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## THE VALUES OF TODAY AT WAR WITH THE TRUTH – BY DAUNEEN DOLCE, EDITOR

For years I have been going to the New Mexico state legislature trying to pass pro-life laws that would protect our most vulnerable human being, the unborn child.

In doing this I disclosed the humanness of this child and the rights it has even before it is born. That includes that he or she can be a patient in utero, can inherit money, can be part of a law suit, to name a few situations. I also showed that by the time the mother of an unborn child finds out she is pregnant; this baby has all parts of the body in place, and has a beating heart. All it needs to do is to develop these bones, organs, etc. Something it does after birth to about the age 25. Yet, the child in utero is considered at no value, and only the mother can decide its destination in the future.

I was told the mother "owned" this baby. I was also told it wasn't a person until it took its first breath.

Indeed, the Born Alive legislation is dealing with those babies who are born early, no matter what the reason, who have taken that first breath. But those who support abortion do not consider that a human being (who has taken a breath) deserves the right to life as each of them and all of us have received. ABORTION MUST BE AVAILABLE NO MATTER WHAT! SINCE WE NO LONGER VALUE THAT UNBORN CHILD SINCE ROE VS. WADE, WE NEED NOT VALUE IT AFTER BIRTH EITHER.

We wonder why the culture of death is so rampant in our society. It is because we can rationalize any situation to meet our new "value" and ignore the truth in regards to human beings and their right to live and be cared for. WE MUST RESTORE RESPECT FOR LIFE OR THERE ARE NO LIMITS TO THEIR "RATIONALIZATION" IN REGARDS TO HOW TO DEAL WITH HUMAN BEINGS.

I have said it before and will once again – we must elect pro-life people who are dedicated to restoring this respect for life and will use their powers and abilities to make this happen. GET READY!

## ANTONIN SCALIA – A DEFENDER OF THE CONSTITUTION, A DEFENDER OF THE UNBORN By Dauneen Dolce

For many years I have observed the corruption of our court system. The passage of the Roe vs. Wade ruling brought that truth home so clearly. It was not based on the Constitution, it was a political agenda carried out.

There are many courts with judges, some very good some not so good and some very bad. The good ones have one thing in common – they interpret the constitution and they don't rewrite it. They don't read into it so that they can to bring a political philosophy to bear fruit. Justice Antonin Scalia was a great justice and his own statements show why I was such a great admirer of this wonderful man of God, and an extraordinary jurist. Why his votes on pro-life were so profound – he explained his vote. Here is what he had to say on his views on an abortion case that allowed unlimited abortions throughout pregnancy for any reason: "You want a right to abortion? There's nothing in the Constitution about that. But that doesn't mean you cannot prohibit it," he said in an interview previously with California Lawyer Publication.

For those wanting to make abortion legal, "Persuade your fellow citizens it's a good idea and pass a law. That is what democracy is all about. It's not

about nine superannuated judges who have been there too long, imposing these demands on society."

Scalia often reiterated his position that the Constitution's 14<sup>th</sup> Amendment doesn't guarantee equal protection for women in a way that could be construed as allowing abortion on demand. Scalia told the California Lawyer publication that, while the amendment doesn't offer equal protection for women, state legislatures are free to legislate such protections. He said the amendment, when it was adopted, was not intended to offer legal protection for women. Abortion advocates have used it to constitutionally justify legal abortions.

"Certainly the Constitution does not require discrimination on the basis of sex," Scalia said. "The only issue is whether it prohibits it. It doesn't. Nobody ever thought that that's what it meant. Nobody ever voted for that." "If indeed the current society has come to different views, that's fine. You do not need a Constitution to reflect the wishes of the current society," he said. "If the current society wants to outlaw discrimination by sex, hey we have things called legislators, and they enact things called laws. You don't need a Constitution to keep things up-to-date. All you need is a legislature and a ballot box."

Scalia was considered to be one of the four justices most likely to support overturning Roe if a case reached the high court. Justice Clarence Thomas has also publicly expressed his desire to overturn the 1973 decision. Justices Roberts and Alito are the other two from their voting records. Thank you Justice Scalia for your wisdom and fortitude.

*Please note, Justice Scalia said he would want to be replaced with a like-thinking justice in this area and other areas. We must pray that will happen for the good of the unborn and our nation.*

*Information from Life News*

### EUTHANASIA AND ASSISTED SUICIDE – STILL GOING AND GROWING

*While much attention is given to the abortion issue, the issue of euthanasia and assisted suicide often is on the back burner. However, it is heating up and much is being done in many areas of the world and our own country to make this as acceptable as abortion has become. The following articles give you insight into the issue and as to why we must be prepared to stop this anti-life movement in our state and in our country.*

### LEGISLATIVE WRAP-UP WHAT HAPPENED AND WHAT DIDN'T HAPPEN By Dauneen Dolce – Lobbyist

There were three pro-life bills introduced in the 2016 legislature. One of these bills was supported by The Right to Life Committee of New Mexico – the Born Alive Infant Law. The other two dealing with late-term abortion which was based on viability, were not supported by RTLNM. The reason is that Roe vs. Wade is based on the viability of an unborn child and we don't want to reiterate that position. Furthermore, viability is a moving target, and this bill left the abortionist to decide the viability of the child he is being paid to abort. This is done without review by anyone else.

Now the Born Alive Infant Law which followed the wording in the Congressional legislation previously passed in both houses of Congress, and is in effect, is a better bill as it has more consequences when the law

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is broken which the law needed. This bill was sent to The House Health Committee which had 5 pro-life Republicans and 2 pro-life Democrats on the Committee- the other 2 Democrats are pro-abortion. We felt that the bill would pass this committee. It did not. It ended up that pro-life Republican Andy Nunez voted to table the bill when it looked as if the bill was going to be voted down. Tabling does allow further action to take place, and if you voted for the tabling, then you could call up the bill for further action. This is what happened. Now efforts were made before this happened to reach pro-life Democrats Rep. James Madalena and Rep. Nick Salazar, with Rep. Madalena saying he would vote for the bill. However, when the vote to untable the bill came, he voted against it as did Rep. Salazar and now the bill was dead.

Later this bill was introduced in the House Government, Elections and Indian Affairs as a memorial. A memorial is not a law, but it does provide information and ascertains who supports it in committees and eventually the House floor. House Government Committee has six pro-life Republicans, two "pro-life" Democrats, three pro-abortion Democrats and 1-unknown Democrat.

With the "pro-life" Chairman, James Smith voting to table the bill, it was defeated in this committee.

The late-term bills, one with restrictions and the other without come restrictions found the same fate in Senate Public Affairs. Here the four pro-life Republicans voted for these bills and the five pro-abort Democrats voted against them. This was no surprise. Until we either elect true pro-life Republicans and true pro-life Democrats to the Senate, this committee will continue to kill all pro-life bills which it has done for many years. What this session has proved, is don't take anyone for granted, especially legislators. There is a need to find the best pro-life candidates we can and all of us must work to get those candidates elected so they can work for us.

We thank Representative Yvette Herrell and Rod Montoya for sponsoring the Born Alive bills and Bill Sharer with his bills.

Hopefully we will have a successful 2016 election and more of our pro-life legislators can introduce bills that will be heard by pro-life legislators in committees that will bring it to both the House and Senate floors for passage. Then Governor Susanne Martinez will sign these bills.

#### **UNIVERSITY OF NEW MEXICO IS UNDER INVESTIGATION FOR BREAKING THE LAW**

In January The Right to Life Committee shared with its supporters the information of how UNM was breaking federal, state and UNM's own policies. It was found that the medical school was sending its medical students to Southwestern Women's Options, a late-term abortion facility in Albuquerque, to be trained how to do abortions. Then it was discovered that this same facility was taking aborted babies, which were killed by piercing their hearts and delivering whole feet first so they could be used for fetal experimentation. The delivered baby was taken by UNM people to the school 15 minutes after the procedure.

Since then, the training of medical students at the abortion clinic has been cancelled according to the school. However, the fetal research is still ongoing. Several pro-life groups have compiled this information over the years including Project Albuquerque and New Mexico Alliance For Life. The attorney for Alliance For Life requested a great deal of information and did receive some, but not all. We still don't know what is being done with the fetal parts.

StemExpress, a California company that prepares human fetal tissue for research analysis said that a U. S. House Committee, the Select Investigative Panel on Infant Lives chaired by Marsha Blackburn (R)–Tenn. is subpoenaing them as well as UNM for noncompliance with the panel's investigation.

StemExpress was targeted as part of the undercover investigation in the alleged harvesting and sale of fetal parts last year by the Center of Medical Progress, which triggered the U.S. House inquiry. That panel is seeking confidential information of scientists and researchers which they are resisting, thus the subpoenas. UNM has said they are gathering the information requested in the subpoena. Southwest Women's Options says it is complying with the subpoena. Rep. Blackburn said on February 11, 2016,

"Without these subpoenas the American people and the House itself would be left to speculate about what is going on in the fetal tissue industry. We cannot leave questions unanswered,"

On the home front, The Right to Life Committee sought to have the House Appropriations Committee cut funds to the Health Services Department of UNM Center until it can show it no longer is using fetal tissue for experimentation. This approach failed; however, UNM did have cuts in its appropriations but did not have that because of the fetal research issue.

As this story unfolds and further actions are taken either by all parties involved, RTLNM will report it to you

### **THE DISTURBING END GAME OF THE ASSISTING SUICIDE LOBBY – By Jennifer Popik, J. D.**

In a record push, Compassion and Choices or C & C (formerly the Hemlock Society) has introduced bills in nearly half of the U. S. States. Although, they are promoted as simply another medical option at the end of life, comments made by C & C's president that appeared in the April 17, 2015 USA Today article point to its real goal – euthanasia on demand for any reason.

Although there are still a handful of states that remain at risk this year for this dangerous legislation, such as California, these bills are being defeated one by one across the country. In state after state, the broad coalition of opponents including disability rights groups, the American Medical Society along with the state affiliates, and scores of other groups have successfully raised the alarm that these laws are just too dangerous.

C & C has gained attention using the case of Brittany Maynard, a California woman with a brain tumor. Maynard moved to Oregon – where it is legal to have a physician prescribe a lethal dose of barbiturates-to kill herself. The case is being used to motivate death advocates and influence legislators, and in many states that did not advance legislation this year, we can be sure stronger efforts will be made in the next legislative session. The legislation being promoted in the states purports to allow doctor-prescribed suicide for competent terminally ill patients, so long as some illusory "safeguards" are followed.

Evidence that safeguards are not working is available from both Oregon and Washington. There are state-issued reports that provide evidence of non-terminally ill persons receiving lethal prescriptions.

Further, there is nothing in existing Oregon, Washington or Vermont law that requires doctors to refer patients for evaluation by a psychologist or psychiatrist to screen for depression or mental illness. There is also no such requirement in any current proposal in any state. The doctors can make a referral, but nearly never do. In fact, according to the Oregon's official state reports, in 17 years of legalized doctor-prescribe suicide, a mere 5.5% of death candidates have been referred for psychological evaluation.

In short, there is evidence that any so-called "safeguards" simply are not working. What is more shocking is that this is exactly what C & C President Barbara Coombs Lee wants. She would prefer to expand the list of those who can receive lethal drugs to any kind of discomfort a person might believe she or he is suffering from. In the USA Today article, "Half of the U. S. states consider right-to-die legislation," Coombs Lee told Reporter Malak Monir that "it's not as simple as pain. Everyone gets to identify their own definition of suffering."

In another telling remark, Coombs Lee congratulated our close neighbors in Canada on its astounding Supreme Court decision that allows euthanasia for virtually any reason, and possible for people whose wishes are unknown. In a press release she wrote, "We are heartened, as availability of aid in dying in Canada will have an impact here, especially in Border States like New York and Maine."

The situation in Canada is bleak. On February 6, 2015, the Supreme Court of Canada unanimously found a constitutional right to "termination of life" for anyone who has an "irremediable medical condition" and wants to die.

Under doctor-prescribed suicide laws in Oregon, Washington and Vermont that theoretically are limited to those with terminal illness, the sweeping ruling allows killing any Canadian who "has a grievous and irremediable medical condition (including illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of

## The Disturbing End Game... (cont. from page 2)

his or her condition. “Irremediable” the court stressed, “does not require the patient to undertake treatments that are not acceptable to the individual.”

While the ruling on its face only applies to “a competent adult person who ... clearly consents to the termination of life,” the court hinted that it may later hold that surrogates have the right to kill people with disabilities who cannot speak for themselves and have never asked to die. After rejecting any distinction between rejecting life-preserving treatment and direct killing, stating that both hasten death, the court noted, “In some cases, {decisions to reject life-saving treatment} are governed by advance directives, or made by a substitute decision-maker.”

The court suspended the invalidation of Canada’s law against assisting suicide for a year to allow the Parliament and provincial legislatures to create some guidelines, should they choose. However, in light of the court’s insistence to defer judgment of potential patient vulnerability to physicians it will be very challenging for Canadian legislators to craft laws that provide any realistic measures of protection.

Now the attention in Canada is turning to see what sort of guidelines, if any, emerge. The Canadian Medical Association is hard at work attempting to at least protect doctors’ right of conscientious objection to euthanasia. However, it is getting aggressive push back from the prominent Queens University Professor Udo Schuklenk, editor-in chief of the journal Bioethics.

In arguing against this one meager right of doctors to at least not be forced to participate he writes on his blog: The very idea that we ought to countenance conscientious objection in any profession is objectionable. Nobody forces anyone to become a professional. It is a voluntary choice. A conscientious objector in medicine is not dissimilar to as taxi driver who joins a taxi company that runs a fleet of most combustion engine cars and who objects on grounds of conscience to drive these cars due to the environmental concerns.

While what happens in Canada, our close neighbor, certainly impacts us all, we again can look to C & C and find that it too adopts this dangerous thinking. Essentially, it began by promoting legislation with “safeguards” to make people comfortable with a doctor issuing a lethal prescription – but in quote after quote, we see that it is now moving to authorize lethal prescriptions for anyone who asks. Moreover, C & C has open hostility to any sort of conscience rights doctors or pharmacists might have.

In the final days of the administration of President George W. Bush, the Department of Health and Human Services issued a rule preventing employment discrimination against medical professionals who refused to provide certain medical services in violation of religious or moral beliefs. At the time, Barbara Coombs Lee wrote about this regulation: “This is why the Refusal Rule – called ‘Conscience Rule’ by its proponents – is so dangerous. It’s like a big doggy treat for healthcare bulldogs who would love to sink their teeth into other people’s healthcare decisions ... These dogmatists want to fill our hospitals and clinics with workers who place their beliefs over the needs of their patients.”

Be on the lookout for these dangerous laws in your state. These laws will not alleviate pain. In fact pain is not even a top 5 reason people seek prescriptions (“losing autonomy” and “becoming a burden” are the top 2). These lethal prescriptions will be given to non-terminally ill people. Profit-driven insurers and cash strapped state health care plans have and will encourage the use of these inexpensive suicide drugs. These laws will inevitably expand!

Note: Since this story was written last year, California now has Assisted Suicide and New Jersey defeated the law that was attempted in that state.

Also Note: Jennifer Popik from the Robert Powell Center for Medical Ethics under National RTL, was a workshop presenter at our October State Convention.

## WHY DISABLED PEOPLE LIKE ME FEAR ASSISTED SUICIDE AND EUTHANASIA BY: STEPHANIE WOODWARD

Having been born with a physical disability, I am all too familiar with the overwhelming number of people who feel that decisions should be made for

me, not by me. I know tactics used to coerce disabled people into doing what someone else thinks is best because they’ve been used on me. I am well aware of the “ablest” notions that society holds – that having a disability is a tragedy, that we’re a waste of resources and a burden on society, and that we’re “brave” to live with our disabilities (which essentially means that most people would rather die than be “brave” and live with a disability like me).

We’re often regarded as incapable of making our own decisions and unworthy of respect. However, when one disabled person announces they want to die, they’re lauded in the press and on social media. Sara Myers, for example, has Lou Gehrig’s disease and has received a slew of media attention for wanting assisted suicide because she began to experience disability.

Media focused on Myer’s use of a wheelchair and her need for assistance in showering and toileting to demonstrate why assisted suicide should be available to her. For full disclosure, I use a wheelchair and have needed assistance with both showering and toileting in my life, and I expect I’ll need more assistance as I age. I take it very personally when media and society lists these as valid reasons to want to die.

With all the negative stereotypes and stigmas against disabled people, combined with the praise a disabled person receives when they announce that they want to die, nothing scares me more than the legislation of assisted suicide. Legalized assisted suicide has a disproportionate impact on disabled people. While everyone else receives suicide prevention, people with disabilities and certain illnesses and old people will receive a fast pass because our lives are viewed as less worthy.

Current legislation proposed in New York to legalize assisted suicide not only has no realistic way of protecting from mistake, coercion or abuse, but also lists no reporting requirements. This means that any doctor could prescribe a lethal dose and any person could administer that dose to kill a person, with medical confidentiality preventing any oversight. No independent witness is required during the death of an individual, so there’s no way to ensure that the individual administered the lethal dose himself or herself. In a world where abuse of people with disabilities and seniors is rampant, this alone is cause for concern.

For example, an adult child of an ill 80-year-old woman could accompany her mother to the doctor to obtain the lethal dose, and then administer it without her mother’s consent.

Situations like this have already happened.

Kate Cheney, an 85-year-old woman with early dementia, was brought to her doctor by her daughter to obtain a prescription for the lethal dose in Oregon where assisted suicide is legal. The doctor refused to write the prescription. Unfortunately, that did not prevent Ms. Cheney’s death. Instead, Ms. Cheney’s managed care provider found a different doctor to prescribe the lethal dose.

This second doctor had Ms. Cheney undergo a psychiatric exam and found that Ms. Cheney lacked the capacity to make this decision, so the lethal dose was, again, not prescribed. Cheney’s daughter became very angry and demanded that her mother undergo another evaluation. This psychologist deemed Cheney was competent, but noted that Ms. Cheney’s “choices may be influenced by her family’s wishes and her daughter, Erika, may be somewhat “coercive.” Soon thereafter Ms. Cheney took the lethal dose and died.

My concerns about assisted death are shared widely throughout the disability community. In fact, every major disability rights organization that has taken a stance on assisted suicide opposes its legalization. Our concerns extend further than abuse.

As I mentioned, disabled people frequently encounter members of society who believe that they know what is best for us. The medical community has historically encouraged parents not to have or raise their disabled children, has prevented disabled people from reproducing by forcibly sterilizing us without our consent, and has forced us into nursing facilities and other institutions simply because of our disabilities. To have this community in charge of deciding who can access assisted suicide is incredibly troubling.

In recent years, plenty of medical professionals have deemed that assisted suicide is appropriate solely if a person is disabled. For example, according to the New England Journal of Medicine, most of Dr. Jack Kevorkian’s victims

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were not terminally ill, they simply had disabilities. Furthermore, the top reasons given for wanting assisted suicide are not pain or fear of future pain, but feeling like a “burden to others,” experiencing a “loss of autonomy,” or a “loss of dignity.” These factors are all disability related, as disabled people are often made to feel like a burden because we need assistance, which also contributes to the perceived loss of autonomy and dignity.

I, along with my allies in the disability community, urge all New Yorkers to understand that assisted suicide is not a “right” to be glorified, but a double standard that is lethal to communities that are already marginalized, oppressed and abused. We deserve the same suicide prevention that nondisabled people enjoy, because despite the widespread belief otherwise, I assure you our lives are worth living.

**LifeNews Note: Stephanie Woodward is a graduate of Syracuse University College of Law and is the director of advocacy at the Center for Disability Rights in Rochester.**

### BELGIAN 2015 EUTHANASIA REPORT: DEATHS CONTINUE TO RISE

The 2015 Belgian euthanasia data indicates that the number of euthanasia deaths continues to increase. According to the Belgian media, in 2015, there were 2021 reported deaths by euthanasia, up from 1924 reported euthanasia deaths in 2014.

But Wm Distelmans, the chairman of the euthanasia commission, reminded the media that they cannot say for certain the actual numbers of euthanasia deaths. Distelmans stated: “Remember, there could be some euthanasia cases carried out but which are not declared so we cannot say for certain what the number is.”

Distelmans remarks are confirmed by research published in the *New England Journal of Medicine (NEJM)* on March 19, 2015 concerning the euthanasia practice in Belgium which indicated that:

Flanders is the northern half of Belgium and is 5, 221 miles and has a population of 6,161,600

4.6% of all deaths in 2013 in Flanders region were euthanasia.

.05% of all deaths in 2013 in the Flanders region were assisted suicide.

1.7% of all deaths in 2013 in the Flanders region were hastened without explicit request.

**First:** The data uncovered significant under-reporting of euthanasia in the Flanders region of Belgium. The official euthanasia data found that 2.4% of the deaths in the Flanders region were euthanasia, while the study examining all deaths found that 4.6% of the deaths in the Flanders region were euthanasia. Therefore, nearly half of the euthanasia deaths in the Flanders region of Belgium were not reported.

In January 2014, Dr. Marc Cosyns, was quoted by *De Standaard* news saying that he never reports his euthanasia deaths, even though it is a requirement of the Belgium euthanasia law.

**Second:** The data uncovered a significant cultural problem with Belgian physicians hastening deaths without request. *The Associated Press* article, reporting on the NEJM study, interviewed Belgian ethicist Freddy Mortier as stating: Mortier was not happy, however, that the “hastening of death without explicit request from patients,” which can happen when a patient slumbers into unconsciousness or has lost the capacity for rational judgement, stood at 1.7 percent of cases in 2013. In the Netherlands, the figure was 0.2 percent.

There were 61,621 deaths in Flanders in 2013. The study reported that 1.7% of all deaths were hastened without explicit request, therefore it is likely that more than 1000 people died by a doctor intentionally causing their death without explicit request in 2013.

In 2014, Belgium extended euthanasia to children. Distelmans stated that there were no reports of child euthanasia in 2015

### EUTHANASIA CONTAGION – IT EXISTS

The writer asked to remain anonymous for the privacy of the family. My grand-mother is 95 years old. She lives in a nursing home in Belgium, and we, her family, live on another continent. Last year, she became critically ill and told us she wanted to ask for euthanasia. Her doctor was against the idea, and then her health improved. We then used technology to better stay in touch with her. After that, she stopped talking about requesting euthanasia.

This year, on her birthday a few weeks ago, when we gave her best wishes, she said that the best wish would be that this was her last birthday. She was quite depressed after spending Christmas and New Year’s Day on her own. But we kept in touch with her, with several video calls each week. Her spirits lifted, she was happy, enthused and appeared relaxed on recent calls with her.

Today, she informs us that her only real friend at the residence a “young woman of 75” had requested euthanasia and her request had been approved on the basis of Parkinson’s. She is to be killed tomorrow.

My grandmother is now extremely upset and distressed. She spoke about losing her only friend. She spoke of felling alone and isolated. She spoke of the fact that maybe it was time for her to look at euthanasia again.

How many other residents in that home are feeling similarly? How many requests for euthanasia will happen in that nursing home in the next few weeks? I have no hard data about “contagion effect,” but I see the very real impact her friend’s upcoming euthanasia has on my grand-mother. There is no support in place for residents. No one to speak to them or to reassure them, other than the official group presentation about why euthanasia is a good idea.

Meanwhile, in Canada, there is a Committee looking at how to implement “aid in dying.” And so far, we aren’t seeing anything about addressing the impact the “assisted death” of a nursing home resident would have on others, or the impact on the family left behind. We can’t let this go unaddressed.

**Last two articles by Alex Schadenberg, Ex. Director & International chairman of the Euthanasia Prevention Society. He was also a past speaker at RTLNM’s state Convention.**

### ASSISTED SUICIDE: NO ‘SAFEGUARDS’ PROTECTED THESE VICTIMS:

*Personal stories reveal the dangers of legislation*

#### THE LEGALIZATION OF ASSISTED SUICIDE

Introduces dangerous risks for vulnerable citizens, including people who are elderly or very sick, and those with disabilities. **Patients who already struggle to receive the care they want and need often face further barriers once assisted suicide is legitimized as an acceptable “treatment.”**

#### PERSONAL STORIES PERSUADE

Advocates of assisted suicide rely heavily on emotional stories of a few individuals who have chosen to die by ingesting a life-ending drug, or those who believe they would have benefitted from such a drug. **This approach can be highly effective, but it fails to take into account the negative impact of legalization on the many other lives it puts at greater risk.** Following are examples of lives not protected by “safeguards” in assisted suicide laws.

#### ‘DOCTOR SHOPPING’ DANGER

A woman in her mid-eighties died from ingesting lethal suicide drugs after battling breast cancer for 22 years. She was refused the drugs by two doctors, including her own, who believed she suffered depression. **She turned to Compassion and Choices, the assisted suicide advocacy group, which found a doctor who wrote the prescription for her.** Compassion & Choices has been involved in the majority of assisted suicide deaths in Oregon – up to 88 percent per year.

#### MENTAL DISABILITY DANGER

Assisted suicide advocates insist that safeguards protect those with mental disabilities who are ineligible under the law. But only 3 percent of Oregon patients are referred for psychiatric evaluation before being given a lethal prescription.

A woman in her mid-fifties with severe heart disease requested assisted suicide from her cardiologist, even though she was not in pain and had good mobility. After two referrals, a doctor finally determined that she had more than six months to live and denied her request. **But he never considered her need for psychiatric treatment. She killed herself the next day.**

#### DANGER OF COERCION

Diagnosed with Lou Gehrig’s disease, Thomas Middleton moved into Tami Sawyer’s home and died by assisted suicide later that month. Named his estate trustee, Sawyer deposited \$90,000 into her account two days after Middleton’s death and put his home up for sale.

#### DENIAL-OF-TREATMENT RISK

Oregon’s Medicaid program now denies costly treatments for people with low likelihood of long-term survival. Low-cost assisted suicide has become a

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recommended “treatment” in such cases.

Barbara Wagner and Randy Stroup both suffered from cancer and were prescribed expensive drugs to reduce pain and possibly extend their lives. **Oregon Medicaid denied them coverage for medications but offered coverage for assisted suicide drugs, among other things.**

### PATIENTS LEFT UNPROTECTED

In his March 23 testimony for S. F. 1880 (legalized assisted suicide) before the Minnesota Senate Committee on Health, Human Services and Housing, Dr. David Grube, national medical director for Compassion and Choices, said there have been no problems with the Oregon assisted suicide law. **But these stories and others demonstrate that supposed safeguards do not protect patients from abuse, misdiagnosis, coercion and other life-threatening dangers.**

These victims’ experiences clearly indicate that legal assisted suicide poses grave risks for disabled, elderly and very sick persons who need care and protection, not killing.

This article came from *Minnesota Citizens Concerned for Life News* –  
Dec. 2015

## THE PERVERSE THINKING OF ABORTIONISTS ABORTIONIST KILLING BABIES IN ABORTIONS REFLECTS “THE DEEPEST LEVEL OF LOVE FOR ANOTHER PERSON” – BY KATIE YODER

Love can be about giving up one’s own life, but it is never about making someone else die.

William J. Parker penned “Why I Provide Abortions” for the Opinion Page of the *New York Times*.

While he at first morally opposed abortions, Parker later decided that performing abortions fulfilled his call to be the “good” Samaritan. Today, he insists, abortion “respond[s] to our patients’ needs” and therefore expresses “the deepest level of love that you can have for another person.”

Parker began performing abortions because that was where the need was greatest, he stated.

“In public health, you go where the crisis is,” he wrote. “If there is an outbreak and you have the ability to relieve suffering, you rush to the site of the need.” And, well, Parker decided this “outbreak” – unwanted pregnancies – was a crisis that only abortion could answer.

“This is why, a year and a half ago,” he said, “I returned to my hometown, Birmingham, Ala., to provide abortions.” In the past, Parker has attracted attention for also practicing at the sole abortion clinic in Mississippi. While abortion is legal in the United States, he bemoaned how “women face harsh life circumstances and incessant hostility, merely for wanting to exercise their rights.”

Before becoming an abortionist, Parker worked as an Obstetrician and gynecologist for 12 years. He believed abortion was “morally wrong” – until that is, he had a change of heart.” That change came when he read a sermon by Rev. Dr. Martin Luther King Jr. that “challenged” him to a “deeper spiritual understanding.” I was moved by his discussion of the quality of the good Samaritan and of what made the Samaritan ‘good,’” he wrote. “I realized that if I were to show compassion, I would have to act on behalf of these women.” (Parker seemed not to have read statements by Dr. Alveda King, the niece of the late Rev. Dr. King, where she declared her uncle was pro-life.)

In the end, what really worried Parker was providing “access to abortion” for women, not his reputation. “My concern about women who lacked access to abortion became more important to me than worrying about what might happen to me for providing the services,” he continued. Today when people ask him why he aborts babies, he responds: “The short answer is: Because I can. And: Because If I don’t, who will?”

He deemed the South, where he works, as “one of the centers of the abortion crisis” and worried that, with the upcoming Supreme Court abortion regulation case, “Mississippi could become the first state with no abortion clinic.”

In his piece, Parker also sounded like he didn’t approve of any pregnancies. “A majority of pregnancies in the South are unintended, he lamented. “More than a quarter end in abortion.

The rest are more likely than pregnancies that are chosen to lead to low birth weights and other poor outcomes.” Regardless of statistics, Parker believes “every patient is unique” and recalled a mother of five who couldn’t care for another baby “financially or emotionally,” but had to wait for her “procedure” because of state law.

I want for women what I want for myself: a life of dignity, health, self-determination and the opportunity to excel and contribute,” he wrote. “We know that when women have access to abortion, contraception and medically accurate sex education, they thrive.”

But babies don’t. And women don’t either, according to women who regret their abortions. Instead of acknowledging counter arguments, Parker insisted that abortion is an expression of love: “We who provide abortions do so because our patients need us, and that’s what we are supposed to do: respond to our patients’ needs,” he concluded “**It is the deepest level of love that you can have for another person, that you can have compassion for their suffering and you can act to relieve it.**”

“That, simply put,” he added, “is why I provide abortion care.”

## PLANNED PARENTHOOD ABORTIONIST: I FOLLOW MY “GOD-GIVEN CALLING” TO KILL BABIES IN ABORTIONS – by: Micaiah Bilge

It has become sadly unoriginal for abortion doctors to use religion as an excuse for killing unborn babies.

See the story above about Mississippi abortion doctor Willie Parker. Now we have a young abortion doctor-in-training Carolyn Payne who also recently wrote a column, claiming that her Christian faith motivated her to pursue a career as an abortionist. And in November, pro-lifers in Chicago filmed an unnamed abortionist as she knelt and prayed on the sidewalk, thanking God that she can abort babies.

The latest faith-based justification comes from Des Moines, Iowa abortion doctor Jill Meadows, who said it is her “God-given calling” to abort unborn babies at Planned Parenthood. Meadows, the medical director for Planned Parenthood of the Heartland, used the phrase in a letter to the editor of the Des Moines Register in January, defending her abortion business in the wake of a series of undercover videos showing top Planned Parenthood officials discussing the sale of aborted babies’ body parts.

Meadows wrote: I am an abortion health care provider, and I am proud of what I do. It’s a privilege to be a positive presence in a person’s life at a time when she most deserves care and compassion.

Recently, a fraudulent video smear campaign against abortion providers was used to justify political attack and violence against Planned Parenthood. Planned Parenthood of the Heartland does not participate in fetal tissue research, but not because we don’t believe it is important. Fetal tissue research has led to medical therapy that has helped to save the lives of millions of people. As a premed student, when touring the labs at the University of Iowa, I learned that fetal tissue research had contributed to the development of medication used to help infants born prematurely to breathe. This is just one example of the vital-life saving results of the type of research.

Planned Parenthood provides evidence-based compassionate, non-judgmental, high quality, affordable reproductive health care. It is time for people who are anti-abortion to stop using terror, lies, hate rhetoric, misinformation and violence against us. Regardless, we will not be bullied and intimidated into abandoning the people who depend upon us. I will continue to follow my conscience and God-given calling of being an abortion care provider. Our doors will stay open. No matter what.

Another interesting fact about Meadows comes from Cheryl Sullenger, senior policy adviser for Operation Rescue. “Meadows is known for aggressively defending late-term abortions. When going by her maiden name of Vibhaker, she sued with [late-term abortion doctor] LeRoy Carhart

(continued on page 6)

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**Planned Parenthood Abortionist...***(cont. from page 5)*

to defend the grisly late-term Partial Birth Abortion Method that has since been banned in the U. S.”

Apparently, Meadows believes her calling is to defend abortion for unborn and partially born babies for any reason through all nine months of pregnancy. No Matter what.

**I want to note, that in the pro-life movement we have “The God-Given duty to protect God’s Creation. The forgotten person whose life needs care and compassion – is the unborn child who is completely defenseless and has no voice. Fetal research is the fraudulent story being given. It is funny that she would use the research to help infants born prematurely to breathe, but she and her organization would not give a child who survives an abortion that same opportunity. Instead, she plays God. Dauneen Dolce**



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