our duty to seek candidates to run for office who will carry our mission. Then we must support them to get them elected. Once elected, we must communicate with them to keep them aware of and on track with that mission.

But the truth is many have wants but are not helping to provide the needs. This newsletter and many mailings asking for volunteers are asking for help to meet those needs, yet the response is not great. Be it an Isotopes concession stand to help raise money or a form for the State Fair or a volunteer form to help in the political races going on, we need you. One full-time and two part-time employees are not able to do the wants with out many "needed" hands.

One thing I noted is those that did respond to the PAC volunteer request were willing to put up a yard sign. That is good. But the one item that needs many hands to get accomplished is the literature drop. This got little support, and yet it is the very thing that helped get George W. Bush elected and will be needed again to get John McCain, Steve Pearce, Ed Tinsley, Dan East, and Darren White elected. A little time at a later date can make or break it for these candidates in this state.

Then we have the candidates for the State Legislature. They are often forgotten when we have a Presidential election, a Senate seat, and three Congressional positions up for grabs. Their funds are limited due to the demands of these other elections. They also don't have the same source of volunteers, yet we expect them to get themselves elected so they can maintain our "wants" in the state of New Mexico.

The truth is there are many wants and even many more needs. Each one of us must step up to the plate and give even more, if already helping (thank you), or start giving now so that we finally get what we want and to help our children and grandchildren have the life and lives we wish for them. We are at a crossroads, and those who are pro-life are there too. We give now, or the opposition wins, and we lose all that has been achieved over many years and gain more of what is not wanted.

Fill out each volunteer form sent to you, if at all possible, especially the PAC volunteer form. Call 505-881-4563 or e-mail [info@rtlnm.org](mailto:info@rtlnm.org) and volunteer to do a literature drop. Offer monetary support for the candidate who has been endorsed in your district. If you don't have one, a small donation to another is greatly needed and appreciated. Help at the Isotopes and the State Fair.

Please give to get; it is the only way. Our wants have needs, and only you can provide the needs.

**P.S. GOOD NEWS! STATE FAIR PARKING IS FREE THIS YEAR!!!**

## ENDORSED CANDIDATES

In this edition of *Viva Life* you will have NMRTL's PAC endorsement sheet for candidates for the State Legislature. National RTL-PAC does the endorsements of federal candidates and has already endorsed John McCain and Steve Pearce. Other endorsements from NRTL-PAC will be forthcoming soon.

These fine men and women have been either endorsed or recommended. An endorsement means they agree completely with The Right to Life Committee of New Mexico's positions. A recommendation means they agree with most of the positions and are still basically pro-life.

### THE ENDORSED SENATE CANDIDATES ARE

Dist. 9 — Steve Komadina  
Dist. 21 — Kent Cravens  
Dist. 37 — Lee Rawson

### RECOMMENDED

Dist. 30 — David Ulibarri

### HOUSE OF REPRESENTATIVES ENDORSED

Dist. 2 — James Strickler  
Dist. 7 — Timothy Lardner  
Dist. 8 — Paul Gabaldon  
Dist. 12 — Clyde Wheeler  
Dist. 14 — Clara Pena  
Dist. 15 — Teresa Zanetti  
Dist. 17 — Ronald Toya  
Dist. 21 — Howard De La Cruz Bancroft  
Dist. 26 — Rhead Story  
Dist. 28 — Jimmy Hall  
Dist. 32 — Phillip Skinner  
Dist. 51 — Gloria Vaughn  
Dist. 53 — Stanford Locke  
Dist. 57 — Dennis Kintigh  
Dist. 58 — Candy Ezzell  
Dist. 59 — Nora Espinoza  
Dist. 60 — Paula Papponi  
Dist. 63 — Matt Rush  
Dist. 64 — Anna Crook  
Dist. 67 — Dennis Roch

### RECOMMENDED

Dist. 70 — Mel Root

*Remember, they need your help!*

## COMCAST CHANNEL 27 PRO-LIFE BROADCASTS

Monday, Aug. 4 <sup>th</sup>	<b>Life's Greatest Miracle</b>	10:00-11:00 p.m.
Monday, Aug. 11 <sup>th</sup>	<b>Life Talk — July 2008</b> <b>A Monthly Pro-life News Show</b>	10:00-11:00 p.m.
Monday, Aug. 18 <sup>th</sup>	<b>The Committee and Abortion</b> <b>Questions and Answers and</b> <b>Living Experiments</b>	
Monday, Aug. 25 <sup>th</sup>	<b>The Right to Kill</b>	10:00-11:00 p.m.
Monday, Sept. 1 <sup>st</sup>	<b>Teens and Sex and</b> <b>Christi's Choice</b>	10:00-11:00 p.m.

## Calendar of Coming Events

→ September 5-21, 2008: **The State Fair.** We have a booth in the Manuel Lujan south building. Come and receive up-to-date information. To volunteer, call 505-881-4563 and speak to Geneva.

→ November 8, 2008: **Born to Run.** This fun-filled family fundraising event will take place at Balloon Fiesta Park. We will be getting sponsor forms to you next month in *Viva Life*, and previous sponsors will be receiving information in the next few weeks. You can help by getting new sponsors to support the event, which in turns gives us funding to support RTLCNM's goals and mission. There will be a runner/walker form in the October *Viva Life*. We hope many will participate and will walk/run for life. There are different categories and one just right for you. PLEASE MARK YOU CALENDARS NOW!

→ APRIL 4, 2009 **The State Conference** will take place in Albuquerque. We have Wesley Smith (see article in this newsletter) as our banquet speaker. He is an expert on the euthanasia movement and rationing in health care. He has authored the books *Culture of Death* and *Forced Exit: Euthanasia, Assisted Suicide* and nine other books. He has written for many periodicals and newspapers, including *Newsweek*, *National Review*, *The New York Post*, *San Francisco Chronicle*, and the *Seattle Times* and *The Wall Street Journal*, to name only a few. He is a frequent guest on radio and television talk shows. He has testified as an expert in federal and state legislative committees, and he is an international speaker. (More will be coming on this great speaker).

## HEALTH CARE - A SERIOUS SUBJECT

With Governor Richardson calling a special session that will include whether the state should offer universal health care, this newsletter will start to convey more information on the subject.

National RTL and The Right to Life Committee of New Mexico have opposed most forms of universal health care because as they have been created around the world and proposed from the Hillary Clinton plan, etc., they would cost too much, thus creating a situation of having to ration health care. This usually affects the elderly, the chronically ill, or those with previously diagnosed conditions that are not cured or could come back. All of us will fit into one or more of these groups at some time in our lives.

However, it is not just the rationing that has been proven in England and Canada and other nations. It is the delivery of health care efficiently, timely, and with quality. This also has been reduced. In Canada and England there are long waiting lines and fewer doctors and hospital beds. The care is also questionable.

This is true with many of the HMOs we have today, but rather than "fix" these problems, we are attempting to extend them.

Different articles will be provided for everyone to give thought to and to understand.

*(continued on page 3)*

## HOW EUTHANASIA RELATES TO HEALTH CARE REFORM

### PART 1

Since its inception, the pro-life movement has been concerned with protecting older people and people with disabilities from euthanasia, as well as protecting unborn children from abortion. It has recognized that denial of lifesaving medical treatment, food, and fluids against the will of a patient is a form of involuntary euthanasia. When the government prohibits Americans from obtaining health care necessary to preserve their lives, or limits their ability to obtain it, this health care rationing is a form of such involuntary euthanasia.

For this reason, NRLC opposed the Clinton Health Care Rationing Plan of 1993-94 and has fought rationing in Medicare.

Although it is a single issue organization that focuses solely on protecting innocent human life from abortion, infanticide, and euthanasia, NRLC has recognized that it is sometimes desirable to endorse and promote positive alternatives in order to effectively blunt the real threat of abortion and euthanasia — such as support for adoption as an alternative to abortion or the promotion of pain relief as an alternative to legalizing assisting suicide.

Today the calls for the restructuring of America's health care system are primarily based on two factors: the number of uninsured and health care costs. Many commentators and politicians — and, of particular importance, some leading Democratic candidates for President in the 2008 election — advocate what amounts to a trade-off. With variations in detail that differ among themselves, they propose to institute a U.S. system of government health care with similarities to those in effect in Canada, Cuba, and Europe. Such a system would provide for universal access to health care but health care that is severely limited

by government regulation in the name of controlling costs.

NRLC has long argued that the cost of health care does not require rationing life-saving medical treatment and sought to defeat any health care “reform” proposal that would do so. However, expanding access to health insurance to those in America who are uninsured in a way that does not require rationing health care is consistent in principle with NRLC’s position that people should not be denied life-saving medical treatment.

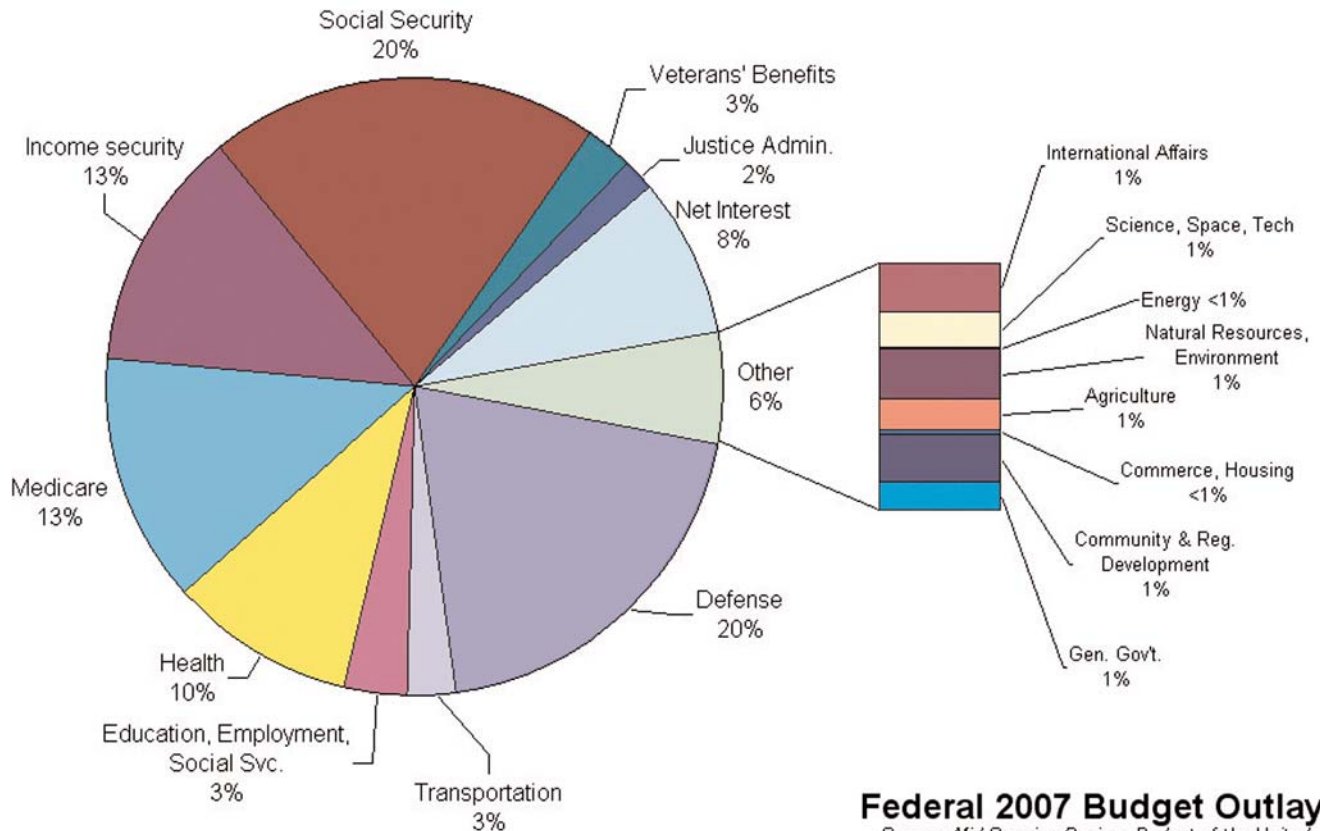
With so much momentum building for enactment of a measure to provide coverage for the uninsured, it is not enough for NRLC simply to oppose ways that entail health care rationing. It is necessary to demonstrate that it is in fact possible to achieve this goal without having to accept rationing as a trade-off.

## HEALTH CARE COST PROBLEMS FALSE AND REAL

For well over a decade, the National Right to Life Committee has been striving to educate grass-roots pro-lifers, politicians, and, to the extent possible, the general public that well-informed economists have demonstrated the inaccuracy of the conventional wisdom that America, as a whole, cannot afford the rising proportion of resources we annually devote to health care. The fact is that continually rising productivity in other sectors of the economy, such as agriculture, frees up resources that can be and are used to extend our lives and improve our health.

There are, however, two real cost problems associated with health care. The first is that while the benefits of rising productivity are seen in rising real incomes for Americans, those income increases are not distributed equally. Those whose incomes have not increased when adjusted for inflation may have truly faced difficulties because of the rising (nominal) cost of health insurance. This accounts for many of the uninsured.

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**Federal 2007 Budget Outlays**  
 Source: Mid-Session Review, Budget of the United States Government, Fiscal Year 2007

Second, while the American economy as a whole can continually afford more and better health care because of rising productivity that frees up more and more resources for health care, the same is not true of government's share of health care costs. Especially through Medicare (primarily for older people) and Medicaid (for poor people), the government has taken on a large portion of the responsibility of paying for Americans' health care, financed largely by payroll and income taxes.

These tax collections do rise with the growing economy as productivity increases — but not as much as health care costs rise. Moreover, government expenditures in areas other than health care do not gradually shrink, freeing up more resources for health care, as they do in the general economy. As the accompanying chart of the federal budget outlays in Fiscal Year 2007 shows, setting aside the 23% devoted to Medicare and other health expenditures, a fifth is devoted to Social Security (which will increase, not decrease, with the impending retirement of the baby boomers), and the bulk of the rest is devoted to such things as income security, transportation, defense, education, veterans' benefits, justice administration, and interest on the national debt. Few, if any, of these expenditures are likely to be able to decline because of increases in productivity in the way the typical American family's food costs have.

What is the result? Tax revenues will rise a little. But health care costs will rise more. Other government costs will not decline. The shortfall will put a squeeze on government payments for health care, which, unlike those in the private sector, will not be able to keep up with the rising costs. Consequently, there will be an increasing gap between the value of health insurance, and thus health care, privately insured families will be able to obtain, on the one hand, and the value of the health insurance and health care governmentally insured families will be able to receive on the other.

This last point is crucial to understanding why any "solution" to the problem of the uninsured that involves government expenditures based on payroll or income taxes will necessarily result in rationing over the long term. The governmental subsidy, whether narrowly targeted to those now uninsured or given more broadly to provide universal coverage to replace current means of private insurance, will have to be curtailed so as not to exceed available tax revenues requiring limits on insurance premiums that will necessitate ever-increasing rationing.

**This article, which was written by Burke Balch of National Right To Life, is given to you in two parts.**

**Part II will cover Designing an Alternative Understanding Private Cost-Shifting and The NRLC Proposal: Cost-Shifting at the Level of the Insurer Rather than at the Level of the Provider.**

## HOW HEALTH CARE IS WORKING ELSEWHERE UNDER GOVERNMENT CONTROL

### SPRINGFIELD, OREGON

Barbara Wagner, 64, a resident of Springfield, thought she'd gotten terrible news when she learned that her lung cancer had returned after being in remission. But she was unprepared for even worse news: her insurer, Oregon Health Plan, refused to pay for the cancer drug recommended by her doctor, offering instead to cover the cost of comfort care that would include an option of physician-assisted suicide. A low-income resident, Wagner cannot afford the cancer treatment on her own.

Area oncologists say the Oregon Health Plan has changed its policy so that patients with advanced cancer no longer get coverage for chemotherapy if it's considered comfort care. "It doesn't

adhere to the standards of care set in the oncology community," said Dr. John Caton, an oncologist at Willamette Valley Cancer Center.

When the Oregon Health Plan was established, it was purposely intended to ration health care. "We can't cover everyone," said Dr. Walter Shaffer, Medical Director of the state division that administers the plan. "Taxpayer dollars are limited for publicly funded programs. We try to come up with policies that provide the most good for the most people."

Wagner's oncologist appealed to Genetech, manufacturer of the chemotherapy drug not covered by her insurance. The company agreed to cover the cost for a year, at which time she may re-apply for assistance.

— Reprinted from Hawaii RTL Newsletter

## CANCER PATIENT COMMITS SUICIDE WHEN TOLD NHS WILL NOT COVER CHEMO

by Wesley Smith, Senior Fellow Discovery Institute

### EAST SUSSEX, ENGLAND

This is a crucial issue involving the assisted suicide debate. We have already seen in Oregon a woman denied coverage for chemotherapy to extend her life but told that Medicaid will pay for her assisted suicide. Now the scenario is played out in the UK. The melting down NHS (National Health Service) denied a chemotherapy treatment, and the man, in despair, killed himself.

From the story:

A cancer patient killed himself a day after being told he had been refused a wonder drug by his local primary care trust. Terminally-ill Albert Baxter, 75, committed suicide hours after learning he had been turned down for a drug that could have prolonged his life and shrunk his tumor.

In desperation, the cancer sufferer offered to pay for the drug, only to be told that he would have to foot the bill for his entire treatment, which he could not afford. The pensioner, who was diagnosed with renal cancer in January 2007, had been told by this oncologist Dr. Flora McKinna that the drug Sutent was his only hope.

But when he learned that his appeal had been rejected, he returned to his home in Eastbourne, East Sussex. He was found dead the next day by his partner with a bin liner over his head. His partner of 30 years, Barrie Curryer, 70, a retired nurse, hit out at the postcode lottery for cancer treatment. He said, "What really upset him was that he worked all his life and paid into the health system and was refused treatment."

What is amazing to me is that assisted suicide advocates would probably respond, "He should have had a doctor available to do it!" More to the point, this story again shows the money nexus between treatment, denials, and euthanasia in which treatments needed by those with a low "quality" of life order to stretch limited resources are denied — even if it would extend life — supposedly in order to allow greater access to the more deserving of care.

Look at the total picture that is emerging! Extending life is being redefined as medically inappropriate or not worth paying for, while at the same time, killing is being redefined into palliative care. This is abandonment! If we legalize assisted suicide, one consequence would be to make treatment denials more palatable — since we will always offer abandoned patients "death with dignity," which is really just another way of saying "one-way street." **Coveat emptor!**

P.S. It is also worth noting that plastic bags used in conjunction with either drugs or helium are a favored method of "self deliverance" taught by fanatics such as Derek Humphrey in

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books and on web sites. I wouldn't be surprised if such suicide counseling was involved in this case.

**Wesley Smith will be our banquet speaker at our April 4, 2009 State Convention.**

### WINNIPEG, CANADA

*Viva Life* previously wrote about Samuel Golubchuk, an 84 year old man living in a long-term care facility in Winnipeg. He contacted pneumonia in 2007. The pneumonia was cured, but due to his severely weakened condition, Mr. Golubchuk was unable to return to his home. He became the subject of media attention when the hospital attempted to withdraw basic care, including food, hydration, and assistance with breathing through a respirator, in order to "allow him to die."

His family argued that killing him by dehydration and starvation would be contrary to his wishes and his religious beliefs as an orthodox Jew who held life sacred.

Mr. Golubchuk was not terminally ill. The hospital said he was "barely above a vegetative state," but his family protested that he was conscious and responsive and still the man they knew and loved. The family did get an emergency court order to stop the hospital's plans to dehydrate Mr. Golubchuk. The fight went on not just for Sam Golubchuk's life; the family warned, "This is not just about Sam's life. We're also fighting for ourselves, our children and everyone we care about. We're fighting for the kind of society we want to live in and leave to future generations. If bureaucrats can refuse to care for our father because he's too old and disabled, then they can refuse to care for anyone they deem unworthy."

Even a leading proponent for euthanasia and assisted suicide, Jocelyn Downie, Canada's foremost expert in health law issues, confirmed that there is no legal right in Canada for doctors to withdraw life-sustaining care for anyone they deem unworthy.

The family was able to keep the "killing" act from happening. Samuel Golubchuk died on June 25, 2008 peacefully in the hospital.

### BRITISH COLUMBIA, CANADA

Mothers in British Columbia are having a baby boom, but it's the United States that has to deliver, and that has some proud Canadians blasting their highly touted government healthcare system.

"I'm a born-bred Canadian, as well as my daughter and son, and I'm ashamed," Jill Irvine told Fox News. Irvine's daughter, Carri Ash, is one of at least 40 mothers or their babies who've been airlifted from British Columbia to the U.S. in 2007 because Canadian hospitals didn't have room for the preemies in their neonatal units.

"It's a big number and bigger than the capacity of the system to deal with it," said Adrian Dix, a British Columbia legislator, as told to FOXNews.com. "So when that happens, you can't have a waiting list for a mother having the baby. She just has the baby."

The mothers have been flown to hospitals in Seattle and Everett, Washington, as well as Spokane, Washington to receive treatment, as well as hospitals in the neighboring province of Alberta, Dix said. Three mothers were airlifted in the first week-end of October 2007 alone, including Carrie Ash.

"I just want to go home and see my kids," she said from the Seattle hospital bed. "I think it is stupid I have to be here."

Canada's socialized health care system, hailed as a model by Michael Moore in his documentary "Sicko," is hurting, government officials admit, citing not enough money for more equip-

ment and staff to handle high risk births. Sarah Plank, a spokeswoman for the British Columbia Ministry of Health, said a spike in high risk and premature births coupled with the lack of trained nurses prompted the surge in mothers heading across the border for better care.

## OBAMA'S BIGGEST LIE ABOUT SUPPORTING INFANTICIDE

by Jill Stanek —WorldNetDaily

On June 25, CNN's Wolf Blitzer asked conservative commentator Bill Bennett what question he would ask Democrat presidential candidate Barack Obama if he could.

Bennett said he would ask Obama:

*Why are you to the left of NARAL, Barbara Boxer, and Dianne Feinstein when it comes to abortion? Are you really there?...I've got to question the guy's moral judgment who doesn't see a problem with killing a baby after it is born...What is the answer to that?*

Bennett was speaking about Obama's opposition to Illinois' Born Alive Infants Protection Act as state senator. This legislation declared all live babies legal persons, which would guarantee them the right to appropriate medical care, even if abortion survivors (to which Obama defender Donna Brazile responded, "Bill, you want to have a conversation about narrow issues...but the American people want to talk about gas prices...").

Over the years, Obama or his surrogates have mischaracterized Illinois' Born Alive Infants Protection Act and his reasons for opposing it at least 10 different ways.

But Obama's most flagrant lie, perpetuated by both NARAL and the Obama campaign after CNN ran a fair analysis on June 30 of Obama's opposition to Born Alive, is as NARAL wrote in a rebuttal:

*The Illinois bill did not include a provision that explicitly avoided entanglement in the abortion debate, as the federal bill did. It is inaccurate for any reporter, commentator, or surrogate for the McCain campaign to suggest otherwise.*

This was in response to Bennett's assertion that "the 2007 bill had exactly the same language as the federal bill, and Barack Obama voted against it."

Bennett was absolutely right. NARAL and Obama are absolutely lying.

The definition of "born alive" was the same in both versions. It was copied from the World Health Organization definition of "born alive" created in 1950, which the United Nations adopted in 1955.

But the final version of the federal Born Alive statute added the provision:

*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 was a fig leaf to cover pro-abortion legislators and groups who had automatically opposed Born Alive without realizing the ramifications. They needed to save face to support the bill.

But careful analysis of the brilliant wording of the provision indicates it actually says, basically, "Saying post-born babies are legal persons is not saying preborn babies aren't legal persons."

Nevertheless, that is how Born Alive passed unanimously in the U.S. Senate overwhelmingly by voice vote in the U.S. House and was signed into law in August 2002. It was the only pro-life legislation to see the light of day

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**RIGHT TO LIFE COMMITTEE  
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## Obama... (continued from page 5)

while Democrat Tom Daschle was Senate President.

In Illinois, Obama could only speak and vote against the Born Alive in 2001 and 2002. But by 2003 he acquired the power to kill it. Obama was appointed chairman of the liberal Illinois Senate Health & Human Services Committee where Born Alive was sent in 2003 for vetting.

Obama stopped the sponsor from adding the provision that would have made the federal and Illinois version of Born Alive virtually identical. Obama went further and stopped the committee from voting on the bill altogether.

For 22 months afterward, Obama could have recalled that bill, but he left it shelved to die — much like the live aborted babies being shelved to die in Illinois hospitals — until the General Assembly session ended in January 2005.

Obama moved on to the U.S. Senate, and it was only then that the Illinois Born Alive Infants Protection Act passed and was signed into law in August 2005.

In reality, Obama's problem was with the definition itself, not any fig leaf provision. As the sole senator to speak against Born Alive on the Senate floor in 2001, Obama said:

*{W}henver we define a previable fetus as a person...it would essentially bar abortions, because the equal protection clause does not allow somebody to kill a child, and if this is a child, then this would be an anti-abortion statue. For that purpose, I think it would probably be found unconstitutional.*

"If this is a child"?

Barack Obama's fanatical support of

abortion stopped him from admitting abortion survivors were persons.

**In contrast, John McCain not only voted for the Born Alive Infants Protection Act, but he has supported 30 more pro-life bills since 1997. He has a proven pro-life record. Sen. Obama has a proven pro-abortion record.**

**WE DO HAVE A  
WONDERFUL CHOICE!**

## NEW ZEALAND SEES ABORTIONS DECLINE THREE PERCENT ASIAN ABORTIONS STILL HIGH

Wellington, New Zealand (Life News)

Abortions in New Zealand have declined more than three percent when comparing the latest figures from 2006 with those from 2003. However, officials there are concerned about the high number of teen abortions, especially on Asian teenagers who have relocated to the island nation.

## MALTA GOVERNMENT WON'T LEGALIZE ABORTION DESPITE COUNCIL OF EUROPE PRESSURE

Valleta, Malta (Life News)

The government of Malta has no plans to legalize abortions despite pressure from the Council of Europe for it. Poland and Ireland are attempting to ditch their pro-life laws protecting unborn children. The Maltese government may approve sending a representative to the group to explain its position.

## 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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