

INSIDE:

Euthanasia: The Good, The Bad, and The Ugly | 1-3
Is This What We Want For Our Country and Ourselves? | 3-5
The Beautiful | 5
The Preborn Child | 5-6

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Newsletter of the Right to Life Committee of New Mexico

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

EDITORIAL BY THE EXECUTIVE DIRECTOR

For some time now, I have been writing in the Viva Life that the greater danger to the killing of innocent life is Euthanasia/Assisted Suicide.

Most of you think it is abortion, and while it is a horrible example of the culture of death in our

society and has taken nearly 60 million lives in the U. S. alone, its death toll is moving downwards, and the numbers of abortions being done have definitely declined. We will certainly continue fight to rid our society of this heinous act on the most vulnerable of human beings.

Assisted Suicide does not get the same reaction that abortion does. People don't see that this is a heinous act against the very vulnerable old, chronically ill, disabled and yes, the unwanted as we had in abortion.

Many of the elderly are unwanted, because they are inconvenient, cost more than we want to provide, take time and care, and could be in the way of an inheritance we so want. Thus, we push an act on people who feel they are a burden, and receive little help in dealing with their lives. Who are lonely and afraid, for many have no family support.

This is going on throughout the world. To the point, that in the Netherlands, you can have assisted suicide if you are "tired of living" which is another way of saying "I am not needed or wanted.

I've been told a person can decide what to do with their own body. That is true, at least is now not illegal to kill oneself, but of course you have restrictions on taking drugs, getting drunk and its consequences, or to use your body to do harm to others.

In assisted suicide, you are involving one other person, and that person is providing the means for you to kill yourself, it is not just you in the picture.

A society must address the end of life of its citizens. What does it provide not in just money, but addressing the mental needs, the social needs, and the needs of the families giving help to that elderly person. We do this at the beginning of life, why are we not there at the end of life?

We have had good responses in many areas, such as hospice and activities for the elderly. But more is needed.

Let's face it; we are all going to get old. The "golden" years can be that if we address the issues of growing old, the problems and to provide solutions. It does take money, but it also takes an attitude that the elderly, the chronically ill, the disabled are part of our society and they are important. We will be one of those people in the future.

I don't believe we would be having assisted suicide pushed down our throats if we had addressed these conditions. We can stop laws, but that still does not provide solutions. This should be discussed in families and in turn they should search out what their community provides before it is a situation of desperation. Proper steps taken now may insure positive answers and there will be no "assisted suicide" legislation in New Mexico.

COOKBOOK FOR LIFE

The Right to Life Committee of New Mexico is putting together a cookbook. This is to raise funds for the Educational Trust Fund which is used to educate people on issues of abortion, infanticide and euthanasia (assisted suicide).

We need and would love every one of you to participate and give us copies of your very best recipes.

The categories include: appetizers, beverages, soups, salads, main dishes

(meat, pasta, pizza, etc.), casseroles, breakfast foods, breads & rolls, and desserts (cakes, cookies, pies, etc.).

Also we would like any helpful hints for cooks or even those wanting to be cooks {like husbands},

Please send your recipes ASAP to:

The Right to Life Committee of New Mexico

2413 Wyoming Blvd. NE, Suite A

Albuquerque, NM 87112-1164

Or e-mail to: Receptionist@rtlnm.org

We would love for everyone to get involved. If you have any funny anecdotes or information you think would be beneficial, please include with your recipes!

SAVE AROUND ALBUQUERQUE COUPON BOOK

There are still some of these wonderful money saving coupon books for those who purchase buy food, eat at restaurants, bowl and other sports activities, buy clothes and many other stores. For each coupon book purchased, RTLNM gets \$15.00 so this is a great way to raise much needed funds for our organization and to save money at the same time. Books available at the office.

Call: 505-881-4563.

EUTHANASIA: THE GOOD THE BAD AND THE UGLY

THE GOOD: The U. S. House of Representatives passed H. J. Res. 27, a resolution to nullify the assisted suicide legalization bill recently approved by the District of Columbia Council.

THE BAD: Woman in her 20's, Who Was Sexually Abused, Dies by Euthanasia in the Netherlands

The 2015 Netherlands euthanasia report that was recently released states that there were 5561 reported euthanasia deaths in 2015, up from the 5306 in 2014, there were 109 reported deaths for dementia, up from 81 in 2014, and there were 56 reported euthanasia deaths for psychiatric reasons up from 41 in 2014.

Shockingly, a woman who died by euthanasia for psychiatric reasons in 2015 was in her early 20's and had been sexually abused. The Daily Mail news reported:

The woman in her twenties, was given a lethal injection after doctors and psychiatrists decided that her post-traumatic stress disorder and other conditions were incurable.

It went ahead despite improvements in the woman's psychological condition after 'intensive therapy' two years ago, and even though doctors in the Netherlands accept that a demand for death from a psychiatric patient may be no more than a cry for help.

The woman, who has not been named, began to suffer from mental disorders 15 years ago following sexual abuse, according to the papers released by the Dutch Euthanasia Commission.

The Daily Mail reported that the Netherlands government released information to prove that the case fulfilled the requirements of the law. According to the Daily Mail report: The woman had post-traumatic stress disorder that was resistant to treatment. Her condition included severe

(continued on page 2)

COMING EVENTS

JUNE 30-JULY 1, 2017 – NATIONAL RIGHT TO LIFE CONVENTION WILL TAKE PLACE IN MILWAUKEE, WISCONSIN. MORE DETAILS WILL BE COMING FOR THIS GREAT EDUCATIONAL EVENT WITH FELLOW PRO-LIFERS.

THE RIGHT TO LIFE GOLF TOURNAMENT – SATURDAY JULY 17, 2017 –LOS ALTOS GOLF COURSE

REGISTRATION AT 7:00 A.M. AND TEE-OFF SHOT GUN START AT 7:30 A.M.

COST: \$125.00 A PLAYER OR \$500.00 FOR A 4 PERSON TEAM
4 PERSON SCRAMBLE TEAM

A HOLE SPONSOR IS A PLAYER OR NON PLAYER THAT WISHES TO DONATE \$100.00 PER HOLE (NUMBER DETERMINED BY DONOR). SPONSORS CAN BE ORGANIZATIONS, CHURCHES AND INDIVIDUALS. TO REGISTER AND TO BE HOLE SPONSORS, CONTACT DAVID WINTERMUTE TOURNAMENT DIRECTOR 505-720-6622

THIS INCLUDES 18 HOLES OF GOLF, RIDING CART, RANGE BALLS AND LUNCH AFTER THE TOURNAMENT.

GOLF ATTIRE IS REQUIRED. NO STEEL SPIKES ARE ALLOWED ON THE COURSE.

MAXIMUM 2 MULLIGANS PER PLAYER SOLD AT THE EVENT FOR \$5.00 PER MULLIGAN.

This is a time to come out and have fun with other pro-life supporters and to tee off for life or support those who will be playing the game. This important fund-raiser is for the tax-deductible RTLNM EDUCATIONAL TRUST FUND. Funds are used to educate the people of New Mexico on pro-life issues.

SATURDAY, OCTOBER 14, 2017 – THE RIGHT TO LIFE COMMITTEE OF NEW MEXICO'S STATE CONVENTION – TO BE HELD AT THE ELEGANTE HOTEL IN ALBUQUERQUE. THERE WILL BE THREE WORKSHOPS IN THE MORNING FOLLOWED BY A LUNCH. MORE INFORMATION WILL BE FORTHCOMING.

anorexia, chronic depression and suicidal mood swings, tendencies to self-harm, hallucinations, obsessions and compulsions.

She also had physical difficulties and was almost entirely bedridden. Her psychiatrist said, "there was no prospect or hope for her. The patient experienced suffering as unbearable."

However, the papers also disclosed that two years before her death, the woman's doctors called for a second opinion, and on the advice of the new doctors, she had an intensive course of trauma therapy. "This treatment was temporarily partially successful," the documents said.

The patient, they said, was "totally competent" and there was "no major depression or other mood disorder which affected her thinking." A final GP's report approved the termination of life' order and the woman was killed by an injection of lethal drugs.

Article from The Euthanasia Prevention Coalition.

Post note: What this article shows is what happens when assisted suicide is offered to those who have mental or physical pain. Rather than taking all steps possible for this woman, and maintaining the effort as was shown possible with other doctors, the original treatment (or non-treatment) was maintained, and the treatment was assisted suicide.

Euthanasia was instituted in the Netherlands in 1973. It has progressed from providing medication for death to a direct injection by a doctor to kill a person. Now in the 2015 report, the Netherlands with a population of 17, 013, 112, has now killed 5,561 people which is a great number compared to other types of deaths.

So the move from birth control must now be old age control and assisted suicide is the means for this.

Is this what we want for the United States?

Assisted Suicide Threatens Military Veterans

New Hampshire Representative Al Baldasaro gave an impassioned speech May 11, 2016 against a proposed "study committee" to

look at "end of life choices." Speaking on behalf of Veterans' PTS/PTSD/TBI Commission, he cited the fact that New Hampshire is facing an epidemic of suicides among veterans. Baldasaro said:

"What message are we sending to the community out there and all the good work every one of us had done to protect people from killing themselves? Now we want to make it easy?"

He said opening the door to such a practice would have grave consequences for veterans at risk for suicide, and that even studying such a bill would threaten efforts to help veterans. He clearly states that euphemisms such as "aid in dying" don't change the fact that such laws promote suicide and threaten efforts to protect people from killing themselves.

Note: Behind much of this is the almighty dollar. Ridding ourselves of those who need money to address their problems, such as veterans, the elderly, those with disabilities, the chronically ill, etc.

Is the core basis for pushing assisted suicide. Once the barn door is open to that thinking, there is no limit to how we can eliminate people from abortion to euthanasia. Do we want that for our country?

THE UGLY: In California, Government to Pick Up the Tab for 'Death With Dignity.' By Kimberly Leonard

California's aid-in-dying law contains a provision allowing doctors and hospitals to opt out of helping terminally ill patients access medications that would help them hasten their deaths, but that same exemption will not be carved out for state taxpayers, U. S. News has learned.

The state government plans to assist in the cost of providing life-ending medications and doctor visits using \$2.3 million already quietly tucked into Democratic Gov. Jerry Brown's proposed budget in January 2017, according to a spokesperson for California's Department of Health Care Services.

Of five states that offer aid-in-dying options, California will be the second, after Oregon, that covers the prescriptions using public funds. The program covers a third of California's residents, and state officials haven't yet announced whether private health care plans will also be obligated to participate.

The move represents a major victory for aid-in-dying advocates who say that the law allows terminally ill patients, regardless of their means, to choose to die rather than undergo unbearable end-of-life suffering.

But opponents criticized the move, saying that the aid-in-dying law was passed during a special session designated specifically so lawmakers could plug deficit holes in Medi-Cal, the joint state-federal program for low-income people, and is therefore invalid.

Brian Johnson, former commissioner on aging and spokesman for Seniors Against Assisted Suicide, accused the state of having more nefarious motives for passing the aid-in-dying bill.

"When you're willing to legalize the intentional killing of patients in order to save Medi-Cal money, there's something a little bit utilitarian about that," he says. "We have a law that isn't really designed for those we care for, but for those we don't wish to care for anymore, that is why Medi-Cal is paying for this."

Federal funds cannot be used for aid-in-dying, so state money was routed to that purpose. Budget projections anticipate that some 443 Medi-Cal recipients will obtain the drug over the course of the first year the law is in effect.

A lethal dose of secobarbital, the drug most likely to be prescribed and known by its brand name of Seconal, often costs between \$3,000 and \$5,000. Another drug that had been used for aid-in-dying, called pentobarbital, had cost about a tenth of the price, but because it has also been used to carry out the death penalty, its Illinois-based manufacturers limit its distribution, including to hospitals that use its liquid version as a sedative before surgery.

Under aid-in-dying laws, patients must ingest the medication to show that they are voluntarily choosing to end their lives; the drug cannot be administered through a needle as is done in euthanasia in some countries in Europe.

California's End of Life Option Act, signed into law in the fall of 2015, went into effect June 9, 2016. The bill includes protections from abuse, including specifying that people who choose this option must be mentally competent and must have a diagnosis from two separate doctors showing that they have six months or less to live. Every year, the law specifies, the state must collect

Euthanasia: The Good, The Bad... (cont. from page 2)

data about people who use aid-in-dying to see that these principles are being followed.

But as detailed as the law is about certain provisions, language about how the drugs are covered is vague. The Department of Health Care Services was left to implement the law, including determining whether state funds would cover the medication.

Supporters of the bill had said they expected state funds would cover the medications and that legislation should not be needed to clarify this. Still, Assemblywoman Susan Eggman, D-Stockton, who helped introduce the aid-in-dying law in California, introduced a bill of intent that would require Medi-Cal to pay for drugs used in aid-in-dying.

Note: So we change the attitude of our medical professionals. Dr. Michael Amster, internist said "After I write that first prescription, I think I will take a moment to pause to understand the magnitude of this privilege doctors have of providing medical aid-in-dying for our patients," he said "I think it's a right patients have been seeking for many years...Some patients died miserable deaths for people to have this option." How sad one is happy to provide the means for one to kill oneself.

IS THIS WHAT WE WANT FOR OUR COUNTRY AND OURSELVES?

In lobbying the assisted suicide bill in Santa Fe, there are many comments there and elsewhere about how this is a person's right over their own body. They cite safeguards so the law could not be abused and they provided some very sad cases of people who want to die but can't unless they have the law.

The articles I am providing here addresses these issues and those not being discussed in the debate.

THE DANGEROUSLY CONTAGIOUS EFFECT OF ASSISTED-SUICIDE LAWS – BY AARON KHERIATY

The debate over doctor-assisted suicide is often framed as an issue of personal autonomy and privacy. Proponents argue that assisted suicide should be legalized because it affects only those individuals who – assuming they are of sound mind – are making a rational and deliberate choice to end their lives. But presenting the issue in this way ignores the wider social consequences.

What if it turns out that the individuals who make this choice are influencing the action of those who follow? Ironically, on the same day that Gov. Jerry Brown (D) signed the bill to legalize physician-assisted suicide in California last month, an important study was published by British scholars David Jones and David Paton demonstrating that legalizing assisted suicide in other states has led to a rise in overall suicide rates – assisted and unassisted - in those states. The study's key findings show that, after controlling for demographic and socioeconomic factors and other state-specific issues, physician-assisted suicide is associated with 6.3% increase in total suicide rates. These effects are greater for individuals older than 65 (for whom the associated increase was 14.5%). The results should not surprise anyone familiar with the literature on the social contagion effects of suicidal behavior. You don't discourage suicide by assisting suicide.

Consider what social scientists call the Werther effect – the fact that publicized cases of suicide can produce clusters of copycat cases, often disproportionately affecting young people, who frequently use the same method as the original case. The name comes from Goethe's 18th century novel "The Sorrows of Young Werther," in which the protagonist, thwarted in his romantic pursuits, takes his own life with a pistol. After the publication of this immensely popular book, authorities in Germany noted a rash of suicides among young men using the same means. The finding has been replicated many times since in rigorous epidemiological studies, including research demonstrating this effect following cases of doctor-assisted suicide.

Because this phenomenon is well validated, the U. S. Centers for Disease Control and Prevention, the World Health Organization and the U. S. surgeon general have published strict journalistic guidelines for reporting on suicides to minimize this effect. It is demoralizing to note that these guidelines were widely ignored in the reporting of recent instances of assisted suicide, with the subject's decision to end his or her life frequently presented in the media

as inspiring and even heroic.

A related phenomenon influences suicide trends in the opposite direction, however; the so-called Papageno effect suggests that coverage of people with suicidal ideation who do not attempt suicide but instead find strategies that help them to cope with adversity is associated with decreased suicide rates. The name comes from a lovesick character in Mozart's opera "The Magic Flute," whose planned suicide is averted by three child spirits who remind him of alternatives to death.

The case of Valentina Maureira, a 14-year-old Chilean girl who made a YouTube video begging her government for assisted suicide, illustrates the Werther and Papageno effects. Maureira admitted that the idea to end her life began after she heard about the case of Brittany Maynard, a 29-year-old woman with terminal brain cancer who campaigned prominently for the right to assisted suicide before ending her life last year. But Maureira changed her mind after meeting another young person also suffering from the same disease, cystic fibrosis, which conveyed a message of hope and encouraged her to persevere in the face of adversity. With our laws, we can encourage vulnerable individuals in one of these two directions: the path of Werther or the path of Papageno.

Aside from publicized cases, there is evidence that suicidal behavior tends to spread person to person through social networks, up to three "degrees of separation" away. So my decision to take my own life would affect not just my friends' risk of doing the same, but even my friends' friends' friends. No person is an island.

Finally, it is widely acknowledged that the law is a teacher: Laws shape the ethos of a culture by affecting cultural attitudes toward certain behaviors and influencing moral norms. Laws permitting physician-assisted suicide send a message that, under especially difficult circumstances, some lives are not worth living – and that suicide is a reasonable or appropriate way out. This is a message that will be heard not just by those with a terminal illness but also by anyone tempted to think he or she cannot go on any longer.

Debates about physician-assisted suicide raise broad questions about our societal attitudes toward suicide. Recent research findings on suicide rates press the question: **What sort of society do we want to become?** Suicide is already a public health crisis. Do we want to legalize a practice that will worsen this crisis?

Aaron Kheriaty is an associate professor of psychiatry and director of the medial ethics program at the University of California at Irvine School of Medicine. This piece is adapted from a longer commentary that appeared in the Southern Medical Journal in October 2016 and reprinted in the Washington Post.

NEXT STEP:

DOCTOR ASKED DEMENTIA PATIENT'S FAMILY TO HOLD HER DOWN WHILE SHE GAVE A LETHAL INJECTION – BY Rachel Roberts

A Dutch doctor who ordered an elderly dementia patient's family to hold her down as she was given a lethal euthanasia injection has been cleared of any wrongdoing.

The doctor at a nursing home in the Netherlands, where euthanasia is legal, was investigated following the death of the unnamed woman who had expressed a wish to die "when the time is right".

The Catholic News Agency reported that the woman woke up despite the sleep-inducing drug she was given in her coffee and tried to resist the procedure. The doctor then asked the relatives of the woman, said to be aged "over 80", to restrain her while she administered the lethal injection. The senior doctor had determined the time was right because of a recent deterioration in the woman's condition.

I'm convinced that the doctor acted in good faith, and we would like to see more clarity on how such cases are handled in the future," said Jacob Kohnstamm, chairman of the Regional Review Committee, which considered the case. The case will be further examined by the Dutch courts to clarify the laws around euthanasia and determine whether doctors carrying out the procedure should be prosecuted if they are found to have acted in good faith.

Note: How many others like this woman have been killed without requesting assisted suicide? The term, "acted in good faith", was also in New Mexico's HB171 assisted suicide. What does good faith mean? It certainly

(continued on page 4)

Is This What We Want ... (cont. from page 3)

was not that of the patient, or does the patient matter at all once we decide they must die.

MILD STROKE LEADS TO MOTHER'S FORCED DEATH BY STARVATION AND DEHYDRATION

I watched an old woman die of hunger and thirst. She had Alzheimer's. The old woman was child-like, trusting, vulnerable, with a child's delight at treats of chocolate and ice cream, and a child's fear and frustration when tired or ill.

I watched her die for six days and nights. I watched her suffer, and I listened to the medical practitioners, to a son who legally decided her fate, and to an eldest daughter who advised him and told me that the old woman, my mother, was "comfortable," except when she was "in distress," at which times the nurses medicated her to make her "comfortable" again.

I watched the old woman develop ulcerations inside her mouth as she became more and more dehydrated; the caregivers assured me these were not painful. I listened to her breathing become more and more labored as her lungs became congested from the morphine administered every two to four hours, and later every hour. This is what morphine does, you see. It relieves pain, but its cumulative effect is that eventually it shuts down the respiratory system.

No one explained why the old woman was given morphine in the first place, since she was conscious and trying to speak. It is normal that a mild stroke causes temporary inability to swallow, slurred speech, and a severe headache, but all of these are often reversed when the stroke victim is treated and the treatment includes nourishment and water.

The explanation for not giving nourishment and water—a feeding tube and IV(intravenous) — is that these were "extraordinary measures" for keeping someone alive. I watched the woman day and night for six days. The first night after the first shot of morphine her mouth hung open and her tongue started to roll and flutter. At the same time her jaw trembled continuously. This went on all night and into the early hours of the morning. Her mouth never closed again, except to clamp tightly on wet cloths placed on her lips. Her eyes were partially closed, but they moved back and forth, back and forth, becoming small slits after seven or eight hours, not closing fully until that long first night was over. She opened her eyes only once after that, when the nurse was late with the morphine, on the third, or maybe the fourth day.

The old woman started to moan. Not moaning, said the nurses and the old woman's eldest daughter, just air escaping from the lungs, not moaning at all. The old woman's eyes started to open and the air escaping from the lungs sounded exactly like a moan of agony, as the old woman's face twisted in horrible contortions. I screamed, "Her eyes are opening. Oh, God, Oh, God!" Even as morphine, quickly injected by a disconcerted nurse, caused the old woman's eyes to close and her face to relax. I doubted its efficacy. I thought back to the night before when I, in tears at the old woman's slow dying, had been confronted by a delegation of four of the nursing staff, each of them in turn trying to convince me that the old woman was not suffering in any way at all. The morphine, they said, takes all pain away.

But I answered them, "She can feel. She's squeezing my hand and, if I try to take my hand out of hers, she squeezed tighter and, when I hold a little piece of gauze to her lips, she tries to suck the water out of it. She's thirsty! This is a horror, this is a cruelty." No, they said, "She's not thirsty. It's just a reflex." "But," I tell them, "I watched her clamp her lips on the gauze so tightly that I had to pull to get it out of her mouth. She reacts when you touch her feet, her legs, and her hair. If she can feel that, she can feel thirst." I plead with them. It's not the same, they tell me. She's not in pain. I look after her. But what if you're wrong? I say. What if you're wrong? They stand there, saying nothing. Then, one looks at the old woman and says "we'd better turn her now." She and another care worker go about the business of repositioning the old woman, to keep her "comfortable" and the other two leave.

The nights and days went in and out of focus. I sat in a chair at the side of the old woman's bed, one hand grasped tightly by her hand. I slept an hour

or two, here and there, waking always with a start. "I'm here," I murmured so the old woman would know I was keeping the promise I made to her on the first night, after her son and eldest daughter left to get some food, drink, and rest. I promised her the, "I will not leave here until you do. The old woman was fading by the fourth day. Her eldest daughter had been visiting for an hour or so each day, usually mid-morning. This daughter, a former hospital worker, lightly stroked her mother's face and hair and time the length of her mother's "breath apnea," the length of time her mother stopped breathing. She announced the number of seconds and then counted the number of breaths between each stopped breath. Seven breaths, she said. Eleven breaths. Sometimes she describes the progress of her mother's death. She's probably down to about 60 pounds now, she pronounced. Sometimes — I'm not sure when I first noticed it — the nurses asked us to leave while they attend the old woman. Other times they didn't. Once perhaps on the fourth day, I told them I didn't have to leave. I had watched them turn her and I had seen her tiny naked body as they gently washed her. I didn't even flinch anymore when they injected the syringe of morphine.

We have given her a suppository, they said. A suppository? Why?" For anxiety, they said. Anxiety? So that she would appear to die with dignity. The morphine was no longer enough. This courageous old woman, who could face, who had faced, unimaginable hardships with nothing but her faith and her dignity, she could teach you about dignity, I thought to myself. On the fifth day, the eldest daughter visited twice. On her second visit, several staff members entered the room with her. They were talking loudly, about nothing in particular, except for one care worker, fond of the old woman, who walked over to the bed and called the old woman's name loudly enough to interrupt the other's light conversation. She examined the old woman's hands, lifted the sheet covering her and looked at her legs and feet. She called the old woman's name, and the care worker's face showed alarm. How long has it been? She asked. She's not even mottling! (Mottling is the term given to describe the blackening of the feet and hands as the body, dehydrating, tries to preserve the vital organs by stopping the flow of blood to the limbs.) You know, continued the care worker, I don't think it's her time. It's been what, five days? If she had been ready to go, she'd have gone in 24 hours. The room went quiet. The care worker and I looked at each other. You're right, I said. The eldest daughter and one of the nurses began to tell her she was wrong, and a nurse hustled her out of the room.

By the sixth night, I was not sure I could go on. I slept for an hour or so every four or five hours. I still sat in the chair by her bed but now I slept with head on the bed, near her stomach. The old woman's breathing was labored, her will to live defying the system, and the foolish young doctor who on that first night, gave her 24 hours to live, as though he were God Himself. My heart was breaking for her. I could do nothing to save her, could do nothing but suffer with her. I cried much of the time, but softly, so she would not know. I didn't want to add to her agony. I had been there six days. She could no longer hold my hand, so I slipped my hand gently under hers. I felt anguish so profound that I began to wonder if I could survive.

In a split second, the frown that had creased the line between her brows was smoothed away. Her head rested gently to one side. Two care takers entered the room. I saw them in my peripheral vision, but I kept my gaze on the old woman. We're going to turn her, one of the workers said. No, I said, my mother is dying. One of them left to get a nurse, and then the old woman, -- my dear mother, my little, child-like, beautiful mother died. I put my arms around her, kissed her poor, closed eyes and her now relaxed mouth, and held her limp, tiny body, no more struggling for breath. I watched an old woman die of hunger and thirst. I watched her suffer, and struggle, and hold onto life. She had not always found life easy, but she had always found it worthwhile. She was 94 years old. She had been born and had lived all her life in Canada. She had worked hard all her life, married, raised three children, voted, paid taxes, saved enough money to buy her own home, obeyed the laws, donated to charity, done volunteer work, paid her bills, and given much love and brought much joy to many, many people in her 94 years. In return, in the spring of 2009, her son and eldest daughter, with the permission and assistance of the law, because this old woman had a mild stroke, refused her food and water. She could not swallow, so she

(continued on page 5)

would have needed the food and water administered artificially. And the youngest daughter could do nothing except watch her mother die slowly, and write this, in the hope that my mother's death, like her life, will have made a difference. **By Kate Kelly, written for Life News Jan. 13, 2017**

THE BEAUTIFUL!! PLANNED PARENTHOOD MARCHES ON PLANNED PARENTHOOD WAS CAUGHT ON VIDEO COVERING UP SEX-TRAFFICKING, ITS RESPONSE IS HORRIFYING

A new Live Action investigation reveals that Planned Parenthood did not fulfill its promises to change after its employees were caught willing to help sex traffickers cover up abuses of young girls.

The pro-life group recently decided to follow up to see if the abortion chain retained staff about sex trafficking and abuse, and if it had reported the suspected sex traffickers to authorities, as it said it would.

The abortion group made these promises to media outlets and others in 2011 after a Life Action investigation, uncovered wide-spread willingness among Planned Parenthood employees to help sex traffickers abuse young teens.

But it did not keep them, according to Life Action's latest findings. "It appears that many video outlets simply took Planned Parenthood's word that it reported the suspected child sex traffickers to the proper local authorities," Live Action President and Founder Lila Rose said "If Planned Parenthood can provide proof that it actually tried to protect children it thought were being forced into prostitution by reporting the suspected crimes to local law enforcement, we'd love to see the evidence."

Rather than train staff to identify and help sexual abuse victims, former Planned Parenthood manager Ramona Trevino said her employer taught them how to identify undercover journalists.

Trevino, who managed a Planned Parenthood clinic in Texas when Live Action released its undercover investigation, said she initially believed the abortion group could and would fix the problem. But when she attended a manager training meeting, her views quickly changed.

"When we were called into this meeting, I went in believing that...they really do care about women and this is something that really concerns them," Trevino told Live Action. "They begin to play all of the previous undercover investigations that had been put out about Planned Parenthood, and I became very perplexed.

"As time went on, I raised my hand and said, 'I'm confused. When are we going to actually begin the retraining? What can I do as a manager to take this information back to my staff and enforce policies and procedures that would help protect women?' {The Planned Parenthood speaker} immediately shot me down. She said, 'We're not here to talk about that.'"

According to public records obtained by Live Action, the abortion group also repeatedly failed to report the suspected sex trafficking to local authorities. Through a series of Freedom of Information Act requests, the pro-life group found that only one (Arizona) of the five states and Washington, D. C. had responsive records showing Planned Parenthood reported anything to authorities.

Nearly a week after the first of Live Action's undercover visits to Planned Parenthood facilities, Planned Parenthood President Cecile Richards wrote a letter to then -Attorney General Eric Holder reporting the visits. She claimed that the suspected sex traffickers visited Planned Parenthood facilities in Arizona, Virginia, Indiana, New Jersey and Washington, D.C. However, she failed to identify the New York facility that investigators visited and she wrongly identified a facility in Indiana that investigators never visited. It appears that the New York facility didn't report the suspected trafficking and that a real trafficking incident may have occurred in Indiana under Planned Parenthood's nose.

Richards also told Holder that staff "made it clear" to the suspected traffickers that staff would comply with state laws requiring them to report the possibility of endangered children. Live Action's video footage shows

that staff never told the investigators anything like that.

Former Planned Parenthood Abortion Clinic Director: "Planned Parenthood Treated women Like Cattle" -Life News

The former head of a Planned Parenthood abortion clinic has been interviewed in a new expose' video giving viewers the real truth about the nation's biggest abortion business.

The new video testimonial features Ramona Trevino, a former director of the Planned Parenthood clinic based in Sherman, Texas. Trevino explains how she often felt helpless by the limited services the Planned Parenthood abortion business offers women who want legitimate health care or prenatal care as opposed to abortions.

"There was no prenatal care, there was nothing we could offer women who were pregnant," she says.

Moreover, Trevino says the Planned Parenthood abortion business treated women in a very poor manner - doing them more as abortion customers as opposed to patience and needed care and support.

"Planned Parenthood treated women like cattle," the abortion clinic director explained.

The former Planned Parenthood official says she started working at the abortion company thinking it truly helped women - until she realized otherwise. "You go in with the perception that Planned Parenthood is there to help women in any situation, not just when they're wanting an abortion," Trevino says in the video. "I really went in believing we were just like a gynecologist, then you realize, as time goes by, that you're not."

Lila Rose, founder and president of Live Action, commented on the videos, stating, "There is no more room for deception. The record becomes clearer each week that we release a new report. Planned Parenthood's focus is not women's health care, but abortion. Planned Parenthood's business model turns away women seeking options beside abortion and prioritizes the destruction of preborn lives for the sake of profit. Not only have Live Action's investigative videos proven it, but planned Parenthood's own former employees have said so."

"When lawmakers watch these videos, they should be deeply concerned at the treatment of women at Planned Parenthood. It's time to redirect Planned Parenthood taxpayer funding to more worthy local health clinics that aren't in the abortion business but that instead provide holistic health care to women," Rose said.

THE PREBORN CHILD - WHAT A WONDER IT IS!

More and more is being learned about this stage of our human development and what we are learning is incredible. We need to understand this so we work even harder to protect this special human being who cannot speak for him or herself. Here is some of the information that has been learned.

STUDY: FETUS LEARNS LANGUAGE CUES BEFORE BIRTH - BY Amina Khan, Los Angeles Times

Watch your mouth around your unborn child - he or she could be listening in. Babies can pick up language skills while they're still in the womb. Finnish researchers say: Fetuses exposed to fake words after week 29 in utero were able to distinguish them after being born, according to new research in the Proceedings of the National Academy of Sciences.

"Prenatal experiences have a remarkable influence on the brain's auditory discrimination accuracy, which may support, for example, language acquisition during infancy," the authors wrote.

As revealed by the allure of the so-called Mozart Effect -the idea that exposing the fetus to classical music earns kids extra IQ point in spatial reasoning down the line - parents are constantly looking for ways to give their children an intelligence advantage.

That's even if the research their parenting tactics are based on is too narrow to draw such broad conclusions or remains under question (the Mozart Effect was deemed "crap." for example, by one scientist.)

Nonetheless, scientists have discovered plenty of evidence that what's heard in utero can make a lasting impression. Fetuses respond differently to native and nonnative vowels, and newborns cry with their native language prosody (a combination of rhythm, stress and intonation). Researchers led

(continued on page 6)

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The Preborn Child.... (cont. from page 5)

by Eino

Partanen at the University of Helsinki wanted to see what other languages cues a fetus might pick up in the womb.

For the experiment, Finnish mothers were asked to play a CD with a pair of four-minute tracks that held music punctuated by a fake word: tatata. On occasion, they changed up the vowel – tatota –and in other instances they switched the pitch –tatata, when the middle syllable could be 8 percent higher or lower, or 15% percent higher or lower. The false word and its variants featured hundreds of times as the track played, and the mothers were asked to play the CD five to seven times per week.

Then, after several weeks of exposure to the fake word, the researchers had to determine whether all this in-utero training had somehow stuck. The researchers were relying on a phenomenon called mismatch response: a flash of neural activity when the brain picks up on something off, something not quite right – such as when the word tatata is suddenly tatota. If the flash goes off, it means that something doesn't make sense.

The scientists figured that if the flash went off the first time the infant babies heard the modified words (tatota or tatata) after being born, it would mean that they 'd been paying attention in the womb.

They tested the mismatch response once the babies were born by attaching electrodes and studying their brain activity. Sure enough, the newborns that had been trained in the womb had a response roughly four times stronger to the pitch changes (tatata versus tatota) than untrained newborns. (Both trained and untrained babies picked up the tatata versus tatota vowel distinction.)

The findings could mean it's possible to give babies a little language leg-up before they ever say a word –particularly the children who may need it the most. "It might be possible to support early auditory development and potentially compensate for difficulties of genetic nature, such as language impairment or dyslexia," the authors wrote.

But the scientists point out it could mean that babies are also vulnerable to harmful acoustic effects – "abnormal, unstructured and novel sound stimulation." – an idea that will also require further study. Until then, stay away from noisy sites while pregnant.

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