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DECEMBER 2006
Vol. 24, No. 12

NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

POLITICAL UPDATE FOR 2006 ELECTIONS

by Dauneen Dolce – PAC Chairman

I know there is a lot of doom and gloom going on in many of your minds regarding the outcome of this past election. However, we need to step back and look at the total picture. Yes, there has been a set back in that the pro-life agenda may be in jeopardy. I say “may” since many of the Democrats elected are pro-life. We won’t know how many until we get a report from National Right To Life, which knows all the congressional candidates stances, etc. But we do know many pro-life Democrats did get elected. This may impact the Democrat Party and actions they will take in the future.

At the state level, over 50% of the candidates that were endorsed or recommended by RTL were elected. Others came very close to being elected. Thus, the pro-life vote and the actions taken by the Right To Life Committee of New Mexico’s Political Action Committee were well worth the effort and money. Many of these candidates would not have made it without our help.

The pro-life candidates who won are:

HOUSE

James Strickler, George Hanosh, Teresa Zanetti, Eric Youngberg, Janice Arnold-Jones, Jimmie Hall, Tom Anderson, William Gray, W.C. “Dub” Williams, Candy Spence Ezzell, Nora Espinosa and Shirley Tyler.

STATE

Patrick Lyons and David King.

There are others who have voted pro-life but did not answer our questionnaire and were elected. They are Tom Taylor, Justine Fox-Young, and Jane Powdrel-Culbert.

Others had no opposition and are automatically elected. They are Paul Bandy, Ernest Chavez, Daniel Silva, Richard Berry, Kathy McCoy, Larry Larranaga, Dianne Hamilton, Manuel Herrera, Nick Salazar, Jeannette Wallace, Don Tripp, Gloria Vaughn, Leo Martinez, Dan Foley, Donald Bratton, Anna Crook, Keith Gardner, and Brian Moore.

There are others we just don’t know about because they are new and did not respond to our questionnaire. I have been told several are pro-life. Time and votes will answer this question.

We will work with all and try to get them on board. And you will be asked to work with your legislator later with calls and letters.

So do not give up hope. The pro-life movement will survive; we don’t have a choice but to make sure it does.

*Freedom is never voluntarily given
by the oppressor; it must be demanded
by the oppressed.*

PETITION DRIVE TO STOP EMBRYONIC STEM CELL RESEARCH IN NEW MEXICO

YOU ARE NEEDED NOW!

Enclosed in this edition of *Viva Life* is a petition. We are asking all of you to get as many signatures on that petition as possible and, hopefully, all the spaces filled. We need you to get family, neighbors, co-workers, friends, everyone to sign.

In 1973 we were unprepared for what happened when the Supreme Court made law, and abortion became legal for all nine months. This time we must be prepared, and we must do it now! Otherwise, we will not only be using tax-payer dollars for embryonic stem cell research but cloning and other actions beyond description will surely follow once this first step is taken.

Governor Richardson has stated that this coming January he is going to ask the New Mexico legislature to give millions of dollars to the University of New Mexico to do embryonic stem cell research, which requires killing human beings – embryos – something we all once were.

These petition signatures will be used to convince our legislators that the people of New Mexico do not want this. That is why we need you to step up to the plate and do your part. Sign the petition completely and get others to do the same.

We have until January 15, 2007 to get these petitions to the State RTL office, as the 2007 legislative session starts in late January. We need to be ready, as this may move fast.

Please feel free to copy the petition as needed to obtain more signatures at church, organizations, etc.

I am one lobbyist and cannot do this alone. By getting these signatures, you are helping me and, I believe, you will convince legislators to vote against the governor’s legislation.

Please Help! If you have questions, please call me at 505-881-4563.

Note: This newsletter will not be emailed this month so everyone can receive a petition and participate in securing signatures.

FIVE ALIVE! PLEASE SIGN UP NOW!

If you haven’t sent in your form to either renew your 2006 pledge or to start a 2007 Five Alive pledge, you need to get your form in quickly so that we can have your envelopes in place by January. Remember, this is our budget drive, and we need to have an established amount of money coming in each month so that basic needs can be met. When this happens, then money can be raised for our educational and organizational programs. So please help in this important matter. If you have misplaced or lost your form, use the one that is in this newsletter. If you have questions, please call 505-881-4563.

THE SUPREME COURT HEARS PARTIAL BIRTH TESTIMONY

On November 8, 2006 the U.S. Supreme Court heard oral arguments in two cases arising from legal challenges to the Partial Birth Abortion Ban Act, a federal law enacted in 2003 with support from The National Right To Life Committee.

The laws bans “partial-birth abortions,” a legal term defined in the law itself as any abortion in which the baby is delivered feet-first “past the {baby’s} navel... outside the body of the mother” or “in the case of a head-first presentation, the entire fetal head is outside the body of the mother,” *before* being killed.

NRLC led the coalition that resulted in enactment of the Partial-Birth Abortion Ban in 2003 after an eight-year fight.

During the summer of 2004, U.S. District Judge Richard Casey presided over a trial in New York in one of three legal challenges to the Partial-Birth Abortion Ban Act (*National Abortion Federation v. Gonzales*), during which he directly questioned a number of abortionists regarding how partial-birth abortions are performed. Some of the answers that came forth then will be brought to the U.S. Supreme Court.

Partial-birth abortion cannot be done in the first three months of pregnancy; most are performed in the fifth and sixth months. At this stage, even early in the fifth month, babies who are expelled by premature birth will often be born alive. By 20 weeks (halfway through the fifth month), the LIVE BORN baby may breathe for an hour or so before dying. By 23 weeks (just into the sixth month), ONE-THIRD survive long-term, but you will never find out whether a given baby who experienced a Partial Birth Abortion would have been part of the one-third, after her skull is punctured and brain removed. By 24 weeks (about halfway through the sixth month), more than HALF are long-term survivors.

Thus, at the stages that most Partial Birth Abortions are performed, the great majority of babies would be “live births” if they were expelled by spontaneous premature labor, and many would be long-term survivors. In other words, in a Partial Birth Abortion, a premature human is deliberately pulled to within just a few inches of being medically and legally a LIVE BIRTH - so this method is indeed a PARTIAL LIVE BIRTH - or ‘partial-birth’ for short

The bill would allow the method if it is ever necessary to save a mother’s life. This would probably never happen, since there are other methods that can be used to remove the baby under those circumstances that take less time.

Those who support Partial Birth Abortion want a “health exception.” This could be used when there is a diagnosis of Down syndrome or some other disorder for the baby. This does not prevent a normal birth. What is wanted here is prenatal euthanasia.

Abortionists themselves admit they do not use Partial Birth abortions for health reasons. They say they do use it for “mental” reasons.

Various statements are used in support of Partial Birth Abortion, such as the child does not feel the pain since the mother receives anesthesia, thus the child also gets the anesthesia. Medical experts have testified that the unborn child is very responsive to painful stimuli, and this is not affected by the anesthesia given to the mother only.

Claims that Partial Birth Abortion is conducted only hundreds of times a year and only, nearly only, in medically acute circumstances were repudiated by Ron Fitzsimmons, one time Executive Director of National Coalition of Abortion Providers, who said there are 3,000 - 5,000 Partial Birth abortions annually, and “in a vast majority of cases”, on a healthy mother with a healthy fetus that is 20 weeks or more along.

Even the Alan Guttmacher Institute, which is affiliated with Planned Parenthood - the major abortion provider in our nation, says that there are 2,200 to 2,500 Partial Birth abortions performed a year.

It is hoped with these and many more facts that the Supreme Court will uphold the law. The chances are good. Normally, on abortion issues in the past, we have had a 5-4 vote against our bills. However, Justice Kennedy supported the Nebraska law that banned partial-birth abortion. We lost that vote, but since then the Supreme Court’s make-up has changed. If Justice Kennedy comes on board, the vote would be 5-4 to ban the bill.

It takes a while for a decision to be made; when is not known. We will keep you posted as this ruling progresses.

Information provided by Doug Johnson,
lobbyist for NRLC

Coming Events

- **January 16, 2007:** New Mexico Legislature convenes
- **January 20, 2007:** Albuquerque RTL will be hosting a Luminaria Memorial at Mt. Calvary Cemetery, 1900 Edith Blvd. NE in Albuquerque commemorating the 34th anniversary of the 1973 U.S. Supreme Court decision legalizing abortion. One thousand luminaria bags will be placed near a gravesite honoring the past year’s aborted unborn children of New Mexico. Each bag will feature five names to remember the approximately 5,000 children that were conceived but not named. Please help in placing bags near the gravesite at 4:00 p.m. and join us for the service in the chapel at 5:15 p.m. For more information, please call Betty at 821-9101 or Charlene at 345-4423.
- **January 22, 2007:** March for Life in Washington D.C.
- **March 24, 2007:** The Right To Life Committee of New Mexico’s State Convention – Congressman Steve Pearce will be our banquet speaker. We will honor Congressman Pearce for his many years of dedication to the pro-life cause from New Mexico’s State Legislature to the U.S. Congress. Please mark your calendar and come to honor this good man. Also, plan to attend very informative workshops. More details will be provided at a later date.

STEM CELL UPDATE

Britain

The prestigious British Medical Journal *The Lancet*, in a recent editorial titled “Stem Cell Research – Hope and Hype”, devaluated the current status of research hopes for embryonic stem cells and found “no safe and effective stem cell therapy will be widely available for at least a decade and possibly longer.” The natural propensity of embryonic stem cells to form tumors, their exhibition of chromosomal abnormalities, and abnormalities in cloned animals all present difficulties. The prospect of having to clone every patient requiring therapy is surely unrealistic. “The issue is compounded by ethical concerns. What is unarguable is the human embryo is alive and is human, and intentionally ending the life of one human being for the potential benefit of others (i.e. for research) is a practice which ethically conscious objectors could never conceive.” The article then went on to praise the recent advances in adult stem cell therapy.

(continued on page 3)

ADULT STEM CELLS ARE WORKING:

BALTIMORE, MD

Scientists at Johns Hopkins University continue to show the promise adult stem cells have in treating the effects of heart attacks. They successfully grew adult stem cells from healthy heart tissue that were used it to repair some of the tissue damage done to organs by heart attacks.

Researchers conducted the experiments on pigs, as pigs' hearts closely resemble those in humans, making them a useful model in research.

Hopkins' cardiologists used a thin tube to extract samples of heart tissue no bigger than a grain of rice within hours of the animals heart attacks. They then grew large numbers of cardiac stem cells in the lab from tissue obtained through biopsy and within a month implanted the cells into the hearts.

With the help from a blue-dye tracking system, the scientists have shown that within two months the cells developed into mature heart cells and vessel-forming endothelial cells.

"This is a relatively simple method of stem cell extraction that can be used in any community-based clinic, and if further studies show the same kind of organ repair that we see in pigs, it could be performed on an outpatient basis," said Edward Marbon, M.D. PhD senior study author, professor and Chief of Cardiology at Johns Hopkins University School of Medicine and its Heart Institute.

At this point, no overall improvements in heart function have yet been shown in these studies that were not designed to establish such changes. "But we have proof of principle, and we are planning to use larger numbers of cells implanted in different sites of the heart to test whether we can restore function as well." Dr. Marbon said, "If the answer is yes, we could see the first phase of studies in people in late 2007."

NOVATO, CA

A group of scientists at Cytograft Tissue Engineering became the first to implant successfully-grown blood vessels grown from a patient's own skin cells. The procedure involved removing a half square centimeter of skin and using the cells within it to grow collagen, a protein found in skin and blood vessels. Over a period of six months, the collagen was used to weave blood vessels up to twenty-five centimeters long. The blood vessels were then implanted back into the same two patients who had provided the skin cells. After the implantation, the patients reported that the blood vessels were operating "perfectly."

Currently, researchers at Cambridge University are attempting to grow these blood vessels for use in heart by-pass surgery. This research has other applications as well. The blood vessels may be useful for children affected with congenital defects. Current therapy involves replacing deformed blood vessels derived from skin cells that may prove to be a more effective alternative, since they are made from living tissue.

UNIVERSITY OF MIAMI

A treatment of umbilical cord cells has successfully saved the life of a newborn baby. Shakera Neal's first child died from an inherited immune-system disease before reaching the age of four months. When Shakera became pregnant again, doctors diagnosed the new baby with the same disorder. In order to treat the disease, they transplanted stem cells from the umbilical cord blood of another newborn who closely matched the infant patient. The procedure effectively rebuilt the immune system of the child, and she is still healthy today at

the age of two years.

According to Dr. Gary Kleiner, Assistant Professor of Pediatrics and Co-Director of Stem Cell Transplants, umbilical cord blood stem cell transplants can be used to treat leukemia, lymphoma, sickle cell disease, and other rare genetic disorders.

Information provided from LifeNews and Stem Cell Research Report

OREGON LAW ONLY FIRST STEP EUTHANASIA NOT JUST VOLUNTARY

by Burke Balch, J. D., Director of
Robert Powell Center for Medical Ethics

The Oregon statute legalizes physician assisted suicide for competent adults who voluntarily say they want to be killed. The evidence is growing, however, that this is only the first step - that the slope is well greased to non-voluntary and then to involuntary killing.

Non-voluntary and involuntary euthanasia are easily confused, but they are distinct. If someone is incompetent and that person's wishes are unknown, when a surrogate such as a family member or court decides that the person ought to die, that is **non-voluntary** euthanasia. On the other hand, when it is known that a person wants to live and despite this a health care provider or government or some other authority then ensures that the person dies against that person's express wishes, that is **involuntary** euthanasia.

Non-voluntary killing - On December 3, 1997, Fay Girsh, Executive Director of Hemlock USA (now renamed "Compassion & Choices"), the leading group promoting the legalization of assisting suicide, issued a statement endorsing killing individuals - such as people with Alzheimer's disease and children with disabilities - who are legally incapable of making the decision for themselves.

"A judicial determination should be made," Girsh said, "when it is necessary to hasten the death of an individual whether it be a demented parent; a suffering, severely disabled spouse; or a child. Consultants should evaluate what other ways might be used to alleviate the suffering and, if none other are available or are unsuccessful, a non-violent, gentle means should be available to end the person's life."

Confronted with vigorous protests by disability rights activists, Girsh issued a "clarification statement" on February 6, 1998. She said that her earlier statement described a model developed by Professor Eike Kluge in Victoria, British Columbia, and proposed by the Right to Die Network of Canada.

Girsh said this "model is in no way endorsed by the Hemlock Society USA. It was mentioned as one suggestion about the question of ending suffering. There must be a dialogue about these issues, both from the able bodied and the disabled communities."

Despite this (highly qualified) backtracking by Hemlock, the route from voluntary to non-voluntary euthanasia is direct. It has been traveled in the context of passive euthanasia - the withholding of lifesaving medical treatment, food, and fluids.

Numerous state courts have ruled that since competent people have the right to reject them, it would be unconstitutional denial of equal protection for incompetent people whose wishes are unknown to be "deprived" of this right. These courts have ruled that under their state constitutions, another individual - often called a "surrogate" - must be allowed to decide "on behalf of" the incompetent person that she or he would want to reject treatment and die.

Once direct killing is established as a statutory right in the

(continued on page 4)

context of physician assisted suicide, then by the same logic these state courts are virtually certain to rule that the right to be killed by lethal prescription or lethal injection cannot be constitutionally withheld from incompetent people who never asked to die. The “choice” must be exercisable on their behalf by a “surrogate.”

Involuntary killing - In a book published in 1998, the founder of the Hemlock Society, Derek Humphrey, wrote supportively of the use of assisted suicide as “one measure of cost containment. [T]he elderly,” he said, are “putting a strain on the health care system that will only increase and cannot be sustained.”

Speaking of people with disabilities, he wrote, “People with chronic conditions account for a disproportionately large share of health care use, both services and supplies.” In light of all this, he asked, “Is there a duty to die – a responsibility within the family unit-that should remain voluntary but expected nevertheless?” He asserted that “economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice.”

A LOOK AT IN-VITRO FERTILIZATION

National RTL and The Right To Life Committee of New Mexico have not taken a position on invitro fertilization. However, since it is the “basis” for encouraging embryonic stem cell research because of all the “leftover” fertilized eggs that they want to use, it should be discussed and at some time be re-evaluated on the ethical and moral grounds that encompass this activity.

The following article was written by Bradley Mattes, MBS, who is the Executive Director of Life Issues, an organization created by Dr. Jack Willke.

THE HIDDEN DANGERS OF IN-VITRO FERTILIZATION

In-vitro fertilization (IVF) is viewed as controversial technology within the pro-life community. Many have an ethical problem with how human life is created. The primary reason though is that most doctors who perform this technique of assisted reproductive technology do not value each and every life created through IVF. With rare exception, most physicians fertilize more ova than are implanted into the woman’s uterus. Each embryo created in the medical laboratory is a unique human being, worthy of protection. Sadly, many tiny preborn children languish in frozen storage around the nation, while others are callously washed down the drain, or worse, experimented upon. In addition, parents who find out they are expecting twins or triplets sometimes opt for “selective reduction,” which is aborting some of the babies to get fewer children.

There is another reason society can look upon IVF with concern. More than a dozen scientific papers have been published suggesting that children conceived through IVF may have increased risk of physical problems. This may come as a surprise to many; however, the growing evidence is unmistakable and should not be ignored. IVF accounts for over 50,000 children born each year throughout the world. As a result, birth defects from IVF is an issue that deserves the attention of the field of fertility medicine and others.

A Swedish study first published in the February 9 issue of *The Lancet* suggests IVF increases the risk of neurological

problems. The study done at the University Children’s Hospital in Uppsala, Sweden, found IVF children were almost twice as likely to develop a neurological problem as those who were conceived naturally. They were three times more likely to have cerebral palsy and four times as likely to have some type of developmental delay. Researchers believe the risks are largely due to the increased likelihood of twin pregnancies, low birth weight, and a premature delivery.

While multiple birth pregnancies are attributed to health problems for IVF babies, not all potential problems fit this category.

A study funded by the National Institutes of Health showed an “alarming” increase in Beckwith-Wiedemann syndrome, according to Dr. Andrew Feinberg, Professor of Medicine at Johns Hopkins School of Medicine. IVF children are six times more likely to have the syndrome, which is characterized by an enlarge tongue, retardation, abnormalities in the kidney, liver, and spleen, and a predisposition for early childhood cancers. The research indicates that certain growth-regulating genes had a tendency to be imprinted incorrectly in babies conceived by IVF. Scientists called the link between Beckwith-Wiedemann and IVF “strong.”

A second study done in Ireland at Dublin’s Rotunda Hospital supports the Beckwith-Wiedemann link, as well as another. Professor William Reardon, a genetics expert at Crumlin Children’s Hospital, said their research showed IVF children were three times more likely to have Beckwith-Wiedemann syndrome or Angelman syndrome, which causes a stiff jerky gait, excessive laughter, and seizures. Other symptoms can include mental retardation and poor balance.

Another study co-authored by Kristine Anthis, Assistant Psychology Professor at Southern Connecticut State University, found that twins conceived by IVF tend to be smaller than twins naturally conceived. The size difference disappeared by age two. However, there was still a significant difference in physical development, including body control, coordination, and fine motor skills.

Sarah McDonald of the University of Ottawa and her colleagues found that twins conceived by IVF were one-and-a-half times more likely to be born prematurely than twins conceived naturally. They were also two times more likely to be admitted to the intensive care unit and 1.33 times more likely to be delivered by caesarean section.

Research done at Johns Hopkins Children’s Center in Baltimore, MD reported that IVF babies showed a sevenfold increase in the incidence of certain urological and genital defects, including some babies born with their bladders outside their bodies.

A study by the Centers for Disease Control and Prevention found that IVF singleton babies were twice as likely to be born at a very low birth weight as naturally conceived children. Prior to the research, doctors had incorrectly assumed that was only the case with multiple birth IVF pregnancies.

According to a report from BBC, the practice of “hatching” is a method of making a hole in the membrane around the embryo, increasing the chance of the baby successfully implanting into the endometrium. However, it is reported that this process causes a much higher rate of “monozygotic twinning.” This twinning process is more likely to cause birth defects in the babies.

An Australian study by Dr. Jane R. W. Fisher from the University of Melbourne found that mothers of IVF babies are at an increased risk for postnatal mood disorders and early parenting difficulties.

Other studies show additional related problems. Donated eggs raise the risk of mothers experiencing pregnancy-

Hidden Dangers of In-Vitro...

(continued from pg. 4)

induced hypertension (high blood pressure) and early miscarriage. Scotland is looking at barring clinically obese women from undergoing IVF due to an increased danger for them and their babies.

These complications may be less surprising to researchers at Yale School of Medicine. They found that 85% of embryos produced during IVF do not result in live births. According to them, "Something in nature has decided that these implanted embryos are not viable," which may indicate that those babies who do survive may have undetected genetic defects. Evidence seems to indicate that IVF tinkers with the system provided by our Creator. It may be possible that assisted conception comes with an unexpected price.

Some medical experts feel parents are unnecessarily being frightened. Dr. Michael Alper, Medical Director of Boston IVF in Waltham, MA, says that 91% of children conceived by IVF are born without any major birth defect. He says couples faced with infertility should have the choice of using modern technology to conceive.

However, it's probably safe to say that a vast majority of parents would want to know there may be potential hazards associated with assisted reproductive technology. Many may not want to risk the health of children born by IVF and instead look to other more conventional means of having a family, such as adoption.

The goal of this article is not to inflame the debate on IVF. There are understandably legitimate concerns surrounding the ethics of assisted reproduction technology. Life Issue Institute condemns any part of the process that involves the destruction of innocent human life. At the same time, we feel a great deal of empathy for married couples who desperately want to have children.

Considering the possible implication, it's important to enlighten the reader that there are many unanswered questions regarding the future health and welfare of babies conceived by IVF. A fully informed parent is better equipped to make wise decisions for themselves and their families.

This article reprinted from the July 2006 Life Issues.

THE PELOSI-PLANNED PARENTHOOD CONNECTION

As a result of the past November elections, the Democratic Party will take control of the U.S. House and Senate beginning in January 2007. As part of the change in power, it is expected that Nancy Pelosi will become the first woman to be Speaker of the House (that choice has been made by the Democrats). Ms. Pelosi will thus exert a tremendous amount of influence over legislation and funding for various projects.

With that in mind, we take note of the fact that Cecile Richards, President of the Planned Parenthood Federation of America, served in her career as Deputy Chief of Staff to Ms. Pelosi. According to Richards' official biography, during her time serving Pelosi "she played a key role in the Congress member's election as the first woman Democratic leader of the House of Representatives."

We expect, then, that Planned Parenthood will put a big push this year for more and more taxpayer money. Now is the time for pro-lifers across the country to immediately begin contacting your members of Congress and insisting that government funding of Planned Parenthood be cut. We do not want any government money going to Planned Parenthood,

and now is the time for action.

THE IMPORTANCE OF DE-FUNDING PLANNED PARENTHOOD

Rachel Chanes, Vice-President of Community Development for Planned Parenthood of Southern Arizona, is quoted saying, "Locally, the organization's greatest obstacle is a lack of funding." Upon reading this, we immediately checked our research and found the state of Arizona reports giving only a little more than \$1,000.00 to Planned Parenthood each year.

We have found that currently six states already report giving no money to Planned Parenthood. We have also found that another six states, like Arizona, report giving less than \$5,000.000 each year.

Unfortunately, a report issued in 2003 shows the federal Government Accounting Office giving a total of \$162 million of federal tax money to Planned Parenthood in 2001.

Let us hope that this will not increase and that eventually we can cut this funding.

Information provided by STOPP REPORT
October 4 and November 15, 2006

USE ABORTION TO KILL POOR AMERICANS, ROE ATTORNEY HUSBAND TOLD BILL CLINTON

Newly released papers regarding President Bill Clinton's promotion of the dangerous abortion drug RU 486 during his administration have produced a startling revelation. The husband of the woman who was the lead attorney in the Roe v. Wade case wrote the former president to urge him to use abortion to kill poor Americans.

LifeNews in May reported the release of presidential papers from the Clinton administration years showing the former president's first action as president in 1993 was to put in motion the process of approving the abortion drug RU 486, which has killed seven women.

The papers also reveal that before he became president, Clinton received a letter from Ron Weddington, husband of Sarah Weddington – the lead attorney in the infamous Roe v. Wade Supreme Court case.

Released by the conservative legal group Judicial Watch, the papers contained a January 6, 1992 letter to Clinton from Mr. Weddington urging the then-Arkansas governor to promote RU 486.

"Something's got to be done very quickly," Ron Weddington wrote Clinton, according to a Cybercast News Service report. "Twenty-six million food stamp recipients is (sic) more than the economy can stand."

Calling him the "president-to-be", Weddington said Clinton should "start immediately to eliminate the barely educated, unhealthy, and the poor segment of the country."

"Our survival depends upon developing a population where everyone contributes," he wrote. "We don't need more cannon fodder. We don't need more parishioners. We don't need more cheap labor. We don't need more babies."

Commenting on the letter, Judicial Watch said it was surprised the letter was not thrown away or put in a file for unsolicited comments. Instead, it was included in files used to get RU 486 approved by the FDA.

"On the contrary, the Weddington letter is, chronologically and philosophically, the foundation document for the Clinton RU 486 files," the group said.

Judicial Watch obtained the documents last February from the National Archives at the Clinton Presidential Library in

(continued on page 6)

**RIGHT TO LIFE COMMITTEE
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Use Abortion to Kill...

(continued from page 5)

Little Rock.

Note: As with plans to set up a Supreme Court to legalize abortion, we too must plan and put in place those activities that will either protect life or restore it. That is what you can do with your petition. We counter with the people who have more power in the long run.

Information from *LifeNews*

BRITISH DOCTORS WARN SECOND PART OF ABORTION DRUG MAY BE UNSAFE FOR WOMEN

Liverpool, England

British doctors have released the results of a study on the off-label use of the anti-ulcer drug Cytotec, a prostaglandin known generically as misoprostol. They strongly warn those misusing the drug to induce labor or with abortions that it can cause medical problems for women.

Source: *LifeNews* – April 21, 2006

TRANSPLANT SAVES NEWBORN BABY AFTER MOM WOULDN'T CONSIDER ABORTION

St. Louis, MO

Jacob Gibbs has survived, despite receiving a rare metabolic disorder of the liver from his mother, Keeley. Although doctors warned Ms. Gibbs that getting pregnant would be risky, Keeley had no thoughts about abortion once she found out she was carrying Jacob and that he inherited the disorder from her.

Source: *Life News* - 4/21/06

Five Alive PROGRAM

RTLNCNM hopes you will sign up for the *Five Alive Program 2007*, 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.

Name _____ Phone _____

Address _____

City, State, Zip _____

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

VIVA LIFE! is published by the Right To Life Committee of New Mexico, 2800 San Mateo NE, Suite 107, Albuquerque, NM 87110-3166. Phone: 881-4563. Larry Uhrich, Pres.; Charlene Comba, V.Pres.; Connie Johnson, Sec.; Verna Pochop, Treas.; Dauneen Dolce, National Delegate; Editor: Dauneen Dolce. **VIVA LIFE!** is printed by The Sherwood Co., Inc.