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Wolf P. Wolfensberger
Syracuse University

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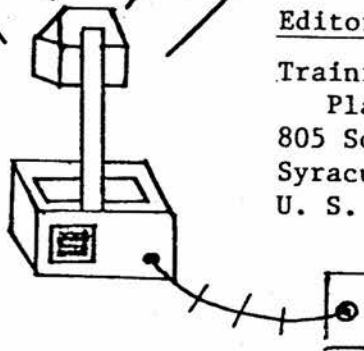
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TIPS

Editor

Wolf Wolfensberger
Professor
Division of Special Education
and Rehabilitation
805 South Crouse Avenue
Syracuse University
Syracuse, New York 13210



Editorial Address:

Training Institute for Human Service
Planning, Leadership & Change Agency
805 South Crouse Avenue
Syracuse, New York 13210
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Once Again, Deathmaking

Deathmaking is so pervasive in our society and in human services that even though we cover it in each TIPS issue, we cannot keep up with developments. Because deathmaking of devalued people is the biggest problem in human services today, we will once more devote the major portion of this issue to it.

We feel rather unhappy about the large amount of deathmaking news in TIPS. We did not mean for TIPS to be exclusively, or even primarily, a right-to-life type periodical, but unfortunately, deathmaking news is the news in society and human services today, and human service people should not try to hide from this. Readers who don't like deathmaking news can console themselves with the fact that even the other material contained in our issues really exceeds the amount of material that we had initially envisioned for any TIPS issue. We had thought that we would have seven to ten pages of material, but have ended up rather routinely having more than 20.

Abortion

Prenatal Tests as a Prelude to Abortion

*The risk of inflicting serious damage to the unborn baby when amniocentesis is performed is one in 200, yet bizarrely, amniocentesis may be recommended in order to determine whether an infant may be impaired even in those instances where the risk of such impairment is smaller than 1 in 200. Surely, this must mean something that has not been explicated, and our guess is that it means that medical personnel harbour such intense deep-seated negative feelings towards handicapped people that in order to kill one, they will accept the risk of making more than one non-handicapped person handicapped.

*No sooner has the chorionic villi biopsy begun to partially replace amniocentesis when a new test began to appear on the horizon that may both predict a child's sex and reveal the same anomalies identifiable with the other tests. This is a blood test that may work even earlier during pregnancy than the other two. However, it is as yet in very early stages of verification. Unfortunately, its most common use, if adopted, would undoubtedly be to identify children to be aborted (Discover, 5/85).

*In February 1984, the Food & Drug Administration in the US Dept. of Health & Human Services permitted the mass marketing of a birth defect test kit which would enable people to test a pregnant woman to see whether her unborn child might have a congenital impairment. However, the test will show a very high proportion of so-called false positives, i.e., it will suggest that a defect is present when none is. A positive test means that a woman has only a 2% chance of an impaired child, and if the test is repeated and still positive, the probabilities only go up to 4-10%. People are supposed to follow such results up with more accurate medical tests, but the simple fact is that many of them may decide right then and there that an abortion is indicated.

Miscellaneous Abortion News

*American teenagers have the lowest level of contraceptive practice, and their pregnancy rate exceeds that of other developed western nations 2 to 6 times. Almost 10% of American women become pregnant by age 19, and about 2/3 of those who become pregnant will have had an abortion by age 18.

*In DC in 1982/83, there were three abortions for every two live births. This was double the rate of the state with the highest abortion rate, i.e., New York. Utah had the lowest rate. The national average was 426 per thousand live births (Respect Life Report, 3/85).

*Because so many babies have survived abortion, a new method has been developed whereby a fatal dose of the heart drug, Digoxin, is injected into the heart of the fetus to assure that the abortion succeeds in its aim, i.e., a dead child (Pro-Life News, 1/85).

*The US Internal Revenue Service has ruled that if a baby survives for a few hours after an attempt to abort it, the parents are eligible to list the child as a dependent for that year. Noted a critic, the abortionist's most dreaded complication can become the aborting parent's tax windfall (Focus on the Family, 5/85; source item furnished by John Morris).

*In Britain, a government committee of inquiry to study ethical problems associated with human fertilization and embryology issued its report in 1984 called, after its editor, the Warnock Report. It was reviewed in the Spring issue of the 1985 American Scientist as being very "practical" and "straightforward," which meant that it was very largely utilitarian in its ideology and recommendations. It opposed procedures that carry health risks or high potential for exploitation. It sided with those who identify humanhood with "personhood," and referred to an embryo as "simply a collection of cells." Further, respect shown to embryos must be weighed against the benefits derived from research. It thus approved of research on embryos up to the 14th day when the central nervous system first makes its appearance, because the embryo thereafter might conceivably begin to feel pain. It recommended that human-nonhuman hybrids should be allowed to survive no longer than the 2-cell stage, and opposed the implantation of human embryos into non-humans. However, the reviewer found even these restrictions excessive, and we will almost certainly see them disregarded.

*We have reported before on China's one-child policy, which has resulted in abortion being used as a contraceptive policy, and in a massive slaughter of infant girls who are viewed as less desirable than boys. Already, there are millions more Chinese men than women of early reproductive age, about 3000 baby girls are killed daily, the number appears to be rising, and someday in the future, there may be dramatic social upheavals because of a shortage of women.

*There is increasing advocacy of the use of aborted fetuses as a source of organs for transplants. Such organs have a high capacity for growth and development while having much lower likelihood of being rejected. One of the fetal organs we may soon see transplanted in large numbers is the pancreas and related tissues, especially in cases of diabetes. One such advocate is Josiah Brown, Chief of the Division of Endocrinology and Metabolism at the UCLA Medical Center in Los Angeles (Physician Assistant Practice, 1985, No. 1; source item supplied by John Morris).

*At Syracuse University, there was a debate between advocates for and against abortion, and the local newspaper reported on it on its obituary page (SHJ, 29/1/85).

Supporters and Opponents of Abortion

*There is a document called "United Nations Convention on the Elimination of All Forms of Discrimination Against Women." It is something like an agreement which the UN has asked the governments of member nations to ratify, and a number of nations have done so, including Canada. However, critics have charged that the convention calls for such sweeping and uniform measures that if they were implemented, they would totally destroy cultural traditions which have been virtually defining of certain societies. Furthermore, because of their sweeping nature, they would create a convergence toward the kind of liberal society that Canada, the US and several other western nations de facto are, and are becoming moreso. In this respect, societal differences would further diminish. According to critics, the convention implies indiscriminate access to contraception and abortion, would deny parents control over their female minor children (as is the case now in the US), and by giving people the right to have themselves irreversibly sterilized without any interference from their spouses, and permitting women abortion without a husband's knowledge or consent, would be totally contrary to the image of a family prevailing in many societies. In fact, the Canadian government already claimed that one reason why it gave funding to abortion services while denying it to organizations promoting traditional family life was because the latter would be in violation of the convention which the Canadian government had signed. Critics are also alarmed about the enthusiastic endorsement of the convention by the International Planned Parenthood Federation, reasoning that the federation would not do so unless it saw the convention as thoroughly consistent with its own promotion of abortion. One Japanese philosopher has accused the convention outright of "cultural colonialism" (The Interim, 5/85).

*A 1984 report of the International Planned Parenthood Federation, entitled "The Human Rights to Family Planning," states in paragraph 106 that people should not be held back by laws regulating reproduction or abortion, because "action outside the law, and even in violation of it, is part of the process of stimulating change" (The Interim, 5/85). Sounds to us like a defense of the bombing of abortion clinics.

*A 1984 book by K. Luker, entitled Abortion and the Politics of Motherhood, took a look at leaders in the "pro-choice" and "pro-life" movements. She found some striking contrasts. 94% of pro-choice women are employed, 37% have some graduate education, and one-third have incomes of \$50,000 or above. They tend to be married to professional men, and about 75% said that organized religion plays no role in their lives. In contrast, pro-life women are either married ones who do not work or unmarried ones who do, only 6% have any graduate education, and only about 12% have an income of \$50,000 or higher. They tend to have more children than the pro-choice women, and 90% say that religion plays an important role in their lives. Luker concluded that at least among the leaders, the

abortion debate goes much further than meets the eye, in pitting women of traditionalist orientation against women of modernist liberated outlook, and that the conflict largely boils down to "a referendum on the meaning of motherhood." To this, we would add that it also adds up to the upper classes promoting a eugenic policy for the lower ones.

*At a time when one church body after another endorses abortion or "choice," the Lutheran World Federation adopted a position opposing abortion (Pro-Life News, 1/85). The Christian Reformed Church of Canada has also reaffirmed its denunciations of abortion as an evil, though it considers it permissible in extreme cases where a pregnant woman's life is genuinely endangered. The Presbyterian Church of Canada has approved of abortion. The Anglican Church of Canada has been deeply divided on the issue, endorsing its legalization and calling for minimal use thereof (The Interim, 4/85).

*One Catholic university after another has been awarding honorary doctorate degrees to politicians known to support legal abortion, or the far rightest movements in Central America.

*Support for abortion has become so nearly universal that even public officials and legislators running on pro-life tickets were found to be in support of abortion under all sorts of special circumstances (Pro-Life News, 1/85).

*Here is another example of the kind of schizophrenia that large-scale and systematized deathmaking has introduced into American society, the medical profession and the legal profession. In a March 1985 ruling, the New York State Court of Appeals proclaimed "the immutable, intrinsic value of human life," and yet still allowed parental suits for "wrongful birth" when a child is not aborted after being identified prenatally to be impaired (Respect Life Report 4/85).

*The chief of obstetrics and gynecology at Lenox Hill Hospital in New York said, "We have to warn the families. You have to tell them there is a slight possibility the fetus may live." In other words, when the "treatment" called abortion fails, the result to be warned of is a live human being (Pittsburgh Post-Gazette, 13/1/85; source item submitted by David Schwartz).

*Some good news is that in an increasing number of states, "wrongful life" suits have been dismissed in which handicapped children sue their parents for failure to have aborted them (Lex Vitae, Winter, 1985).

*Strangely enough, the Massachusetts Supreme Court ruled in 1984 that a driver who caused the death of a viable fetus can be prosecuted for vehicular homicide, because the "offspring of the human parent cannot reasonably be considered to be other than a human being, and therefore a person, first within and then in normal course outside the womb." We can anticipate appeal and reversal of the ruling, because it is the truth. A similar ruling was handed down in Washington state, but there no appeal is planned (Pro-Life News, 1/85).

*In 1984, a Winnipeg wife decided to have an abortion, and her husband went to court to stop her. The Court ruled that the father did not have the necessary "standing" to even institute legal proceedings. Standing requires that an applicant have an interest in a matter before the court. The attorney for the mother rejected the father's argument that he stood in the capacity of "next friend" to his unborn infant, and the court held that an unborn child had no rights, and therefore, the husband and father could not assert any rights for

him/her, nor would anyone else have standing to represent a non-person with non-rights. Indeed, the Court held that the father did not even have the right to be informed by the wife, much less consulted. However, the Court acknowledged that the husband and father had a right to apply to a court to ensure that if an abortion was to occur, it had to be done "properly," i.e., in accordance with the law (Pro-Life News, 1/85).

*We were told that one particular local Birthright chapter put an ad in the paper headed by the title "Abortion," suggesting that women considering having one should consult with it. Birthright has done good work helping women bear their children, but the intent to succeed by appealing to people who were looking for abortion agencies seems to us somewhat problematic and possibly incoherent. So-called "effectiveness" is not the only goal; it must also be attained coherently.

Euphemisms & Detoxifications

*There are circles within the feminist movement that are essentially anti-family, and out of this circle has come a new depreciatory slogan: "Familism," which refers to efforts to uphold traditional notions of the family (The Interim, 5/85, p. 8).

*Another euphemism for killing a baby aborted alive and viable is to put it in an incubator and "observe it"--which means doing nothing until it dies (e.g., Newsweek, 14/1/85, p. 27).

*We have just discovered a new euphemism for being in support of abortion. Time (14/1/85) reported that Nancy Reagan said that "She has an open mind about abortion in cases of pregnancy caused by rape." Thus, presumably, being opposed to abortion even in cases of rape means one has a closed mind.

*In Pensacola, FL, an abortion clinic goes by the dainty name Ladies Center, Inc.

*A major manufacturer of condoms (including Sheik, Sensitol and Newform) ran a condom ad in a women's magazine that showed a picture of a perfectly healthy newborn baby and referred to it as "a mistake" (The Interim, 1/85).

Abortion Clinic Bombings

A few years back, the TIPS editor became a convert to non-violence and an opponent to all forms of deathmaking. However, he draws a distinction between violence against people, and the transformation of matter or objects from one form into another. Beating a sword into a plowshare is a very appropriate transformation. Bombing a bridge so that trains can no longer take Jews to Auschwitz to be killed is another--indeed, a destructive--transformation. Bombing a deathmaking building is in the same category, as is the hammering in of the nose cone of a nuclear missile. The TIPS editor will probably never torch an abortion clinic, and questions the moral coherency of those who do (most believe in some forms of deathmaking), but does not regret the disappearance of such objects, and believes that the disproportionate outcry against such bombings (in which, thank goodness, no one got injured yet) comes from perverse motives.

For instance, in the American justice system, there has long been a great disproportion in valuation of life vis-a-vis property. Even relatively minor offenses against property can easily draw 20-year sentences, whereas people who actually kill people quite commonly spend little or no time in prison.

Further, why is all this fury directed so disproportionately against destruction of abortion clinics? For years, there has been a wave of bombings and arson of churches and synagogues (perhaps hundreds by now) in many American cities, and this has never been mentioned as a trend in the media. The mob probably torches hundreds of buildings a year--perhaps thousands. In at least the latter instance, lives are lost.

In the light of these facts, why is it that the federal Bureau of Alcohol, Tobacco and Firearms has thrown almost half of its entire work force into the abortion clinic bombing cases? And why are people convicted of such bombings receiving incredibly severe sentences, such as 20 years, 30 years, \$300,000 in fines, and so on, when even killer arsonists get off lightly? One wonders: just what is going on?

*In the trial of four young adults charged with the bombing of three abortion clinics in Florida, a psychiatrist testified that the defendants had mental illness triggered by obsession with abortion, labeled an "abortion mania." One of the male defendants was characterized as having a manic personality, and one of the females as suffering from "neurotic depression." Said the psychiatrist about one of the female defendants, "She just did not compute." There are many things peculiar about this interpretation. For instance, so far, no one who is in support of abortion, no matter how stridently or irrationally so, has ever been said to have a psychotic "abortion mania." Also, one of the defendants was said to have flipped when he saw pictures of the arms and legs of fetuses being chopped off as they were being aborted, implying that it is people who stay calm and composed when watching babies being dismembered who are the sane ones. A 1982 letter by President Reagan praising a memorial service for aborted fetuses was said to have contributed to the confusion and ultimately psychosis of the defendants. (Source clipping provided by Chuck Burkhouse.)

Child Killing

*The Child Abuse Amendments of 1984, and their regulations, spawned by the Infant Doe scandals, appear to us to be on sound moral grounds in specifying when an infant must be treated and when treatment can be withheld or discontinued. However, as we mentioned before, we consider it yet another scandal that such provisions had to be formulated, and that they had to be enacted in such a round-about way. Furthermore, we must not assume now that impaired infants are safe. First of all, only children under 1 year are covered, and secondly, a great deal of interpretation is left in the term "medically indicated treatment." Finally, because so many people have killing thoughts in their hearts toward afflicted infants, we cannot assume that the provisions will be adhered to in practice.

*In Washington, DC, a nurse was convicted of killing a 15-months old baby with an injection. One of the motives ascribed to her was to create a sense of urgency that her hospital needed a pediatric intensive care station. She was sentenced to 99 years of prison, which is most unusual (AW, 10/3/84). If this is true, it is certainly much like fire-fighters setting fires to get more money to fight fires, thus promoting the post-primary production economy.

*A newswriter for the Pacific News Service (carried in the 11/12/83 issue of the Sacramento Bee) went to Agnews State Hospital in California, and decided that if its nearly 1100 profoundly retarded residents were born today, many of them would probably be in the center of a debate similar to the one surrounding Baby Jane Doe. What he meant was that they would probably be made dead--and that this would be desirable. He buttressed this interpretation by pointing out that families with such children face incredible social, emotional and financial distress, that many of the institution's residents have been abandoned by their families, and that they cost an average of \$14,000 a year to keep alive.

Preserving the lives of such severely damaged persons he called "forcing parents and doctors to prolong the lives of newborns with severe birth defects," and "trapping these patients forever in circumstances over which they have no control." (Source item supplied by William Bronston)

*Robert Weir, PhD, Professor of Religious Studies at Oklahoma State University, wrote a book (1984) entitled Selective Non-Treatment of Handicapped Infants: Moral Dilemmas in Neonatal Medicine. If one knows the code words of deathmaking, one will know from the title what slant the book will take. In an interview, Weir proposed that rapid and painless killing of severely handicapped infants should be permitted, and he admits that this has already been common in neonatal intensive care units. Much like Binding and Hoche in Germany in 1920, the gurus of the euthanasia program which was eventually embraced by the Nazis, Weir called for "solid criteria" that must be met. He himself has classified cases into "easy" and "difficult" ones, and has even specified clinical syndromes that fall into these. In a third group are those who should "generally" be treated. This includes children with Down Syndrome and hydrocephalus. The killing advocacy was also formulated in terms of "the infant's best interest." "The person's own best interest," "moral dilemma," "selection," "selective non-treatment," are all code words of the deathmaking culture.

*Scientists have recently begun to report widespread, almost universal, tendencies toward infanticide in all sorts of animal species. In turn, they have begun to refer to such phenomena as "normal," with strong implications that infanticide is normal in humans, and should therefore be morally acceptable.

*Apparently, one of the reasons why infant mortality is so high in the US compared to other developed nations is the collapse of healthy family life, as a result of which many babies are born to child mothers, to women who do not have husbands or even families, and to women or couples who are simply not competent at living and therefore at child-rearing.

*In the Summer 1984 issue of Social Policy, Doug Biklen and Phil Ferguson wrote an article which made the argument against infanticide of handicapped newborns from a liberal perspective, showing that one need not be a Reaganite in order to oppose infanticide. This is an excellent statement as far as it goes, by which we mean that it does not extend itself to the abortion issue.

Deathmaking of Abandoned, Derelict & Street People

*In 1984, a US federal committee chaired by a Colorado dentist submitted a report to the government on homelessness. Critics found that the report was full of untruths and half-truths. It complimented the government on the buildings it has turned over for use by the homeless--but of 600 surplus buildings, only 4 had been so turned over. Congress had appropriated \$8 million to renovate these buildings for the homeless--but instead, \$7.1 million of this had been diverted for upkeep of Army buildings. Of 190 Armed Forces commissaries said to be participating in the food bank program, only 44 had--and these had contributed only minimal amounts of food. Before a congressional committee, the chairperson admitted that he did not know who was serving on his task force or how often it had met and he had not read the report that the committee sent to the White House. In turn, the Administration responded to the report by saying that homelessness was "complex," required "more analytic work," and dismissed even what modest suggestions it contained (CC, 1-2/85).

*A few years ago, the state of New York would dump bus loads of inmates (some of them still in their institutional pajamas) of its psychiatric institutions on Times Square, and hand them their discharge papers. Newsweek (7/1/85) claims that the state of Texas has been doing the same thing for more than a year. Twice a week, a van from its institution at Austin would dump about a dozen inmates in front of the Houston Greyhound Bus Station. Most of them were left there with no money and no place to go--except an agency-arranged appointment with a mental counselor three months later. There was a public outcry which at first did not faze the institutions, but which eventually moved them to make a small "improvement": they dumped inmates into short term-shelters, which still did not address their long-term future. Amazingly, when Texas releases a convict, it gives him a set of new clothes and \$200.

*It is estimated that at least 12,000 mentally disordered people are put in jail every year in Virginia, many of these having formerly resided in institutions (Institutions, Etc., 1/85).

*More and more observers believe that the public is becoming increasingly less tolerant of homeless people (Philadelphia Inquirer, 6/1/85; source item submitted by David Schwartz). Calling the homeless "trolls," "bums," and "tree people" reflects the public perception that they are some kind of subspecies or, what Vail has called, "man as other." The elected officials of Fort Lauderdale, Florida, have launched a "bum-busting" campaign. It involves mass imprisonment of transient homeless people, and various ordinances, including outlawing rummaging through garbage or sleeping in public places. In Cincinnati, municipal authorities have tried for 6 years to close down the largest shelter in the city for the homeless. Obviously, when one municipality after another takes measures to drive the homeless out, the result can be nothing less than genocide.

*The cult of guru Bhagwan Shree Rajneesh imported a small army of street people to its headquarters in Oregon, apparently in order to stack an upcoming election and take over control of the county. When the ploy failed, hundreds of these people were simply dumped. The Portland Salvation Army had to begin to take care of them, and bought bus tickets for 600 of them so that they could return to where they had come from so they could be homeless there instead of in Portland.

*Idle teenagers in a Syracuse slum area have begun to while away their time by regularly beating up street people "for fun." In March 1985, they beat one such man so badly that he died from internal injuries. The boys said they were sorry, and their families all testified what nice kids they were who weren't really mean.

*In Santa Barbara, someone shot a homeless man of the streets to death, apparently as a gesture of resentment toward street people (Newsweek, 24/12/85).

*A man in England had been a maintenance engineer at an atomic energy research station but drifted socially downward for various reasons. He apparently suffered some dementia and was not a particularly pleasant client. Eventually, he came to live in a residence for the homeless in Oxford. In 1983, he had a brain tumor removed, and in 1984, an Oxford hospital decided that "his life was not of sufficient quality" and denied him hemodialysis. This is a very serious thing in England where medical services have long been "socialized." The man's life was saved when the British Kidney Patients' Association stepped in and funded his twice weekly dialysis. (News clipping furnished by Alan Tyne.)

*There is currently no US law that prohibits people from selling their organs, or commercial firms from buying and selling such organs for profit. At least two companies are now planning to go into this business. One can easily see at least one imminent danger, and that is poor people might be seduced into selling their organs, much as derelict people have for decades sold their blood. Because poor and derelict people are already at great health risk, purchase of their organs would, in effect, constitute a form of deathmaking, though it would undoubtedly be interpreted as life-giving (Science, 7/10/83).

Support for "Euthanasia" and Other Deathmaking of Devalued Persons

*Finally, the question of "euthanasia" is beginning to be openly addressed in a multiplicity of professional journals. However, so far, those who have decried "euthanasia" have usually failed to address the issue at its most fundamental and proper level. An example is an article in the January 1985 issue of Exceptional Children. It noted that newborns were often made dead because they are seen as lacking quality of life. Unfortunately, the article then engaged in a futile discussion of the question of who is to make the decision, pointing out the problems when either parents, physicians, or courts make it. Readers are left with the impression that if only a proper decision-making process could be identified, then infanticide might be in order.

*The "euthanasia" war is intensifying. More and more brazenly, articles are appearing in almost all the major periodicals of any kind that promote some form of deathmaking of devalued groups. Many of these articles can be placed into two major broad categories: those that endorse abortion, and do so as part of women's rights, and those that approach health care from a cost/yield perspective, and thereby rationalize "euthanasia." An example of the latter is an article in the 2/85 issue of Discover, a journal that tries to interpret science to non-scientists. Among other things, it argued for the use of aborted fetuses as an organ bank, and even for the cultivation of such fetuses. It asked questions such as, "If cells or organs from a fetus will save the life of someone already born, does that justify an abortion? Does it demand one?" At present, articles like this may still be surrounded by an element of ambiguity, as expressed in the stereotypical formulations that "none of the ethical questions raised by the advances of high technology and transplant medicine have clear answers." Yet we must fully expect that increasingly less equivocal stances will be strongly promoted in the near future, since the posing of the questions is already being done so casually and finds little opposition.

*A guest editorial in the 7/1/85 issue of Newsweek railed against elderly people, complaining about all the advantages that they enjoy at the expense of younger people. The article was thoroughly consistent with an increasing number of expressions of resentment toward older people, and the interpretation that younger people are going to have to shoulder an ever-increasing burden in supporting older people, meaning that they have to forego some of the hedonistic pleasures that they had looked forward to. The devaluation experienced by so many elderly people was dismissed with glib kernels of truth such as that there is the 73-year old president of the US who might be eligible for a discount if he tried to buy a cup of coffee at McDonalds.

*In "The Ultimate Solution of Grace Quigley," Katherine Hepburn stars as an elderly woman who joins with a murderer to kill off aged people who want to die. In real life, her attitudes appear to be not much different. She has been saying that the world is getting too crowded for elderly people, and even more so if abortion were banned. Elderly people should not be allowed to be put on life support machines, and if her own mother had been ill and put on them, she would have shot her. (Interview in Ladies' Home Journal; The Herald (Central Connecticut), 11/1/85; source item supplied by Martin Elks).

*In the 1981 movie, "Wolfen" (based on an earlier book by that name), a pack of wolves make their home in New York City and begin to attack and eat people identified as, in essence, the garbage of mankind, such as disoriented drunks. The clever wolves only leave those parts of a victim that are diseased, such as the livers of chronically alcoholic people, or somebody's cancerous tissue. The film essentially approves of this, and at the end, the hero enters into a sort of truce with the wolves to let them continue their scavenging upon humans as long as they do not take valued people. The film also implies that this sort of thing may be going on all over the US, and that of the thousands of marginal people who simply disappear without a trace, many of them are being eaten by urban wolves. Little did the film realize that they are actually eaten by human service workers.

*One of the strongest endorsements by the media of deathmaking of devalued people occurred in USA Today of Wednesday, 4/3/85, in an interview with Jeff Lyons, a well-known syndicated writer for the Chicago Tribune who won the National Headline Award in 1984 for his study of "ethical problems in treating children with birth defects." He is also the author of Playing God in the Nursery, a book on the withholding of treatment from severely handicapped newborn infants. In the interview, he gives strong support for the decisions by parents and medical personnel to deny treatment to newborn children because they are handicapped. He buttresses his arguments with outright untruths, e.g., he states that Down Syndrome "invariably leads to serious retardation," that very few of such persons "will live longer than 40 or 50 years," and that those who do live longer than 30 "will all get Alzheimer's disease." He states that it is not possible for people with Down Syndrome to lead comfortable lives, that it may be wrong to keep a handicapped child alive because to do so might deny it its "right to die," that the presence of a handicapped child in the family has a "devastating effect," and that many marriages break up as a result. It also uses some of the deathmaking of handicapped people initiated by others as an argument for other forms of deathmaking e.g., it cites the Reagan administration's cutbacks in various special programs affecting the handicapped as evidence that the handicapped cannot be expected to have a good quality of life, and that therefore, they need to be protected from a bad quality of life by having their lives ended at birth. He cites the bad life that his handicapped brother endures in an institution as an example to support the argument that people should be spared this kind of suffering by ending their lives early.

Another unfortunate aspect of the interview is that included in a small box within the text are a few statistics on various birth defects, including Down Syndrome, cleft palate, spina bifida, and limb deformities. The unspoken implication is that it is children with these kinds of conditions who are prime candidates for deathmaking. Thus, even simply the absence of part or all of a limb might soon be considered reason enough to deny such a child life-saving treatment. (Article submitted by A. J. Hildebrand)

*Psychiatrist and anthropologist Virginia Abernathy, of the School of Medicine of Vanderbilt University in Nashville, has recently come up with the following expansion of the domain of deathmaking. She said that no one who is completely dependent, as upon one's mother, is a person. Because the unborn are "not persons," she claims abortion can never be wrong. Individuals become persons only if and when they become responsible moral agents, which she believes to be around the age of three or four. Children below that age are non-persons, the same as the unborn. Impaired children, such as those with Down Syndrome, may never become persons. They have a claim on other people's compassion, but not a moral right to life. Furthermore, compassion "loses when weighed against the rights of a person," i.e., if the person's existence violates the rights of another, then the violator no longer has a claim on compassion.

*A policy analyst who in 1985 worked for the US Department of Education had only two years earlier written that attempts to educate the poor and handicapped were "counterproductive," and "selfishly drain resources from the normal school population." This opinion reflects both a rather classical eugenic attitude, as well as a blaming of the victim perspective. It is consistent with a growing force of opinion that gauges the value of people in utilitarian terms, and that pushes toward the deathmaking of those of low value.

*The euphemism "supportive care" is increasingly being used to mean that a person is being denied active treatment, or even basic care to prolong life. Yes, the term is as explicitly contradictory as in the following definition that we found: "a supportive care plan (SCP) normally does not provide care or treatment intended to prolong life." (Source item furnished by Michael Sclafani.) While many of the considerations going into an SCP are valid, what is profoundly disturbing are the rationales that are often advanced to promote SCP, and some of its other elements. Obviously, if underlying attitudes or moral principles are faulty, all sorts of other incoherencies and perversions must be expected to creep in further down the line. Thus, the very first principle stated as underlying an SPC was "there comes a time in the lives of some residents when the increased burdens and decreased benefits of living justify a decision not to extend life by medical intervention." The problem is not so much with the validity of the statement as with all the things that it can be said to cover. For instance, the afflicted person may end up being perceived as the "increased burden," and/or a person may be so deprived of a quality of care that the person is defined as having "decreased benefits of living." Thus, advocates of afflicted people are strongly advised to keep an eye open to further developments along these lines.

*Kuhse (1984) argues in the Journal of Applied Philosophy that one should abolish the difference between "deliberate letting die" of people by medical personnel, and intentional killings of patients that are defined as murder, even if by physicians. Whenever any such acts are committed, she proposes that they be called murder--but that certain such murders should be legalized because they are "more economical of suffering."

*Dr. Dwight Harken, a Harvard University heart surgeon, said at a 1983 Edmonton conference that there are 300,000 "human vegetables" in North America that should be starved to death, because "society can no longer afford the best possible treatment for everyone. We should let the helpless cases slip away" (Vital Signs, 6/83; The Province, 1/6/83).

*In 1980, a court ordered the removal of dialysis treatment from Earl Springe, an elderly senile man, leading to his death. His widow sued the nursing home in which he died, accusing it of invasion of privacy in that it had allowed right-to-life advocates to visit her husband. The jury ruled in her favor (Cedar Rapids Gazette, 2/21/85; source item from John Morris).

*In September 1984, the various national associations for the "right to die in dignity" held an international conference in France. On the occasion, five French physicians released a statement admitting that they accelerate the deaths of their terminally ill patients (Pro-Life News, 1/85).

*A German physician admitted practicing euthanasia over a period of 35 years on 700 severely ill patients, by administering a fast-acting poison, all in order to "avoid unnecessary suffering." He said that he came to this decision after seeing so much suffering during WW II (Pro-Life News, 1/85).

*A newly licensed physician in Quincy, Illinois, was convicted in May 1985 of putting arsenic into the food and drink of fellow workers, and was also under investigation for the deaths of about a dozen of his hospital patients during his earlier internship in Ohio. Prosecutors claimed that he had a fascination with death, but declared themselves puzzled about his motivation. (Source item supplied by John Morris.)

*At this point, Switzerland and the Netherlands are apparently the only countries that have officially decriminalized euthanasia.

*In Upstate New York, a man who has leukemia went to court to force his profoundly retarded brother to donate him bone marrow that might prolong his life. The request, to be settled by court, is a reasonable one, but the problem is that people are increasingly looking upon the unborn and the handicapped as body and organ banks.

*Reality has once more overtaken imagination. In the early 1900s, George Bernard Shaw proposed that instead of being punished, murderers should be taught to kill only those who were a eugenic drag on society.

Public Sympathy for Deathmakers, Indifference to Victims

As we mentioned before, when someone devalued has been made dead, public sympathy is almost always with the perpetrator (who is generally perceived "like us") rather than the victim, who has become an abstraction. In contrast, to penalties for destroying abortion buildings, those who kill devalued people get off very easy.

*In 1984, a woman was tried in Syracuse for administering a deadly dose of the pain killer empirin to her baby's formula. However, first the charges were reduced to assault, which made her eligible to be sentenced to probation, and even then it was reported that the jury felt sorry for her. The defense, sensing this, rested its case without offering evidence. What may be happening increasingly is that not only infanticide of handicapped children, but also of non-handicapped ones may become more acceptable as long as people identify with the killers.

*In another case in West Virginia, a couple took turns beating their 2-year old child with a wooden paddle for over two hours until the child died (SHJ, 6/3/84). The charge against them was at such a low level that the maximum sentence they faced was a year in jail.

*In February 1983, a woman in Syracuse pumped 5 rifle bullets into the head of her common-law husband while he slept beside her. The man had abused her, but once again, hardly anyone disapproved of the murder, and expressions of sympathy and support, as well as money for her defense, have been coming in steadily.

*In 1965, a brilliant electronics expert, W. L. Parmen, murdered a Washington secretary who spurned his approaches. He strangled her, bit her body in many places and so mutilated it that she could only be identified through fingerprints. Convicted of the crime, he soon managed to escape from prison and start a new life with an electronics firm in California. When he was caught in 1984, 2000 colleagues came to his defense, signing a petition testifying to his good character and good deeds (Newsweek, 18/6/84). By itself, the case would not be particularly remarkable if it were not yet another in the increasingly common spectacle of everyone being sympathetic to, and coming to the defense of, killers, and not merely those who have committed some form of "euthanasia." People simply identify with the living person they know, and manage to ignore the reality of somebody's violent death whom they did not know.

*All this was further exemplified when a pizzeria owner was arrested in Illinois. A neighbor seemed incredulous that he could be a Mafia mobster. After all, "He makes a marvelous pizza. He uses real bacon, not bacon bits" (Time, 15/10/84).

Support for Deathmaking via the Exaltation of Animals over Humans

A subtle recent form of promotion of deathmaking has been the exaltation of animals to a status equal, and sometimes superior, to humans. One of the spectacles of our age is animal rights activists condemning experimentation with animals or the use of animal body parts for medical treatments for humans, even as they sometimes advocate the use of the body parts of damaged human infants for this purpose (e.g., Toronto Star, 3/11/84, p. B3; supplied by Sharon Clark). To them, damaged infants rate considerably below healthy animals. The exaltation of animals at the expense of humans is underlined by the fact that when Baby Fae was given the heart of a baboon, animal rights activists were indignant that a baboon should be killed to save a baby. Some health food stores that will not stock animal foods or anything made with an animal product will stock cosmetics made with human collagen, and at least abroad, possibly even from aborted fetuses (The Interim, 1/85).

One Syracuse animal rights activist wrote to the local newspaper and claimed that protest against the deathmaking of handicapped newborns was hypocritical as long as people were ignoring the "mass genocide occurring right here in Syracuse and every other city in the United States. I refer, of course, to the senseless slaughter of rats, mice, cockroaches, and ants practiced by immoral individuals who operate under the guise of 'pest control'...only to make some unfeeling soul more comfortable. Even in extreme cases where rats have been known to attack human babies, do they have the right to take another creature's life even to save another? A vast abattoir exists right under our noses. To kill or make wretched the lives of those species smacks of Third World colonialism." TIPS readers are assured that such statements are not facetious or crank, but represent the true feelings of animal rights people, as well as a trend to elevate animals above the level of devalued humans, thus facilitating the human genocide.

Miscellaneous Deathmaking News

*The phrase, "quality of life," came into vogue in the late 1960s (National Goals Research Staff, 1970, p. 25), and in connection with an issue entirely different from the meaning the phrase has since been given. The phrase began to be freely used in the discussion that sprang up in the late 1960s as to what the national goals of the US should be, considering that some people thought that economic growth would be virtually unlimited while others predicted that some tough priority decisions were lying ahead. Related discussion had to do with whether the economic growth which the country had been experiencing was actually resulting in a better and happier life for people, or whether it produced as many or more problems than it solved. This whole line of inquiry had been given a boost some years earlier, in 1960, with a federally-sponsored report, entitled Goals for Americans. In response, a great deal of consciousness developed within circles of government and leadership about developing so-called "social indicators," and this term was given particular prominence in a 1969 government publication, called Toward a Social Report. The attitude that anything was possible, and that no serious conflict would develop between quantity and quality, was then expressed even in the title of the 1970 report of the National Goals Research Staff: Toward Balanced Growth: Quantity with Quality. In its text, it explicitly rejected the attitude that there was a conflict of "quality versus quantity" (p. 30).

The term quality of life caught on, but its earlier meaning became totally corrupted. Instead of being used to refer to the conditions in society, or at least of certain sectors and classes in society, it began to be utilized to interpret the condition and life experiences of specific individuals. Even worse, it began to be so used almost exclusively in connection with arguments that a particular individual should be deprived of life. To this day, it is very rare to hear the term invoked in order to decry the gross injustices that are inflicted on certain groups and classes in society by those who are more advantaged and privileged.

A newspaper article in January 1985 claimed that travel for pleasure (as to exotic vacation places) was one of the things that would constitute an acceptable "quality of life." This interpretation shows yet again how relative the construct of quality of life can be, and how easy it would be to justify killing disadvantaged people for lacking such a quality of life.

*More and more, we will hear of Grandmas Doe as well as Babies Doe. A NJ Supreme Court ruled in January 1985 that nourishment tubes can be withdrawn from nursing home residents who are "incompetent...with severe and permanent mental and physical impairments" if it can be presumed that their life expectancy is less than a year, which the court called "limited." In fact, such a person may neither be comatose, nor terminally ill in the usual sense of the phrase, but the measure must be "in the person's best interests." Pro-death parties immediately hailed the decision and said that food and water should be treated as "any other medication," branding as a "myth" that such withdrawal amounts to starvation. Obviously, once such supports are withdrawn, one will never know how long such a person may otherwise have lived, and thus, all the physicians need to do is claim that according to their judgment, such a person will live less than a year. This once more underlines that the phrase that someone "is dying" is an artificial verbal construction that can take the widest range of meanings.

*In order to stand morally firm in the current sea of confusion and perversion, we need to be aware of a common attitude about medical life supports, namely, people tend to equate the desirability or justifiability of withholding/withdrawing life supports with the desirability of making the person dead, as by some form of active or passive euthanasia. As we teach at our workshops, it may be perfectly justified to withhold, withdraw or refuse life-supports without wishing the person dead, or taking active measures to make the person dead.

*It is estimated that by 1983, there were over 1200 so-called hospices in the US. Many of them used to be nursing homes. One can thus see a tremendous potential for hospices becoming death houses where people are made dead (The Human, 7/8/83). Hospices for dying people are currently opening at the rate of about one a day. It has been predicted that by 1994, there will be 68,000 so-called hospices for dying people in the US. Among other things, hospices provide an excellent way for the government to save money, because even after an increase effective November 1984, Medicare pays only \$53 a day, which is not only vastly below other types of residential service for the same kind of patients, but even well below the actual cost of such care. (Source item supplied by John Morris.)

*The 4/1/85 issue of The Journal of the American Medical Association reported that of over 500 patients in the intensive care unit at the university hospital of Cleveland, Ohio, 14% had "do not resuscitate" orders on their charts. This is about triple the rate found in studies 10 to 20 years ago. In about 40% of the cases, the physicians did not record the reason for the order, whether the patient or the family had agreed, or whether the patient was even aware of the order (USA Today, 4/1/85; source item furnished by Joe Osburn).

*The term "substituted judgment" is being used to refer to one person claiming to know what another person would have wanted if only the person were competent to express his/her wish, as in the case of a comatose or otherwise incompetent patient. More states can be expected to legally recognize substituted judgment in withholding and withdrawing life supports from devalued people.

*This could make your blood boil. At the Booth Memorial Hospital Center in New York, someone who had a key (and thus quite likely a current or former employee) tried three times in March of 1984 to secretly sabotage the hemodialysis machines, endangering about 10 patients at a time. What prevented a tragedy was a backup alarm system. With diabolic cleverness, the party did not try to turn the machines off, which might be noticed right away, but turned up the blood temperature setting and disconnected the first-stage alarm system.

*There is a lobby, mostly a part of the "gay rights" movement, that has insisted on the "right" of people with AIDS to donate or--more commonly--sell blood. This is unconscionable. In December 1984, the blood donated by one homosexual man gave 41 people AIDS, including an unborn baby whose mother received a transfusion, and a 70-year old man.

*A "has-been" bazaar was held in a Canadian locale in order to raise funds for clients of mental health services. The name almost projects a death image on such clients.

*Once again, a recent TI workshop was covered on the obituary pages of local newspapers, namely in St. John, New Brunswick. A reader wrote to the New Brunswick paper and pointed this out, and the paper carried the letter, though without comment.

*Two armed men invaded the Puyallup Manor Nursing Home in Washington State in the middle of the night, ordered all of the nurses to leave, and searched the place for drugs. When police arrived, the invaders shot at them and then fled. The police searched the nursing home for them, shooting down two hallways for good measure even after the burglars had left. During the 4½ hour incident, there were no staff in the home and one patient died, possibly as a result of all the excitement (UPI in Charleston Gazette, 21/2/85; source item from Chuck Burkhouse).

*Virtually all of the terrible social problems we are experiencing in North America are also experienced by other highly developed nations. For instance, in West Germany, there has been an increasing hostility toward children, manifested both in the lowest birth rate in the world and one of the highest rates of child abuse (The Interim, 4/85).

*Once again, Time (18/2/85) documented the amazing fact that in our modern age, torturers in many countries--quite possibly independently of each other--dress in white like medical personnel, and insist that their victims call them "doctor." Psychiatry having become a societal tool for brutalizing people, and medicine usurping to itself the right to kill the unborn, the newborn, and the unwanted, can certainly be suspected to have something to do with this.

*In May 1985, in Gary, Indiana, four girls aged 14-16 stabbed a 77-year old woman 30 times during a robbery that netted \$10 and an old car.

*Below, a reflection sent to us by A. J. Hildebrand.

We've all heard killing is wrong
Do we believe it?

Unnatural death
helped along, as it were,
by people, is killing

Guns, bombs, abortion, drug abuse,
nuclear wastes, pollution, cigarettes,
denial of medical services, hoarding of grain,
impaired babies starved to death,
shut-off utilities, drunk drivers...

So many ways
people end up dead

We kill those who inconvenience us
For sake of pleasure, avoidance of pain
All for greed, and personal gain

Those who disturb our American dream,
threaten our security, change our lives
those who need us...
"Be gone from here"
Our society cries,
You who are poor, you unborn child,
You who are old, you who are handicapped,
You who do not believe what I believe
Leave me be, so I can be free,
and you can be dead.

Miscellaneous Life-and-Death News, Mostly in Human Services

*In 1983, the US Medicare part of Social Security decided to pay for hospice services for dying people, but set the reimbursement rate at such a low maximum that there now exists a tremendous incentive to keep such people in regular hospital spots that can easily run six times as high. This provision could keep close to 300,000 people in hospital instead of hospice spots, and is yet another of so many disincentives for more technical, more congregative, more alienating and more distantiating services that benefit deviancy management and deviancy managers more than clients. Furthermore, hospice spots are only supposed to be offered to people with a life expectancy of less than 6 months, which sets up strong role expectancies for dying people in hospices to get their dying over with before Medicare payments run out.

*Almost everybody knows that Nathaniel Hawthorne was one of the greatest early American writers, but there is something about him that very few people know. He led a very happy and loving family life and had three children, one of whom, Rose, grew up into a beautiful and talented young woman who was eventually to marry a physician by the name of George Lathrop.

While he absolutely loathed uncleanliness, Hawthorne was a very charitable person and encouraged charitable habits in his children. One day when he was American consul in Liverpool, England, he picked up a diseased child covered with sores and scabs, fondled it, and declared that he was closer to God than ever before in his life.

Hawthorne held what some called "Catholic attitudes," and Rose and her husband eventually became Catholics in 1891. Tragically, two years later, she and her husband separated, and not long after, he died. When she tried to nurse her diseased seamstress, she was introduced to the desperate situation of people stricken by advanced forms of cancer. She started serving them, and in 1896 founded a small home for them in New York City. The sick were to be poor, called guests, no payment was to be received from them, and the home was to be cheerful. Soon, Rose was overrun by demand for service. During 1899-1900, she and a friend became Dominican nuns, and the service was gradually enlarged. She lived until 1926, and the particular congregation of sisters she founded established similar houses to serve those stricken with cancer in Philadelphia, Fall River, MA, Atlanta, St. Paul, MN, and Cleveland, OH. In all these facilities, the founding principles still apply. These facilities were the model for the St. Christopher Hospice in London which, in turn, became the model for the New Haven, Connecticut, hospice that further in turn became the model for the more than 1000 hospices in the US today. However, we can easily see from the perversities of our contemporary hospice movement how phenomenally perversions can grow out of wonderful beginnings.

*On 13/2/85, a "death with dignity" law was implemented in Iowa. Under the law, people could sign so-called "living wills"--i.e., a statement that should they become terminally ill and dependent, their lives would not be artificially prolonged--and medical personnel would have to abide by these wills, except in the case of a terminally ill pregnant woman who would be kept alive as long as there was a chance that the child in her womb could be born alive. If a person has signed such a living will but is no longer capable of deciding whether to have life supports withheld or withdrawn from him/her, the physician would be obliged to withhold/withdraw these (Cedar Rapids Gazette, 21/2/85).

*We are confronted by a most bizarre paradox. More and more, old people are interpreted as an unbearable drain on the economy and on younger people, and yet at the same time, the most aged among them are being studied for survival clues that might benefit younger generations.

*A good example of the inappropriate imposition of a dying role expectancy resulting from the expectations that go with particular syndromic diagnoses was published in the Spring 1985 issue of the NAMRP Quarterly ("David" by William Gauchat). The author told how a six-month old baby was delivered to the residential facility for the mentally retarded with which he is associated, in order to die there. The baby was interpreted as having spina bifida, hydrocephaly, blindness, deafness, and to be incapable of other sensations. Both the doctor and David's parents said that they expected death within a week or so. Within a day, the other retarded children as well as the author became aware that David could see. After two weeks, he could take his bottle and even though he had a number of health crises, these became less and less common, and soon he learned to laugh and to interact with others. Within another six months, his parents decided to take him home, and within another six months he had begun to talk and his parents had begun to love him. One can only imagine how much even more impressive his progress would have been had there been a positive instead of a negative interpretation of his identity from birth on.

*An 11-year old girl in Erie, PA, was poisoned by carbon monoxide fumes and was pronounced to be a "vegetable" for the rest of her life. Suddenly, a year later, just a few days before Christmas, she spontaneously began to speak again, and within a few days had recovered her complete ability to say anything she wanted to say, only a bit slower. Therapists described her recovery as the most complete and rapid they had ever seen (Cedar Rapids Gazette, 29/12/84; clipping furnished by John Morris). She might conceivably have been pronounced to have a "low quality of life" or a "life not worth living," and in some settings, life supports might have been denied to her.

*In February 1985, Phillip Becker was formally adopted by the couple who had been his foster parents for years, and who had been fighting to get the operation for him while his parents tried to have him dead. Phillip will now be called Phillip Becker-Heath (DS News, 5/85).

*At last, the US government is speeding up efforts to get the lead out of gas. This can be a tremendous boon to children, and most immediately for an estimated 172,000 children who already have lead-linked disorders. Ninety percent of the lead is to be removed by the end of 1985, and all of it by 1988. However, it is yet to be seen whether the industry can override these goals.

*Yes, there is such a journal as The American Cemetery. Among other things, it carries news items which can only be described as death-imaged information that has nothing to do with maintaining cemeteries or burying people decently. An example is an item carried in the September 1984 issue that reported that it was legal in New Jersey to treat fetuses as garbage. The following other items were also glimpsed from the same issue. (Sample furnished to us by John Annison).

*A major euthanasia organization uses as its logo a backward E, i.e., 3. That turning things around can be symbolic of death is underlined by the fact that a World War II military cemetery for Canadian soldiers in France was called Adanac, which is Canada spelled backward. (Source item from John Annison.)

*One can buy real human skeletons, as for teaching purposes, from West Germany, and they apparently get theirs "from the Middle East somewhere." (Source item from John Annison.)

Deathmaking Via Abuse and Low Quality in Human Services

Deathmaking Via Prescription Psychoactive Drugs

*A 1981 research article in Hospital and Community Psychiatry claimed that schizophrenic people do not have sufficient "insight" to know when they "need medication." The assumption running through the article was that while 100% of them needed it, only 27% of them recognized this need. It labeled the concept of informed consent for such drug treatments as "well-intentioned policies based on (a) mistaken belief." (Source item supplied by Michael Kendrick, who referred to this as "a tautological sham of research.")

*We continue our reporting of the bankrupt research on tardive dyskinesia conducted by arms of NY's Office of Mental Health. The very branch that was a leader in the promotion of psychoactive drugs that caused tardive dyskinesia in tens of thousands of people is the one that is coming out with research findings that seem designed to white-wash its record and the psychoactive drugs themselves. The research is beginning to suggest that it is not so much the drug administration characteristics that result in tardive dyskinesia as client characteristics, which is a subtle way of blaming the victims (This Month in Mental Health, 1/85).

*In March 1984, an unemployed man tried to speak to the President who, he thought, "had certain elements of this society fill me full of dangerous drugs... that take my judgment like the Communists would, and ruined my life" (Time, 26/3/84). Of course, the man was utterly right, but when they wouldn't let him talk to the President, he tried to force his way to the White House with a shotgun and was shot in the arm by a guard. Then they sent him back to a crazy place where presumedly, he was pumped full with more drugs.

*The April 1984 issue of Psychiatric Aspects of Mental Retardation Reviews was devoted to the topic of litigation on behalf of people who develop tardive dyskinesia as a result of being put on prescribed psychoactive drugs. In one case, a court of appeals noted that institutions and psychiatric clinics routinely require informed consent for trivial issues, such as going on a field trip or taking a photograph, while withholding it from people being put on psychoactive drugs that can be mind- and life-destroying. Almost all the victims that have sued have won their cases, and it is conceivable that we may see a dramatic reduction in at least those psychoactive drugs known to have tardive dyskinesia as a major potential effect. However, there may be little impact on the larger scene of prescription drugging of devalued people and even of the general population.

Miscellaneous Deathmaking Via Abuse & Low Quality in Human Services

*A major portion of the February 1985 issue of Institutions, Etc. was devoted to deaths due to low quality or abuse in nursing homes in Texas, Illinois, and Florida. For instance, at the North Horizon Health Care Center, a nursing home in St. Petersburg, Florida, in a single day five of the 48 elderly residents died under the most suspicious circumstances (Institutions, Etc., 2/85).

*The 11/84 issue of Institutions, Etc. carried a long article on the lethal conditions, and many deaths therefrom, at the New Mexico State Hospital in Las Vegas.

*We reported previously on an exposé of abusive conditions at one of the large institutions for the mentally retarded in Maryland, Great Oak Center. In the meantime, we have received clippings (from Craig Knoll) that report additional abuses by the institution personnel, even in the face of the ongoing investigation. Amazingly, the chairperson of the institution human rights advisory committee was reported as saying that what was needed was "more training materials for new employees."

*We have reported previously that we can expect dramatic increases in salmonella poisoning, particularly among vulnerable members of the population. Such an outbreak occurred at the Stanley Royd mental hospital in Wakefield, England, in 1984, causing at least 24 deaths (AP, in SHJ, 8/9/84).

*According to a 24/3/85 TV documentary, Pennsylvania was still licensing nursing homes that operated much like death camps. Someone actually referred to the Golden Age Nursing Home in PA as "a concentration camp right here in PA." Amazingly, the home had no RN on staff, and people there were apt to starve to death. Nevertheless, relatives, and even some of the residents, fervently defended the home--another universal phenomenon. This particular home had been known to have problems for almost a full decade. In all, 87,000 people are in nursing homes in PA, many apparently in the same situation. Typical annual personnel turnover rates in PA nursing homes have been 70%.

*The Philadelphia area alone had 550 formal service settings in 1984 in which senior citizens resided. Inspections found many of them to be significantly deficient.

*Based on information from the US federal Food & Drug Administration, the National Council of Senior Citizens charged in a May 1985 report, entitled Abusing the Elderly: Drug Experimentation in Nursing Homes, that there has been extensive use of elderly nursing home residents as guinea pigs for medical and drug experiments without informed consent or due process. The report covered such illicit or abusive experiments during the late 1970s and early 1980s in states from coast to coast. (Source item provided by Sadao Shimizu).

*De facto, quality of medical care is strongly correlated to one's wealth, and thus, poor people are severely discriminated against. Formally or informally, medical care is increasingly being rationed to the poor, which is bound to exert a considerable deathmaking effect upon them.

*In an article in the Canadian journal l'Actualité (5/84), it was claimed that in some residences for the retarded in the maritime provinces, the deaths of retarded people are precipitated by poor medical care. For instance, in 1982, one aged pensioner died of tetanus--almost unheard of today for valued people. (Source item supplied by Ray Lemay)

*Rehabilitation Literature of Jan./Feb. 1985 carried a short vignette that was a shocker even to the hard-boiled TIPS editor. The vignette described a handicapped man who needed a \$200 wheelchair--which he did not get because Medicaid will not pay for wheelchairs of people in nursing homes. As a result of the lack of a wheelchair, the person developed problems which got worse and worse, and for which Medicaid eventually ended up paying \$233,000, but the problems got yet worse and killed the person. Had the wheelchair been bought for \$200, the person would probably have lived many years and with only minimal assistance.

*A psychiatrist at the University of Iowa Hospitals and Clinics found that during the two years after discharge from psychiatric facilities, the death rate of women was 100% higher than the normal rate, and 50% higher for men. The greatest risk of premature death was for people between the ages of 30-39. His remedy: keep people in institutions longer and give them more electro-shock treatments (Scranton Times, 12/1/85; source item supplied by David Schwartz).

*As a further follow-up to our recent coverage of sex abuse at the Iowa School for the Deaf, two of its senior officers cited in child abuse reports "resigned," but the board announced that they would be given "lesser jobs" at the school. Such abuse has gone on for at least 15 years. (Clipping provided by John Morris.)

*We were informed of a study in Ontario that showed that child abuse was four times higher in foster families than other families--where it is already high anyway.

*Until 1982, the Canadian government exported children from inadequate native Indian families to the US for family placement. Some of the placements turned out to be poorly supervised, resulting in various scandals, such as one featured in the "60 Minutes" investigative TV program in 2/85.

*One of the most devious ways of deathmaking of societally dependent people we have ever encountered was perpetrated by the US government. On occasion, a Social Security recipient is overpaid because the Social Security Administration has not up-dated its records, or it has not been notified of somebody's death. For instance, an elderly woman whose husband dies may forget to notify the Social Security Administration, and thus continue to receive payment for two people instead of only one. When the government caught up with such cases, it tried to deduct the overpayment from the bank accounts of these (mostly elderly) people without notifying them in advance or giving them an opportunity to have a hearing to determine the facts. This could mean that a person might try to withdraw money, or write or cash a check, and be told out of the blue that s/he had not a penny to his/her name, and not enough money to eat for the rest of the month. Rather than to voluntarily notify its recipients that they had been overpaid, that amends are required, and what their recourse might be, the government has fought tooth and claw against lawsuits that would institute such measures.

We can easily see how this strategy could be used to even greater effect. The government could simply overpay all its dependent recipients for three months--and then take away whatever it is they have, and/or fail to pay them again for three more months, until accounts were even. During this time, most recipients could starve to death because they generally have little or no savings, and often are both financially and psychologically incapable of saving.

*The lighter side of deathmaking, so to speak. The Social Security computer files decided in August 1983 that a 93-year old woman living in Florida had died, and they sent a letter announcing her death to her husband who had died nine years before. The woman did not catch on until she went to the local Social Security office to complain that she had not received any checks for several months. The office tried to convince her that she was dead, and the argument dragged on for about 18 months. When the woman was finally informed by letter that she was dead for sure, she dropped dead from excitement. The tragedy is that surviving parties started suing, which obviously will only be for their benefit, as they were not around to do battle and straighten out the situation when they were needed.

Suicide & Its Promotion

*There is an increasing body of literature from the field of psychiatry that approves of suicide "as a reasonable alternative to a life of tragedy" (e.g., Canada's Mental Health, 3/85, p. 20-21). Can "exit facilitation therapists" be far behind?

*The Hemlock Society goes much further than two other groups, Concern for Dying, and the Society for the Right to Die, who so far have emphasized mostly the right to have artificial life support systems shut off once recovery seems unlikely. Hemlock, which advocates suicide and "voluntary euthanasia," was founded around 1980 by a man (Derek Humphry) who helped his terminally ill wife commit suicide, and published the whole affair in a book entitled Jean's Way. (He has since remarried.) One of the ironies of the Hemlock Society is that the majority of its members are under age 65 and in good health. The Hemlock Society has also published a suicide manual entitled Let Me Die Before I Wake. Its proponents are distributing this kind of literature among elderly citizens and people afflicted with AIDS (San Francisco Chronicle, 15/2/85, p. 33, source item supplied by Sandra Meucci). Interestingly, its logo is the medical sign for a prescription, superimposed upon what looks like a plant, implying that euthanasia should occur by medical prescription of a poison.

*Every 24 hours, more than 1000 children and adolescents attempt suicide, and 6500 of these succeed every year. Surely, at least a proportion of these suicides must be in response to having been discarded by one's parents.

*The single biggest cause of death in the state and local jails in New York State is suicide (SHJ, 18/12/84).

Violence and Deathmaking in the Larger Society

Deathmaking in human services is derived from the violence in larger society.

Deathmaking by Police

*In 1984, New York City police shot to death a mentally disordered 66-year old woman who weighed 300 pounds when she resisted an eviction order (Newsweek, 7/1/85).

*According to the CBS "60 Minutes" TV program of 21/4/85, the police force in Winnemucca, Nevada, has been beating up on hoboes and transients, taking them out to the desert and leaving them there, and throwing them into the river-- euphemistically referred to as "giving them a bath." Apparently, none of the townspeople raised an uproar about this, the police got away with it--and then the police began to beat up on the rest of the townspeople, too. Numerous people have sued, and though most cases have been settled out of court, it has cost a fortune in legal and settlement fees. This is a good example of how a deathmaking pattern, once set in motion, consumes its perpetrators as well as its victims: had the townspeople stood up on behalf of the poor hoboes who were being brutalized, they might have nipped their police brutality in the bud. But as it was, they largely approved of the deathmaking of devalued hoboes, and they are now reaping what they sowed.

*In most states, it is legal for private citizens to own the new type of hand-held "stun guns" that enable one person to disable another by administering a powerful electric shock. By early 1985, one of these products alone had already sold more than 200,000 in an 18 month period. Since we must expect the hoods to start using these as well, in the long run, an incredible increase in harm is bound to result from this "progress," with only small benefit to police forces. We can expect to see hoods using the stun guns not only for fun and sadistic pleasure, but to greatly facilitate robbery and rape. Even yet further, already we are reading reports of police officers using stun guns to torture prisoners in their custody.

Preparation for War

*The US Dept. of Defense has finally acknowledged that after a nuclear exchange, there might indeed be a nuclear winter, but it then promptly went on to state that this only strengthened the national policy showing that it needs to continue doing what it was doing in order to prevent nuclear wars from breaking out that would produce nuclear winters (Science, 15/3/85).

*If the US administration's plan goes through, there will be less federal spending on health and human services for the 1986 fiscal year, and more on the military. Already in 1985, the latter was about 550% higher than the former, and the discrepancy would increase to almost 800% in 1986.

*While increasing the defense budget from about 6 times to about 8 times that of all federal spending on health and human services, Reagan said that he was determined to "restrain the huge increases in Social Security and health-care costs. Otherwise, little if anything will get done" (Time, 1/4/85).

*While cutting all sorts of federal aid to higher education, the US government very cleverly is spending lavishly on the Reserve Officer Training Corps program. At Syracuse University, an undergraduate who enrolls in the ROTC will get all tuition and fees paid, plus about \$170 a semester for books and supplies, plus \$1000 a year as a tax-free allowance. One must consider that tuition alone would be about \$13,000, and thus, the ROTC plan can become an almost irresistible temptation to students who otherwise would not be able to afford a college education.

*It is an obscene spectacle to see American universities rushing to cash in on the federal monies being made available to conduct research on Star Wars weaponry. 250 scientists rushed to a Washington conference in April from virtually all the leading universities (including Syracuse University), to start talking about the opportunities and options. Even though Congress had not as yet appropriated any funds, \$70 million were being targeted for university research. By May, \$44 million of Star Wars grants had been awarded to various university programs--in a rush rare since the Manhattan Project.

Other Violence & Deathmaking in Society

*Media observers have noted that 1985 TV programs are even more violent than they had been previously, but all three major networks denied that any of this makes any contribution to the violence in the larger culture.

*The incapacity of our society to administer the death penalty in any reasonably just way was dramatically underlined recently. In 1974, a man shot a narcotics agent six times. He turned state's evidence against his accomplice who was in a nearby car during the shooting. In January 1984, the accomplice was executed with a lethal injection in a Texas prison. The killer received a life sentence but is up for parole and could be released by June 1985. (News item supplied by Chuck Burkhouse.)

The FIPS Turn-Them-Over-in-Their-Graves Award

*On the suggestion of Jack Yates, we decided this month to award the "Turn Them Over in Their Graves" award to the US Navy that sent a destroyer named the USS Martin Luther King to cruise off the coast of Nicaragua in order to intimidate its government. We have visions of the USS Jesus Christ launching missiles to annihilate Moscow.

Psychopostcard Corner

*There has been a very ominous outcome to our popularization of psychopostcards which have pictures of old institutions, prisons, etc. The editor, whenever possible, visits antique stores on his trips and looks for psychopostcards. For the first time ever, one dealer said, "Gee whiz, somebody was just by and bought 40 of them cheap, which was just about all I had in that line." Also, for the first time ever, we have encountered an antique dealer who had actually categorized his many postcards so as to include an "institution and prison" category. Readers are also alerted to the fact that many institutions still print psychopostcards about themselves, others still carry some that are already quite a few years old, so that one need not only think in terms of very old ones.

*A great many scenic picture postcards carry legends such as "Wish You Were Here." We ran across a psychopostcard of the state prison in Auburn, NY, one of the oldest and most famous prisons in North America. Believe it or not, over the picture of the prison, in red letters almost an inch high, was the legend "Wish You Were Here."

Resources

*An international magazine on literature and the fine arts, called Kaleidoscope, comes out twice a year and contains material by handicapped persons. Subscription is \$6 (\$7 outside the US) available from UCPSH, 326 Locust Street, Akron, OH 44302.

*Fire safety in hotels and motels. People who subscribe to TIPS are very likely to be people who travel a great deal and therefore stay at lots of hotels and motels--possibly even in order to attend TI workshops. For this reason, we have compiled an SOP (Standard Operating Procedure) on fire safety in hotels and motels. We recommend that people carry a copy of this SOP because it might save their lives some day, and have it available in their hand luggage where they can readily find it if they get caught in a hotel fire. Although the SOP takes up only three pages, it was costly to compile, and we therefore charge \$5 for it.

Miscellaneous News Items

*US governmental policies have been making more people richer and more people poorer. The number of millionaires has doubled between 1976 and 1982, when 28% of the nation's personal wealth was held by only 2.8% of the adult population. Since then, the discrepancy has probably further increased. The number of wealthy women is increasing twice as fast as the number of wealthy men.

*The US tax code states that corporations are to be taxed at the rate of 46% on income of more than \$100,000. However, because of all sorts of loop holes, corporations pay on the average only 16-17%. Even worse: 11 of the top 12 defense contractors with profits of over \$19 billion in the years 1981, '82, and '83 managed to pay only 1.5% in taxes on the average, and 7 of the top 12 paid no federal income tax at all during this period (CC, 1-2/85). No wonder the middle class person who is required to pay thousands of dollars a year in income and property taxes that support social programs gets hostile toward dependent persons.

*The Syracuse New Times (19/12/84) carried an unbelievable article on how to beat the tax system that was headlined "Safe by Giving to Charity," and accompanied by a picture of a shabby institution ward or shelter crowded with bed next to bed.

*As farmers are going broke, executives who do nothing but deal in paper are getting ever bigger incomes. Financial Corporation of America paid its former chairman \$5.2 million in salaries and benefits in 1984-1985, even at the same time as it was experiencing huge losses. The chief of 20th Century Fox Film Corporation is getting \$3 million a year in salary plus 25% of any increase in the equity value of the corporation's operations for five years (Newsweek, 4/29/85). In the meantime, when Congress passed a bill to extend loans to debt-burdened farmers, President Reagan vetoed it (3/85) and said, "I will veto (it) again and again until spending is brought under control."

*The Association of American Colleges has taken its 560 member institutions to task for the poor quality of education that they offer. It has identified 9 elements that ought to be at the core of an undergraduate education: inquiry, abstract thinking, logical analysis, literacy, understanding numerical data, historical consciousness, science, values, art, international and multi-cultural experiences, and study in depth of at least one area. Great educators of past millennia might have agreed with much of this.

*Sixteen hundred couples in Alberta are on a waiting list to adopt a child. They now have to wait over three years, and even at that, the waiting list has been closed (Pro-Life News, 3/85).

*There are now 60 citizen advocacy programs in Canada.

"HOUSEKEEPING ANNOUNCEMENTS"

TIPS Editorial Policy. TIPS comes out every other month, and contains articles, news, insights, reviews and viewpoints that relate to the interests and mission of the Training Institute. At the present, this mission has to do with reading "the signs of the times," and interpreting their meaning for human services. While TIPS is mostly concerned with phenomena and developments that have to do with human services, reading and telling the "signs of the times" necessitates that TIPS also address some of the larger issues which affect our society and the quality of life on earth, as well as the ways in which decisions are made in our society, because these higher-order phenomena will eventually express themselves in human services in various ways, including in human service values and funding. Usually, each TIPS issue will focus primarily on one specific theme. TIPS addresses relevant developments whenever and wherever they occur, so disclosures of adaptive or horrific developments promoted by a particular political party or government should not be taken as partisan political statements. We assume that subscribers are people who lead hard lives struggling against great odds, and are aware of many shortcomings in human services. Thus, we try to inject levity into TIPS so as to make subscribers' lives more bearable (or less unbearable, as the case may be), even if not deliriously joyful. In fact, the "signs of the times" are depressing, and thus some TIPS content is in need of occasional levitation. TIPS tries to report developments truthfully, but since it gets many items from other sources, it cannot be responsible for errors contained in original sources. Specific items from TIPS may be reproduced without permission as long as the full TIPS reference is cited/acknowledged, and as long as only small portions of a TIPS issue are so reproduced.

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TIPS Editor
Training Institute
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