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This newsletter is meant to be shared with at least ten others – copy as needed!

THIS MONTH AS WE CELEBRATE OUR COUNTRY'S BIRTHDAY – ONLY BEAUTIFUL THOUGHTS!

A NOTE FROM THE EDITOR – DAUNEEN DOLCE

“With a good conscience our only sure reward, with history the final judge of our deeds, let us go forth to lead the land we love, asking His blessing and His Help, but knowing that here on earth, God’s work must truly be our own.” ---- John F. Kennedy

These words apply to the establishment of our Country and the maintenance of what was established.

The Right to Life Committee of New Mexico, which takes its cause as being one of civil rights using as its basis the Declaration of Independence which states: 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 THEM ARE **LIFE, LIBERTY AND THE PURSUIT OF HAPPINESS.... IS WORKING TO MAINTAIN WHAT OUR FOREFATHERS BROUGHT FORTH.** All of us have been working to restore respect for life, to fight the culture of death, to ensure our country does maintain a solidly pro-life government and culture. We will be judged at how well we did which also will be the judgement of how blessed this country will continue to be. Let us renew our commitment to the truths of the Declaration of Independence and the hope and trust that our forefathers provided for us. May we provide it to our current families and to future citizens. Then, and only then, can we say GOD BLESS AMERICA.

YOU CAN MAKE A GREAT DIFFERENCE –BE A VOLUNTEER

Enclosed is a special volunteer form. This will be used to find people to go to churches where we have received permission to man a table and to greet the parishioners and to involve them in some way.

As our media plan is to educate the people in the state, the Meet & Greet plan is to engage the people throughout the state in a manner that can provide information. Circulate our petitions, have membership forms – all which can create the ability to continue working with these pro-life people.

This can be a one- time volunteer at a church in your area, or more if you desire. It will take many people to be available to sit at a table with materials for the service(s) at a church some time this year. We hope to do much while the weather is good.

Once you fill out the form we will contact you as we line up a church in the area where you live. This may be done by a chapter or directly from the state. The state will be providing the materials being used.

WE REALLY NEED TO INVOLVE MORE PEOPLE BUT TO DO THIS WE NEED PEOPLE LIKE YOU!

If you have questions, please call 505-881-4563 and as for Dauneen. Or you can e-mail her at info@rtlnm.org Please respond quickly so we can plan and activate this project soon. Thank you.

By Dauneen Dolce, Executive Director

ANOTHER HATCHET JOB ON LAWS OFFERING PREGNANT WOMEN A CHANCE TO REFLECT BEFORE ABORTING - By Dave Andrusko

This will be a brief post (okay, having now written it, I take that back). Why? Because to accept the argument of a pro-abortion “study” requires not only the

willful suspension of disbelief but also putting your brain in deep freeze. How so? Let me count just a few of the many ways. Utah was the first state to pass a law requiring a 72-hour waiting period between the time of the first visit and the date of the abortion.

#1. The Study – “Utah’s 72-hour waiting period law results in increased costs, burdens and anxiety” – is published in *Perspective on Sexual and Reproductive Health*. Is there anyone over the age of six that would expect a publication that specializes in grinding out “studies “ that prop up the pro-abortion establishment and slash away at even peer-reviewed pro-life research to reach any other conclusion?

#2. The study, we’re told, comes from the University of Utah and the University of California, San Francisco. I know nothing about the University of Utah and/or the researchers who were part of this study. But if you go to ansirh.org, were also that it’s “ANSIRH’s study.

What/who is ANSIRH? It’s an acronym for Advancing New Standards in Reproductive Health at the University of California, San Francisco (UCSF). And as NRLC’s director of Education Dr. Randall K. O’Bannon once put it, If Planned Parenthood is America’s abortion chain and the Guttmacher Institutes its source of statistics, then UCSF has long been the nation’s abortion training academy.” {Guttmacher publishes *Perspectives on Sexual and Reproductive Health*. What a coincidence}.

#3. Okay, who financed the study that comes from a hotbed of pro-abortion advocacy published in a journal that defends abortion six days a week and twice on Sunday? It’s “anonymous foundation.” Sigh.

There are lots more interesting points, but let’s end with this.

#4. We’re told “**Most women had made the decision to have an abortion and were not conflicted about their decision when they presented for their abortion information visit. ---8% reported changing their minds, but most of these women had been conflicted at the information visit. Only 2% of women who were not conflicted about their decision at the information visit did not have an abortion.**”

Just to be clear, I assume what the “Issue Brief” is saying is that 6% who were conflicted at the time of “information visit” did not abort (6% Conflicted = 2% not conflicted=8% changing their minds and not aborting). Nobody but nobody says that a high percentage of women will change their minds, whether the waiting period is 24 hours, 48 hours, or 72 hours. How can it be otherwise when women (and especially girls) face unbelievable pressures to abort an untimely pregnancy and usually with virtually no support.

However, the above quote- from an ANSIRH “Issue Brief” ---tells more than the author(s) suggests.

8% fewer dead babies means nothing-it’s a rounding error-to people who perform abortion for a living or who devote their professional lives to protecting the “right “to unfettered abortion. But it means a lot to us, to the babies, and to the families of those babies.

So what did the waiting period accomplish? It gave women a chance to have a one-on-one with their conscience and the better angels of their nature carried the day (and the baby). What if she learned about alternatives and especially about resources available to her? What if the state provides funds to organizations which provide her with “another way”?

The more options we give women with unplanned pregnancies, the more time they have to consider if abortion is what they really “want,” the larger the

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percentage will become.

Note: Dave Andrusko is the editor of the National Right to Life News.

For your information, the Women's Right to Know legislation we have tried to pass that has a 24 hour waiting period. Many states of passed this type of legislation and the results are dramatic and there is probably much more than 8% of women seeking solutions being offered in their state.

REMEMBER: NEW MEXICO CAN HAVE SUCH A LAW IF WE VOTE FOR PRO-LIFE STATE LEGISLATORS.

WE CAN DO THAT THIS YEAR – GET INVOLVED AND HELP THAT TO HAPPEN!

WE MUST GIVE THOUGHT TO THOSE WITH DISABILITIES.

Recently, the state of Indiana passed a law that would prevent the abortion of unborn babies that were found to have Down's Syndrome. Previously North Dakota pass this law. Of course this will be in the courts for a while, but hats off to the legislators of that state for giving consideration to those with Down's Syndrome who also part of our human race.,

It has given me thought about the many people who people, unborn and born, who have disabilities and are treated as second class citizens. Yet, I see that these people offer us a chance to be better human beings, and that is because we becoming caring, loving and compassionate, which is in short supply in our country. So I decided to share a few stories with you that will helps you look at these vulnerable people who deserve our compassion and our support. They too have an inalienable right to life, liberty and the pursuit of happiness.

First let's take a closer look at House Bill 1337 that passed in the Indiana legislature. This bill which had the great support of Indiana governor Mike Pence addressed even more than unborn children with Down's Syndrome. The bill will ban the abortion of an unborn child solely because of a genetic disability, such as Down's Syndrome, or the unborn baby's race or sex. Also included measures that required an aborted or miscarried baby's body be cremated or buried. This legislation also required that abortionists who have hospital admitting privileges must renew them annually.

Governor Pence made the comment: "I believe that a society can be judged by how it deals with its most vulnerable – the aged, the infirm, the disabled and the unborn. HEA 1337 will ensure the dignified treatment of the unborn and prohibits abortions that are based only on the unborn child's sex, race, national origin, ancestry, or disability, including Down syndrome"

"Some of my most precious moments as Governor have been with families of children with disabilities, especially those raising children with Down syndrome. These Hoosiers never fail to inspire me with their compassion and these special children never fail to move me with their love and joy," he continued. "By enacting this legislation, we take an important step in protecting the unborn, while still providing an exception for life of the mother. I sign this legislation with a prayer that God would continue to bless these precious children, mothers, and families."

Note: Both Planned Parenthood both have sued the state based on "undue burden on women's right to choose and abortion." The bill goes into effect July 1, 2016.

DOCTOR SAID HE WAS "SORRY" MY TWINS HAD DOWN SYNDROME, BUT I WOULDN'T TRADE THEM FOR ANYTHING

Every child is special, and Jodi and Matt Parry know that even better than most parents. They are mum and dad to identical twin girls, Abigail and Isobel, who also have Down's syndrome – the chances are two MILLION to one.

Jodi and Matt are open in admitting that when they first heard their children had been diagnosed with Down's syndrome – three weeks after their premature birth in June 2011 – they felt it was a 'life sentence'. "Sorry" The first words the doctor said to them when they received the news were "I'm sorry" Jodi says the day our twin girls were diagnosed with Down's syndrome it felt like a life sentence. That day, I didn't feel like a mother. I just felt lost and confused. I had bleak visions of the future. I thought we'd be careers until we dropped dead.

Sadly, many families with a child who has a learning disability struggle to get the right support at the right time. This reinforces the negative stereotypes and fears that many people have about people with disabilities.

The doctor took us off the ward, into a bare, clinical side room with three chairs and then uttered the words that have remained stamped on my memory: 'I'm sorry.' Everything else he said that day is a blur, that 'I'm sorry', the first words that came out of his mouth, is the thing that stayed with us. We had so many questions. Would the girls walk? Would they talk? We knew nothing about Down's syndrome and let the hospital with no answers, no information, just fear and dread.

But now, nearly five years later, their family is flourishing. And Jodi and Matt say they want to spread positive awareness and provide support to other parents who may be feeling lost and confused. So they are devoting their lives to busting the myths and misconceptions that surround Down's syndrome. Abigail and Isobel started at a mainstream primary school last September, and their mum is peaking out again this World Down's syndrome Day to say that they have been a gift to her life. Jodi is determined to be there for other parents who might have just received a diagnosis.

92% of children diagnosed with Down's syndrome before birth are aborted. Under the 1967 Abortion Act, abortion is legal up to birth for disabilities including spina bifida, cleft palate and club foot, as well as Down's syndrome. It is also noteworthy that many of the early proponents of legal abortion were firm believers in eugenics – such as Marie Stopes, in whose honor the abortion provider Marie Stopes International is named. In her 1920 book *Radiant Motherhood* Stopes condemned a society that "allows the diseased, the racially negligent, the thriftless, the careless, the feeble-minded, and the very lowest and worst members of the community, to produce innumerable tens of thousands of stunted, warped, and inferior infants. She demanded the "sterilization of those totally unfit for parenthood be made an immediate possibility, indeed made compulsory."

In the early days, when the twins were diagnosed, Matt and Jodi were terrified that their family would never be the same again. For Jodi, this destroyed her dreams of being a mum in that instant, all she felt was grief for the children she thought she would have.

Jodi says: Having twins with Down's syndrome is very rare – about two million to one. But having a child with learning disability is much more common. If there had been a bit more understanding and listening to us parents, then perhaps our distress would have been heard and someone could have directed us to information that told us what to expect for our daughters' futures, not just scientific jargon about extra chromosomes!

To this day, I would love to ask that doctor, 'what are you sorry for?' There's nothing to be sorry about, it's just a different journey.

The family live in Lancashire, England and have three children – older brother Finlay, seven and twins Abigail and Isobel, four.

Note: Marie Stopes sound familiar to those who know about Margaret Sanger. They are cut from the same cloth. They were united in the eugenic movement in the 1920's seeking the same unloving, controlled society. It was and still is a world movement.

BABY BORN WITH DOWN SYNDROME "BORN TO MAKE PEOPLE SMILE" - By Dave Andrusko

Kathryn Witt, 26, said she thought the image of Florence might get 'few likes' from family and friends, but she was shocked to see it had gone viral. It's schizophrenia on steroids.

The British publication, *The Daily Mail* runs an adorable feature on Florence, a baby with Down syndrome whose picture posted on Facebook has not only been seen 185,000 = times but convinced her mother that this little girl "was born to make people smile." And then near the end of the story, a sidebar in which we read that a "SUPER-SAFE AND 99% ACCURATE: NEW BLOOD TEST FOR DOWN'S," a condition we are told, that "cause learning disabilities and other problems..." Depending on the study, anywhere from 65% to 90% of babies prenatally diagnosed with Down syndrome are aborted. Aye yai yai.

Back to Florence and her mother, Kathryn, who told Kim Willis of the *Daily Mail*, "The new test is a real shame. A world without kids like Florence would be a less happy world. I wish I could say to parents who are scared or wondering if they could cope, come and meet Florence." Florence was born in May 2015. Her Facebook image has attracted more than 1,000 comments. Kathryn said of Florence, born at 5lb 4oz, "I haven't stopped smiling since the day Florence came into my life. 'She's made my family complete. Since the photo went viral,

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Baby Born With Down Syndrome... (cont. from page 2)

I still get messages from people all over the world telling me she's made them smile too.'

Kathryn told Willis that she thought Florence's image may get 'a few likes' from family and friends, but she was shocked to see it had gone viral. But the heart of the story is not how much Florence has brightened so many people's day, although that is a blessing. It is how Kathryn refused to be discouraged by more and more evidence that Florence would have Down syndrome.

Already the mother of two boys, she desperately wanted a girl. So she simply deflected concerns that her unborn baby was small, asking instead if the baby was a girl. For example, as Willis wrote, Kathryn said: **'My consultant had a question for me to. Every scan, he'd ask me why I'd declined the nuchal fold test that could indicate if the baby had Down's syndrome. Every time, Kathryn had the same answer. 'It made no difference to me if my baby had Down's syndrome or not. As an auxiliary nurse, I knew how much love and joy a child with Down syndrome could give a family. That is why I'd declined the test. If my child had special needs, I'd give her extra love.**

Let me close with a lengthy but lovely quote from Willis story. When Florence was born, Kathryn said 'I said hello to my little girl, then looked up at Dan and burst into tears. I kept thanking him for giving me a perfect baby. She had a nose like mine and had Dan's lips. She was a little bit of us both. As Florence opened her eyes and peered up at me, I recognized the almond shaped eyes that characterizes Down syndrome. I knew then that she'd be diagnosed. But the rush of love didn't change. The smile stayed plastered to my face because nothing had changed about my feeling for my baby. I was so happy.'

Kathryn added: "I felt lucky. I wanted a baby girl and now I had a baby girl and an extra chromosome too.'

SOLUTIONS FOR EVEN THE MOST DIFFICULT CASES PARENTS FACE

There are those situations which results are decided and we can't change it. These are the cases where it is known that there is a child who is disabled and will not be able to live very long after birth. This is a situation where many say "Oh abort that baby" However, others have found a better decision that is good for the physical health of the mother and the psychological health of both parents. It is a solution of love. The next story explains what can be done, has been done for several years and I have heard the testimony of parents how this helped them grieve, heal and move on with their lives in a positive way.

PERINATAL HOSPICE OFFERS ALTERNATIVE TO ABORTION IN CASES OF BABIES UNLIKELY TO LIVE LONG AFTER BIRTH – By Dave Andrusko

What are the odds that a large "mainstream" newspaper would ever carry a story even marginally sympathetic to the growing perinatal hospice movement? If you would have asked me prior to April: 17, I would have said "zero." And then I read "Perinatal hospice care prepares parents for the end, at life's beginning," by the *Washington Post's* Danielle Paquette.

Because such coverage is like finding a needle in a haystack, I don't want to dwell on the obvious flaws. There are parts in the story where the average reader would think (as Paquette suggests more than once) that this deeply humane movement is little more than a "political tool," rather than a way of helping parents deal with soul-wrenching reality that a child they deeply want will die in utero or likely within hours or days after birth. She uses the occasion to beat up on a recent Indiana law that does no more than require that state health department to create brochures about the service.

But whatever Paquette's personal biases may be, the importance of perinatal hospice in the cases of "nonviable pregnancies" clearly shines through in ways that are impossible to miss. It begins with acknowledging that there is a "flourishing community" of parents connected online.

She notes that a woman or couple may be "pro-choice" but find abhorrent (or at least be "uncomfortable" with) the idea of aborting their child just because he or she likely will not live long after birth. Indeed, one of the primary stories is about just such a couple (naturally Catholic), struggling with just such a diagnosis.

The mother, after learning their baby's prognosis first declined to hear a recording of her baby's {fetus's} heart, then changed her mind and placed it inside a Teddy Berar. Paquette writes **her husband who is also Catholic,**

wasn't comfortable making the call {to abort}, either. She figured that was a sign. "Somehow," she said, "I knew abortion just wasn't the right choice for me. So Warner went to support groups and routine checkups. She found a photographer, invited her extended family to the hospital on her due date and arranged for a grave site in Quantico, Va.

When the fetus's heartbeat started to slow at 34 weeks, Warner's doctor suggested a Caesarean section. That would give them the best chance to meet her. Erin died in her dad's arms. She was 27 minutes old.

The "care model" for perinatal hospice is a bundle of services, untethered to a hospital or medical center. Hospice nurses and social workers help families prepare for loss, coaching parents on what to say to siblings and co-workers. They take calls at 2 a.m. They recommend family therapists for couples whose relationships strain under grief. They teach mothers how to deliver painkillers to a dying infant, should the baby live long enough to go home.

The story's key caregiver is a nurse in Virginia who operates her program at Mary Washington Hospital, not 30 miles from where we live. Tammy Ruiz Ziegler emphasized that the program is not "connected to religion" {whatever that means}. Ruiz Ziegler has met parents from both sides of the ideological aisle who have decided to continue nonviable pregnancies. Some feel it helps them grieve, she said. Some want to know they've done everything they could. "Eleven years ago, when I first brought this idea up to physicians, they stared back at me like there was something genuinely wrong with me," Ruiz Ziegler said. "Today those same doctors are my staunchest supporters." They acknowledge a demand for an alternative to abortion for women carrying nonviable fetuses, a need the previously received little attention, she said. Eight years later, Warner, now 46, cherishes the memory of her birth. She remembers it as joyful, as though the first wave of grief prepared her for the baby's last minutes in the delivery room.

There are so many beautiful stories that I want you to read for yourself at beginning that I will talk about only one more.

Paquette's final example is Natalie Wilson who "was 21 weeks pregnant {when} she learned her baby's heart would fail." She didn't want her baby's life to end on an operating table and wasn't "comfortable" with abortion. A nurse herself, she had been around sick babies most of her career. She knew **that, as a parent, she could influence how, exactly, her newborn's life would end. She wanted it to be gentle --- a death surrounded by loved ones. She has since become a perinatal hospice nurse.**

The story of fighting to carry Liam long enough to deliver him alive is incredibly inspirational. Liam was born that April crying, with fingers spread open. His extended family gathered at the hospital, passing him around. The next day, unsure of how long Liam's heart would keep beating, Wilson wrapped him in a blue-striped blanket and took him home. She stayed up all night with her husband, Alan, taking turns rocking the baby. She listened through a stethoscope to his heart. Just 49 --and-a-half hours after Liam's birth, the beat started to slow. Wilson called Gavin (Liam's 4-year-old brother) into the bedroom. She handed the baby to Alan, who cradled Liam in his outstretched forearms. The infant's feet touched his dad's stomach. They all huddled close on a king-sized bed, rubbing his arms and legs and belly, saying "We love you. We love you.

Liam seemed to look at his family ---each of the, individually, Wilson recalls. Then he shut his eyes.

**URGENT- EVERYONE READ THIS ARTICLE!
NOW WE NEED TO LOOK AT THE OTHER END OF THE SPECTRUM --THE
ELDERLY**

**Maggie's Powerful Story Raises Troubling Questions
About How People With Serious Intellectual Disabilities
Are Diagnosed And Cared For -By Jennifer, Popik J. D,**

As the tragedy of Terri Schindler Schiavo's death by starvation illustrates, euthanasia advocates have long been quick to dismiss as worthless the lives of those people with intellectual and physical disabilities whom they label with the dehumanizing term "vegetative." Even as Canada explicitly targets people with disabilities through legalized active euthanasia; and the campaign to expand the states in which assisted suicide is legal in the U. S. continues, iconoclastic physicians are instead demonstrating the potential to communicate with and

(continued on page 4)

Maggie's Powerful Story... (cont. from page 3)

provide assistive technology and rehabilitative services to this stigmatized population.

In an article from the May 2016 *Newsweek* entitled, "Given the right stimuli, brain activity in patients in persistent vegetative states can bear similarity to non-injured people," author Don Heupel highlights two separate but related issues related to serious brain injuries.

The first problem is the large number of patients whose brain injuries are misdiagnosed. The second is that these improper diagnoses lead to patients who could greatly benefit from therapies being denied these services on the mistaken basis that they would not work. What is worse, countless numbers of these patient's erroneous diagnoses have meant an early death.

The *Newsweek* article focuses on Maggie Worthen, a young woman who was set to graduate college in 2006 when she suffered a massive stroke. Her mother was given the grimmest of predictions that she could never recover, and was pushed to remove a ventilator, forgo feeding and hydration, and even donate her organs. Her mother resisted. According to the article,

About two weeks after the stroke, Maggie regained the ability to breathe on her own. And after another two weeks, she was strong enough to be transferred to a brain rehabilitation facility. With a tracheostomy helping to keep her airway clear and a feeding tube in place, Maggie received intensive physical, speech and occupational therapy each day. Nurses were able to help her sit up in a wheelchair. But when she remained unresponsive and failed to show any outward signs of progress two months later, she was labeled "vegetative," a diagnosis that disqualified her from insurance coverage for future rehabilitation.

Her parents and close family believed Maggie was trying to communicate with them, but were dismissed as being in denial or having wishful thinking. However, "on doctor questioned Maggie's diagnosis and arranged for her to be transported to Weill Cornell Medical College in New York City. There, she was enrolled in a clinical trial aimed at understanding how the severely injured brain recovers."

While under the new care, Maggie was asked simple questions while the neurology team observed brain activity with the use of high-tech imaging. This trial yielded remarkable results. According to Heupel, "The responses showed, without a doubt, that Maggie was still conscious" This proper diagnosis enabled Maggie to qualify for rehab where she was eventually able to be in regular communication for the last year of her life. Up to her death in 2015 at age 31 from pneumonia, Maggie was able to "communicate through an assistive device that let her use eye movements to control a computer cursor to select words and predetermined questions." Heupel writes **Dr. Joseph Fins, chief of the division of medical ethics at Weill, says Maggie's experience and that of others like her raise troubling questions about how people with serious brain injuries are diagnosed and cared for. "Patients like Maggie are routinely misdiagnosed and placed in what we euphemistically call 'custodial care' where they have no access to any treatments that might help them recover or give them a chance of engaging with others," says Fins, even as research suggests that 68 percent of severely brain-injured patients who receive rehabilitation eventually regain consciousness and that 21 percent of those are able to one day live on their own.**

Dr. Joseph Fins interviewed Maggie's family along with over 50 other families in similar situations. Almost all their stories shared a common thread—that the injured person was immediately "written off" and families were asked to make "what he calls "premature" decisions about their loved one—such as whether to withhold or withdraw care or to consent to organ donations."

This article confirmed that this is not an isolated incident. According to this article **{O}ne resent study that found one-third of patients brought to Canadian trauma centers for severe brain injury died with 72 hours following the injury—and nearly two-thirds of those deaths were caused by life support withdrawn, and not because the trauma progressed to brain death.**

"Many patients, probably thousands, have had their food and fluids cut off and died, based on what we know may well have been mistaken assumptions that they had lost all capacity for consciousness," Burke Balch, Director of NRLC's Powell Center for Medical Ethics, commented. **"This article along with recent studies has shown that modern medicine is coming up with ways to communicate with aware patients who have routinely been dismissed**

as 'vegetative,' much as today eye movements and blinks are used to communicate with some patients with paraplegia."

This is a problem requiring two sets of solutions. The first problem, misdiagnosis, is theoretically simpler of the two. In the article, Adrian Owen, neurologist at Western University in Ontario, Canada recommends using an electroencephalogram (EEG). Test which uses electrodes attached to the scalp to directly measure activity of the brain. Heupel explains; **EEG tests have shown that they can demonstrate consciousness undetectable in a bedside test. And because the technology is portable, cheap and doesn't require a patient's active participation. Owen sees it becoming a broad screening tool—and a way to make sure patients get the help they need to recover. While neuroimaging can't prove a lack of consciousness, it can prove consciousness, which can be life-changing.**

As for the second issue of treatment, new strides are being made with astounding success daily. The article highlights amazing stories in addition to Maggies. Treatment ranging from deep brain stimulation, to off-brand uses of simple sleeping medicines to "reboot" brain activity, to the use of MRI's and visualization to achieve communication have all begun to gain more widespread use.

Heupel notes that **these findings have laid the groundwork for developing computerized devices powered completely by the mind, called brain computer interfaces that could someday allow for constant communication. "In the meantime," says Owen, "there are questions we need to ask right away, such as, "Are you in pain?"**

This article closes by quoting Dr. Shiff: **"There are a lot of people out there who could be helped but aren't... All patients should be treated as if they too have that same potential for recovery."**

Post Note from Dauneen Dolce, Ex. Director: Hopefully you will learn from this article how to handle a situation where you or one of your loved ones could be the victim first from the stroke and then by inadequate health care. In a society that has health care that would rather eliminate than cure people, you will need to protect yourself. 1-More than one opinion is needed and the best specialist should be consulted. 2- DO NOT REMOVE FOOD, WATER, ETC. WITHOUT KNOWING ALL THAT YOU SHOULD. If this is the first recommendation given, then there was not sufficient time to a good analysis. The ECC is a great idea.

Remember, where there life there is always hope.

Also, remember, the more elderly you are the less desire to "fix" a problem. We have value in all the years we live.

POLITICS, ELECTIONS, THE FUTURE – ALL FRONT AND CENTER –Dauneen Dolce, PAC Chairman

With the Republican Convention coming up July 18-21, 2016 in Cleveland, Ohio, and the Democrat Convention on July 25-28, 2016 our thoughts turn to the winners of these conventions and their positions on issues. For the Right to Life Committee of New Mexico, etc. the issue is always pro-life first, as without it, you really don't have any other issues. First you must be able to be born and to live a full life and die a natural death.

There will be many reports and discussion on the candidate's position on the pro-life issues. Hillary Clinton with a history of supporting abortion from fertilization until delivery of an unborn child will try to either sound pro-life or will direct your attention to Donald Trump and his history which has change positions. I am going to write two articles which has what the candidates says themselves on the issues and hope this will help you in understanding the issue and the positions.

HILLARY CLINTON TELLS PLANNED PARENTHOOD "AS PRESIDENT I WILL ALWAYS HAVE YOUR BACK –BY STEVEN ERTELT- LIFENEWS

Abortion activist Hillary Clinton made her first speech as the Democratic presidential nominee to the nation's largest abortion corporation, Planned Parenthood. "I have been proud to stand with Planned Parenthood for a long time and, as president, I will always have your back," Hillary said. "We need to protect Planned Parenthood from partisan attacks." I will be your partner in the election and for the long haul," Hillary promised the abortion activists cheering her on. "I want to start by saying something you don't hear often enough: thank you," Clinton said.

Clinton went on to thank the Planned Parenthood abortion activists for

helping women who are victims of sexual assault even though the abortion company has been found to cover up cases of statutory rape, allowing rapists to rape again. She said pro-life Republicans should join her in calling for more taxpayer funding for the abortion giant if they truly cared for women.

Clinton also bashed Donald Trump for campaigning on a pro-life platform and said he wanted to take women "to the dark ages" when abortion was illegal. Hillary Clinton defended "playing the woman card." "It means support Planned Parenthood, deal me in." Clinton praised Roe v. Wade for supposedly helping women avoid dangerous illegal abortions but ignored how the Planned Parenthood abortion corporation was responsible for killing a black woman in a botched legal abortion.

Hillary complained that 10 abortion clinics in Texas that killed unborn babies in abortions is not enough and complained that the Supreme Court might uphold a pro-life law in Texas that makes abortion clinics follow the health and safety laws legitimate clinics do. The largest applause of Clinton's Planned Parenthood came in response to a line where Clinton urged Congress to support forcing taxpayers to fund abortions by repealing the Hyde Amendment that has protected Americans from taxpayer-funded abortions since the 1970's.

DONALD TRUMP EXPLAINS CONVERSION TO THE PRO-LIFE SIDE ON ABORTION-By Steven Ertelt

Business mogul Donald Trump shocked attendees at the conservative CPAC conference in February when he declared himself pro-life after years of supporting the pro-abortion position. Several months ago, when questioned about his position, Trump responded by saying the public "would be surprised" by his stance. In an interview with Laura Ingraham from Fox News leading up to the conference, Trump characterized himself as "pro-life" and he repeated that apparent reversal when he told the audience at CPAC, "I am pro-life and pledged to fight for the reversal of Obamacare, which contains abortion funding loopholes.

That was marked change from how Trump described himself in his 2000 book *The America We Deserve*, where he wrote, "I support a woman's right to choose but I am uncomfortable with procedures."

On June 16, in a new interview with CBN News' David Brody, Trump explains the evolution of his thinking and how stories of pregnancies—including one in particular—helped change his mind on abortion.

"Evangelicals do want to feel secure that they're going to have a nominee that's going to at least be solid on those issues, those social issues. Someone that's not just going to cut and move on,"

Brody said to Trump. The billionaire responded, "One thing about me, I'm a very honorable guy. I'm pro-life, but I changed my view a number of years ago." "One of the reasons I changed --one of the primary reasons—a friend of mine's wife was pregnant, in this case married. She was pregnant and he didn't really want the baby. And he was telling me the story," Trump told Brody. "He was crying as he was telling me the story. He ends up having the baby and the baby is the apple of his eye. It's the greatest thing that's ever happened to him. And you know here's a baby that wasn't going to be let into life. And I heard this, and some other stories, and I am pro-life."

"So those stories did change you, they came around and changed you?" Brody asked. "They changed me. Yeah, they changed my view as to that, absolutely," Trump responded.

JUDGE DISMISSES BOGUS CHARGE AGAINST DAVID DALEIDEN FOR EXPOSING PLANNED PARENTHOOD. - By Steven Ertelt, LifeNews

Undercover investigator David Daleiden has been vindicated. On June 14, 2016, a Harris County, Texas judge dismissed the bogus misdemeanor charge against David Daleiden for allegedly trying to buy body parts from Planned Parenthood abortion business he was exposing for selling them as a part of the Center for Medical Progress' undercover investigation.

Daleiden has maintained from the beginning that he and the Center for Medical Progress followed all applicable laws in the course of its investigative journalism and that the indictments were politically motivated. There is still one charge that he used false ID to gain access to a Planned Parenthood clinic

for a meeting with the staff.

Daleiden is accusing the Harris County District Attorney's Office of illegally colluding with the nonprofit organization. "The DA's office has chosen to wage a war on the pro-life movement," said attorney Jared Woodfill. "We believe there is clear evidence of Planned Parenthood actually colluding with and pushing the districts attorney's office to move forward with indictments."

According to Daleiden's attorney, Devon Anderson, DA, shared confidential information with the abortion business, which she was supposed to be investigating for running afoul of state laws prohibiting the purchase or sale of body parts from aborted babies. The attorney for Planned Parenthood Josh Schaffer admitted in a sworn declaration that the DA's office did share evidence with Planned Parenthood.

Recent filings by the DA include evidence that appears to show that the DA's office worked with Planned Parenthood Gulf Coast to undermine the Texas Attorney General's independent investigation of that abortion provider. This is the second time attorneys from Anderson's office and Planned Parenthood were accused of working together. Anderson is facing criticism over her failure to prosecute Douglas Karpen, who is another Kermit Gosnell and for her indictment of David Daleiden. Planned Parenthood continues not to be charged with any breaking of the law.

UNITED METHODIST CHURCH PRAISED FOR FINALLY LEAVING COALITION OF PRO-ABORTION RELIGIOUS GROUPS -By Rev. Paul Stallworth

Finally. After all these years. After all those General Conferences. After all those many attempts.

On May 19, 2016, on its second Thursday afternoon, General Conference of 2016 of The United Methodist Church voted to withdraw its boards and agencies—namely, the General Board of Church and Society (GBCS) and the United Methodist Women (UMW)—from the Religious Coalition for Reproductive Choice (RCRC)

This was not a trivial vote. Given the early and pivotal history of United Methodism's pro-choice involvement, it was quite significant and game-changing.

HISTORY: In 1973, soon after the United States Supreme Court established a constitutional right to abortion and knocked down all the state abortion laws (in *Roe v. Wade* and *Doe v. Bolton*), the Religious Coalition for Abortion Rights (RCAR) was founded in the United Methodist Building in Washington D. C. RCAR was established, by various religious bodies and groups, "to safeguard the newly-won constitutional right to privacy in decisions about abortion.

In 1993, the Religious Coalition for Abortion Rights was renamed the Religious Coalition for Reproductive Choice, to rebrand itself and apparently to soften its image. The new RCRC busied itself about many things, but its reason for being—absolute abortion protection, advancement, and accessibility—remained the same. Today, RCRC advocates in American public life to make all abortion accessible to all pregnant women, at any time in pregnancy, whatever the reason.

Since 1973, United Methodist agencies—GBCS and UMW—have belonged to RCAR/RCRC. Not surprising, many General Conferences of The United Methodist Church (held every four years), have debated and disapproved petitions that would have pulled United Methodist agencies out of RCAR/RCRC.

At recent General Conferences, those votes have narrowed. In 2012, the vote was predicted to mandate withdrawal from RCRC, but it was denied by the politics surrounding the church's struggle with matters related to human sexuality. Finally, at General Conference 2016, the successful vote occurred. After a floor debate, in which a GBCS staffer was given the microphone a couple of times to provide positive information about RCRC, the vote was taken. The result 425-268- was not even closed. Just that quickly, the United Methodist Church was out of the Religious Coalition for Reproductive Choice.

This came about as the truth of RCRC came out. Their own website gave much of this information. First, There were far more delegates courageously determined to tell the truth about RCRC.

Second, the increasing number of African delegates helped make the decisive vote possible. As United Methodism grew in Africa, its representation at General Council also grew. So African United Methodists, who tend to be more evangelical and orthodox in their faith, added to the number of those critical of

(continued on page 6)

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 OF NEW MEXICO
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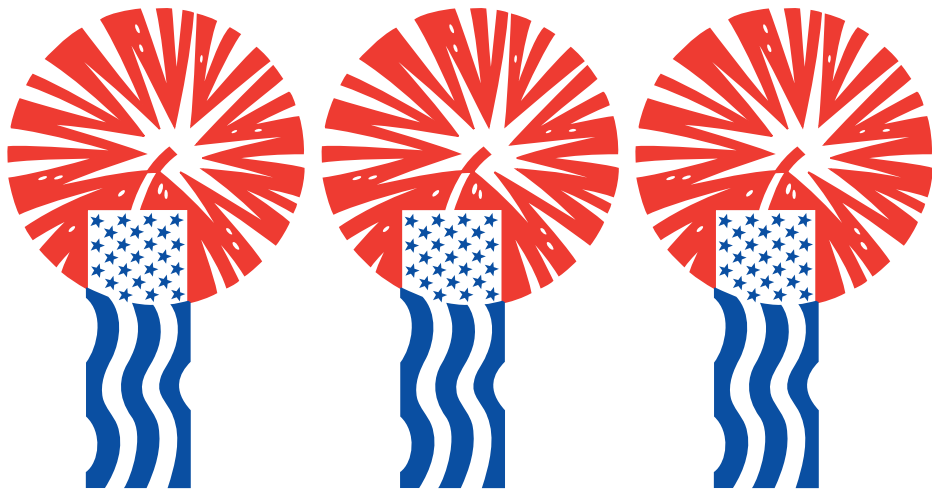
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United Methodist Church...*(cont. from page 5)*

RCRC. Third, the American culture seems to be trending pro-life (especially among the young). Fourth, as the churches in the U. S. are being increasingly distance from elite, secular culture, the churches are seeing the need to “deseccularize” themselves. They are ordering their own households according to the Gospel.



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