

4-1988

## TIPS, Volume 07, No. 6, 1988

Wolf P. Wolfensberger  
*Syracuse University*

Follow this and additional works at: [https://digitalcommons.unmc.edu/wolf\\_tips](https://digitalcommons.unmc.edu/wolf_tips)



Part of the [Psychology Commons](#)

---

### Recommended Citation

Wolfensberger, Wolf P., "TIPS, Volume 07, No. 6, 1988" (1988). *Training Institute Publication Series (TIPS)*. 34.

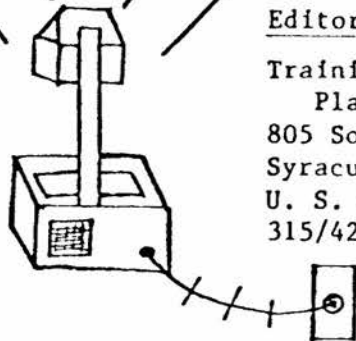
[https://digitalcommons.unmc.edu/wolf\\_tips/34](https://digitalcommons.unmc.edu/wolf_tips/34)

This Book is brought to you for free and open access by the Wolfensberger Collection at DigitalCommons@UNMC. It has been accepted for inclusion in Training Institute Publication Series (TIPS) by an authorized administrator of DigitalCommons@UNMC. For more information, please contact [digitalcommons@unmc.edu](mailto:digitalcommons@unmc.edu).

# TIPS

## Editor

Wolf Wolfensberger  
Professor  
Division of Special Education  
and Rehabilitation  
805 South Crouse Avenue  
Syracuse University  
Syracuse, New York 13210  
315/423-4264



## Editorial Address:

Training Institute for Human Service  
Planning, Leadership & Change Agency  
805 South Crouse Avenue  
Syracuse, New York 13210  
U. S. A.  
315/423-4264

---

Vol. 7, No. 6, April 1988

TRAINING INSTITUTE  
PUBLICATION SERIES

Syracuse, New York

---

### Deathmaking Yet Again

Genocidal persecution of societally devalued people is so intense, and our material on it accumulates so rapidly, that we must once again devote a major portion of an issue to it. We should note, however, that this genocide is really only part of a more overarching identity alliance with death that modernism has made. When we are talking about deathmaking as a transcendent systematized evil, one could use the convention adopted by our late friend and inspirator, William Stringfellow, namely to speak of Death (with a capital D), and to call Death a "moral authority"--though of course, one of evil, not of good.

In case TIPS readers have not already noticed: we advocate a unitary stand on the issue of life, viewing human life as indivisible, all humans as having equally valuable lives, and any form of deathwishing and deathmaking--for any purpose or by any means--as wrong. We therefore have never seen eye-to-eye with virtually any of the so-called pro-life groups, whose members overwhelmingly have approved of all sorts of deathmaking, especially capital punishment and war. We therefore have viewed with jaundiced eyes the all-out efforts of these groups to install people on the Supreme Court merely because they may oppose abortion. The so-called pro-life groups are dreaming that if they can achieve this, they will win the abortion battle.

### Societal Deathmaking as the Backdrop to More Specific Types of Killing

\*The Whole Earth Review (Fall 87) inventoried 33 known genocides involving at least 2 million victims each that are known to have taken place between 1220 and 1964, though most of them in the last 200 years. The killing of the Jews during WW II is down in 11th place, with some humdingers near the top, including some we rarely think of at all, or think of as major genocides. Thus, the Japanese are estimated to have killed about 10 million Chinese ca. 1937-1945 (200 thousand civilians were massacred on just one single occasion, the conquest of Nanking), the Germans killed about 15 million Russians during the war (not counting Jews), the Mao regime is estimated to have killed about 15 million Chinese between 1949-1964, and the Stalin regime is estimated to have killed about 30 million Russians. Overall, the Chinese have been among both the most frequent and the most numerous victims through the ages, having been genocide victims on at least 7 different occasions, and for a total of about 120 million.

\*Only about 40 years after World War II did research studies discover that German courts martial during World War II delivered about 50,000 death sentences. These figures do not even include the death sentences against members of the German armed forces imposed and carried out by the SS and the police, nor the large number of soldiers sentenced to penal battalions that were given virtual suicide missions, and that had near-zero survival rates. It was also discovered that German soldiers who were of ill health or mentally unstable were particularly likely to be sentenced to death when they became the subject of other accusations. Thus, the prevailing overall euthanasia policy expressed itself even in this domain.

Death sentences climbed almost exponentially toward the end of the war. In fact, the German navy continued to execute members for some weeks after the unconditional surrender. The reason it could do this was that parts of the German navy were retained under German command by the Allies to clear mines for almost a year after war's end.

After the war, not a single one of the jurists who participated in these killings was subjected to any punishments. The legal profession made sure of that, and took care of its own. In many cases, former Nazi and military jurists continued to function in legal capacities, and in the proceedings against other jurists that led to nothing. The survivors of the executed received no social benefits because these executions were ruled to have been in order, and the loss of benefits an appropriate part of the punishment. (Source material from Gunnar Dybwad)

\*We have noted on numerous occasions that newcomers to a situation or an environment often notice important features therein that those who inhabit the environment routinely are unconscious of. Thus, Rannveig Traustadottir, one of our doctoral students from Iceland, has pointed out that English, and perhaps especially American English, has a vast number of words for killing. For this there may be a number of contributing factors, but we believe that one reason is that killing has been such a substantial part of American life that it is often communicated about.

Hostility Towards Reproduction and Children

One of the expressions of Death in the world today has been a rising resentment toward everything associated with new life, including children themselves, both born and unborn. As mentioned before, in other languages, a word has been coined for this, such as Kinderfeindlichkeit in German, i.e., enmity toward children. We will look at several expressions of this trend.

Infanticide, Child Killing & Child Junking

\*Because the issue is so important, we repeat it at risk of sounding as repetitious as we are.

We agree with certain authorities that there has always been a certain amount of infanticide. Infanticide is particularly high at times of great shortage and despair. However, one new element has entered the contemporary scene, and that is that more and more people are growing up so poorly socialized themselves that they are simply incapable of parenting anymore, and thus either turn on their children and kill them outright, or commit such grossly incompetent acts that the children die therefrom. Anyone who reads the newspaper will be struck by the virtual explosion in reportage that reveals this phenomena. Those who are close to marginal people, and sometimes even to people of middle class identity who are nevertheless grossly dysfunctional, will also observe these things directly.

The "crack" epidemic is one reason for the growing number of dysfunctional parents and homeless children in desperate straits. In New York City, the number of children under the city's care rose by 8% in a single year. Since social services do not know what to do with them, the children are often kept ad hoc and informally at the welfare office during the day, and sent to some temporary overnight facility. Children commonly carry their possessions in plastic garbage bags and sit around in the offices not knowing where they will sleep that night. Sometimes, no night place can be found for a child and they spend even the night at an office (AP, in SHA, 27/9/87). Instead of cancelling their subscriptions because the news is bad, readers should squarely face the fact that things will get much worse.

\*Part of the breakdown in child-rearing willingness and capacity of the people in our society is that more and more people simply dump their children in public libraries, thus challenging them to become day care centers. Some parents do not even pick up their children when the library closes. In response, some libraries have begun to forbid children under a certain age to use it without an adult, and others have posted warnings that parents might be prosecuted for child neglect if they leave their children unattended (SHJ, 15/2/88). Interestingly, but not surprisingly, now that society has decided that it will pattern itself in such a fashion that many children end up in what has been called the "latch-key kids" identity, social scientists are coming along and "proving" that any alarm over the situation of these children is "exaggerated" (APA Monitor, 1/88).

\*Data are coming in that are suggesting that infant mortality rates in the US are becoming U-shaped, i.e., with the rate highest not only in the lowest socio-economic groups (as it has always been), but also in the higher ones. If these data hold up, they may reflect the increasing tendency of people in the higher socio-economic classes to become incompetent at reproduction, and perhaps more apt to make their handicapped infants dead--an impression that would not be inconsistent with one's casual observations of what is going on. (Source data from Martin Elks)

\*That will prevent them, alright. In France, there is an Association for the Prevention of Handicapped Children, which rather aptly has proposed legislation that would allow parents to withhold life support measures for handicapped babies during their first three days of life (Interim, 2/88).

\*In 1/87, a second jury failed to come to a verdict on the veterinarian who killed his newborn son in the delivery room by smashing him on the floor, about 30 minutes after he realized that the baby had congenital defects. The judge decided to give up, and thus the man will go free. When the veterinarian learned of the dismissal of the charges, he became teary-eyed and began quoting scripture (NRTL News, 25/2/88). We all should be clear what this means. The man had time to think about it and was not insane, and yet in open public, he brutally and directly killed his son because of his handicaps. Because juries will no longer convict for such killings, a case like this is a dramatic example that infanticide is legitimate even though it is not legal. This is certainly also sending out a strong message to others that they may try to do likewise.

\*In early 1988, the Syracuse Herald Journal published an indepth investigation of the foster care system in the local county and pronounced it the absolute pits, referring to foster children as de facto "disposable children." Among the findings were things which would not come as surprises to anyone familiar with the child placement scene in recent decades, such as the routine and endless playing of musical chairs with children's homes, and extensive deathmaking of such children by various actors on the scene.

\*In the ancient Middle East, people used to heat up a metal statue of the god Moloch and then put their children into this hot furnace as a child sacrifice. In 11/87, a Michigan steel worker put his two children in a large molten metal ladle in the foundry where he worked and burnt them to death--perhaps the high-technology way of sacrificing to Moloch. (Source item from John Morris)

\*People in more advanced stages of alcoholism suffer deterioration of personality, and often beat up on their children, particularly when drunk. In NJ, 8% of all cases of child abuse are reported to be linked to parental drinking or alcoholism (CSM, 23/12/87). We might therefore consider the ominous fact that alcoholism still seems to be on the increase.

\*Somewhere on the borderline of child killing would probably fall the killing of teenage prostitutes, often by serial killers, who appear to have taken it upon themselves to eradicate a largely victim class of decadent (often run-away or throw-away) youngsters on the threshold of adulthood. One person is believed to have murdered as many as 46 such young women in a 20 month period between 1982-1984 in the Seattle area alone (Time, 27/7/87).

Abortion Facts & News

\*In Russia, 75% of women have had at least one abortion. Even in the US, the figure is an astonishing 40% (Newsweek, 14/12/87).

\*In 1986, Planned Parenthood branches in the US performed 97,000 abortions, and referred an additional 80,000 women for abortions elsewhere (NRLN, 3/12/87).

\*In 1984, 40,000 abortions were performed in Bombay, India, after amniocentesis, virtually all of them as a form of so-called "sex selection," meaning an effort to breed boys rather than girls. In one single Bombay hospital alone, all but one of a cohort of 8,000 abortions involved female offspring (Interim, 2/88). Not many decades hence, there will be gruesome consequences of this policy when there will be armies of men with not enough women.

\*According to one study, agencies that hire pregnancy counselors require no special qualifications for them, and this also shows up in the fact that about 40% of such counseling fails to even mention an adoption option, and in 40% of the cases where it is mentioned, the information is faulty. One reason for this is that few such counselors believe that pregnant teenagers want to hear about adoption (AII, 2 & 3/88).

\*Only a few years ago, a sensational announcement was made that a woman was carrying twins, of whom one had Down Syndrome, and that a physician aborted the latter and permitted the other to be carried to term. Given the current value climate, it was inevitable that similar abortions would be carried out with non-impaired twins where the mother wants to have only one child. The procedure, which is a very gruesome one, is euphemistically referred to as "selective abortion" or "pregnancy reduction." (Source clippings from Joe Osburn) In one case, a woman who wanted children and took a fertility drug (something which is in itself morally quite debatable) conceived 8 children and had 6 of them "reduced," ending up giving birth to twins. Another woman similarly conceived 5 and was told they might all die, or she might die if she did not consent to "pregnancy reduction." She refused, and delivered 5 healthy babies who all survived (NRTL News 25/2/88).

Support For, & Opposition to, Abortion

\*Even if the US Supreme Court did overturn Roe vs. Wade, we do not believe that the abortion juggernaut in the US will thereby be stopped. It would simply throw the matter into the realm of state legislation; and in many states, nothing much would change. In the Greater Syracuse area, 83% of respondents in a 12/87 poll approved of abortion being legalized in some form or other (SHA, 6/12/87). Even in states that legislated against abortion, women wanting abortions might simply do what they did in earlier days and travel to states that permit it, or abortions might be performed illegally but not be prosecuted, as has been the case in Canada for years until 3/88.

\*An Australian supreme court judge said in 1986: "No parent, no doctor, no court has any power to determine that the life any child, however disabled, will be deliberately taken from them. I want that proposition clearly understood by all. The law does not permit decisions to be made concerning the quality of life, nor any assessment as to the value of any human being." (Interim, 10/86 & 12/87).

\*A 1987 book on medical treatment of infants in utero was entitled Patient in the Womb (E. P. Volpe, Mercer University Press). We have not read it, but at least the title casts the unborn infant into a human role (i.e., patient), rather than into the non-human roles of "gobbet of meat," "excrescence," "nothing," etc., that are so prevalent today from the pro-abortion sector.

\*Davis (1987), a feminist with spina bifida, explains her turn-around from a pro-abortion position (which is one of the major planks of the contemporary feminist movement) to an anti-abortion stance because of its connection to other forms of deathmaking, specifically of the handicapped. The author quite correctly notes the reality of the "slippery slope"--i.e., that the acceptance and legitimization of any one form of deathmaking must inevitably lead to the acceptance and legitimization of others, based on similar rationales--and the fact that anyone--even the oppressed--can become an oppressor of a yet weaker party. She also notes the deceptions that have surrounded the promotion of abortion as a solution to women's health and economic problems, and that have been swallowed wholesale. Unfortunately, she still phrases such realities as oppression, exercise of power, and resort to force as male tendencies which women should therefore abjure, rather than as human weaknesses which all people should strive to overcome. (Source item from Paul Williams)

\*The National Organization for Women has brought suit against two pro-life organizations, strangely enough under the anti-trust laws (AUL Newsletter, Summer 87; source item from John Morris).

\*After 94% of nurses working at a Fort Worth hospital refused to participate in abortions, the hospital decided to halt all "abortion services" except in cases of medical emergency (NRLN, 10/3/88).

\*In its November 1987 issue, Glamour (a fashion magazine for young women) ran a questionnaire asking its readers to give their opinion on whether prenatal genetic testing for birth defects was a positive or negative development. The questionnaire was biased in that its introduction noted that in November 1987, the state of California required its obstetricians to tell pregnant women about the test that screens for spina bifida, presumably in order to reduce the likelihood of parents of such children later filing "wrongful birth" malpractice suits against their physicians.

\*Yet another life-and-death controversy that has recently arisen is what to do when a woman, in a stage of pregnancy where her unborn might be viable outside the womb, is expected to die in short order, and the woman refuses to have a Caesarean performed to save the baby. In one such case in DC in 1987, the hospital obtained a court order for a Caesarean. Several libertarians contend that if the woman is of lucid mind, she has as much right to take her unborn baby into death with her as she would for an abortion. To override her wishes would imply that someone whose life will shortly end, and perhaps is currently judged to have a "low quality of life," loses his/her right to self determination (APA Monitor, 1/88).

\*Three people in Cincinnati kept picketing an abortion center after disobeying a judge's order not to do so. Thereupon the judge ordered "emergency psychiatric evaluations" of the three because he could not understand their behavior, wondering whether it derived from a quest for publicity or mental disorder (PL News Brief, 12/87; source item from Paul deParrie).

#### Other Kinds of Intra-Familial Killings & Violence

\*Just during the last few years, there has been an explosion of news items about teenagers, and sometimes also young adults, killing an elder in their family, such as a parent or grandparent, though sometimes also additional family members. Sometimes, the young person kills an abusive family member. We believe that this has to do not

only with the general increase of violence in our society, but also with the privatization of family homicides, and several celebrated court cases in which the youngsters either were acquitted or received only token sentences.

One also reads more and more often of other people killing all or several members of an entire family, including one or more of the children. An example is the retired Air Force master sergeant who, in 1/88, was found to have killed at least 12 persons, including 6 children, all of them members of his family. The child killings that these sorts of group murders entail must be considered to be part of the broader category of hostility toward children and child-junking that we have been mentioning.

\*While the sentiment is growing to privatize the killing by women of their abusive husbands or lovers, in the Central New York area, a 140-pound man who shot his 220-pound wife to death was acquitted, apparently at least in part on the basis of his testimony that he was a victim of her abuse (SHJ, 1/7/87).

\*The most likely person to abuse an elderly individual is a spouse, and elderly men are as likely to be abused as women. The next biggest group to abuse the elderly are their children. Elderly people in poor health are up to 400% as likely to be abused. Abused persons are often physically and socially isolated by their abusers, undoubtedly both in order to cover up the abuse and to also add additional injury to the abused person (Physician's Weekly, 1987).

\*In 1987, an ailing 81-year old woman in Waukegan, Illinois, decided to kill her 51-year old mentally retarded and dwarfed son because she did not want to leave him "at the mercy of strangers," planning to commit suicide thereafter. Shooting her son, she only managed to wound him before her gun jammed. She was taken to a "retirement village" in lieu of a prison, and later sentenced to 13 months probation at the same facility. The son was taken to a regional institution (AP, Democrat, 19/2/88; source item from Sandra Meucci).

#### "Euthanasia"

\*In a 1974 survey in West Germany (cited in Wunder, 1987), 53% of the respondents approved of physicians killing their patients if the latter asked for it, 38% approved it even if patients did not ask for it, and by the mid-1980s, the percentage who approved physicians' killing on patient demand had risen to 66%.

\*A West German physician who said publicly that he "helped people to die" over a more than 20-year period was arrested in 2/88 because he claimed to have killed an elderly patient who, investigations found, was neither in particularly bad health, nor suffering a great pain, or had requested death. (Amerika Woche, 5/3/88)

\*A California survey of almost 600 physicians identified about 80 who said that they had euthanized at least one patient who allegedly asked for it. (NRLN, 10/3/88)

\*TIPS readers by now may have read about a scandalous article in the 8/1/88 Journal of the American Medical Association, written by a hospital resident physician who was called in the middle of the night to the bedside of a young woman dying of cancer whom he had never met before. The woman said, "Let's get this over with," which the resident took to be a plea for euthanasia. He promptly obtained a lethal morphine dose from a nurse and injected it. Everyone assumes that the story is true, and it probably is; but even if it were not, this sort of thing is undoubtedly happening with increasing frequency.

\*The dam has broken. There has now been such a large number of withdrawals of tubes for food and liquids from debilitated people all over the country that we can no longer report on these in detail. The dam to an avalanche of deathmaking has broken.

\*A Catholic bishop in RI endorsed the opinion of one of his theologians that food and water could be withdrawn from a 48 year-old woman who had been comatose for two years in a hospital. The bishop and the theologian appeared to be endorsing a new construct promoted by materialized medicine as relevant, namely that of "persistent vegetative status." At one time, the question was whether a person was alive or dead, but we are in danger of seeing the concept of "persistent vegetative status" advanced as a third state and one that permits all sorts of forms of deathmaking (NCR, 22/1/88).

\*The New Jersey Supreme Court ruled in June '87 that in a decision whether to withdraw life supports from a person, the question whether the person was dying is irrelevant, but that the person's prospective quality of life was the crucial issue. Also, the court made permissible very dubious substitute judgments as to whether the person at issue would have wanted to continue to be treated or not. In New Jersey alone, these decisions put hundreds and possibly thousands of patients at risk of deathmaking. (NRLN, 17/12/87)

#6 PERVERSION ALERT -- We should be sure that we understand one new dimension in recent "euthanasia" developments. A few years ago, in the Karen Ann Quinlan era, medical and bioethical leaders advocated removal of life supports when the person presumably would soon be dying anyway. Today, they are recommending that life supports be withdrawn because people are not dying--purely and simply because they "ought to be dead." Examples are children with spina bifida, and people being starved to death although they are not terminally ill.

#7 PERVERSION ALERT -- We received some materials pertaining to new New York State legislation on "do not resuscitate" orders. Amazingly, public meetings to disseminate the new procedures were advertised under the headline "learning the law...knowing the facts...staying compliant." Further, the word "compliant," as in "being in compliance" or "being compliant," occurred repeatedly throughout the material. This seems like yet another way to desensitize people to deathmaking. As long as the law or the courts allow or mandate deathmaking, one does it in order to "be" or "stay compliant." We recommend defiant non-compliance!

\*The deathmaking movement has targeted California as the highest priority for the enactment of "euthanasia" legislation. Indeed, signatures are being collected to put on the ballot a "right to die" referendum, which would actually be a voluntary euthanasia bill. It would enable people to choose to be put to death by lethal injection as long as two physicians certify that the person is terminally ill and likely to die within 6 months--amazingly, the same provisos that make one eligible for hospice care. The thrust has been spearheaded by Derek Humphry and the Hemlock Society which he founded. The sponsors in California call themselves "Americans Against Human Suffering."

\*Nat Hentoff, the editor of the Greenwich Village Voice, stated in 8/87 that the much-revered "right to die" is usually the "right to kill."

\*An International Anti-Euthanasia Task Force has been established as part of the Human Life Center at the University of Steubenville in Ohio.

\*In little more than a year, the membership of Dying With Dignity in Canada has increased almost 700%. (Interim, 1/88)



Deathmaking via Surrogate Decision-Making

#8

PERVERSION ALERT -- We have warned before that the surrogate decision-making procedures being widely instituted at present on behalf of handicapped or dependent people are apt to be used as a means for third parties to decide that life supports should be withdrawn from people, and also making it appear as if this is what the persons at issue would want if only they were able to want it. We should also not be deceived by the fact that initially, such surrogate decision-making schemes may be promoted by citing some of their spectacular successes. This happened in the 9 & 10/87 issue of Quality of Care where a headline proclaimed that "Surrogate Program Helps Residents See Again," meaning that surrogate decision makers gave consent for cataract operations to be performed on several dependent persons.

\*In particular, NY has been the first state to pass this kind of legislation, which resembles living will statutes, except that it authorizes proxy consents for "do not resuscitate" (DNR) orders.

\*Rhode Island has announced plans to close its one big public institution for the retarded by July 1991, and thus become probably the first US state to abolish its state institutions. However, it is not at all clear that RI will be able to prevent the kinds of perversions and abuses that we are seeing all over in community services. For instance, one severely retarded 20-year old young woman who was placed from the state's institution into a small state-operated group home was soon thereafter discovered to be pregnant as the result of a secret rape. Furthermore, after the rape, she was additionally sexually assaulted by a male attendant, plus found to have acquired a venereal disease. The family court found these sexual assaults to be the result of "extreme negligence or connivance" by the state. Scandalously, the state "solved" the problem by having an abortion performed on the woman over the objection of her mother, but with the approval of the RI Protection and Advocacy System. The decision was made under the new type of surrogate decision-making provision that is now being introduced in many states, and on the basis of the rationale that the woman herself would have made this choice had she been competent to do so. (Providence Journal; source item from Gerald Sabourin.)

Privatized Killing of Devalued People in the "Health Care Systems"

\*In the next TIPS issue, we will devote a special section to the collapse of hospital care, and deathmaking in hospitals. Here, we will only cover what one might call private deathmaking by people who work within the health care system.

\*In the summer of 1987, an orderly was discovered to have killed at least 35 people, most of them debilitated or elderly patients at the various places where he worked, including at a general hospital in Cincinnati, and a local Veteran's Hospital. He apparently poisoned some, suffocated others, or injected air into his victims' veins. Yet others of his victims survived, though he himself claimed to have killed more than 50 people, but there was no longer any way of proving it. As he changed jobs, suspicions about him were not forwarded because of fear of so-called privacy laws. Court-appointed psychologists and psychiatrists were unable to find any evidence of mental disorder. Once again it was the news media acting on private tips by alert and disaffected fellow workers that busted the case open when the medical establishment was doing nothing.

This is a typical case of somebody taking it upon themselves to do the end-point killing of unwanted people whom society really would like to see dead. Vulnerable people pick up the vibes from the larger society, and often carry out the killings-- some of which may actually become legal later on.

\*A 25-year old male nurse is merely another in a whole series of nursing personnel who have been systematically killing their patients. This one, on Long Island, NY, may have killed as many as 25 patients, commonly by dropping a muscle paralyzer into their I-V.

\*One tentative finding so far is that serial killers generally can rarely be interpreted as being psychotic. Often, a plausible motive for having started on killing is identified, but rarely will people say that perhaps such a person simply had turned fundamentally to evil, and was doing in little ways what some of the intelligentsia and some world leaders manage to do in historically very prominent ways.

Utilitarian Motives or Exploitations of Deathmaking

\*On 13/3/87, a long and distinguished list of medical scientists and so-called bioethicists, including at least two from the (Catholic) Georgetown University, announced in Science that the use of tissue obtained from aborted fetuses should not be distinguished from organs obtained from cadavers, and that a "clear separation" should be made "between decisions related to the acquisition of tissue and decisions regarding the transplantation of tissue into a recipient." In other words, if a band of robbers robbed a bank and killed all the employees and customers there, and then took their money and gave it to Mother Teresa to run a leper colony, Mother Teresa would be free in conscience to accept the money and use it for the good of the lepers.

\*Scientists are raising hopes that every conceivable kind of brain-related disorder--especially biochemical ones, including Parkinson's disease, Huntington's disease, and the slippery Alzheimer's disease--might become treatable by transplanted fetal tissue. Other fetal tissues are being looked to for treatment of other kinds of diseases, including diabetes, radiation sickness and leukemia. This is all in a craze stage, medical scientists falling all over themselves shotgunning away, announcing discoveries, quasi-promising cures, etc., hoping to be among the first to discover a real effect. Aside from opposing any use of tissues from dead-made human beings, we also predict that if it should ever get to the point where aborted children are used to treat people with so-called Alzheimer's (really, the elderly senile), the antagonism between the younger and older generations could escalate dramatically.

The bioethicists, once again, are more harmful than helpful. For instance, they come up with such clever "ethical" answers to the "perceived dilemmas" as not letting pregnant women know who might benefit from tissue of their aborted embryos, or that such treatment should only be conducted at "medical centers of excellence" in order to discourage commercial exploitation. If all this keeps up, the medical profession may regain the reputation for grave robbery that it took almost 200 years to outgrow.

\*How low things are sinking is indicated by the following vignette. The US National Institute of Health helped establish the National Disease Research Interchange in Philadelphia in order to act as a clearinghouse for human tissues used in research. The organization receives human organs and tissues from a network of 2000 hospitals and organ banks nationwide. The Foundation on Economic Trends set up by Jeremy Rifkin (who has previously blown the whistle on all sorts of malfeasance within the scientific and genetic engineering establishment) said that it had evidence that NDRI had received tissues from fetuses that were "harvested" alive for their organs and tissues. Of course, even if the accusation were not true, that would still leave us with the fact that aborted babies were being used by science for utilitarian purposes. (AP in Philadelphia Inquirer, 9/9/87; source item from Karl Williams).

#9

PERVERSION ALERT -- A new US federal law will make it mandatory for hospitals to request their patients to sign organ donation consent forms. Many people would overlook the fact that in the case of many patients, third parties would be asked for consent on the patient's behalf. We can fully expect that this will result in a dramatic increase in organs for transplant, and particularly so from people who did not themselves consent thereto, and who may be made dead prematurely in order to get their organs "fresh." (New York Times in Winnipeg Free Press 6/9/87; source item from David Wetherow)

\*As we predicted years ago, the lust for organs and tissues for transplants has already begun to fuel the deathmaking of people in order to "harvest" their organs. How urgent the demand for organs has become is illustrated by the fact that in ca. 1987, 10,000 people in the US were waiting for kidneys. Some hospitals have specialized in organ transplants for wealthy foreigners, ahead of much more needy natives (Pittsburgh Press, 7/10/87; source item from Hank Bersani via Martin Elks). Another typical example of the "organ squeeze" is that some people have objected strenuously to the fact that some people with AIDS have received livers or kidneys hotly coveted by others (AP, in Indianapolis Star, 19/10/87; source item from Joe Osburn).

\*In Brazil, unscrupulous doctors have been stealing kidneys, and sometimes other organs as well, from patients under anesthesia in order to sell them. (ALLAI, Summer 87)

\*According to a late 1987 CBS television news story, the heart of a severely ill child was transplanted into another child for whom there was hope of recovery, so as to enable that child (in the words of the parents of the donor child) to "have a whole life." This kind of action and language implies that life is divisible: one can have a little more or a little less of it, and presumably the child who died had less than a "whole" life. This type of language and thinking would also play into the quality of life concept in a very destructive way, in that people who would be judged to have less than a whole life would probably also be judged to have a very poor quality of life, since presumably a whole life is necessary in order for life to be of high quality.

\*There can now be no further doubt that there is a segment of medical people who want to use anencephalic babies as organ sources, and efforts to "harvest" the organs of an infant with anencephaly, or of voluntary donations of such an infant for that purpose, have happened so repeatedly in recent months that the public may easily think that the news involved the same case (NRTL News, 25/2/88). One of the things the organ snatchers are implying is that in essence, an anencephalic baby is "as good as dead," so why not first declare them dead and then cut them up for organs. We thus have to anticipate the likelihood that this is precisely what will happen, if it has not happened already. In the past, genuinely dead anencephalic babies have not been considered for organ sources because without artificial life supports, their organs tended to atrophy as the baby died slowly. Thus, if we now hear that an anencephalic baby has died and been used as an organ source, it probably means either that it was killed prematurely, or that it was placed on artificial life supports exclusively for the purpose of preserving donor organs. This would raise a second question: since, as far as we know, all truly anencephalic babies die very early, is it really moral to keep them alive only for the purposes of organ transplantation? Does such a strategy not constitute a significant breach toward all sorts of utilitarianisms? On top of that comes the dubious morality of women not aborting such a baby merely in order to produce an organ source for someone else, rather than on the grounds that killing is killing, regardless whether before, during or after birth.

\*In fact, according to the Arizona Republic (5/7/87; source item from Betty Pieper via Jack Yates), parents of anencephalic children have actually requested that their babies be carved up for organs before they died naturally. A 10/87 West German TV program also reported that at the university clinic at Muenster, anencephalic infants have been killed in order to use their organs for transplants (Zusammen, 1/88; source item from Gunnar Dybwad). In Belgium, anencephalic babies have also been killed in order to harvest some of their organs for transplants. In order to improve on the aesthetics of this, some modern ethicists have proposed that such babies be first aborted and only then "harvested." (ALLAI, Summer 87)

Reportedly, 2000 anencephalic infants are born each year in the US, which makes for a respectable number of fervently lusted-for organs. People in the biomedical community are beginning to refer to this as another "wrenching ethical dilemma"--a phrasing which is almost always the beginning of the legitimization of a deathmaking practice. First you declare it a terrible dilemma, and then you resolve it by choosing the hedonistic deathmaking course while pretending to wring your hands over the sad fact that you "have to" do it. Betty Pieper wonders what clever euphemism will be contrived to refer to any such practices in the future.

\*Whether to kill the Jews: an ethical dilemma. Obviously, whether to kill Jews is an ethical dilemma only to those who are already inclined to kill them, such as perhaps the Nazis. But we can easily see how the framing of a situation can predispose people's minds in a morally false direction. This is exactly what happened in a very large headline in the Toronto Globe and Mail (18/7/87): "Brain Absent Babies Pose Transplant Dilemma." In other words, if so called anencephalic babies would just quit appearing, they would not present us with the dilemma of whether to kill them for the sake of their organs. At any rate, a Winnipeg surgeon recently announced that "I will do what the Aztecs did," meaning cutting out the still beating heart of an anencephalic infant to be given to another infant.

In order to facilitate this kind of utilitarian exploitation (which we predicted as long ago as 1974, but with virtually nobody believing it), certain US states, including California and New Jersey, are considering laws that would simply define anencephalic infants as brain-dead so that their organs could be harvested at will. This reveals yet another perversion of the use of the concept of brain death, of which we also warned years ago: the use of technical terms in metaphoric fashion so as to cloud people's judgment (source clipping from Barbara Moore).

\*A set of earrings made of freeze-dried human fetuses were seized by police at a London art gallery in July 1987. They had been made by a Canadian art student (Rick Gibson) who refused to say where he got the 8-week old fetuses (source clipping from John Pitchford via Michael Kendrick).

\*Acute health care is commonly withheld from elderly people in England and other European countries. In the US, the director of the Hastings (Ethics) Center proposed in 10/87 that acute care be withheld from people above 80 in order to stabilize rising health care costs.

#### Deathmaking Via Abusive or Low-Quality Services

At least in the developed world, it is next to impossible to separate out when a service is abusive unto death, and when it is "merely" of such low quality as to considerably hasten the deaths of its clients. The first item below is a particularly good illustration of this.

\*The Commission on CA State Government Organization and Economy followed up its 1983 report (entitled the "Bureaucracy of Care," depicting devastating conditions in the state in the care of the mentally disordered and retarded) with yet another report in 1987, focusing specifically on nursing homes. It said that in the previous two years, at least 79 nursing home residents known by name have died from such things as beatings, bedsores, malnutrition and dehydration, and similar neglect and abuse. The number of complaints has been increasing, reaching 32,000 in 1986 alone! Theft of resident property is a common occurrence. Some nursing homes have 90% turnover of attendants per year. When the government assesses penalties, only a third are ever paid. In 1986, 26 facilities decertified themselves from the state plan, evicted their 500 state-funded residents, admitted private-paying residents, and then got themselves recertified and funded once again. (CA Update, 6/87; source item from Sandra Meucci)

\*There are said to be 14,500 certified nursing homes in the US that participated in Medicare and Medicaid programs in 1987. An inventory of abuses in nursing homes was published in Parade magazine of 16/8/87).

\*In a year's time, 6 inmates at the infamous forensic prison of Massachusetts, Bridgewater, died. One resident who had been suicidal was on 2 different occasions given loaded guns by personnel (guards) who encouraged him to shoot himself. Perhaps surprisingly, the administration itself verified that the events had occurred. Fortunately, the inmate resisted the temptation and turned the guns over to other supervisors. (Boston Herald, 5/1/88; source item from Sandy Sasowski and Jack Yates)

\*Texas has had terrible prison scandals and massacres, and now we are learning about the terrible conditions its other institutions are in. In just three months, there were 47 deaths in Texas institutions for the retarded, not to mention injuries and other problems that are always also high where deaths are high. The state has replied that first of all, the situation is "not unusual," and secondly, the institutions meet federal Medicaid guidelines (Newsweek, 22/7/87).

\*The US Congressional House Committee on Government Operations issued a report in 5/87 that preventable mistakes and accidents at Veterans Administration medical centers have been increasing, and that as a result, deaths have gone up. It also listed 10 specific VA heart surgery units that had double the 1986 mortality rates than the national average. (AP, in SHA, 3/5/87)

\*Two hundred elderly patients at a New York City hospital suffered salmonella poisoning, a number of them died, and 60 staff members also became infected. (SHA, 9/8/87).

#### Deathmaking Via (Mostly Psychoactive) Prescription Drugs

\*Even though the drug Depo-Provera is suspected of causing cancer, the US government has put 200 American Indian women on it. We have noted previously that the drug is almost exclusively used with societally devalued people (New York Times, 17/8/87; source item from Tom O'Brien).

\*Despite the devastating impact that psychoactive drugs have on children, the prescription use of Ritalin has increased 97% between 1985-87 (CSM, 28/1/88). Ritalin is commonly used as an alternative to parental or classroom structure.

\*A common medical practice has been to place elderly people on psychotropic prescription drugs, both inside and outside of institutions. It has now been found that such drugs dramatically increase the likelihood that an elderly person may fracture a hip in a fall, and about 14% of recorded hip fractures are believed to be caused by psychotropic drugs. What is not clear is whether elderly persons on these drugs are more likely to fall, or whether these drugs contribute to bone depletion, or both (Harvard Medical School Mental Health Letter, 6/87; source item from David Schwartz).

\*Not only are side effects to medication in general much more common in the elderly, but they also are slower in appearing, not showing up for months or even years after a drug has been started. Because of this, people may think that because a person has apparently tolerated a drug well, whatever symptoms appear must be due to something else (Healthwise, 3/88).

\*The agony of ecstasy. Some psychiatrists have been using so-called designer drugs because they believe that it facilitates psychotherapy. One such drug is called "Ecstasy," but it has been found that it can be extremely toxic, possibly producing damage to the brain with only a single dose. Yet one psychiatrist gave the drug to about 250 people over a 5-year period. Some people have died as a result, particularly if they already had cardiac conditions. Oddly enough, since the drug cannot be bought, these psychiatrists often manufactured it themselves or had it made for them by private laboratories (Science, 19/2/88).

\*A Georgia woman with symptoms of menopause was given the tranquilizer Mellaril by her physician for 7 years. After she developed tardive dyskinesia, she sued the physician and was awarded \$1.25 million for medical malpractice (Atlanta Journal/Constitution, 16/1/88; source item from Jordan Hess).

\*Treatment successful, patient dead. Another new drug craze arrives with Clozapine, ballyhooed to "have been shown" to "help one-third of previously untreatable schizophrenics with irreversible brain damage"--presumably brain damage caused by an earlier wonder drug. One sober physician reserved enthusiasm for the new drug in view of one of its regrettable "side effects": death due to loss of white blood cells (Augustus, 9/87).

\*Tegretol is a relatively new drug recommended for instances in which other anticonvulsant drugs have failed. However, from the beginning, Tegretol was recommended to be used with extreme caution because of multiple and partially deadly side effects. Nonetheless, the drug has apparently been used irresponsibly, and we are beginning to hear of deaths caused by it. (Alert to the issue submitted by Debi Reidy).

\*An article in the fall 1987 issue of the newsletter of the NYS Commission on the Quality of Care for the Mentally Disabled reflected on the fact that "compulsive drinking of water is not an uncommon feature of some forms of schizophrenia," in some instances even leading to water intoxication and death. The TIPS editor's most immediate response was to assume that this was due to many psychoactive drugs interfering with the secretion of liquids, and causing dryness of the mouth. However, this was only mentioned as an afterthought. The major hypothesis promoted was that this "fatal compulsion" pointed to "an underlying primary biochemical disorder." This sounds like a cover-up, and a blaming of the victim strategy. It also occurred to the TIPS editor that people who sit around in psychiatric settings for weeks, months, or even years with nothing to do might make frequent trips to the water cooler merely out of boredom.

\*If you believe this one, we'll have a few even better ones for you soon. An inmate at Hutchings Psychiatric Center in Syracuse was given 2 oral doses of Haldol plus 4 intramuscular shots thereof--the last one 90 minutes before she died, which she did 14 hours after admission to the facility. Two state review bodies concluded that the drugs had nothing to do with the person's death (SHJ, 26/6/87).

\*There has been yet another court ruling in the long and bitterly fought-out war on whether psychiatric clients can be forced to take psychoactive drugs against their will. A California court ruled that they could not if they had been involuntarily committed, and only for an emergency or when a judge rather than a physician approves of it, contrary to at least one ruling elsewhere that it was precisely involuntarily admitted clients who could be drugged (CSM, 28/1/88; source item from Peter King).

\*The hoods can't fool us. There has been yet another psychiatric whitewash of the prescription psychoactive drug scandal. A task force of the American Psychiatric Association charged with studying the connection between such drug use and sudden death, which we know to be occurring all the time, declared that the co-occurrences of these events were nothing more than coincidences (Psychiatric News, 5/2/88; source item from Jordan Hess).

#### Subtle or Disguised Deathmaking Via Human Service Practices

\*...For want of grab bars the life was lost. How heightened the vulnerability of wounded people is, and how so very little could make so much difference in their lives, was illustrated by the following vignette. A handicapped woman who lived in a public housing project in Toronto kept falling because there were no grab bars in her bathroom. As a result of the falls, she contracted an infection and died.

\*Vote the bozos out! In Auburn, NY, an elderly woman had been receiving home health care from visiting nurses and funded under Medicare for ten years, costing about \$600 a month. One day, county officials decided that she was affluent enough to be able to afford her own health care, that she should go to a nursing home, costing about \$2,500 a month, and they denied approval for further home health care. They were so adamant about it that a court case ensued which they at first won, but it was overturned by a higher court, and they then decided to appeal (Auburn Citizen, 9/87).

\*Dumping means that people are discharged from institutions without adequate planning, follow-through, or safeguards. There has been a big outcry in the Australian state of New South Wales because the government has apparently been dumping people out of mental institutions--and a number of them were dead within months or even days. (The Australian, 28/11/87; source item from Michael Kendrick.)

\*In response to the accusation that New York State had dumped people out of its mental institutions, a former director of the state's Department of Mental Hygiene denied vehemently that this was true (though it was) because, he said, after all, between 1965 and 1981, more people died in state institutions than were discharged from them (New York Times, 12/9/87).

\*We suspect that one poorly recognized form of deathmaking takes place when mental institutons release people with a history and propensity to violence. We have run across many such instances over the years, with many relevant clippings in our files. One example was a Buffalo, NY, man who stabbed and strangled his 4-year old child, was declared innocent by reason of insanity, and put in a mental institution which soon let him go on a home visit--where he forthwith tried to hammer his mother to death and almost succeeded (AP, in SHJ, 11/5/87).

\*One of the unnumerable training programs for dealing with aggressive clients is called--believe it or not--TAPS, standing for Therapeutic Assault Prevention System. When a TAPS "basket hold" was applied to an epileptic retarded man residing in a group home in the Dayton, Ohio, area by a person certified in TAPS, it was TAPS for the client (Cincinnati Enquirer, 28/7/87; source item from Griff Hogan).

Deception, Violence & Deathmaking

We remind our readers of an old wisdom: violence is always surrounded by deception, and where one sees patterns of deception, violence is about to break out or has already broken out. Thus, deathmaking is indeed accompanied by all sorts of deceptions, including detoxification, and so far has fooled most people most of the time.

\*On the CBS Sunday Evening News of 6/12/87 (ironically, the last day of one of our 3-day Sanctity of Life workshops), there was a report on a new development in the criminal justice field. Namely, it has now been "discovered" by some psychologists who study criminal behavior that many people who take hostages, and are then engaged by police in either a long siege of waiting and/or a shoot-out, actually want to commit suicide. These social scientists thus propose that when the police kill such a hostage-taker (as they not infrequently do), the death should really be called a suicide. Thus, this is the beginning of a development to try to reinterpret killings by police--even when they might be considered justified--as something other than what they are. This is yet another form of detoxification, in this case of legalized killing. It seems to parallel the case of impaired elderly people who are too sick to be able to take their own lives, and who ask others to do so, and/or where the others may even take it upon themselves uninvited to end the person's life, and where all of this may be called suicide, or at least assisted suicide.

\*People who look in the yellow pages of the Syracuse telephone directory under "abortion" will be advised there to also check under "birth control." There, they will find several abortion services listed.

\*The section in a Hastings Center Report on the withdrawal of liquids and nourishment from patients is entitled "Guidelines on Medical Procedures for Supplying Nutrition and Hydration." (NRLN, 5/11/87)

\*Columnist Cal Thomas pointed out that over the 1987 Memorial Day weekend, both CBS and ABC TV broadcast dramas within 24 hours of each other that were aimed at the promotion of euthanasia. The ABC program was "When the Time Comes" which dealt with suicide and suicide assistance, and "Baby Girl Scott" on CBS (interpreted as thoughtful and eloquent) dealing with a premature baby, interpreting people trying to keep the baby alive as creeps. Earlier, NBC had run a segment on "St. Elsewhere" in which a "religious fanatic" blew up part of the hospital, killing innocent people, in order to protest abortion, while CBS had run a segment on "Cagney and Lacey" stereotyping the pro-life movement as the enemy of "safe and legal" abortion.

\*On 10/1/88, the public television station in Syracuse carried the fifth and last segment of the Masterpiece Theatre drama "Sorrell & Son." The father had sacrificed his entire life to get the best for his son with whom he had had a very loving relationship. Now the old man was dying of cancer, and after heart-wrenching moaning and groaning, his son, now a successful surgeon, swept by sadness and prompted by his liberated wife who has a successful career, administers a fatal morphine dose to his father. It is unfortunate that this fine drama made yet another seductive entertainment media contribution to "euthanasia," and of course always so staged as to make it appear so very right.

#### Advocacy For & Against Deathmaking

\*Now that deathmaking is really "in," everyone who wants to be known as a philosopher or sage is jumping in with some form of endorsement of it. Another book in this genre is Setting Limits by Daniel Callahan, director of Hastings Center in New York State, long a citadel of deathmaking promotion. He is widely perceived as the leading medical ethicist in the US. Among the detoxifying phrases he uses are "creatively and honorably accepting aging and death," though his position is not so radically deathmaking as that of many others, but oddly enough, he emphasizes the issue of the cost of health services. He had once been a Catholic and editor of the influential Catholic intellectual weekly, Commonweal, but abandoned Catholicism and endorsed abortion as early as 1968.

\*Dr. Helga Kuhse from Australia has become one of the leading--what one might call--philosophers of death. Using a style which to the intelligentsia appears to be logical, she has become very persuasive in the promotion of all sorts of death-making. The latest book of which she is an author (after having authored or co-authored other prominent works along these lines) is The Sanctity-of-Life Doctrine in Medicine: A Critique (1987), in which she believes she has refuted the logic of the said doctrine. It is our impression that what she has done is to point out the scandalous incoherencies of people who oppose some of the forms of deathmaking, and concluded that because people are so incoherent on these issues, the sanctity of life principle itself is invalid. We would say that the incoherencies of opponents of abortion, euthanasia, infanticide, suicide, etc., are indeed a scandal in that they give ammunition to the enemy. TIPS readers are reminded that we have addressed this issue in our recent monograph on The New Genocide, available from the TI.



\*The director of a shelter for victims of domestic violence in Ohio was convicted of abusing and confining her mildly retarded step-daughter, keeping her locked up for four years in an unheated and unventilated attic without toilet facilities, and on such a starvation diet that she wasted to 65 pounds (Cleveland Plain Dealer, 23/4/87; source item from Elizabeth Carmichael).

\*In 1980, some caretakers in an English institution for the elderly mentally disordered decided that their clients had been dumped there, and they looked so miserable, as if they had been beamed in from outer space and locked into chairs or confined to beds. In response, they called themselves "cosmic nurses" (sometimes referred to as "the Cosmics") to symbolize that they were going to try to "beam" their clients back into the real world. The young charge nurse of one ward announced that he would no longer follow orders to administer high doses of tranquillizers, got rid of the restraining chairs and launched a program of outdoor walking excursions. Soon, many of the symptoms which had been attributed to dementia disappeared. All of this was accomplished without any additional funds. Among other things, the cosmic nurses demonstrated that when someone is left in tip-back confinement chairs for hours at a time, they lose their sense of balance, and if they are then pulled up, their legs may collapse under them. In turn, this movement resulted in the setting up of "restraint watcher" groups elsewhere. (Source item from David Schwartz & Oxana Metiuk).

\*Many medical programs take a relatively passive approach to rehabilitation of people in a prolonged coma. In response to this reality, the International Coma Recovery Institute, located at Oceanside, New York, was founded in 1977. It consists primarily of a team of clinical people who demonstrate and advise on coma recovery and its follow-up, which is sometimes even more difficult. (Voice, 8/87; source item from Ann O'Connor)

\*It is a shocking realization to discover that there now is such a thing as a World Federation of Doctors Who Respect Human Life. If only a few years ago, one would have told people that such an organization would spring up because it was needed, they would have been shocked, inferring correctly that there must also be a significant medical segment that does not respect human life. After World War II, to anybody with any historical consciousness, that could only have conjured up images of Nazi medicine. As we emphasize over and over, prophecies are first ignored, derided or rejected, and those who utter them are marginalized or punished, and then, when the prophecies come true, the meaning of their having been predicted and now having arrived is not acknowledged, nor is their relevance as signs of their times.

\*An Easter egg hunt for children aged 3-10 was called off in Peoria, IL, when it was discovered that there was no way to keep Planned Parenthood from setting up a booth at the event. (ALLAI, Summer 87)

Deathmaking via Other Subtle Societal Policies

\*A 1987 study found that almost 20 million Americans who needed health care had a hard time getting it because they were poor. It concluded that there had been a "disturbing...deterioration in access to medical care among the nation's poor, minority and uninsured citizens." It also concluded that the US health care system is in the midst of dramatic changes which have not included improved access to health services (AP in SHJ, 30/4/87).

\*While the poverty rate declined by a fraction of a percent in 1986, those who are poor are poorer than before, with the gap between rich and poor reaching its widest point since US Census Bureau data began to be collected 40 years ago (Gray Panther Network, Fall 87).

\*One way to make poor people dead is to deny them medical care, and one way to deny them medical care is by making Medicaid so cumbersome with paper work that physicians cannot cope with it and will cease serving people covered by Medicaid. Many have in fact done that.

\*Since Medicare payment cuts took effect in 1983, elderly people who have suffered broken hips have gotten half the rehabilitative therapy they once did, and have become twice as likely to end up in a nursing home, thereby negating the purported Medicare savings. (UPI, in Indianapolis Star, 7/87; source item from Joe Osburn.)

\*In a July 1987 heatwave, about 50 elderly people--most of them living alone--died from its effects in Philadelphia alone. In the vast majority of cases, air conditioning (sometimes even only fans), and proper nutrition and hydration, would have prevented the deaths (AP, in SHJ, 29/7/87).

#### AIDS-Related Developments

\*AIDS craziness is such that the medical research literature classifies promiscuous heterosexual adults in the low-risk category (AIDS Update, 2/88).

\*About 60% of drug-addicted people in New York carry the AIDS virus (Time, 15/2/88). If this keeps up, the drug-prone population will experience a rapid collapse.

\*In cities that have a high rate of AIDS virus infection, young women are now infected at rates that are nearly as high as those of men. Other things being equal, men are more likely to transmit AIDS than women, but what puts prostitutes at particular risk of both getting and transmitting AIDS is that they have often entered their occupation in order to support a drug habit in the first place, and it is through needle drugs that their risk factor goes up significantly (Health Letter, 2/88).

\*During the early 1980s, nobody believed that AIDS would attack children. Now, one out of every 61 newborns in New York City tests positive for HIV infection. This is a higher level than only very recently anyone would have anticipated even for the overall community (Time, 25/1/88).

\*At the late 1987 conference on sexually transmitted diseases sponsored by the New York Academy of Sciences, a woman who is a professor at Harvard Medical School stated that medical researchers must "take a stand and insist that pregnant women with AIDS abort their fetuses," a position also supported by another Harvard professor who said that it was "criminal not to abort the fetus of a pregnant AIDS patient." Fortunately, not all presenters and participants agreed (RLR, 1/88).

\*In 1/88, a retarded man in a PA community residence tested positive for AIDS, whereupon all the staff of his program quit. The man was transferred to a state institution and put in isolation. In turn, the American Civil Liberties Union stepped in and called this arrangement "both inappropriate and illegal." (PARF News & Notes, 2/2/88)

\*A research project in San Francisco found that as a result of the AIDS scare, a cohort of 450 homosexual men had reduced the average number of their male sex partners from 6.3 to 3.9 per month. This is still tragic, particularly considering that a heterosexual adult who had 50 different sexual partners of the opposite sex every year would be considered to be grossly promiscuous. The percentage of homosexual men who have confined themselves to a single sexual partner at least for a stretch of time had increased very little, up to about 14%. Even in these cases, considerable turnover persisted in these single sexual partners. (Science, 5/2/88)

\*A mistaken notion prevails that a reduction in one's sexual partners will dramatically reduce the probability of AIDS infection. This is not true. One's risk is much more reduced by going from 10 partners to 5 or to 1 than it is by going from 50 down to 10.

\*It is believed that about 60% of the 200,000 needle-using drug-addicted people in New York City carry the AIDS virus.

\*A survey of homosexual people who came to be tested for HIV antibody in California were asked whether they would inform their sexual partners that they had AIDS if it turned out that they did. Twenty-seven percent said that they would not. Findings such as these may well be yet additional evidence of the extremely limited effectiveness of so-called educational strategies, because given the frequency of sexual relations among the apparently great majority of promiscuous homosexual and heterosexual people, it would not take long for someone to encounter someone else who has HIV infection, knows it, but is not telling (AIDS Update, 2/88).

\*A new element in recent years is that adults who have AIDS, and quite often know they have AIDS, are engaging in heterosexual and homosexual sex with children, a certain proportion of whom will then catch AIDS and eventually die from it.

\*As sophisticated quantitative thinkers know, the rate of change in a certain quantity is often more important an index of its impending implications than its sheer quantitative magnitude. Thus, we report yet once again about a dramatic rise in TB--an affliction that had once been virtually defeated. The rate of increase is currently about 23% every 2 years. As always, those who are poor and/or live in crowded conditions are the most heavily affected; among them, the growth rate has been about 4 times that in the general population, i.e., about 50% a year, and in some high-risk pockets, it is 13 times the national average. People with AIDS are among the most vulnerable, but also account for a great deal of the spread of TB to others. The treatment regimen is so demanding that many people simply cannot or will not abide by it, particularly if they lack personal self-direction and discipline to begin with which many high-risk groups do. It may turn out to be necessary to reinstitute some of the quarantine provisions of the past, but with one peculiar twist: while public health authorities have always had considerable power for quarantining people with TB, they have almost none for quarantining people with AIDS. Thus, having AIDS could become an excuse for not being quarantined for TB. (Newsweek, 22/2/88)

\*In New York City, school employees and teachers have been issued 5 pairs of disposable gloves each as a "reasonable precaution" against AIDS (AP, in SHJ, 9/10/87). Similarly, court officers in NYS have also been authorized to wear surgical gloves and masks, and to stay ten feet away from persons believed to have AIDS (AP in SHJ, 14/1/88).

\*Even in San Francisco, which is virtually the homosexual capital of the US, 36% of physicians surveyed did not want to treat people with AIDS, and 8% said that the reason they did not want to was because there was no effective treatment (AP in SHJ, 17/1/88). Modern medicine is not oriented to "health care," but to cure, and flees when its idolatrous pretensions are defeated.

\*The AIDS virus has now been engineered into a strain of laboratory mice, both in order to show what science can do and in order to create an inexpensive animal model of AIDS. Strangely enough, there were no government safeguards on doing this sort of thing. Also, there is the problem that mice are notoriously difficult to contain in laboratories and have a way of getting away. It is also not clear whether they are capable of transmitting AIDS. At any rate, this is yet another example of arrogant science doing something because it is doable (Science, 22/1/88).

\*Two people who work in laboratories that work on AIDS have been found to have AIDS, and it is not yet clear how they acquired it. One of these was not told for 16 months that he tested positive! (Science, 22/1/88)

\*We have reported before on the venereal disease, Chlamydia. Between 1985-86, its identification in teenagers increased by 600% (Interim, 1/88).

\*Sexual athletes? The organizers of the Olympic Winter Games in Calgary, Canada, instituted a policy of making condoms and birth control pills available to all competitors (Interim, 1/22).

\*Muckermann (1947) mentions the instruction a French nobleman gave to his son: "If you don't believe in God, believe at least in venereal disease."

#### Roy White, 1913-1988, RIP

The readers of TIPS may remember a brief article appearing in the 8/86 issue entitled "My Friend, Roy White." In the writing I described Roy's courage in the face of persistent trouble, aloof non-caring human service workers, and a disfunctional human service system. On January 26, 1988, Roy White's body was found in his apartment after a number of phone calls were made to human service workers inquiring about his welfare. On this cold, wintery day Roy White slipped from the grasp of this world, breaking the tenacious grip of the powerful hand of prejudice toward people who are handicapped. The troubles of this world, his worry about his next meal, a roof over his head, warm clothing and the welfare of his handicapped wife are now finished. On January 29th, after a brief funeral attended by human service workers, Roy White's body was laid to rest in a Syracuse, NY Veteran's Cemetery. I ask that you contemplate the torturous life my friend led on this earth and pray that he will know the bountiful mercy and forgiveness of our Lord.

In loving memory of my friend, Roy White  
Milt Baker

#### Dunce of This Month Award, No. 2.

The Golden Gate Transit System in California bought buses costing \$200,000 apiece that supposedly had wheelchair ramps, but these turned out to be so steep that they spilled the wheelchair passengers back into the street (San Francisco Examiner, 27/12/87; source item from Joe Osburn).

#### Social Role Valorization (SRV) News

Because of our deathmaking theme, we will emphasize SRV news that illustrates the projection of death imagery, including the dead or dying role.

\*A 76-year old California man spent 6 months in a very debilitated state in a hospital, and then in a so-called convalescent home. During this time, he was "talked" and "thought dead" by everybody. A lawyer opened his will, his relatives sold all of his possessions, and his bank scheduled an estate sale. But the man recovered and found upon return to the world that he had very little left. He had to hire a new lawyer to retrieve at least some money from his old one (AP, in SHJ, 17/5/87). This is one of the better examples we have run across of somebody being put into what we have called the "already dead role."

\*At a time when the term "hospice" has unfortunately been used to signify a home or service for the dying, it is also unfortunate when a group home for retarded persons is called a hospice, as recently happened in Saskatchewan. It would naturally tend to image its residents as moribund.

\*Pop environmental designer Patrice Breteau said he would like to design a nursing home as a cosmic environment "where they feel they are already there." (Spy, 11/87; source item from Hank Bersani)

\*In September, can December 31st be far behind? The Days Inn motel chain has launched a club that offers people aged 50 and over a wide range of discounts and benefits, most of them travel-related, at the relatively low cost of \$12 for one year (spouse included). Unfortunately, the club is named the September Days Club, thus projecting a hint of old-and-cold winter, and death.

\*As part of the 1987 North American championship rodeo, a "special rodeo" was scheduled in which handicapped children, and children in a hospice program for the dying, were paired with professional rodeo cowboys and cowgirls to compete in modified rodeo events. One drawback was that the event was co-sponsored by the Spina Bifida Association, other handicap organizations, and a hospice organization, thus death-imaging the other handicapped participants. (Source material from Carolyn Bardwell Wheeler.)

\*A private psychiatric center in Syracuse has organized a troupe called the Benjamin Rush Mental Health Players. In 9/87, they were apparently a great hit performing at the local meeting of the American Cancer (!) Society.

\*A bizarre juxtaposition occurred when Camp Hemlock (named after the poison with which Socrates was forced to commit suicide) in Connecticut offered a summer camp in 1987 for "head-injured" adults, with the program assistance of Braintree Hospital in Massachusetts, part of this program consisting of the keeping of "memory logs"--which we at first thought might be wooden, but aren't. (Source item from Betty Pieper)

\*In various states, people may be detained in the mental health system involuntarily if they have been defined as "gravely disabled."

\*A high-rise residence for elderly and handicapped people in Syracuse is called Toomey Abbot Towers. That's bad enough, conjuring up a death (tomb) image, particularly so when one considers that the facility is constructed on top of a former cemetery. But even beyond that, we recently learned that some of the residents located in a certain part of the building try hard not to look out their windows--which of course makes very sad living. Their motivation? Their windows overlook a back entrance used by hearses when they come and go to pick up residents who have died, showing that our concern with the death image and the name was not exactly a trivial one. Such images can rapidly multiply each other.

\*According to Newsweek, (1/2/88), the members of the various presidential campaigns in private commonly refer to elderly voters as fossils, critters, or raisins, the latter presumably because they are wrinkled.

\*The kind of electric cattle prod that has been used widely in the Ontario institutions for the mentally retarded is called Hot-Shot. Top-notch scientific and technical talent was brought to bear on designing a "better" device, which has been referred to as "state-of-the-art electric shock units." (Globe and Mail, 16/7/87). The units are said to "interrupt extreme self-abuse" among residents. They may prove to be quite popular because they are the detoxified and scientified (e.g., computerized) versions of cattle prods that have acquired a bad press over the years. They control strength and duration of the shocks and record the details of their administration, a bit like the black box on airplanes. The new units can also be interpreted as very scientific by virtue of having been developed by the Ontario Research Foundation at considerable expense, and we would be amazed if they did not look as dissimilar as possible to cattle prods. (Source item from Barbara Moore)

When westerners referred to revolvers as "equalizers" or "pacifiers," they were laughing. Representatives of our imperial system do not laugh when they use detoxifying language, as above. To them, it is not a joke to begin with, and they turn quite indignant if somebody perceives it as such.

\*Children of the Night is an organization that tries to help children escape from prostitution. The organization has recognized that the governmental bureaucracy has become an obstacle to helping such children, and therefore refuses to accept public funds. One way in which it raises money is by selling high-quality and valued items through a mail-order catalogue. Except for the name of the organization and the logo (which consists of two children being held in two hands), the catalogue is very positively imaged. The narrative explaining the organization is very straightforward and devoid of pity appeals.

### Homelessness

\*Ever since the late Middle Ages, when pauperism as we have come to know it developed in Europe (and later its colonies), the authorities have tried to outlaw begging. The more poor people there were, the more begging there was, and the more stringent became the laws against begging--and yet nowhere have these laws ever really worked. Now, as homelessness is dramatically increasing in the US, there has been a new wave of laws and ordinances against begging. Thus, the privileged classes address the symptoms rather than the root of their own oppression (Time, 11/1/88).

Seattle is the first city to have made it illegal to "beg aggressively." Ironically, the offense carries a \$500 fine (Time, 11/1/88).

\*US federal military expenditures are about 800% of all federal spending on health, education, welfare and other human services. Some people say that the real army that the military expenditures have bought is the ever-growing army of the homeless. This army is now everywhere, at least in all urban settings of the US. It is a standing army, and always on the march, because the homeless are not permitted to sit and rest in public places, as we explained before. This army may soon be bigger than the National Guard and the Reserves. In NY City alone, it has about 8 divisions--an entire army corps.

\*In New York City, the welfare people will sometimes put a homeless family into hotels for \$100 a day and more--enough to buy them a house, considering that the average family with children will stay an average of 15-18 months in such places. Despite this tremendously high cost, what they get is a miniscule space (often in the lowest type of hotel) from which children have to be banished into the hallways if they are to have room for playing. Some children virtually grow up in these places, which observers have found absolutely unbearable for children. One problem is that so often, the mothers are drug-addicted and demotivated (Newsweek, 25/1/88). It would appear vastly more merciful for everyone concerned to step in and have such children put up for adoption.

\*The state of NY has proposed to spend \$11 million for 500 case managers (phonily called "guardians") for the homeless, when the problem is that there is simply not enough housing for poor people. These 500 case managers are supposed to be highly trained, with at least masters' degrees in a human service subject, plus additional special training, and to solve the problems of 10 homeless people or families each and every year. What we are about to see is dance therapists, case managers, and individual program plan designers falling all over themselves trying to help the hapless homeless.

\*Burning up homeless people seems to be a favorite pasttime of a great many adolescents and young adults, mostly males. In 1/88, homeless men had even been set afire by young adults while trying to sleep in the bus terminal in Manhattan.

\*It is one of the ironies of our PPP and decadent society that at the same time as the US government provides housing assistance to more Americans than ever before (4.1 million families), an even yet larger and increasing proportion of the poor are being squeezed out of housing (Newsweek, 4/1/88).

\*Here is good news where good news is rare. In Indianapolis, homeless people had been going to the public library during the daytime to find shelter. Even though they smelled bad and had bad habits such as urinating in places other than the toilets, the head librarian was reluctant to force the homeless out, but did complain that there were 60 agencies in town claiming to be concerned with the homeless while the public library was the only one that actually gave them a place to stay in the daytime. Starting in 1988, an agreement was worked out with the local Rescue Mission whereby the library set up a daytime branch there with furniture and library materials, plus \$15,000 to provide staff coverage for the room. However, the main library will still be available to homeless people who do not violate too much against library norms. (Indianapolis Star, 21/2/88; source item from Joe Osburn)

#### Miscellaneous Human Service-Related News

\*The king is dead, long live the king. When New York State became ashamed of Willowbrook Developmental Center (once a huge institution for the mentally retarded), it renamed it the Staten Island Developmental Center. When it was announced that the institution would be closed, the state suddenly reverted to referring to it as Willowbrook, apparently in order to take credit for a step forward. In 9/87 there was a big commemoration for the closing, attended by past and present governors, state officials, other big shots, parents and former residents. During the closing ceremony, a "community resource center" established on a portion of the campus was dedicated and announced to be "a comprehensive facility to serve clients with special needs" that hopefully "could serve as a national prototype." Among other things, it will offer music, dance and pet therapies.

\*Oddly enough, at about the same time that an announcement was made that the Rome Developmental Center, one of the older mental retardation institutions in the US, was to be converted into a prison, it was also announced that ground had been broken for so-called "small residential units" for the retarded on the campus of the facility (source item from Guy Caruso).

\*The North American Securities Administrators Association, i.e., an organization fronting pretty much for the people that are responsible for the excesses of the PPP paper market, set up a toll-free hot-line after the 10/87 Wall Street crash for people who suffered financial losses in it. This hot-line served a bit in the role of what in the carnival world was called "cooling out the mark." By listening sympathetically to betrayed stock-holders, many of them will refrain from more drastic action. Also, the hot-line referred a number of callers to shrinks, which we find absolutely hilarious in the abstract even if tragic in the concrete (Time, 23/11/87).

\*Ever since the EEG was first discovered and developed, much more was expected of it than it delivered. Yet the latest EEG craze has been called "neurometrics," and proposes to be able to identify "learning disabilities, mental retardation, depression, dementia, schizophrenia, alcoholism and other psychiatric and neurological disorders" by means of a mere 60-second EEG sampling (Science, 8/1/88). Our advice: don't believe it! We warn that this has all the hallmarks of another craze which not long hence will be found to be grossly exaggerated.

\*We have been told that in 1987, there were still nursing homes in the US that paid staff members \$25 bounty if they could find people who would move in and occupy empty beds, and an additional \$25 if these persons stayed more than 2 months. (Source item from Michael Rungie.)

\*One American manufacturer of restraints advertised that "the quick release limb-holder helps hospitals save one of their most valuable resources--nursing time." (1987 clipping; source item from David Schwartz)

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.

The Training Institute. The Training Institute for Human Service Planning, Leadership & Change Agency (TI), directed by Wolf Wolfensberger, PhD, is part of the Division of Special Education & Rehabilitation of Syracuse University's School of Education. Dr. Wolfensberger is a professor in the Mental Retardation Area of that Division. Since its founding in 1973, the TI has never applied for federal grants, and has been supported primarily by fees earned from speaking events and workshops across the world, and to a small extent from consultations, evaluations of services, and the sale of certain publications and planning and change agency tools (see "TI Publications" below). TI training has: (a) been aimed primarily at people who are or aspire to be leaders and change agents, be they professionals, public decision-makers, members of voluntary citizen action groups, students, etc.; and (b) primarily emphasized values related to human services, the rendering of compassionate and comprehensive community services, and greater societal acceptance of impaired and devalued citizens.

Invitation to Submit Items for Publication. We invite submissions of any items suitable for TIPS. These may include "raw" clippings, "evidence," reviews of publications or human service "products," human service dreams (or nightmares), service vignettes, aphorisms or apothegms, relevant poetry, satires, or brief original articles. We particularly welcome items telling of positive developments since bad news is so frequent as to be the norm. Send only material you don't need back, because you won't get it back. If we don't goof, and if the submitter does not object, submissions that are used will be credited.

Dissemination of TIPS. Readers are requested to draw the attention of others to TIPS, and to encourage them to subscribe. A subscription/renewal form is found on the back of each issue. Please consider photocopying this form and forwarding it to potential subscribers. Also, we appreciate subscribers announcing the availability of TIPS wherever appropriate in other newsletters and periodicals.

TIPS Back-Issues Available. TIPS tries to have a supply of back-issues available for new subscribers who wish to complete their set. Let us know what you need, and we will negotiate a package price.

TI Publications. The TI sells or recommends a number of items relevant to its mission, and lists them on a "publication list" which is updated twice a year. If you want one or more copies, please let us know.



TIPS SUBSCRIPTION/RENEWAL/DONATION/ADDRESS CHANGE FORM

Complete the form below for subscription/renewal/donation/address change (as applicable), and return it to the TIPS editor at the address below. We encourage you to make copies of this form and circulate it to others who may be interested.

Address Change     New Subscription     Donation     Renewal

If this is a renewal, the address below is: \_\_\_\_\_ the same, \_\_\_\_\_ new.

NAME OF PERSON OR ORGANIZATION \_\_\_\_\_

MAILING ADDRESS (list the address that is least likely to change in the future. For some individuals, that is their work address, for others, their home address.)

\_\_\_\_\_  
Zip/Postal Code:

Subscription rates in U.S. funds. Make out to "SU Training Institute" & mail to:

	U.S.	Canada	Overseas
Individual	\$25	\$27	\$30
Student	\$15	\$17	\$19
Agency	\$30	\$32	\$35

TIPS Editor  
Training Institute  
805 South Crouse Avenue  
Syracuse, NY 13210-1796

The TIPS subscription file and mailing system is handled partially by computer and partially by hand. Also, it is quite likely that a procession of students will be helping with the subscription system, and all of these components (computers, humans in general, and students in particular) are subject to occasional errors. Therefore, if you should fail to receive a TIPS issue within two months of subscribing, or miss any other issues during the cycle of an annual subscription, please direct an inquiry to the TIPS subscription list at the TI.

Address Changes. You must let us know if you change your mailing address (use form above). TIPS is in the class of "trash mail" that may be neither forwarded nor returned to the sender. Thus, if you change your address without telling us, we will probably never hear from each other again. We will also not be able to furnish replacements for old copies lost during your move. However, we will replace a copy that arrives in severely mutilated condition.

TIPS  
Training Institute for Human  
Service Planning, Leadership  
& Change Agency  
805 South Crouse Avenue  
Syracuse, NY 13210-1796  
U.S.A.

ADDRESS CORRECTION REQUESTED