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# VIVA LIFE

JUNE 2006  
Vol. 24, No. 6

NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

## CHAPTER IN ACTION

**Los Alamos RTL:** On April 25, 2006, Los Alamos Right To Life hosted an Educational Enchilada Dinner in Los Alamos. The subject was euthanasia, and attorney Tom McBride, past RTL CNM president, gave a comprehensive talk that especially explained what a living will is and why it is needed. He encouraged people to use the pro-life Will to Live, which is available at the State office and can be picked up during office hours.



The dinner was fun for everyone. Tom and Dauneen were impressed with the teen volunteers who served the food and were all around helpers to make the dinner a success. We hope other chapters will follow their lead.

### “VIVA LIFE” – WHAT WOULD YOU LIKE?

Is there information, a topic or a need *Viva Life* can provide that isn't being covered? If so, please drop us an e-mail at [info@rtlcnm.org](mailto:info@rtlcnm.org) or write to RTL CNM, 2800 San Mateo Blvd. NE, Albuquerque, NM, Suite 107, 87110. Direct questions to the editor.

## THE RIGHT TO LIFE POLITICAL ACTION COMMITTEE'S ENDORSEMENTS

Tuesday, June 6, is the Primary for both the Republican and Democrat Party. It is very important that all pro-life voters make their voice heard in the voting booth. RTL CNM's endorsements for each party are:

### DEMOCRAT PARTY PRIMARY

Public Regulation Commission District 4:

Andrew Leo Lopez - Recommended

House Dist. 16 (Bernalillo County):

Dominic Aragon - Recommended

House Dist. 39 (Grant and Hidalgo Counties):

Manuel Herrera - Endorsed

House Dist. 70 (San Miguel and Torrance Counties):

Naomi Montoya - Endorsed

### REPUBLICAN PARTY PRIMARY

House Dist. 20 (Bernalillo County):

Richard Berry - Endorsed

House Dist. 29 (Bernalillo County):

Tom Anderson - Endorsed

House Dist. 30 (Bernalillo County):

Bob White - Endorsed

House Dist. 56 (Lincoln and Otero Counties):

Leo Martinez - Recommended

House Dist. 59 (Chaves, Lincoln and Otero Counties):

Nora Espinoza - Recommended

House Dist. 66 (Chaves, Lea, Eddy, and Roosevelt Counties):

Keith Gardner - Endorsed

## FEDERAL CANDIDATES

The only contest for a congressional seat is in the Republican Party. RTL CNM does not have a Federal PAC; however, National RTL does. Since all three candidates claim to be pro-life, National RTL chose to make no endorsements at this time. To help you know more about the candidates' pro-life views, I have asked them to submit a written article that can be shared with you in this edition of *Viva Life* to assist in making your choice.

**Joe Carraro:** I am a former President of Right to Life, supporter of Birthright, Homes for Unwed Mothers, and Pregnancy Care Centers. As a State Senator, I have fought for and carried pro-life legislation. I have had my business boycotted and picketed because of my pro-life stand on the abortion issue, and I in turn have picketed abortion clinics.

Other candidates have said that they are pro-life but have never done anything about it. Many times it becomes a popular political position for those running for office in the Republican Party but doesn't have much meaning to them beyond that. There are even those who have gone from being pro-choice to passionately pro-life because of the politics and the votes they need to win and now in front of every audience announce they are pro-life. **The truth can be revealed by the measurement of their works.**

As we all know, the battle for life begins with the truth. When I first became involved in pro-life causes, a baby was called a "blob of protoplasm." It was then called a fetus, still referred in that way today. I have never stopped using the term "baby" and will continue that address when I debate the issue of Life on the floor of the U.S. Senate. And I will win those battles because of the talents and support that God has given me to fight them.

My experience with pro-life issues gives me an advantage that few others have. Imagine having a former President of

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## PAC Endorsements...*(continued from pg. 1)*

**Right to Life in the U.S. Senate.** I'm the only one I know of serving in a State Senate.

As President of Right to Life, I debated Jeff Bingaman's wife on the abortion issue - she being pro-abortion — and now I intend on making Senator Jeff Bingaman's vote against the ban on partial birth abortion a campaign issue. I can beat Jeff Bingaman with your vote and your support. With your financial assistance, I can get my message out to all those I would need to win this very important election for Pro-Life.

Please consider mailing, calling, and telling as many people as you can that I am the candidate for U.S. Senate who can make a difference in Washington D.C. because of my **works**. I am not asking this just to get your vote and support - I am saying this because a battle appears before us that will determine the fate of so many more million babies' lives. From my past experience, I know that I am capable of being successful in this battle and Defending Life.

Please call me at 505-898-9369; Email at [joecarraro@aol.com](mailto:joecarraro@aol.com); Mail at 10216 Carraro Place NW, Albuquerque, NM 87114; or visit my website at [www.senator-carraro.com](http://www.senator-carraro.com).

Thank you for your support and prayers and for taking the time and effort to Defend Life.

**David Pfeffer:** *We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness. (The Declaration of Independence, July 4, 1776).*

What is happening to our country? Because some unelected higher ups in black robes said so, abortion became considered by some to be a "right." This led to partial birth abortions, a barbarity performed by physicians sworn to do no harm crushing a baby's skull.

Abortion is not a matter of convenience, a fall-back for carelessness or a way out of trouble. Nor is it a way to erase the outrageous defilement of rape or the life-long devastation of incest. Nor can I visualize a mother looking at her children and thinking, "I choose you and you, but I didn't choose your sister."

As in other religions, in mine the highest value is life. There is no justification for aborting human life, except when the life of the mother hangs in the balance.

Even the sacred laws of the Sabbath may be broken if a human life hangs in the balance. When I was about to be born, my father, a devout Jew, broke the Sabbath law against riding by taking my mother to the hospital in a taxi. He did this because her safety was not clear.

Because someone would be inconvenienced, Terri Schiavo's life was terminated. It was outrageous and devastating that no one in this powerful country would save that woman's innocent life.

Life is the highest value.

Embryonic stem cell research and usage cause the death of the unborn and are directly tied to the abortion industry. This research and usage could lead to human cloning to obtain embryonic stem cells. The embryo is destroyed in the process.

But cord stem cells come from the umbilical cord after the birth of the baby. Those stem cells can be used as lifesaving transplants in the event of serious disease, such as cancer. There is scant chance of rejection, since the transplanted stem cells could be from the same child or adult.

Adult stem cells can come from consenting donors or from the patient needing the transplant. Again, there is very

little chance of rejection, if the stem cells come from the patient receiving the transplant.

Most importantly, there has been no success in the use of embryonic stem cells to treat disease and disability, but there are dozens of documented successes of adult stem cell usage to treat disease and disability.

What is happening to our country? Human Life has become dispensable.

Once am elected, I will protect the weakest among us - the unborn. I will protect the vulnerable - those seemingly past help, past hope, past consciousness.

Life is the highest value.

**Allen McCulloch did not submit a statement.**

## PUBLIC ACCESS CABLE TV SHOWS FOR JUNE 2006

FRIDAYS on Comcast Cable TV Channel 27  
11:00 pm to midnight:

- June 2<sup>nd</sup> Meet the Abortion Providers and Death by Demand
- June 9<sup>th</sup> Sex Has A Price Tag by Pam Stenzel
- June 16<sup>th</sup> The Abortion Breast Cancer Link and Euthanasia
- June 23<sup>rd</sup> The Right to Kill
- June 30<sup>th</sup> Ending the Journey: Euthanasia and Euthanasia: False Light

Comcast Cable Channel 27 or log on to  
[www.quote-unquote.org](http://www.quote-unquote.org)

## ANDREA CLARK'S PERIL IS OUR PERIL

Andrea Clark was a patient at St. Luke's Hospital in Houston, Texas and is an example of "ethics" gone wrong and respect for life denied. After undergoing open heart surgery, Andrea suffered some complications that required her to receive kidney dialysis and a respirator that sustained her life. The ethics committee of St. Luke's, without the consent of family members, decided to withdraw all treatment. Andrea was not brain dead but was very sick and had family who wanted to ensure that she would continue to get medical treatment. In response, the hospital gave the family 10 days to find another facility; after that time they would withdraw all treatments.

Burke Belch, JD, Director of the NRLC Robert Powell Center for Medical Ethics, said, "We are pleading with health care professionals to come forward to admit this sick woman into your care. We at National RTL Robert Powell Center for Medical Ethics ask that she not be left to die."

St. Luke's agreed to continue to provide Andrea Clark life-sustaining treatment under the auspices of a new doctor. This happened after a barrage of telephone calls to the hospital.

Unfortunately despite this positive change, Andrea died.

However, the law passed in Texas called the "Futile Care" law still remains. Before this law was under scrutiny, a 6-year old boy with a serious condition had his feeding tube removed over his mother's objections. He too, died.

Futile care laws and policies provide that a physician may overrule a patient or their authorized decision-maker in denying wanted life-sustaining treatment. Futile care policies do not generally require that the treatment be objectively futile, but it allows doctors to use subjective criteria such as quality of life judgments and even economic factors as grounds for denying treatment.

*(continued on page 3)*

Bob Kafka, Texas Organizer for the group Not Dead Yet, withdrew from the Advance Directives Coalition just days before the news hit the web about Andrea Clark. He withdrew over efforts to "improve" the futility" statue.

"I have come to the conclusion that the essence of any futility law embraces involuntary euthanasia," says Kafka. "The ability of a doctor to overrule both the patient and their surrogate in withdrawing life-sustaining treatment is in violation of the principle of patient autonomy. There's no way to 'fix' this law. It just needs to be killed – or euthanized, for those who prefer the softer language. I am increasingly suspicious of the willingness of the medical community to honor 'autonomy' of old, ill, and disabled people ONLY in those cases where they want to die."

Stephen Drake, research analyst for Not Dead Yet, agrees. "These policies are obviously directed with the aim to protect hospitals, doctors, and other medical staff. There is absolutely no concern for the rights of patients reflected in these policies. And these policies are spreading, thanks to the cooperation from both the Democrats and the Republicans."

Not Dead Yet calls for a halt to the backroom lobbying by special interest groups that have resulted in bills like this one. The Texas futility bill should be killed – followed by open and public hearings. In the end, that's the only way to craft legislation that will protect the rights and lives of people in the health care system.

Article from Not Dead Yet, 7521 Madison Street, Forest Park, IL 60130, NRLC, Mark Pickup, North American Advocate for People with Disabilities & Founder Human Life Matters –Canada, and Wesley Smith.

## NEW MEXICO LAW – ALSO BAD!

Everyone is being told to have an advanced directive. The Right To Life Committee of New Mexico agrees but points out there are some bad ones and offers guidance in this edition of *Viva Life*.

In New Mexico, a doctor is not required to respond to an advanced directive. One of the reasons can be his/her belief that the patient does not have "quality of life" – a subjective position.

There will be an attempt to correct our law to require a doctor who has this philosophy to give needed treatment and care until another doctor can be found who will provide the care the patient has sought and whose health care surrogate is seeking. It is a small change that can save many lives. You will be getting more information on this bill later this year before RTLNCM goes to the legislature next year to lobby for the change.

Just be aware that in the new age of attitudes and the desire to "save" money that hospitals are taking the attitude of "better dead." Insurance companies say we need money for those more "viable," and doctors work on quality of life rather than "do no harm".

We need to ask more questions of our doctors and hospitals, and we all need an advanced directive and a health surrogate.

## LIVING WILLS – ARE THEY GOOD?

Since there are so many different living wills, it is hard to generalize. However, there are many pro-life organizations who oppose them. RTLNCM has read many of them and finds most are "disturbing".

The National Association of Pro-Life Nurses and Human

Life Alliance oppose living wills. National RTL was so concerned that they created a Will to Live, which will be addressed later.

A living will is a type of health-care advance directive: individuals establish written instructions regarding what they do or do not want for medical treatment in the event they cannot speak for themselves.

The standard living will, which is advocated by those who support euthanasia, has a general presumption for death. The most common form used in New Mexico was supported by the then called "Hemlock Society". The language is often ambiguous and can be interpreted by a health-care provider in a variety of ways that a patient did not intend.

If a patient is comatose, some living wills allow for withdrawal of nutrition and hydration – which, of course, includes food and water. This alone can kill a patient, so living wills can kill you if they are not worded correctly.

In an article in *Clearly Caring* by Christian Life Resources, these facts were put forth. Decisions in medical care that were once simple are now clouded with options. As with all options, the door is opened for more input from others with only peripheral experience. When two options expand to six options, chances are that the patient and/or acquaintances of the patient may have had some related experience with one of those choices. More people interject their opinion into the process of medical decision making requiring clearer lines of authority to make decisions for loved ones.

The article also made the point that with others pressing harder for their voice to be heard, the physician finds him/herself in a precarious situation. He/She faces legal responsibility for decisions that he/she may not necessarily believe are in the patient's best interest. Rather than quarreling with the family, he/she may acquiesce to the patient if the doctor is relieved of legal responsibility.

Then there are the changing values in medicine. At one time doctors were the most trusted people in society. We now have doctors who see death as a personal defeat and doctors that try all medical means to save a patient. Others become agents of death when they believe the patient has lost the quality of life. It was for this reason living wills came onto the scene. The patient would have autonomy.

A living will should have a "presumption for life. This usually includes having a health care "proxy" or health care durable power of attorney who would speak for the patient when he/she cannot speak for him/her. This proxy should be someone who is knowledgeable about the patient's pro-life views and knows his or her wishes. This is best a son or daughter rather than a spouse in case there is an accident; in which case the spouse may lose the proxy.

It is for this reason that the "Will to Live" was created for each state working with the laws of that state. A Will to Live does have a presumption for life and requires you to answer many questions that your "proxy" has to speak for you.

### What is a Will to Live?

The Will to Live is a legal document that you can sign which:

1. Names someone to make health care decisions for you (your "health care agent") if you develop a condition making it impossible for you to speak for yourself (become "incompetent"), and
2. Makes clear (in the form of written instructions to your health care agent) what medical treatment you would want when you can no longer speak for yourself.

### Why should I sign a Will to Live?

To lessen the real and growing danger that you may be starved or denied necessary medical treatment if you cannot

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## Living Wills...

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speak for yourself.

Today, many doctors accept a "quality of life" ethic. If they believe someone will have disabilities, then that person's life has too poor a quality, and they will do everything they can to deny life-saving treatment - even food and water - so the person will die. Today the courts and laws of most states, instead of recognizing a presumption for life, have in effect created a presumption for death for people who cannot speak for themselves when they have disabilities. By signing a Will to Live, you protect your own life by making it clear that you would want food and water and that you want life-saving treatment, except in the circumstances you yourself specify.

### **But I wouldn't want a lot of machines to keep me alive, just prolonging the dying process.**

That's why a lot of people sign "living wills." They think that they are just preventing the use of experimental "extraordinary" treatment when they are terminally ill and about to die anyway. But you may not realize that what the "living will" really means.

1. You may be starved and dehydrated if you cannot swallow on your own.
2. You will be denied life-saving medical treatment, even if you could live indefinitely, if you have disabilities and when a court decides your life is not worth living.

### **Is there really much danger that I won't get the treatment I want?**

In almost all states, the law as established by the courts or the legislature allows someone else to cut off your treatment, as well as "artificially" provide food and water if you cannot speak for yourself and have left no expression of your wishes.

### **But I trust my own doctor. Why do I need a Will to Live?**

Anna Hirth trusted Dr. Allen Jay who had cared for her for years and knew she would want food and water; he would provide them if she became incompetent. But a California court issued an order that Anna be put to death when she did become incompetent. A Living Will could have saved her life. Also, you do not know the doctor who will be treating you. It could be a specialist and not your doctor. You could be on a trip and rushed to an emergency room, or your doctor may have retired and moved away. A Will to Live will help protect you, no matter what doctor is treating you.

### **I trust my own family. Do I really need a Will to Live if I can depend on them to make health care decisions I want?**

Having a Living Will that clearly describes the treatment you want ensured and specifically designates someone you trust to make health care decisions for you will greatly strengthen the hands of those who do battle for you when you cannot speak.

### **Why should my Will to Live name a "health care agent?" Isn't it enough just to put down my wishes for treatment?**

A nursing home study in the *New England Journal of Medicine* found that 25% of the time advance directives were followed by the nursing home and staff. In almost three-quarters of those cases, the patients were denied treatment they requested. The unfortunate fact is that when you cannot defend your own rights, it is easy for medical personnel to ignore directions you have put down on paper unless there is

somebody with the authority and willingness to fight to make sure your wishes are followed. By naming someone you trust to be your "health care agent" when you cannot speak for yourself, you increase the chance that your wish for treatment, food and water will take place.

### **What if the person I name as my health care agent isn't available when needed?**

The person you name as your health care agent may be on a trip when decisions have to be made. Or, for example, if you name your spouse as your agent, he/she might be in the same accident that causes your disability. This is why the Will to Live allows you to name alternate agents to serve if the primary person you name is unable or unwilling to serve.

Please note that you must sign the Will to Live form for the State of New Mexico. This may be found on our Web site [www.info@rtlnm.org](mailto:www.info@rtlnm.org) or on NRLC's web site [www.nrlc.org](http://www.nrlc.org). Follow the link to the Will to Live, and follow the instructions to download. You may also pick up a copy at our State office at 2800 San Mateo Blvd. NE, Suite 107, Albuquerque or send \$1 for postage and printing, and we will mail one to you.

This Will to Live is given to your doctor or any doctors that treat you. When being placed in a hospital, the hospital should have a copy. Even when you travel, you should have a copy with you.

Hospitals are required to educate patients about their rights to refuse treatment and often give patients a living will to sign at the time of admission. Do not rush into signing this! Have someone read it with you carefully. **You are not required to sign a living will!**

We must protect ourselves and help our families by taking steps to respect life (and limb).

## **IS IT ETHICAL TO ELIMINATE THE DISABLED? IF BEFORE BIRTH, WHY NOT AFTER?**

While the live birth rate of babies afflicted with Downs Syndrome has remained steady in recent years, studies have shown the abortion rate of Downs Syndrome babies is estimated at 80 to 90 percent when prenatal screening reveals the possibility for the condition, according to a recent article by Cybercast News Service. The situation is compounded by the fact that some of the prenatal Downs Syndrome testing is wrong 20 to 40 percent of the time, raising the question of whether healthy unborn children are being aborted.

A study published in the March issue of the *American Journal of Obstetrics and Gynecology* shows that many pregnant women receive only negative information from medical professionals when a prenatal diagnosis reveals a potential for giving birth to a baby with Downs Syndrome.

CNS interviewed Michael Geer, President of the Pennsylvania Family Institute, who said, "What I see today in America is in many respects the repeat of the eugenics era of American history back in the 1900's, where infants were allowed to starve to death because they had deformities or abnormalities, where it was suggested that people who did not have appropriate brain power should be sterilized or not allowed to have children...This current cultural trend in dealing with the physically and mentally handicapped is wrong. I don't think that death is the appropriate solution for that, {or} a child who is diagnosed in womb as having some abnormality or deformity."

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**Note:** People ask what infanticide is, one of the three subjects RTLNCM covers. It is the killing of a baby after birth. It has been done and is still being done. Others ask why we do not support The March of Dimes. Although they do many good things, they support doing often inaccurate testing and encourage women to have abortions. This organization, for this reason, does not deserve to have our donations.

### CONGRESSMAN HENRY HYDE IS RETIRING

For many young people or newcomers to the pro-life movement, this name may not ring a bell with you. But for us "oldies", the name Henry Hyde personifies that of a pro-life congressman. He was the first congressman, way back in the Reagan Administration, who introduced and fought for pro-life legislation. For over thirty years he has been a tireless voice for unborn babies, and he has done so with great eloquence and much success.

Congressman Hyde introduced the Hyde Amendment, which prevents taxpayers from paying for abortions, this among so many other pieces of legislation. He will be sorely missed but always appreciated for the ground work he laid and for the aid he gave to younger and new congressmen who have come to Washington D.C. To you, Congressman Henry Hyde – "Well done, good and faithful servant!"

### GEORGETOWN UNIVERSITY WILL REVISE WEB SITE TO REMOVE PRO-ABORTION LINKS

Responding to a letter from a Catholic watchdog group that monitors Catholic Colleges, Georgetown University says it will revise part of its web site regarding the university's women's center. Georgetown came under fire from the Cardinal Newman Society for having links to local businesses that do abortions or refer women to other places that do abortions.

### REASONS WOMEN HAVE ABORTIONS

It is important to take a more comprehensive look at the reasons women have abortions. Only then can we address the issues and also show the truth about abortions.

For over 15 years, those asking the question "Why do women have abortions?" have relied on a 1987 study. Some are concerned that these ideas are outdated in light of the declining number of abortions and shifting abortion demographics.

A new study by the Alan Guttmacher Institute (AGI), Planned Parenthood's special research affiliate, brings our understanding of women's abortion decisions up-to date. While showing that women's basic reasons have largely remained the same, the study presents some compelling new data that those reaching out to abortion-prone women will want to consider.

#### "Hard cases" are miniscule

A couple of conclusions are very apparent from this data. First, those who wish to use the so-called "hard cases" of rape, incest, life of the mother, and genetic disability to argue for the necessity of abortion on demand will continue to find it difficult to make the case based on the reasons

women offer for their abortions. Ninety-two percent cited what might be termed "social" or "other" reasons, rather than medical reasons or sexual assault as the primary basis for their abortions.

And those who cited medical reasons often appear to have been stating their own opinions (fear that drug or alcohol use may have harmed the baby, inability to handle morning sickness, etc.) rather than reporting any formal diagnosis by a doctor. Less than one percent (each) of women even mentioned rape or incest as a factor in their abortions at all.

#### 1,209 women surveyed

The 2004 study, which appeared in the September 2005 issue of *Perspectives on Sexual and Reproductive Health* (formerly *Family Planning Perspectives*), surveyed 1,209 abortion patients at 11 large abortion centers across the country. The survey was then followed up with in-depth interviews with 38 women at four centers.

Women in the first group filled out an eight-page survey identifying their reasons for abortion and listed their demographic characteristics. Women from the first group who agreed to sit for 30-60 minute recorded interviews discussing those decisions in more detail constituted the second group.

#### Not ready/bad timing

There were a number of responses women gave to the question as to what was "the most important reason" they had their abortions: they were "not ready for a(nother) child/timing is wrong," cited by 25%; they "can't afford a baby now," cited by 23%; feeling that they had "completed my childbearing/have other people depending on me/children are grown," cited by 19%; and "having relationship problems/don't want to be a single mother" was cited by 8%. An additional 7% identified not feeling "mature enough to raise a(nother) child/feel too young," while 4% cited their view that the child "would interfere with education or career plans."

#### Only 4% note health problem

Notably, only 4% cited a "physical problem with my health" as the main factor in their abortions, while 3% identified "possible problems affecting the health of the fetus" as the most important reason behind their decisions. Less than 0.5% cited each of the following reasons as most significant: rape, a husband or partner's desire that a woman have an abortion, parental wishes, or a desire to keep others from knowing the woman had sex or got pregnant. AGI listed the remaining 6% as "other."

#### Economic reasons higher

Economic reasons – a feeling of being unable to afford to have a baby – were cited as the most important reason by 23% in 2004 and 21% in 1987. Those citing childbearing concerns or concerns about other dependents as most important jumped from 8% to 19%, while those identifying relationship issues as primary declined (from 13% to 8%).

Women who cited immaturity as the most important reason also dropped from 11% in 1987 to 7% in 2004, as did the number citing education and career interference (from 10% to 4%). Other reasons jumped from 1% to 6%. For the most part, the remaining primary reasons were close to what they were in the 1987 survey.

While we have concentrated on women's most important reason for their abortions, most women in AGI's survey cited more than one factor in their decisions. Among women citing at least two reasons, the claim of inability to afford the child repeatedly showed up.

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**RIGHT TO LIFE COMMITTEE  
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**Reasons Women Have Abortions...** (cont. from page 5)

**Career relationship issues**

High numbers of women also mentioned concerns for how the baby would change their lives (74%) with regard to education, employment, career (38%) or other family members (32%). Relationship issues – that a woman was unsure about her relationship, didn't or couldn't marry the father – totaled 48%. At least 38% mentioned that they had abortions, at least in part, because of having "completed my childbearing."

**SUMMARY OF REASONS  
WOMEN HAVE ABORTIONS**

- 25% Not ready for a(nother) child/timing is wrong
- 23% Can't afford a baby now
- 19% Have completed my child-bearing/have other people depending on me/children are grown

- 8% Don't want to be a single mother/am having relationship problems
- 7% Don't feel mature enough to raise a(nother) child/feel too young
- 4% Would interfere with education or career plans
- 4% Problem with my health
- 3% Possible problem affecting the health of the fetus
- <0.5% Was a victim of rape
- <0.5% Husband or partner wants me to have an abortion
- <0.5% Parents want me to have an abortion
- <0.5% Don't want people to know I had sex or got pregnant
- 6% Other

**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



*Happy  
Father's Day  
to all  
Our Dads!*

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