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LIFE

NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

HELP!!!

Commentary by the Editor

Being the good person you are that cares about life, I am aware that you probably have been asked by everyone and their brother to help some cause.

Just as it happened after the 9-11 tragedy, we find that since the Indonesia Tsunami, Katrina and Rita hurricanes, and the earthquake in Pakistan, we just are not getting the donations needed to sustain our organization.

With so much at stake in trying to educate New Mexicans and get them prepared for when Roe vs. Wade is overturned in a few short years, and the need to organize chapters to carrying out the educational process all over New Mexico to change hearts and minds on the subjects of abortion and euthanasia, we are worried.

I am not exaggerating the situation. We are a business but one that exists strictly on donations and memberships. There is **no other source of money**. To raise money we have events such as Born To Run, we send fundraising letters, we do telemarketing, and we set up programs that pro-life supporters can contribute to monthly so that we do have a budget to meet the basic needs of operation.

The product we are selling is **Truth!** When that truth is "bought" and incorporated in our society, only then will there be solutions. That is why we started the Media Campaign. However, the money donated to the campaign is dedicated for use only for media. We cannot use that money to pay the office rent, equipment, and salaries for two full-time and one part-time person, which is the base minimum that is needed to carry out the work.

Recently, I sent a fund-raising letter as well as a sign-up for the Five Alive Program. We thank those who have already responded. If you haven't, I hope you will respond with a tax-deductible gift that is as great as you can afford, as well as sign up for the 2006 Five Alive monthly donation program. Until we can get some more fundraisers established or look into other ways to raise our much needed funds, this fundraiser can get us over the hump.

When this happens, we can continue writing a newsletter, do chapter development, go into schools, churches and other organizations to educate. The PAC will work its agenda in 2006 to get pro-life candidates elected in New Mexico. Our office will remain a resource for those who need information, such as high school and college students wanting to make reports or pro-life activities being done in communities that need materials from us.

What we have been doing for 30 years has made a difference and will continue to do so with your help and hopefully new people who will share in the efforts to restore respect for life.

If you have questions, please call **505-881-4563**.

FIVE ALIVE PROGRAM

We are taking applications now for the Five Alive (Ten Is Better) Program. If you lost your form, there is one in this edition of *Viva Life*.

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Please consider joining this program so that The Right to Life Committee of New Mexico can establish a basic budget to keep functioning with all that is required to be able to work our goals and mission.

This is tax-deductible and helps beyond words.

The deadline is December 21, 2005. We send envelopes for the monthly contributions, and we do this by bulk mail, which is the least expensive way to get these envelopes to you. We have to mail them all together at one time to qualify for the lower postal rate, so please respond by then. Again, if you have questions, please call 505-881-4563.

*Happy Thanksgiving
To One & All!*

While we are busy "asking" for your help, let us say "thank you" for all you have done, are doing and will be doing. The Right to Life work is done mainly by volunteers who are unselfish, dedicated, and who love life.

May the blessings that come from being in the special group of committed supporters be many.

WE DO THANK EACH AND EVERY ONE OF YOU.

Happy Holidays to You and Yours!

Coming Events

- 1. January 14, 2006 – The David Prentice Educational Dinner** – Wyndam Hotel - Albuquerque, 7:00 P.M. (See enclosure for details.)
- 2. January 21, 2005 – Albuquerque RTL Hosts a Luminaria Memorial** – Mt Calvary Cemetery at 1900 Edith Blvd. NE, Albuquerque. This service is commemorating the 1973 U.S. Supreme Court decision legalizing abortion. One thousand luminaria bags will be placed near a gravesite honoring this past year's aborted unborn children in New Mexico. Each bag will feature five names to remember the approximately 5,000 children that were conceived but not named. Placing the bags will begin at 3:30 p.m. with a service in the chapel at 5:00 p.m. All are welcomed. For more information call Betty: 821-9109 or Charlene:345-4423.
- 3. January 22, 2006 – Sandoval County RTL is sponsoring a pro-life lecture on Euthanasia.** Attorney Tom McBride (past president of RTLNM) will speak on euthanasia, assisted suicide, and will to live documents. This will take place at St. Thomas Aquinas Church 1502 Sara Rd, in the D'Arco Hall 2:00p.m. to 4:00 p.m. Refreshments will be served. All are invited to this informative lecture. If you have questions, please call Linda Chow at 771-8065 or e-mail to linda-chow@gmail.com
- 4. January 21, 22, 23, 2006 The 33rd March For Life – Washington, D.C.**
 - A. Convention – Saturday, Sunday and Monday at the Hyatt Regency - Washington**

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Coming Events...

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- B. **Monday, January 23, "Say It With Roses" Campaign.** Students hand carry roses with a letter to each member of the House and Senate.
- C. **Monday, January 23, the rally will begin at Noon - location unknown at this time. The March For Life will be along Constitution Avenue, which brings you to Capital Hill and prayers are said in front of the Supreme Court.**
- D. **The Rose dinner is at the Hyatt Regency Washington Ballroom, speaker The Honorable Raymond Flynn, past mayor of Boston, Ambassador to the Vatican, and now National Chairman of Catholic Citizenship.**

Call 202-543-337 or Fax 202-543-8202 for information on hotels, etc. or reservation forms.

WE NEED YOUR INPUT

The Right to Life Committee of New Mexico wants to know how you want us to educate you throughout the state.

We do provide a newsletter, but the depth that a subject can be covered is limited.

We have had dinners with speakers. Sometimes there have been forums. We have had conferences where we have offered several workshops on different topics. A simple evening to hear a few words and view a video has also been offered.

Participation varies, but we want to increase the participation either to state events or chapter events or events that can take place where we do not have a chapter established. Please e-mail us at info@rtlNM.org or write to RTLNCNM, 2800 San Mateo Blvd NE, Suite 107, Albuquerque, NM 87110 and tell us what type of educational format you like, when is the best time of year, and what day and time and where you would like this to take place.

JANUARY 14, 2006 EDUCATIONAL DINNER DR. PRENTICE

Enclosed is the registration form that must be filled out and in the state office by January 9, 2006.

Dr. David Prentice is a world renowned expert on the subject of stem cell research and cloning. It is a subject that most people do not understand, and often the explanation provided by others only confuses the facts.

With Dr. Prentice you will not only understand the whole subject, but you will also enjoy the presentation.

It is important that we can differentiate between types of stem cell research, as well as understand cloning, which is described in terms by those who support it so that people will not see what it actually is.

The time you spend at this event is well worth it. The company is great, and the knowledge is very important to you and to the others with which you share the information.

We are very fortunate to get this much-sought-out speaker, so don't miss this opportunity. Our future as a nation, as a culture, and our fight to save and respect lives counts on your participation.

Questions can be directed to Dauneen Dolce, 505-881-4563.

JUDGE SAMUEL ALITO

Here we go again. If you are the average person, what you hear, read, or see has brought nothing but confusion as to what Samuel Alito stands for.

Again, no one knows how he will rule. We do know he is pro-life, but that is a separate question from will he vote to overturn *Roe vs. Wade*. It is likely he will. Certainly the opposition feels he will, as they go on an all-out attack on the credibility of this man. So let's sum up the facts we do have. His rulings on abortion are thus:

1. He found informed consent and other abortion regulatory provisions to be constitutional by applying the "undue burden" standard created by Justice Sandra Day O'Connor. While he was required to use this standard in evaluating abortion regulations as a Circuit Court judge, there is no indication of whether he thinks this is a valid standard and whether, as a Supreme Court justice, he would be in favor of continuing this method of evaluating abortion laws the states adopt, such as parental notice. Justices Scalia & Thomas, for example, have written in favor of using the rational basis test, which would permit far greater regulation than the undue burden standard. *Planned Parenthood v. Casey*, 947 F. 2d 682 (3d Cir. 1991)
2. He found New Jersey's partial birth abortion ban to be unconstitutional based on the Supreme Court decision in *Stenberg v. Carhart*. As he said in his concurring opinion, the Supreme Court left the Third Circuit no choice about what the decision had to be. *Planned Parenthood of Central New Jersey v. Farmer*, 220 f. 3d 127 (3rd Cir. 2000)
3. Judge Alito wrote a concurring opinion upholding the rejection of a challenge to a New Jersey wrongful death law that allowed parents to sue over a child's death but not a fetus who was the victim of an abortion. He said, "I think that the Court's suggestion that there could be 'human beings' who are not 'constitutional persons' is unfortunate. I agree with the essential point that the Court is making: that the Supreme Court has held that a fetus is not a 'person' within the meaning of the 14th amendment. However, the reference to constitutional nonpersons, taken out of context, is capable of misuse." *Alexander v Whitman* (95-5414 May, 1997)
4. Judge Alito concurred in a decision that said that states could not put restrictions, such as a police report requirements for rape-related abortions, on Medicaid-funded abortions if the result was to deprive indigent women of publicly-funded abortions. *Blackwell v Knoll* (94-1594 July, 1995)

These cases show only that Judge Alito knows how to apply precedent developed in the United States Supreme Court. They do not tell us how he would vote on *Roe & Doe*.

While some pro-life organizations seem to be conflicted about Samuel Alito's position on abortion because of these rulings and worry as to how he would vote, most are in support of his nomination. Those who support abortion rights take these rulings as not being in support of abortion, especially the Pennsylvania case, and are finding other "facts" as having him be pro-life.

First of all, not all the "facts" they are being given are accurate. Former NARAL President Kate Michelman said the Pennsylvania law would have subjected her to an embarrassing situation where she would have had to notify her husband, who abandoned her, about her abortion. "I would be required to obtain the permission of the man who had deserted me and my family." This statement is inaccurate. The Pennsylvania law in question would have exempted Michelman from spousal notification in such a situation.

She, along with Sarah Weddington, the lawyer who brought the Texas law to the Supreme Court in 1973, and the pro-abortion Alliance for Justice and many Democrat senators are ready to do battle, especially after the contents of a letter that Samuel Alito wrote to the Reagan Administration when he applied for a position. He stated that he didn't

think that there is a right to an abortion in the Constitution. Alito also said he enjoyed fighting for the legal principles of the administration and named opposing abortion as one of those principles. He also argues for a very limited judicial role – the kind of judicial philosophy that would uphold most pro-life laws.

What does this all say? Samuel Alito is pro-life. His mother says so, and mother knows best. Most Americans agree with what he wrote in that letter. Let us hope that Judge Alito will get the nomination.

IMPORTANT! It has come to my attention that both of our U.S. senators are being inundated with requests for them to vote AGAINST Judge Samuel Alito. We need to **support** this candidate, so **PLEASE write**, call or e-mail our senators immediately. (See addresses listed under the embryonic stem cell legislation article in this newsletter.)

EUTHANASIA – IT'S STILL HERE PART 1

It is very important to understand terminology, medical decisions, and the full scope of aspects of medicine where euthanasia is more prevalent. In this newsletter and coming ones, there will be articles about brain activity, consciousness, diagnosis, and attitudes. We and our health care protectors need to know what is current.

QUESTIONS REMAINING ABOUT THE MINIMALLY CONSCIOUS STATE By JAMES I. BERNAT, MD

Disorders of human consciousness continue to fascinate and perplex neurologists and neuroscientists. In their landmark monograph, Plum and Posner drafted the first comprehensive map of this elusive area and provided the now widely accepted clinical definitions of consciousness and its states of impairment, including stupor and coma.

Within the continuum of brain damage resulting from diffuse neuronal insults by trauma, hypoxia, or ischemia, several distinct, clinical syndromes have been identified and accepted by neurologists. At the most extreme end, the syndrome of brain death indicates the permanent and global loss of neuronal function such that all the clinical functions of the brain are lost permanently. The persistent vegetative state (PVS), a condition whose name and essential features were described in 1972 by Plum and Jennet and further delineated in a 1994 multi-society task force report, features the tragic and ironic dissociation of the two cardinal elements of human consciousness: wakefulness and awareness. Wakefulness is maintained, but awareness is lost because the lesions producing PVS preserves the ascending reticular activating system but disconnects it from the thalami and cerebral hemispheres.

Neurologic disorders that impair consciousness have important ethical, legal, political, and economic implications, largely because of the poignancy of affected patients' loss of our uniquely human faculty and the vexing questions that follow of why, when, and how we should treat such patients. Brain death is now accepted as a legal standard of death throughout the developed and much of the underdeveloped world. The PVS has become the focus of landmark medicolegal rulings on termination of life-sustaining therapy, including *Quinlan* and *Cruzan* in the United States and *Bland* in the United Kingdom. In the instances of both brain death and PVS, medical societies such as the American Academy of Neurology, have created standards of diagnosis, prognosis, and management that later have been used by courts of law

as a basis for legal findings and recommendations.

It is within this context that the delineation of a newly coined clinical entity called the minimally conscious state (MCS) by Giacino et al. should be considered. The Aspen Neurobehavioral Consensus Conference is a multi-society task force similar in composition and intent to the task force that analyzed published data and recommended diagnostic criteria and prognostic rules for the PVS, except having a stronger representation from the rehabilitation medicine community. However, unlike the PVS Multi-Society Task Force, the Aspen Neurobehavioral Consensus Conference could not identify evidence-based guidelines for the diagnosis, prognosis, and management of the MCS and therefore develop consensus-based guidelines. Proposing a new entific question of whether it is justifiable to care a new syndrome out of the continuum of diffuse neuronal damage and the ethical, legal, and political question of the risks and benefits to society of renaming the condition of certain patients with severe neurologic disabilities.

One scientific question is the boundary issue: what are the boundaries of this clinical state, and with what confidence can they be measured? The lower boundary between MCS and PVS is the presence of awareness; they cannot be in a PVS. The upper boundary between MCS and lesser states of diffuse cognitive impairment is necessarily indistinct and merges with them within the continuum of severe cognitive disability.

A second scientific question is the level of confidence clinicians ever can achieve about the precise level of awareness of a severely brain-damaged patient. It is biologically impossible to experience another person's conscious awareness firsthand. Assessing another's awareness is purely inferential and depends on a subjective interpretation of the quality and quantity of their responses to various stimuli. At the bedside, one can only crudely measure evidence of the fullness of human awareness. So how can we be certain that the awareness of patients in MCS is minimal? Given that the criteria for MCS measure impaired responsiveness, perhaps it would be more accurate to use the older term "minimally responsive" to describe them.

An error that clinicians commonly make is underestimating the degree of a severely disabled patient's awareness when that patient's responses to stimuli are deficient. Indeed, the mistake of diagnosing aware patients as unaware was made with disturbing frequency in three reported series of patients wrongly diagnosed as PVS, when many of them, in fact, were aware. Similar errors have been reported in children with severe congenital brain malformations who were wrongly believed to be unaware.

The ethical question surrounds the determination of the appropriate level of treatment for patients in MCS. Because of their severe disability, patients in MCS lack the capacity to make health care decisions. But their right to consent to treatment or to refuse it is not extinguished by their incapacity: it is simply transferred to a surrogate decision-maker to exercise on their behalf. Elsewhere I have summarized the standards of surrogate decision-making and how decisions to continue or discontinue treatment can be made by surrogates on behalf of patients in accordance with accepted ethical and legal guidelines to maximize patient self-determination and protect their interests.

Legal, political, and economic questions surround the use to which the new label of MCS will be made. Some disability rights advocates are concerned that renaming certain severely disabled patients as MCS will lead to the devaluation of their lives and to the acceleration of their nontreatment or euthanasia. They cite the recent highly publicized medicolegal dispute over the level of treatment for Robert Wendland, a man severely disabled by head trauma, who

Euthanasia - It's Still Here...

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was said to be in a MCS by some examiners, but this determination was disputed by others. Some disability rights advocates fear that by classifying Wendland and similar conscious patients as in MCS – instead of simply diagnosing them as severely disabled – court may be more likely to extend the rulings already made for patients in PVS that permit surrogates to refuse further life-sustaining treatment on their behalf.

There is descriptive benefit in delineating MCS within the continuum of states of diffuse brain damage for the reasons stated by Giacino et al. But this benefit could be overwhelmed if it produced harm through carelessness or abuse. The potential harm of using MCS as a diagnostic category could be best prevented through three strategies. We neurologists should examine patients with prudence and care for any evidence of awareness, and not state conclusions about our patients' cognitive lives more confidently than we can objectively know. We and all other physicians should follow proper medical, ethical, and legal decision-making standards to maximally protect the interests and welfare of our incapacitated patients. And society should acknowledge the limitation of diagnostic categories such as MCS and make laws respecting the dignity and welfare of person that are based on accurate understanding of the full spectrum of states of brain damage.

Article from the Neurology Section,
Dartmouth-Hitchcock Medical Center, Lebanon, N.H

SENATE TO VOTE IN 2006 ON FEDERAL FUNDING OF EMBRYO-KILLING RESEARCH (H.R.810/S.471)

On May 24, 2005, the U.S. House of Representatives passed H.R. 810. This bill would require federal funding of embryonic stem cell research, which would require the killing of human embryos. This bill now is in the Senate under S. 471. You must **write Sen. Jeff Bingaman** who has co-sponsored the bill with Sen. Specter and Sen. Harkin. **Let him know you disapprove of this action and that you want him to oppose the bill. Ask Sen. Domenici to support the bill.**

The key points are:

1. Each human being begins as a human embryo. President Bush said that the government should not fund research that requires the killing of human embryos.
2. Stem cells can be obtained without killing human embryos. They can get these cells from umbilical cord blood, placentas, and from various types of adult tissue. Already, 58 different disease conditions have received therapeutic benefit from treatment with such "adult stem cells." Embryonic stem cells have not been tested in humans at all because of the dangers, including frequent formation of tumors. We do support "ethical adult stem cell research, not research that requires killing human embryos."
3. The claim that these human embryos that would be used would be discarded anyway need not be so. Many human embryos have been adopted or simply donated by their biological parents to other infertile couples and are happy children today. We do favor "human embryo adoption, not dissection."
4. The biotech industry intends to create human embryos by cloning, specifically for the purpose of using them in medical research, including stem cell research that will kill them. We want this stopped before these "human embryo farms" get started.

This is coming up very soon and needs your support. To e-mail, go through NRLC's web site. There is a link on our web site: www.rtlnm.org. **Let your voices be heard for the Unborn! Please send your letters to: Sen. Jeff Bingaman, 702 Hart Bldg. Washington D.C. 20510 and Sen. Pete Domenici, 4239 Dirksen Bldg., Washington D.C. 20510.**

DUTCH EUTHANIZING SICK CHILDREN

A new study in the Netherlands shows doctors are more frequently using euthanasia to kill sick children. The review of 64 children during a four-month period found that doctors hastened the deaths of 42 of them. The study, published in the September issue of *Archives of Pediatrics & Adolescent Medicine* gave doctors immunity from having their names used or being prosecuted for their actions.

Another report in the August issue of *Archives of Internal Medicine* claims that Dutch doctors are properly handling euthanasia and assisted suicide. The study found that 44% of people who seek assisted suicide are killed, 13% change their minds, and doctors refuse to kill in only 12% of the cases.

Dr. David Stevens, M.D., Executive Director of the Christian Medical Association, says there is no way of verifying if protocols are being met in the Netherlands. He believes that euthanasia has become so rampant that it's no longer about assisted suicide and helping patients. Stevens says reports show doctors and hospitals are simply terminating patients whom they deem hopeless.

Source: www.lifenews.com/bio1105.html

THE JANUARY MEDIA CAMPAIGN

Here is the schedule for viewing the ads that have been purchased with the money donated to Media. We hope you will see how important this activity is and give support. We still need money to cover the cost of this campaign and will use any monies left over for a campaign later in 2006. Give us your thoughts on the ads by e-mailing to info@rtlnm.org or call 505-881-4563. Your opinion counts.

TV PRO-LIFE 30-SECOND COMMERCIALS December 2005 – January 2006

CHANNEL	DATE	DAY	# SLOTS	TOTAL #	TIME	PROGRAM
KASA-TV Ch 2	12/26 - 1/26	M - F	1 per day	8	6 a.m. - 7 a.m.	
KASA-TV Ch 2	12/26 - 1/26	M - F	1 per day	12	8 a.m. - 4 p.m.	
KASA-TV Ch 2	12/26 - 1/26	M - S	1 per day	7	4 p.m. - 10 pm	
KASA-TV Ch 2	12/26 - 1/26	M - S	1 per day	8	10 p.m. - 1 a.m.	
KASA-TV Ch 2	12/26 - 1/26	S - S	1 per day	8	11 a.m. - 5 p.m.	
KASA-TV Ch 2	12/26 - 1/26	M - S	1 per day	24	12 a.m. - 6 a.m.	
Bonus PSAs as available per Sarah				Total	67 slots	
KOAT-TV Ch 7	12/26 - 1/4	M - W	2 per day	12	9 a.m. - 4 pm	*
KOAT-TV Ch 7	1/9	M	1 per day	1	9 a.m. - 4 pm	*
KOAT-TV Ch 7	1/9	M	1 per day	1	6 a.m. - 12 p.m.	*
Bonus & overnight spots as available				Total	14 slots	
*Regis, The View, Soaps, News, Ellen						
KOB-TV Ch 4	1/2 1/22	M - Th	1 per day	12	5:30 a.m. - 6 a.m.	News
KOB-TV Ch 4	1/2 1/22	M - Th	3x,3x,3x,2x per day	33	9 am - 3 pm	Rotation
KOB-TV Ch 4	1/2 1/22	M - Sun		45	5:30 a.m. - 1 p.m.	
Bonus per Kathy Sharp						
KRQE-TV Ch 13	1/2- 1/9	M	1 per day	2		Montel
KRQE-TV Ch 13	1/2- 1/11	M & W	1 per day	4		Price Is Right
KRQE-TV Ch 13	1/3- 1/12	T & Th	1 per day	4		Noon News
KRQE-TV Ch 13	1/2- 1/6	M, W, F	1 per day	3		Soaps

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January Media Campaign...

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KRQE-TV Ch 13	1/3-1/10	T & Th	1 per day	3		Dr. Phil
KRQE-TV Ch 13	1/2-1/6	M, W, F	1 per day	3		News
Bonus & overnight spots as available					Total	19 slots
KWBQ-WB	12/26-1/08	Sat	1 per day	2	1-3 p.m.	Movie
KWBQ-WB	12/26-1/08	Sat	1 per day	2	11 p.m.-2 a.m.	Elimidate
KWBQ-WB	12/26-1/08	Sat	1 per day	2	12 a.m.-1 a.m.	Blind Date
KWBQ-WB	12/26-1/08	M-W	1 per day	6	10 a.m.-12 p.m.	Maury
KWBQ-WB	12/26-1/08	M & W	1 per day	4	10 p.m.-11 p.m.	Seinfeld
KWBQ-WB	12/26-1/08	M-W	1 per day	6	11-11:30 p.m.	Elimidate
KWBQ-WB	12/26-1/08	M	1 per day	2	12:30-1 a.m.	Blind Date
					Total	24 slots
KASY-UPN Ch 50	12/26-1/5	M-Th	1 per day	8	5-5:30 p.m.	Veronica Mars
KASY-UPN Ch 50	12/26-1/5	M-Th	1 per day	8	10-11 p.m.	Roseanne
KASY-UPN Ch 50	12/26-1/5	M-Th	1 per day	8	11:30 p.m.-12 a.m.	Cops
					Total	24 slots
					Grand Total	178 slots



THE DEBATE ON STEM CELL RESEARCH CONTINUES

By Dauneen Dolce, Editor

The debate will soon come back to Congress in 2006. The House has already passed a measure that would overturn the limits that President Bush has put on taxpayer funding of embryonic stem cell research. Luckily, this vote was not a veto-proof margin. The President has said he will veto this bill should it also pass the Senate and come to him for his signature. New information on alternative stem cells may kill these bills.

Meanwhile, the good news is that as more information on how successful adult stem cells and other stem cells that do not require the killing of a new formed human being, the American public is once again coming back to the position they took in May of 2005, which showed that 52% opposed and 36% favored federal funding for embryonic stem cell research. One poll conducted by Genetics & Public Policy Center at John Hopkins University shows that 40% now support embryonic stem cell funding and 22% backed Congressional proposals for public spending. Another poll conducted by the Virginia Commonwealth University found that 37% cited that specific types of adult stem cells, such as umbilical cord blood, offered the greatest promise. Another 7% cited adult stem cells in general. This equals 44%, with only 14% supporting embryonic stem cell research.

It is clear much more education needs to be provided on this subject. We will give the information; you must help spread the truth.

On September 20, The Associated Press wrote on stem cells linked to spinal repair. Injections of human stem cells seem to destroy some of the damage caused by spinal cord

injury according to research done on paralyzed mice, which once treated walked again. Several other studies have shown this research. What they found was that they did not just form new nerve cells; they also formed cells that create the biological insulation that nerve fibers need to communicate. A number of neurological diseases such as multiple sclerosis involve loss of the insulation called myelin. "The actual cells that we transplanted, the human cells, are the ones that are making myelin," explained lead researcher Aileen Anderson of the University of California, Irvine. "We are extremely excited about these cells."

Amy Foels, a 20-year-old college student became the 36th person in the world to undergo an experimental procedure in Portugal. Amy has been paralyzed from the waist down since a car accident in November 2002.

The treatment provided was from stem cells removed from her nose and implanted in her spinal cord. Since the surgery that took place January 7, 2005, she has reported in the spring of this year that she is feeling "more intense" tingling and a sensation of warmth in her legs. The doctors believed that Amy would obtain bladder and bowel control within six months. "If that's all I regain, I would be the happiest girl in the world," said Amy. Her prognosis is encouraging. However, this procedure is not used in the U.S. where we want to put our tax dollars towards embryonic research that has not cured or saved one life. Why?

An article by Patricia Anstett of the *Detroit Free Press* discussed the use of umbilical cord for public cord blood registry at the Barbara Ann Karmanos Cancer Institute in Detroit and many other national registries.

These umbilical cords have been thrown away in the past. However, the cord blood contains stem cells that can be used in transplants for as many as 80 serious medical problems. These include the most prevalent types of leukemia, metabolic disorders like Tay-Sachs disease, blood-related conditions such as sickle cell anemia, and severe anemia problems. "People who are on the transplant list are dying when they could be cured with these cells," said Dr. Brian Mason, obstetrician at St. Johns Hospital & Medical Center in Detroit.

Legislation is pending in Congress that would create a unified national registry and provide \$10 million for collection for public cord blood banking making it much easier for parents to allow their newborns to be donors. Families, of course, can store the cord blood of their newborns through private banks for their own use. It is not likely to be used unless the family carries a genetic disease.

Each year, 9,000 Americans - one-third of them children - die waiting for transplant because there are no matches in national registries, according to National Bone Marrow Program's Cord Blood Bank Network.

An example of how one child was saved is Allison Cisco, 12, of St. Clair Shores, Michigan, a seventh grader.

Two weeks after her second birthday in July 1995, Allison developed leukemia. At the time, her mother, Sherry, was seven months pregnant. She and her husband Kevin decided to donate the umbilical cord from their son Kevin when he was born. Allison did not need the cord blood at that time, as she had gone into remission after 2 1/2 years of radiation and chemotherapy at Karmanos Bone and Marrow and Stem Cell Transplant Unit. But in March 1999, Allison's cancer returned. The stem cell treatment was provided. No one had claimed Kevin's umbilical cord blood, so it was available for Allison. Kevin was a perfect match. It worked. Month after month Allison's health improved. To this day, she is free of cancer.

Others have benefited from the use of stem cells. Ruth Pavelko, who had diabetes, wasn't even 50 years old when

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RIGHT TO LIFE COMMITTEE OF NEW MEXICO

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Debate on Stem Cell...

(cont. from page 5)

a blockage cut off blood to part of her heart muscle. By the time she was 55, she had suffered three more heart attacks, and despite 13 stents to prop open her arteries, the damage has caused her left ventricle to balloon in size. In the past, artificial hearts or a heart transplant was her only hope. But a clinical trial at the Texas Heart Institute in Houston provided Ruth with another option: injections of stem cells extracted from her own bone marrow. These progenitor cells can differentiate into few types of cells, including those that form blood vessels. She was operated on, and about 30 million cells – one million of the stem cells – will have found their way to Ruth Pavelko's heart tissue. She is one of 16 patients in the first U.S. trial using cells extracted from adult bone marrow to reverse advanced heart failure. If the treatment succeeds, as it has so far, five million Americans could eventually be candidates for the procedure. Six months after the operation, Ruth says she no longer has crippling weakness.

The first trial for using stem cells for the heart took place in 2000. In this case, cells from a thigh muscle were used. However, arrhythmias developed because thigh muscle cells contracts differently from heart muscles. Different procedures were used until the bone marrow cells were finally used. However, the research goes on to improve the technique to help many more types of heart problems.

Information provided by Discover Magazine, September 2005.

There will be much more on this subject, cloning, and other associated subjects in coming newsletters.

It is a brave new world filled with confusion, dread, hope, and encourage-

ment. Let us hope that our nation and its citizens will support the route of creating positive solutions while still respecting human life.

A NEW CHAPTER RE-ESTABLISHED

Socorro County RTL is now an established chapter. However, it needs more people to help them carry out their mission. Please contact Audrey Handley (505) 864-8192 to either join the chapter board, which you can do if you are a dues-paying member, or be a volunteer. There are many things you can do that are not greatly time consuming. Help educate the people in Socorro so they can learn the truth and make positive changes.

A NEW CHAPTER IS IN THE WORKS

Lincoln County RTL has had a meeting to establish a chapter in Lincoln County. There will be another meeting on Tuesday, December 6, 2005. The meeting will take place at Bill and Marion Studer's home located at 309 LL Davis Drive, Ruidoso, NM. The time of the meeting is 7:00 p.m. We hope at this meeting to have the required 5 people (or more) needed to establish a chapter and to select the officers of the chapter. We will then try to plan some activities for 2006 and to find volunteers to help in the efforts of educating and involving the citizens of Lincoln County. Please call Bill or Marion at 258-5108 if you plan to come. Dauneen Dolce, Executive Director, will be there to answer questions about The Right to Life Committee and to explain what needs to be done.

MEMBERSHIP APPLICATION

I understand that the Right To Life Committee of New Mexico (RTL CNM) 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 RTL CNM, 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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