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NEWSLETTER OF THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO

A FALLEN HERO

Chief Justice William Rehnquist was one of two justices dissenting the majority opinion that gave us Roe v. Wade. At that time, two brave men stood up for our Constitution, state rights, and for life. Justice Byron White, who died in 2002, and Chief Justice William Rehnquist were the men of courage.

Chief Justice Rehnquist wrote the dissent, and here are some of his words.

“With all due respect, I dissent. I find nothing in the language or history of the Constitution to support the Court’s judgment. The Court simply fashions and announces a new constitutional right for pregnant mothers and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes. The upshot is that the people and the legislatures of the 50 states are constitutionally disempowered to weigh the relative importance of the continued existence and development of the fetus on the one hand against a spectrum of possible impacts on the mother on the other hand. As an exercise of raw judicial power, the Court perhaps has authority to do what it does today; but in my view its judgment is an improvident and extravagant exercise of the power of the judicial review which the Constitution extends to this court.

“The Court apparently values the convenience of the pregnant mother more than the continued existence and development of the life or potential life which she carries. Whether or not I might agree with that marshalling of values, I can in no event join the Court’s judgment because I find no constitutional warrant for imposing such an order of priorities on the people and legislatures of the States. In a sensitive area such as this, involving as it does issues over which reasonable men may easily and heatedly differ, I cannot accept the Court’s exercise of its clear power of choice by interposing a constitutional barrier to state efforts to protect human life and by investing mothers and doctors with the constitutionally protected right to exterminate it. This issue, for the most part, should be left with the people and to the political process the people have devised to govern their affairs.”

He further added the following words in regard to Roe v. Wade. “It is my view, therefore, that the Texas statute is not constitutionally infirm because it denies abortions to those who seek to serve only their convenience rather than to protect their life or health. Nor is this plaintiff who claims no threat to her mental or physical health entitled to assert the possible rights of those women whose pregnancy assertedly implicates their health.”

In the Doe v. Bolton case that was used to define health in Roe v. Wade, Chief Justice Rehnquist had this to say about the case that came to the court from Georgia. “Likewise, because Georgia may constitutionally forbid abortions to putative mothers who, like the plaintiff in this case, do not fall within the reach of its criminal code, I have no occasion, and the United States had none, to consider the constitutionality of the procedural requirements of the Georgia statute as applied to those pregnancies posing substantial hazards to either life or health.”

There is much more that Chief Justice Rehnquist said, but the

passages of his dissent provided show the crux of what he and Justice White believed and ruled on.

It is clear that when Roe v. Wade is overturned it will go back to the states – something all states, especially New Mexico, must make preparation for. In the meantime, the arguments made by William Rehnquist are just as viable today and may his wisdom carry on in future decisions. Thank you, Chief Justice William Rehnquist, for your strong support of life, the Constitution, and your wonderful example of how to stand up for what is right.

OCTOBER 8, 2005 DINNER

The purpose of this dinner is to educate the public on the U.S. Supreme Court ruling of Roe v. Wade made in 1973. We need to understand this ruling that has been responsible for ending more than 48 million babies’ lives, what it said, what it did, and what is needed for it to be overturned. Each of us who claims to be pro-life needs to be educated so that we can explain to others these important issues. Since New Mexico is being targeted to become an abortion mill when Roe v. Wade is overturned in the not-too-distant future, more than ever we need to be armed with truth and a plan to prevent our beautiful state from becoming one that is known for killing innocent young human life.

TIME IS RUNNING OUT. YOU NEED TO CALL THE STATE OFFICE IMMEDIATELY TO MAKE A RESERVATION. Call: 505-881-4563. WE CANNOT TAKE RESERVATIONS AFTER OCTOBER 6, 2005.

The event will take place at the Wyndam Hotel at the Airport from 7:00 pm. until 10:00 p.m. at the latest and will cost only \$25. The guest speaker is Denise Mackura, Executive Director of Ohio Right To Life and past Senior Legislative Council for Americans United for Life, a non-profit, public interest law firm and educational organization. She is an attorney who has great expertise on Roe v. Wade and other abortion laws.

The dinner is confined to the subject. There will be no awards, etc., just a simple dinner and a very important presentation.

The Right To Life Committee of New Mexico is trying to have more educational forums. Be a part of the solutions that are needed in our state and country. The best pro-lifer is an educated pro-lifer.

PLANNED PARENTHOOD’S COMPASSION

Planned Parenthood has offered free sterilizations and abortions to victims of Hurricane Katrina.

WHY DOES ROE V. WADE NEED TO BE OVERTURNED?

On January 23, 1973, two different statutes were challenged in the U.S. Supreme Court. From Georgia, where the law had been liberalized to include a health factor, Sandra Cano, who sought help with her pregnancy, was used to challenge even the liberalized Georgia law. The health definition was not adequate for those who support abortion. The ruling that was given included a definition of “health” defined as that concerning, psychological, emotional, physical, the age of a woman and familial (who it concerns: the family, community, society, etc.).

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Roe v. Wade was a challenge to a Texas statute that only allowed an abortion to save the life of the mother. Norma McCorvey, who was “Jane Roe”, was an unmarried pregnant woman with her third child. She wanted an abortion and claimed to be raped. She later testified that was not the truth. However, her case was used to challenge the Texas law, which was heard on January 23, 1973.

When Roe v. Wade was decided in the afternoon, this definition was incorporated into that ruling. Whereas Roe v. Wade talks about abortion not being performed after viability (when the baby can live on its own), it also said that “health” reasons takes precedence over viability. Thus, with the Doe v. Bolton ruling, under Roe v. Wade, a woman can have an abortion for any reason during all nine months. Partial Birth Abortion, which can only be done from the fifth month (after viability) until the ninth month, proves this fact.

What have the ramifications been since these rulings were made? First, both Sandra Cano and Norma McCorvey have joined the pro-life movement. They have testified that they were misled, used, and given no help with their pregnancies.

More than 48,000,000 babies have been killed since that historical date. Abortion is now commonly used as birth control. We have damaged many women across this nation both physically and emotionally.

Aside from the direct killings, the worst thing that has occurred has been the killing of the moral conscience of this nation and with that the degrading of the value of human life, which is now affecting so much of our population from the unborn to the aged, infirmed and chronically ill.

We need to undo the damage by ridding this nation of this very unconstitutional law, and we must seek positive answers and establish a responsible society that cares for the most helpless and respects all innocent human life from fertilization until natural death.

Sen. Sam Brownback (R-KS.) is chairing a sub-committee under the Senate Judiciary Committee on the Constitution, Civil Rights, and Property Rights. He had a hearing on June 23rd on the impact of Roe v. Wade and Doe v. Bolton. In the committee room packed to capacity, many witnesses expounded on the consequences. Two leading pro-life experts - Teresa Collet, Professor of Law at the University of St. Thomas Law School and Edward Whelan, President of Ethics and Public Policy Center - testified.

Professor Collett stated that it was a fallacious notion that abortion was or is essential to women attaining full equality. She further emphasized how the early American feminists were strongly against abortion.

Edward Whelan said, “Leading political and media figures deliberately or otherwise, routinely misrepresent and understate the radical nature of the abortion regime that the Court imposed in *Roe v. Wade*, and, conversely, they distort and exaggerate the consequences of reversing *Roe*.” He continued: “Like few other Supreme Court cases in our nation’s history, *Roe* is not merely patently wrong but also fundamentally hostile to core precepts of American government and citizenship. *Roe* is a lawless power grab by the Supreme Court, an unconstitutional act of aggression by the Court against the political branches and the American people.” He concluded that *Roe* “prevents all Americans from working together, through an ongoing process of peaceful and vigorous persuasion, to establish and revise the policies on abortion governing our respective states.”

Sen. Brownback said, “To put it simply, *Roe* was a mistake. A very costly one.”

*If you can dance with adversity,
you'll never be out of step with life.*

There will be many people reading *Viva Life* for the first time this month and getting acquainted with what The Right To Life Committee is and its goals. So in this issue I would like to review some basic facts.

The Right To Life Committee of New Mexico, which has been established as a corporation since 1970 (started in 1969), is a civil rights organization based on the Declaration of Independence that says, “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 was approved July 4, 1776 by all thirteen states. This is a very clear statement of what our forefathers wanted for our nation and what our Constitution was to reflect.

RTLNCM is not a religious organization; however, many people from many religious backgrounds are involved in our committee. There have been those who are not religious who have also supported us.

Although we do have a Political Action Committee, our main works are educational, and by far more than 97% of our efforts are concentrated on educational activities. The PAC, which is under the organization’s umbrella, has to raise its own money for not only political activities such as endorsing pro-life candidates (not political parties) but also for activities to get the men and women who are pro-life elected to office. The PAC is also responsible for bringing pro-life legislation to the New Mexico legislature and to guide pro-life citizens to work with our congressional delegation from New Mexico in passing pro-life legislation or defeating anti-life bills at the national level.

The organization works under two entities of a non-profit organization. There is the C-4, which allows the organization not to pay taxes but does not allow donations to be tax-deductible for donors. The Right To Life Committee of New Mexico falls under this aspect. The money used by donations/memberships is used to run the office, do chapter development, and to hold board meetings. Individual chapters also fall into this category. The PAC falls under C-4, thus its donations are also not tax-deductible.

However, donations to The Right To Life Committee of New Mexico’s Educational Trust Fund ARE tax deductible. This fund handles all educational aspects, such as educational materials used, conferences, seminars, newsletters, etc.

All three entities are very important and are needed to develop and to have an effect on all aspects of the pro-life movement. We hope everyone will support all.

OUR MISSION STATEMENT

The mission of the Right To Life Committee of New Mexico is to

- Educate the public and
- Build pro-life support and values in order to
- Protect all innocent human life from fertilization until natural death.

Our goals are to protect the unborn child from abortion, the disabled newborn from infanticide, and the elderly, handicapped, and chronically ill from euthanasia.

We do NOT take a stand on contraceptives unless it is proven to be an abortifacient (drug or device that causes an abortion). We do NOT take a stand on capital punishment, and we are NOT an organization that does picketing. We don’t oppose those who support these activities. It’s just that RTLNCM does not take a stand and thus does not incorporate those subjects onto our educational agenda.

Now that you know who and what we stand for, we hope that you will support our organization and its cause with your membership, your time, and whatever donations you can provide. With only two fulltime and one part-time employee, you can see the “people” who

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Editor's Commentary...

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support our pro-life agenda are needed to not only sustain our mission and goals but to build on what has been established. This is especially needed with our chapter development program. We have thirty-three counties in New Mexico, and we need at least one chapter in each county (more for large counties). This brings education to the community, the neighborhood, and the individual families who reside in that county. Currently we have 13 chapters, two of which are newly established.

All need help. Often a chapter has only five directors, so when events arise they need additional volunteers. Of course, the chapters would like more help on their boards, and they need donations to get their own materials. So please consider calling the people listed in your county. If there is a * by their name, they really do need help now!

Albuquerque RTL - President Betty Eichenseer 821-9101
***Dona Ana RTL - President Meyer Stahl 650-7359**
Estancia Valley RTL - President Chris Dolce 832-4516
***Gallup RTL - President Sig Martinez 870-1703**
***Lea County RTL - President Gary Jones 392-7724**
Los Alamos RTL - President Lis Laemmle 662-5522
Quay RTL - President Arlene Frey 461-3662
Sandoval RTL - President John Lombardo 896-4602
San Juan RTL - President Jessica Booton 988-9292
San Miguel RTL - President Carlos Lopez 426-9816
Santa Fe RTL - President Sarah Wilson 988-3100
Valencia RTL - President Jackie Farnsworth 865-6160

**Just started and in much need of help is:*

Cibola RTL - President Bernie Dioguardio 240-2033

Currently, we are working to establish a chapter in Socorro County and in Lincoln County.

COUNTIES WHERE A CHAPTER FOR RTLCNM NEEDS TO BE ESTABLISHED:

Rio Arriba, Taos, Colfax, Union, Harding, Mora, Guadalupe, De Baca, Curry, Roosevelt, Catron, Grant, Sierra, Chaves, Eddy, Otero, Luna, and Hidalgo.

YOU ARE NEEDED NOW!

In order to have a chapter, it takes at least five people dedicated to the pro-life cause. The chapters meet once a month to plan and carry out educational activities and fundraising for their area. IF YOU ARE INTERESTED IN HELPING CREATE AN ESSENTIAL CHAPTER IN YOUR AREA, PLEASE CALL 505-881-4563. We will help in all ways to get a chapter established in your county. IF THERE IS A CHAPTER, PLEASE CALL THE PRESIDENT AND OFFER YOUR TIME, TALENT, AND/OR FINANCIAL RESOURCE.

TOGETHER WE CAN EDUCATE THE PEOPLE OF NEW MEXICO AND CHANGE HEARTS AND MINDS AND ESTABLISH POSITIVE SOLUTIONS TO PROBLEMS THAT ARE NOW BEING DEALT WITH BY USING DEATH.

A DIFFERENT PERSPECTIVE AND A SAME CONCLUSION

This is a reprinted article by Elizabeth Sandoval, a writer living in Los Angeles.

A NEO-FEMINIST'S VIEW OF ABSTINENCE

I don't want to have sex. Clarification, I *do* want to have sex but only with my husband. And I don't have one yet.

No, I am not an ultraconservative who is cohabitating with a houseful of cats and TiVo'ing *Lifetime* movies. I'm a middle-of-the-road 32-year-old who likes tattoos and loud music. And yes, I am cute (I've been told by friends and strangers alike). So you can put aside the notion that I'm bitter about not being offered the chance to have sex.

What I am is a neo-feminist. Definition: "One who respects her body so much that she won't allow it to be used as someone's playground."

Handsome Man at a Bar, you think I'm cute? Thanks. Do you appreciate me or the ideal of having sex with me? Because your thinking has likely been influenced by the cavorting of Samantha and Co. in the "city" or the women in most rap videos. I am not one of those women. If you want a workout, go get a one-day pass at Bally. It's free.

Members of the "Sex is Natural and Fun and if It Makes You Happy, It Can't Be That Bad" club want sex so badly that they willingly and repeatedly live out the following scenario. "Things go great" for a month or two. Sex quickly becomes a part of your interactions. Maybe he even meets your parents. And then, well, things just change. He dumps you or you dump him.

Regardless of why the relationship died, you are now one of many women he could point out on the street. "See her?" he can tell his buddies. "She's cute, huh? Yeah, I had her." I never want to be "her."

The "You Have to Know if You're Sexually Compatible or the Marriage Will Be Doomed" club will argue that one out of two marriages ends in divorce, so you *have* to know that you're sexually compatible before you can even contemplate marriage. Well, maybe one out of two marriages ends in divorce precisely *because* people are too free with sex. Many people don't take time to establish real communication with one another. It's false intimacy.

Many women today are weak-minded in that they readily accept society's portrayal of sexual norms. The people on *The O.C.* are doing it. Paris Hilton, as she's hosing down that Bentley, appears ready to do it. And more important, many people they actually know are doing it. The sheer prolificness of sex seems to make the decision for them. Women are non-self-respecting because they willingly sacrifice such an important part of their being for just a few moments of pleasure. And they're oblivious because they don't contemplate the profoundness of sex.

Women give it up as if it's nothing. When in fact, it is everything.

FETAL PAIN - IS THERE SUCH A THING?

Congress will be addressing a piece of legislation that would require women be informed before having an abortion about the pain their child will experience. The bills, S.51 sponsored by Sen. Sam Brownback and H.R. 356 sponsored by Cong. Chris Smith, have been introduced in each legislative body of Congress. They both have strong backing from National Right To Life.

Whenever a woman seeks an abortion after 20 weeks after fertilization, she should be given specific information about the capacity of her unborn child to experience pain during the abortion. After that, the woman must either accept or refuse (by signing a form) the administration of pain reducing drugs to all abortions past 20 weeks. This is done regardless of the method used, including partial-birth abortion and dismemberment ("D & E") abortion.

Backing this bill are congressional findings regarding the scientific evidence that unborn children would experience great pain during abortions at 20 weeks (and perhaps earlier). The findings also cite a number of existing federal laws that seek to diminish the suffering even of animals, such as restrictions on how livestock can be slaughtered and restrictions on the use of animals in medical research.

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Fetal Pain...

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With the introduction of these two bills, there has been an uproar from those who support abortion saying it is not true that babies feel pain. The person most cited is Susan Lee, who previously worked as a lawyer for NARAL, and Dr. Elizabeth Drey, the Medical Director for the largest San Francisco abortion clinic, which annually aborts 600 babies between 20 and 23 weeks of development. These two women were responsible for the *JAMA (Journal of the American Medical Association)* article dated August 31, 2005 concluding that there is not good evidence for fetal pain before 29 or 30 weeks gestational age (i.e., during the seventh month). With this article there was wide coverage on ABC News, CNN, Fox News Network, the Associated Press, Reuters, and the *New York Times*.

In the meantime, Douglas Johnson, Legislative Director of NRLC, distributed to the news media a memorandum with objections both to the substance of the paper and to the “gullible treatment” by much of the news media. This memo and updated information after the memo are being referred to in this article.

The statements made in the *JAMA* article was produced by pro-abortion activists. There was no laboratory research reported in the article; it's merely a commentary on a selection of existing medical literature. The conclusion that there is no good evidence that human fetuses feel pain before 29 weeks is disputed by experts with far more extensive credentials in pain research than any of the authors. These independent authorities say that there is substantial evidence from multiple lines of research that unborn humans can perceive pain during the fifth and sixth month and maybe even earlier.

Dr. Kanwaljeet S. Anand, a pain researcher who holds tenured chairs in pediatrics, anesthesiology, pharmacology, and neurobiology at the University of Arkansas, said in a document accepted as expert by a federal court, “It is my opinion that the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier, and that pain perceived by a fetus is possible more intense than that perceived by newborns or older children.”

In *USA Today* Dr. Anand predicted that *JAMA's* publication of the article would “inflame a lot of scientists who are...far more knowledgeable in this area than the authors appear to be.” He contacted Dr. DeAngelis about the science and the methods used in that paper. He also offered to write an editorial or a ‘counter-point’ article to provide an alternative perspective, because he felt that the authors of the *JAMA* were biased. This offer was turned down by the esteemed Editor-in-Chief Dr. DeAngelis and Dr. Lauer who practices cardiovascular medicine and is a contributing editor.

A similar review published in September 1999 in the *British Journal of Obstetrics and Gynaecology* (the leading ob-gyn journal in the UK) concluded: “Given the anatomical evidence, it is possible that the fetus can feel pain from 20 weeks and is caused distress by interventions from as early as 15 or 16 weeks.”

What evidence is there that the unborn child feels pain? Infants born as early as 23 or 24 weeks now commonly survive long term in neonatal intensive care units. Neonatologists confirm that they react negatively to painful stimuli – for example, by grimacing, withdrawing and crying. When they must receive surgical procedures, they are given drugs to prevent pain. *JAMA* says there is no evidence before 29 weeks, which is five or six weeks later. If these babies feel pain in the incubator, they feel pain in the womb and need protection. This is true of the 24-week (or 25-week, 26-week, 27-week, or 28-week) unborn child.

Dr Paul Ranalli, a neurologist at the University of Toronto, commented on the paper: “Across the nation, Neonatal Intensive Care Units (NICUs) are full of bravely struggling preemies... The only difference between a child in the womb at this stage, or one born and cared for in an incubator, is how they receive oxygen – either through the umbilical cord or through the lungs. There is no differ-

ence in their nervous systems. Their article sets back humane pediatric medicine 20 years, back to a time when doctors still believed babies could not feel pain.”

Dr. Jean A. Wright, then a pediatric pain specialist at Emory University, said in testimony before a congressional committee in 1996 “Preterm infants who are born and delivered at 23 weeks of gestation show very highly specific and well-coordinated physiologic and behavioral responses to pain which is just like older infants.”

Now look at the methods used to perform an abortion in the fifth and sixth month. The gross trauma inflicted on the unborn human would far exceed anything that would be done to a premature newborn at the same stage of development. The most common method is the so-called “D & E,” and it involves tearing arms and legs off of the unanesthetized unborn child, then crushing the skull. Thousands of times annually the partial-birth abortion method is used, which involves mostly delivering the living premature infant, feet first, and then puncturing the skull with scissors or a pointed metal tube. Then the contents of the brain are removed.

Why do those who support abortion oppose this bill? Don't they want women to be informed and have a choice? The fact is they never want the horrible truth about abortion and how it is performed, what it does to both mother and child at the time of abortion and to mother later if ever heard. Those who support abortion want it to continue. It brings in a great deal of money and eliminates “those not wanted,” whoever they deem that is and at to what time of life that applies. Further facing the “humanness” of the unborn child will make it more difficult to kill it. A mother must know she is killing a living, feeling, innocent human life.

To SUPPORT these bills, please write to Sen. Pete Domenici and Sen. Jeff Bingaman by e-mailing to: <http://www.capwiz.com/nrlc/home/>. To mail your letters, address the senators and send it to U.S. Senate, Washington D.C. 20510. You can call the Capitol switchboard at 202-225-3121. For local numbers, look in the government pages of the telephone book.

Another piece of legislation going to be heard soon and that unfortunately passed the House, with Cong. Heather Wilson and Cong. Tom Udall supporting it and Cong. Steve Pearce opposing, is H.R. 810 supporting federal funding for embryonic stem cell research, something the President, NRLC, and RTLCNM opposes (see Stem Cell article in this newsletter). Ask Sens. Domenici and Bingaman to OPPOSE this bill.

There is another bill (S. 658) sponsored by Sens. Brownback and Landrieu that would ban the creation of human embryos by cloning. Please write to our senators and ask them to SUPPORT this bill.

YOUR VOICE CAN MAKE A DIFFERENCE AND CAN SAVE LIVES. PLEASE RESPOND AND DO YOUR PART!

STEM CELL RESEARCH: DO WE OPPOSE IT OR SUPPORT IT?

The answer is Yes and No! You see, there is more than one kind of stem cell research, a fact the newspapers and television news does not make clear. You only hear “stem cell research.”

The Right To Life Committee of New Mexico does oppose embryonic stem cell research. This type of stem cell research requires the killing of an embryo in order to harvest its stem cells - all this with no proof of any cures or improvement in health for mankind. The National Institute of Health says that any therapies based on the use of human embryonic cells are still hypothetical and highly experimental. Other types of stem cell research have provided cures and promises of further cures, and none has required the taking of another human being's life.

So what is a stem cell? A stem cell is a cell that has the ability to divide (self replicate) for indefinite periods. Under the right conditions, or given the right signals, stem cells can give rise

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Stem Cell Research...

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(differentiate) to the many different cell types that make up the organism. That is, stem cells have the potential to develop into mature cells that have characteristic shapes and specialized functions, such as heart cells, skin cells, or nerve cells that can replicate for long periods to create new specialized cells to transplant into patients, to repair or replace tissues that disease and disability have damaged.

These stem cells are found in the adult organism (“adult” referring to humans or animals any point after birth). Stem cells are found in the bone marrow, blood stream, brain, spinal cord, dental pulp, skeletal muscle, skin, gastrointestinal tract, cornea, retina, liver and pancreas. Another rich source of stem cells is the blood within umbilical cords and placentas no longer needed by newborn babies. New research shows human fat also contains stem cells.

The current state of research on adult stem cells has been used to treat a host of human diseases including cancer, autoimmune diseases, stroke, cartilage and bone damage, and blood and liver diseases. Every day more and more success is recorded from the use of adult stem cells.

In 1988, Dr. Eliane Gluckman substituted donor cord blood for a traditional bone marrow transplant to treat a boy named Keone Penn for blood disease. This was the first time this procedure was used, and to this day Keone remains completely free of the disease.

The blood from a single unpurified cord has been used in an estimated 15,000 treatments worldwide for blood cancers and blood diseases. There are endless possibilities for umbilical cord blood. People are now being urged to bank their child’s cord blood when born. This can be done simply by companies mailing a collection kit overnight. When the cord is cut in the delivery room, the nurse uses a syringe to extract the blood. Then a courier server is used to ensure the kit arrives at the company within 24 hours. We bank our money, and now we can bank cells for future use to treat diseases during our life time. There are public agencies who provide this service, such as the Red Cross. You can also donate umbilical cord blood to the public sector. The National Marrow Donor Program has worked with the American Red Cross and other organizations to create a network of cord blood banks across the nation. Donation is free, and no harm is done to baby or mother in any way. What a positive and ethical way to create positive solutions.

Cord blood has been used to cure many types of Leukemia, congenital disorders dealing with metabolism and anemia, to name just a few. Sickle Cell disease, Krabbe disease, solid tumors, and many other diseases are most suited to use umbilical cord blood transplantation.

Placenta cells are said to be easier to use and are similar to embryonic stem cells. The placenta, like the umbilical cord, is made by the unborn child and usually is discarded. Using placenta stem cells has not created the tumors that embryonic stem cells have, and may be transferred to a patient rather than to first grow the desired specialized cells in the laboratory. An efficient, fast way to bring cures.

New stem cell research has shown that in Japan a 27-year-old woman was cured of diabetes after the transplant of pancreatic cells from her 56-year-old mother. There is a possibility that using adult liver cells will also be used to cure diabetes. Adult stem cells show great promise of curing Parkinson’s disease, an Israel research team says.

Harvard University is saying they have a great breakthrough using skin stem cells. Every day we read about new and exciting steps in stem cell research that in the not-to-distant future will be commonly used to cure, treat, and replace damaged organs.

Our national government (House of Representatives) voted to use tax dollars for embryonic stem cell research. They also voted to support umbilical cord research. This is where money should go, where it is ethical, moral, and productive.

There will be much more in coming issues on this exciting subject.

WHAT TERRI SCHIAVO TAUGHT US ABOUT DYING – PART 1

Terri Schiavo died in March 2005 in Florida by forced dehydration/starvation.

1. Terri died of euthanasia

Before food and water was withdrawn, Terri Schiavo was not dying. Withdrawal of food and water was not an act of “letting her die;” it was an act of making her die. It was euthanasia.

2. Her death causes us to wonder again about right and wrong decisions.

What is the right thing to do in her case or one like it, and there are many like it. Her situation is mirrored in hospitals and nursing homes and hospices all over our country. She is not as unique as we might be tempted to think. In many respects, Terri represents commonplace decisions regarding medical care in our modern society.

3. Asking the right questions.

Many of the questions posed by the plethora of media focused on Terri’s case are earnest, ethical questions from a culture that has lost its rooted Judeo/Christian faith and does not now know how or where to ground its beliefs about right or wrong.

“What did Terri want?” “Is Terri in a ‘permanent vegetative state?’” “Is she really a person in this condition, with a right to receive care?” “When is it right to withdraw nutrition and hydration?” “Who has the right to make such a determination?” “Why would anybody want to live in her condition?” “How much is it costing society to unnecessarily prolong her life?”

These questions will be dealt with in the November *Viva Life*.

PHYSICIAN ABUSES OF OREGON EUTHANASIA LAW COULD OCCUR REGULARLY

Pro-Life physicians are concerned that abuses of Oregon’s assisted suicide law could take place regularly, indicated by inconsistencies in statements from assisted suicide advocates and medical reports. Dr. Robert Orr, President of the Vermont Alliance for Ethical Healthcare, told LifeNews.com that a recent pro-assisted suicide speaker from Oregon mentioned that liquid barbiturates were being used in assisted suicides there.

Documents show 16-25 percent of patients in the Netherlands who take the dosage of pentobarbital do not die. In the Netherlands, where euthanasia is legal, the “failed suicides” can be finished by injecting more of the agent into the individual, but such follow-up is not allowed under the Oregon law.

“When Dr. Peter Rasmussen was visiting Vermont from Oregon in the spring of 2003 at the request of a local Death With

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Physician Abuses...

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Dignity Group, someone asked him a question about the 'failed suicides' in the Netherlands," explained Dr. Orr. "{They wanted} to know what was done if someone in Oregon didn't die after taking the same nine grams (90 capsules) of barbiturate. He responded that this was not a problem because the doctors had switched to a liquid form," Orr said.

However, no oral liquid form of pentobarbital is manufactured, only an injectable liquid that is used to euthanize animals. If used orally, the individual would need to drink seven ounces of the bitter liquid, and the dosage is "likely to be vomited back because of its vile taste," according to Dr. Orr.

"We do not have any direct evidence that patients receiving prescription for lethal drugs under the Oregon Physician-Assisted Suicide Law are being given a lethal injection," explained Dr. Kenneth Stevens, President of Physicians for Compassionate Care in Oregon. Stevens said the Annual Report for 2003 from the Oregon Health Division showed the 37 of 42 deaths from assisted suicide were from pentobarbital. Dr. Stevens added that the pentobarbital prescribed in Oregon for assisted suicide was indeed the liquid form officially known as "pentobarbital sodium injection," and that no oral solution was available.

"We have been told by the proponents of assisted suicide that it is being taken by mouth to cause the suicide," explained Dr. Stevens. "We are concerned that this injectable liquid is in the hands of patients, family, and others. There is not control to prevent it from being injected into the patient (euthanasia)."

Dr. Stevens added that the reporting procedures in Oregon also make abuse of

assisted suicide possible "Information regarding what happens at the time of taking the lethal medication is self-reported by the prescribing doctors who were only present {with} 29% of the patients that took lethal medication in 2003," added Dr. Stevens. "The information from the other 71% of the patients is obtained second-and third-hand from others who were there."

"There are no safeguards to prevent euthanasia in Oregon. This is further evidence of the 'slippery slope' from assisted suicide to euthanasia," concluded Dr. Stevens.

Dr. Stevens noted that according to the most recent reports from Oregon, only 5% of patients received psychological evaluation, despite the fact that depression is the most common condition leading to suicide. In addition, Dr. Stevens pointed out that in 2001, two patients were given lethal prescriptions but did not use them. Two years later, one patient was still alive, meaning that they had not been terminally ill as required by law.

A well-documented case of the law being violated is that of Michael Freeland. In 2001, Freeland was given a lethal dose of medication to end his life by his doctor, although he was not terminally ill, and the physician did not consider him mentally competent to make major medical decisions due to his depression. Both mental competency and terminal illness are requirements for an assisted suicide prescription under the Oregon law. Dr. Gregory Hamilton, an American Psychiatric Association fellow, said Freeland's case "demonstrates that allowing assisted suicide contributes to standard medical care and endangers seriously ill patients, particularly those with a history of pre-existing mental illness."

Information from LifeNews.com 6/15

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:

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