

2-1993

TIPS, Volume 12, No. 5 & 6, and Volume 13, No. 1, 1993

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Recommended Citation

Wolfensberger, Wolf P., "TIPS, Volume 12, No. 5 & 6, and Volume 13, No. 1, 1993" (1993). *Training Institute Publication Series (TIPS)*. 55.

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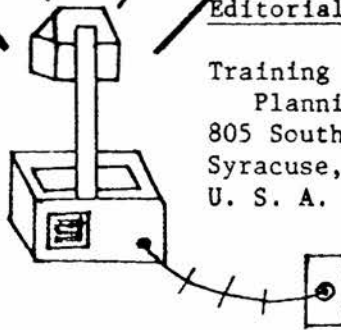
TIPS

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Vol. 12, Nos. 5 & 6, Feb./Apr. TRAINING INSTITUTE
1993; Vol. 13, No. 1, June 1993 PUBLICATION SERIES

Syracuse, New York
13244-2280

Because deathmaking has not been a major TIPS theme since the February/April 1992 issue, and because so much deathmaking copy has accumulated, and because we had fallen behind by two issues, and because the deathmaking topics covered in this issue are so crucial and call for in-depth, concentrated address, we decided to make this a triple issue--the first time we have done this. We commend to readers especially the two major sections on when medical treatments and life supports may be refused, withheld or withdrawn, and who may make these decisions. Despite the size of this TIPS issue, we have not covered all sorts of other deathmaking topics on which we have much material. This will be less fun to read than most of our other issues.

Abortion-Related News

Some Raw Statistics

*The 1973 US Supreme Court decision which gave "every woman in the US the same right to an abortion during the first six months of pregnancy as she has to any minor surgery" was reported in a small, circa 3-inch, news item in Time. These few lines of news have since meant almost 20,000,000 abortions--enough people to populate several small nations, and in fact almost all of Scandinavia.

*An estimated 35-40% of pregnant women in the US above the age of 35 seek or consent to amniocentesis. About \$200 million is spent on this and other tests for fetal anomalies. In about 5% of babies who are born after amniocentesis, needle marks are found, and sometimes critical areas are injured, including eyes. The procedure may also contribute to low birth weight. There are even serious concerns about the safety of ultrasound prenatal testing, though risks are widely denied. Damage to the unborn from ultrasound could be very subtle, perhaps manifesting itself in subtle intellectual impairment or child growth disturbances (LA, 3/93).

*As of 11/92, the latest US abortion statistics available were from 1989. They showed that "black" women had abortions at almost exactly double the rate of "white" women, which the (pro-abortion) newspapers reported in much less dramatic terms as being merely "higher rates." Overall, the rate (which is not the same as the numbers) of abortions, which takes into account the number of women in the child-bearing years, had risen steadily throughout the 1980s (Boston Globe, 28/11/92; source item from Susan Thomas).

*The leading cause of death in the US is now abortion, accounting for about 40% of all deaths annually. It equals the next six causes of death combined (BRMM, 1/93).

*The US has one of the most permissive abortion policies of any nation in the world, and one of the highest abortion rates among developed nations.

*According to a geneticist interviewed on the CBS TV program "60 Minutes" that was broadcast 11 May 1992 (Mother's Day!), 99% of abortions performed in the US are done not because the child is impaired or might be impaired, but just because the mother/parents do not want to have the child at this time, even though the child is healthy. Surely this illustrates the tremendous role that hedonistic sensualism plays in contemporary deathmaking.

*While the number of places where abortions are done in the US has gone down from about 2900 to 2500 (Time, 4 May 92), the number of abortions per place has gone up. The total number of abortions apparently has slightly declined from about 1.6 million a year to about 1.4 million.

*At the Planned Parenthood center in Syracuse, NY, an average of about six abortions have been performed every day for years. Every time one passes this center that occupies a nice-looking Victorian-era former home, one shudders.

*Japan has more than 11,000 licensed abortionists, and the abortion rate is close to the American one. However, one thing that is different is that Japan has atonement shrines where people leave votive offerings in atonement for abortions to which they have assented (The Human, 3/83).

*It is astonishing to learn that Israel has one of the highest abortion rates in the Western world. At one time, perhaps no other people valued fertility and fecundity more than the Jewish people. What is additionally astonishing is that up to 70% of these abortions have been performed on married women. At the same time, barren Israeli couples are travelling all over the world trying to find children to adopt because of a shortage of adoptable children in Israel (Life Advocate, 11/92).

*Ireland is the last country in Europe that permits abortion only to save the life of the mother, while 40% of the people in the world live in countries where there is abortion on demand, or something close to it (SHJ, 13/3/92).

*Despite its Catholicism, Poland has more abortions than live births (Newsweek, 10/10/83).

*Apparently, in some circles, something like an abortion culture is developing, because even as fewer women are getting abortions, the likelihood of a woman who gets a first abortion also getting repeated abortions has risen considerably after 1980, namely from 33% to 43% in eight years (Pro-Life Office, Camden, NJ).

* No one has precise statistics on how many women have had abortions, but in

North America, it is estimated to be now about 50%! (Interim, 4/93). What this means is that an increasing percentage of women (a) will feel motivated to defend and promote the availability of abortion, and (b) will suffer from mental and spiritual craziness as a result of having killed the fruit of their wombs, regardless whether they subsequently defend or promote abortion or not.

Utilitarian Exploitation of Abortion

Some people benefit rather directly from utilitarian exploitation of abortion, and this constitutes a motive for them to promote abortion in general. Other people cite utilitarian arguments primarily in order to elicit the support of others for the abortion practices to which they subscribe for mostly other reasons anyway.

*The president of the American Federation for Clinical Research said that the use of fetal tissues from abortion is a "science issue," and not a moral or abortion issue, and was very unhappy when President Clinton ordered the permissibility of such tissue use in conjunction with five other pro-abortion measures (Science, 29/1/93).

*The British Medical Research Council has approved the growing of human embryos in laboratory cultures purely for research purposes rather than for implantation into female wombs. The British public is overwhelmingly in favor of this development (The Human, 2/83). This measure brings us now to the threshold, and perhaps beyond, of the cultivation of embryos as a form of organ farm for transplant purposes.

*If it should become legal to use tissues of aborted babies for transplants, then pregnant women who were ambivalent about an abortion are apt to be subjected to arguments that some good will come out of having an abortion because the tissues could be donated for medical purposes.

*Abortion advocates have tended to deny that live fetuses have been used for research, but when legislation was pending before the US Congress to prohibit the use of federal funds for such research, it was opposed by the American Medical Association and the Association of American Medical Colleges. Interestingly, opponents of the bill were "enraged" when the legislator who introduced it read excerpts from a history book describing Nazi experimentation on prisoners. Science reported on this under the headline "Another Threat to Fetal Research" (3 Dec. 82).

*According to some reports, there have recently been experiments underway in which unborn children still alive after an abortion have been used to develop an immunization serum. Apparently, the aborted child is injected with a virus, kept alive for several hours, then butchered, and the blood is extracted for vaccine development. Researchers reportedly have stated that this is an alternative to "senseless slaying of animals from which the vaccines were previously made" (Feminists for Life of NJ Newsletter, 5 & 6/92; source item from Christina Dunigan).

*It now appears that much of the medical hype about fetal tissue being a "breakthrough" for transplants and therapies was only a ploy to support and promote abortion, and to free medicine from all constraints. For instance, virtually all claims about the benefits of fetal transplants into people with Parkinson's disease have proven to be anywhere between premature to unfounded to grossly over-hyped to fraudulent, which one certainly would not know from the ordinary publicity, either in the public media or even the technical ones. Some of the subjects did not even have Parkinson's disease at all. Even worse: when

fetal tissue is injected into the brain, brain tissue is actually damaged, which may make things worse in the long run. One of the earlier hypes had been that maybe a million people with Parkinson's disease were being denied therapeutic treatments because the bodies of aborted babies were not legally available for transplant tissue (NC Reporter, 27/12/92); and NRL News, 9 Feb. 93). Even as late as 22/2/93, Newsweek carried a cover story on "Cures From the Womb: Fetal-Tissue Research Offers New Hope for Treating Diabetes, Alzheimer's, Parkinson's and Other Diseases."

Abortion Promotion and Opposition

Abortion Promotion or Advocacy

Below, we have roughly grouped items in this category by the identity of the proponent: the public, religious bodies, the media, law and government, politicians or public figures, scientific or medical parties, vested interest groups, and groups without any intrinsic reason to endorse abortion.

*While close to half of all Americans still believe that the term "murder" applies to abortion, about half of that half also believes that it is still the best thing to do under certain circumstances (Sun, 21/1/93). For instance, in 1990, 81% of Americans approved of abortion if a woman had conceived a child by rape. Almost an equal number, 78%, approved of abortion if there were a "strong chance of a serious handicap in the baby." In other words, having a handicapped child was perceived by the public to be about as bad as having a child conceived by rape. This fact brings out strongly the corruption in the minds of the public of modernity, and that deep down, the public still holds deadly attitudes toward human impairment (All About Issues, 6 & 7/1991). Approving of abortion if the child would be severely handicapped we call the "just war theory of abortion," because one of the rationales of a just war is the high likelihood that one would win.

The 1989 pro-abortion book Backrooms provides powerful evidence for the modernistic entitlement attitude (see review in NRLN, 8/10/89). The book revolves around stories of 23 women who had unwanted pregnancies, but it turned out that only one blamed it on contraceptive failure. Even though the others had engaged in sex without contraception, they stated over and over how "amazed," "astonished," "shocked," or "stunned" they were when they found themselves pregnant. More than half the women had at least two abortions, and yet one who was "astonished" by her first pregnancy (which she aborted) was "stunned" by her second one. It appears that modernistic thinking revolves so much around what one wants as to constitute a form of magical thinking and fantasy. All this is even more (and truly) astonishing in that most of the women engaged in sex superficially and promiscuously, and a number of them did not even know the father's name, or even who the father was. Paradoxically, the book really has an impact opposite to the one intended, in being a powerful indictment of the abortive mentality and lifestyle.

Americans are so desensitized to the abortion issue that even people opposed to abortion will vote for rabidly pro-abortion political candidates, such as President Clinton. Many voters said that economic issues were more important to them. Of course, the other side is so desensitized to other atrocities that it will vote for deathmakers such as President Bush.

*In 8/89, the Disciples of Christ (also called Christian Church) voted overwhelmingly to support women's right to abortions, and urged members to oppose laws that would limit access to abortion. The vote was taken before a gigantic picture of a dove descending, and an even more gigantic banner proclaiming "Come, Holy Spirit, come!" (Indianapolis Star, 2 Aug. 89, p. 89; source item from Joe Osburn).

The large Evangelical Lutheran Church in America overwhelmingly passed a statement in 9/91 that permitted abortion for the "Big Four": threat to life of the mother; extreme fetal abnormality; and for pregnancy resulting where "both partners do not participate willingly in sexual intercourse," which is a euphemism for rape and incest. This is yet another utilitarian incoherency, showing how churches follow secular values rather than standing in contradiction to them. It even called for public funding of abortion for poorer women in the four permissible cases (NCR, 22/9/91).

Notre Dame University has had on its campus all sorts of conferences at which people promoted abortion and every sexual practice except the traditionally moral ones. Also, Notre Dame gave pro-abortion US Senator Daniel Moynihan its highest honor in 1992. However, when a traditional Catholic group wanted to hold a meeting on campus with talks on chastity and against abortion, the University vetoed it (NC Register, 28/2/93).

*News and media people are almost 100% pro-abortion, and use their positions for massive abortion advocacy and deception. For instance, a group of editors representing 18 women's magazines (including Cosmopolitan, Family Circle, Glamour, Good Housekeeping, Harper's Bazaar, Ladies' Home Journal, Lear's, Mademoiselle, Mirabella, Ms., Redbook, Savvy, and Woman's Day) reportedly met in 1989 and agreed to conduct a joint campaign to save legal abortion. The executive director of the National Abortion Rights Action League attended the meeting and offered advice. Participants were reportedly furnished with a list of catchy watchwords and phrases to use, such as "religious extremism," "imposing narrow beliefs on society as a whole," and emphasis upon one's "own conscience and faith" (Wdr, 3 Aug. 89; Indianapolis Star, 22/8/89).

From the weekly TV program "Broadcast New York" of 23/11/91, we learned that a woman gynecologist/obstetrician who lives in New York City quit delivering babies and went into abortion exclusively because she did not like being inconvenienced by women going into labor at any time on any day or night. From the 3 July 1991 CBS TV news, we also learn that this same physician travels not only all over upstate New York, but also into Pennsylvania, sometimes doing as many as 52 abortions in two days. The item certainly showed that abortion has become a religion to some people: this physician undertook the same type of devotion and sacrifice for it that many other people make for their faith, and more than she was willing to give to bringing live children into the world. This same physician was quoted on the 11/91 TV program as saying "I have never killed a baby"--a rather remarkable statement from someone who does nothing but abortions! She was contrasted in the 7/91 news item with another female gynecologist/obstetrician in Virginia who will not perform abortions, and who goes to the homes of the babies she has delivered in order to visit them. Unfortunately, as is typical with the news media, the broadcaster showed sympathy for the abortion side, referring to abortion as a "service" that the doctor provided to her patients who would otherwise be deprived of it. The 11/91 program claimed that no hospitals in Syracuse (there are four that prepare physicians) require that their residents learn how to do abortions. As a result, one physician at the largest teaching hospital in Syracuse took it upon himself to arrange for medical students to learn to do abortions by accompanying him at the local Planned Parenthood office. He referred to this as offering "an educational alternative." The entire 11/91 program was framed in terms of the legal right to abortion, that abortion foes were depriving women of access to their legal rights by scaring physicians out of performing abortions, and concluded, "If physicians can refuse to perform this treatment for you, then what is next? What other treatments might they soon be able to withhold?"--an interpretation that implies that physicians are obligated to do to or for patients whatever their patients request of them which, as far as we know, is not in the code of medical ethics. A further irony is that it is the very legalization of abortion, and the legitimizations of all sorts of other deathmakings, that has led physicians to

withhold treatments including food and water from patients.

In describing how bad things were in medieval days, Time (Fall 1992) included in its list of medieval horrors that "abortion was considered homicide," right up there with bad nutrition, endemic TB, and lack of lighting on dark nights.

The news media will accept ads on the most tasteless things, and often those with pornographic content, yet NBC TV dropped a 30-second commercial that promoted adoption over abortion, in part because pro-abortion employees and some viewers complained. The same network had no compunctions about carrying spots for Planned Parenthood and the National Abortion Rights Action League, and ignoring protests against these (CS, 30/4/92).

Time (7 Sept. 92) announced a new prenatal test for genetic abnormalities and spoke of women "benefitting from" such tests, which of course is a language which leaves reporting and description far behind, and constitutes a very forward value-based advocacy of abortion.

After more than 20 years of abortion on demand in the US, and the premeditated killing (ordinarily called murder) of about 30 million people, the murder of one abortionist by an abortion protestor has precipitated an avalanche of vituperation of the anti-abortion movement in the liberal media, with innumerable vitriolic cartoons, editorials, articles by columnists, etc. A tremendous amount of ammunition for this attack has been provided by the anti-abortion movement itself because of its internal moral incoherency on matters of life and death, which we ourselves have been denouncing from the beginning.

A New York gallery (by the way, subsidized by the US National Endowment for the Arts) exhibited a work of art, entitled "Alchemy Cabinet," by a woman artist, featuring the remains of her own aborted baby!! This art work was meant to symbolize "the feminization of power" (All About Issues, Fall 91).

One can now buy pro-abortion video games to be played by very young children. In one, called "The Womb," a hero stalks through a woman's womb and beats up on little fetal babies embedded in the placenta or floating in the amniotic fluid. The game interprets these mini-babies as "monster fetuses," and the voice announces that the characters would "jump on your back if you let them live" (LA, 3/92). The name of another such game is "Splatter House," in which "fetuses" are the enemy to be destroyed. Another kind of nonvideo game is "Embryon," in which children try to accumulate certain letters of the alphabet, and end up "winning" when they have all the letters that spell "embryon," which then entitles them to kill an embryo (Vitality, 11/92). Are these things not compelling evidence of the evil in the abortion culture?

*It is not surprising that once abortion becomes legal, governments and courts will not only tolerate it but endorse it.

In 1983, high officials in the South African government concluded "that there are too many blacks"--and one way to reduce the unwanted population would be by mandatory abortion (The Human, 2/83).

There have been efforts to propose legislation in US states that would offer women on welfare a cash bonus (possibly as little as \$100) if they agree to Norplant implants (source item from Marcia Tewell). This item and others in this issue show that some of the predictions on how Norplant would probably be used coercively are quickly being validated by events!

This may be hard to believe, but in California, the state has designated Planned Parenthood of Pasadena (PPP) the only agency in its area to conduct post-partum examinations for poor women under Medi-Cal, the state's equivalent of Medicare. In turn, PPP will not perform the service on a woman who refuses to state what type of birth control she would be using in the future. PPP explained in one of its brochures that it is concerned about the growing number of "uneducated persons who can become neither worthwhile employees nor customers" (The Human, November 1982).

A physician spent seven years in jail in California for raping a six-year old girl in his car. He then moved to Florida and performed abortions, but the state

revoked his license after a botched abortion killed a woman. After all this, the state of New York licensed him to practice medicine and perform abortions there (Life Advocate, 1/93).

In 11/89, the Canadian Supreme Court finally resolved the uncertainty over the legal status of abortion in Canada by handing down a ruling which in essence recapitulated the 1973 US Supreme Court decision that legalized abortion on demand. It invoked virtually the same arguments, and used pretty much the same terminology of that decision and of the "pro-choice" lobby, without acknowledging its ideological debt to the US ruling or that lobby. Among other things, it ruled that the unborn are not "human beings," and even objected to that very term as being "controversial." As with the US Supreme Court decision going far beyond anything said in the US Constitution, the Canadian decision went far beyond anything in the recent Canadian Bill of Rights or in law. As in the US, it denied any paternal right in a woman's abortion decision (source clippings from Ellen Donnelly).

We were amazed to learn that Indonesia has overnight become the largest consumer of Norplant, installing it in 500,000 women in 1987 alone. (There is a question whether any chemical so-called contraceptives do not also have abortifacient actions.) In many of these cases, this was done on a compulsory basis. A major catastrophe may be in the making, because when the implant is then removed after about five years, there is a dramatic increase in the risk of ectopic pregnancy (in the fallopian tubes) (Interim, 11/92).

*Many public figures and politicians promote abortion.

The Clinton administration is the first one in US history to be outspokenly pro-abortion. After his election, Clinton told a member of Operation Rescue, "I'm going to make sure you Operation Rescue types spend the rest of your lives in jail," and Hillary Clinton is reported to have said, "It is God's law to kill babies" (LA, 3/93). On the 20th anniversary of the legalization of abortion on demand in the US, President Clinton--on his third day in office!--issued a series of executive memoranda that rescinded 5 anti-abortion policies of the 2 previous administrations (NRLN, 9 Feb. 93).

Toward the end of the Bush administration, President Bush's wife Barbara was beginning to unmask herself as a deathmaker (see TIPS 2&4/92), and this has since been further confirmed by her stating that abortion, together with homosexuality, are "personal things" that should not be addressed in the political arena (AP, in SHJ, 14/8/92).

Otherwise conservative leaders of the US Congress who voted in support of abortion legislation in 1992 included Robert Dole and Strom Thurmond.

The former Minneapolis police chief came out in support of abortion because he said that it was "the most important crime-prevention measure adopted in this country in the last 25 years," insofar as it was the impoverished young women who would otherwise be producing the bulk of criminals (ALLAI, Winter 91).

*Many parties in the scientific and medical community have promoted abortion, some because they have vested interests in it, and some for other reasons.

The American Medical Association, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the Nurses Association of the American College of Obstetricians and Gynecologists, have asked the US Supreme Court to declare regulatory control over abortions unconstitutional because such laws and regulations interfere with the right of the doctor and patient to decide the best course of treatment (AP, in Syracuse Herald Journal, 31 August 82).

In response to the Louisiana law that places considerable restrictions on abortion, a number of scientific and professional organizations have said they would not meet in the state, though none of them have decided to eschew states because of poor laws and policies on drugs, housing, gun control, or whatever. Also, scientists discussing this issue referred to people in support of abortion as being "more progressive" and providing "moral leadership" (Science, 25/20/91).

In 11/92, the Vatican convened an international conference on handicap, sponsored by the Pontifical Council for Pastoral Assistance to Health Care Workers. One of the people invited to give a major address was Nobel prize-winner, Renato Dulbecco, president of the Salk Institute in La Jolla, California. He spoke on the human gene-mapping "Genome Project," and had the nerve to suggest that early prenatal detection of genetic defects would allow "therapeutic abortions" as "one possible solution," though adding the meaningless caution that this should be accompanied by "additional moral and ethical considerations." It certainly took nerve to go to the Vatican and recommend abortions as the answer to human affliction.

In science labs or science museums, it used to be quite common to have exhibits of human embryos at various stages, with the embryos coming from miscarriages or autopsies. Nowadays, abortion activists are trying to prevent such exhibits, and it may take legal intervention to prevent the prevention (Life Advocate, 11/91).

In the yellow pages of the Syracuse phone book, under Gynecologists and Obstetricians, one can find an advertisement of a physician in his own small black-bordered box, announcing "practice limited to abortions."

*Where parties have a clear-cut vested interest in abortion, their promotion of it is least surprising. This includes population control groups, and most women's groups that have been captured by feminists.

It is an interesting phenomenon that people who at one time would have been shocked and repulsed at even the idea of a particular kind of deathmaking end up--five, 10, 15 years later--supporting it, endorsing it, perhaps even being rabid promoters of it, yet forget or deny that they were ever opposed to it. A good example is the 180-degree change in stance on abortion evidenced by Planned Parenthood. Early in the 1960s, Planned Parenthood publications stated that Planned Parenthood was opposed to abortion, and believed it to constitute the killing of children. Today, Planned Parenthood is among the foremost defenders of the so-called "right" to abortion. How a commitment to hedonism and to deathmaking has destroyed historical memory is exemplified by the fact that as recently as 1963, a booklet published by Planned Parenthood in the US said that "an abortion kills the life of a baby after it has begun. It is dangerous to your [i.e., a mother's] life and health." Today, not only are these realities denied, but so is the reality that such a statement was ever made! A somewhat humorous parallel to this peculiar phenomenon occurred in the 23 December 1985 NBC broadcast of the film "Between the Darkness and the Dawn." It dealt with a high school girl who went into a coma during a meningitis attack, and woke up 20 years later. While there was a bit of silliness to the theme, it does make one wonder how one would react if there were a 20 or so year hiatus in one's conscious life. For instance, the young woman in the film went into hysterics of laughter when she was told that Reagan had become president. In contrast, the older adults found nothing amusing about it, but emphasized how good a president they thought Reagan was. An interesting element of the film was that the mother who devotedly cared for the girl was shown making her up as a clown even though she was comatose. In another vignette in the film, when the young woman was being given L-Dopa, the mother said plaintively, "Why did they have to call it that?", to which the physician grumpily replied, "I dispense it, I don't name it."

Grant, G. (1988). Grand illusions: The legacy of Planned Parenthood. Brentwood, TN: Wolgemuth & Hyatt. This book details the history of the international Planned Parenthood movement or association (it is not really a single organization), with special emphasis on its US history, its involvement in the promotion of abortion, sexual license and promiscuity, and the deadly fruit of its actions--not only in terms of aborted babies, but also in terms of destruction of sexual morality. The book documents the collusion of the US government and the media in this destruction and the deceit surrounding it, in that there is much federal money that supports various Planned Parenthood offices and programs, and

in that the media have consistently been shown to have liberal/leftist political sentiments, to be sympathetic to Planned Parenthood's "agenda," and therefore not to report such things as the dangerousness of abortion to women, the destructiveness of contraceptives and premarital sex to the young, etc. The book contains a full chapter on Margaret Sanger, considered the foundress of Planned Parenthood, and extensively documents her eugenicist views, her hatred of marriage and of Christianity, and how this type of thinking has been the legacy of Planned Parenthood ever since. For instance, she called for the elimination of various "stocks" of people, and decried "the defective and diseased elements of humanity" and "their reckless and irresponsible swarming and spawning." How a commitment to hedonism and to deathmaking has destroyed historical memory is exemplified by the fact that as recently as 1963, a booklet published by Planned Parenthood in the US said that "an abortion kills the life of a baby after it has begun. It is dangerous to your [i.e., a mother's] life and health." Today, not only are these realities denied, but so is the reality that such a statement was ever made! Grant also documents the connection of the March of Dimes with the abortion business. The book is written from a Christian perspective, but its documentation of the Planned Parenthood tradition can stand on its own.

In 1972, Dr. Edelin performed an abortion, at the end of which he manually suffocated the baby that got born alive. In 1975, he was convicted of manslaughter, though the Massachusetts Supreme Court overturned the conviction. In 1989, Dr. Edelin became the board chairman of the newly-formed Planned Parenthood Action Fund, which is the lobby organization of Planned Parenthood.

In late December 1989 (ironically, just about a week before Christmas, on which the birth of a babe is celebrated), we saw for the first time a pro-abortion advertisement on the back of a city bus in Syracuse, very high and as wide as the bus itself. It showed a cluster of women looking at the US Capitol building and the caption, "Who Decides?", followed by "Don't let government decide." The word "abortion" never appeared, though the message was quite clear, being sponsored and paid for by Planned Parenthood, one of the foremost abortion lobbyists and proponents, as well as one of the centers for the performance of abortions in many locales.

The Syracuse Herald Journal newspaper publishes a weekly supplement aimed at teenagers. On the 20th anniversary of the US Supreme Court Roe v. Wade decision that legalized abortion, it published (21/1/93) a major article on "The Abortion Debate," in which we learned that there is a Teen Advisory Board to Planned Parenthood, and that there are teen volunteers to Planned Parenthood. Thus, even adolescents may not just be concurring with abortion, but are recruited into promoting it, and assisting others of their age to obtain them.

*We have reported before on China's policy of forced abortion of all children after the first one, coupled with infanticide and sterilization in entire Tibetan villages. The then president of the militant women's organization NOW, Molly Yard, reportedly said on the Oprah Winfrey TV show that she found China's mandatory program "among the most intelligent in the world," thereby belying any alleged allegiance to "reproductive freedom" that is otherwise trumpeted as a cornerstone of NOW and most other feminist circles. This is consistent with the long latent history of eugenics of Planned Parenthood and its founders, which implies optional reproduction for the privileged, and enforced curtailment thereof for the lower classes or other races (Wdr, 3 Aug. 89).

A National Organization for Women (NOW) manual has suggested that when abortion opponents sing "Amazing Grace," "The Lord Lives," or "Jesus Loves the Little Children," abortion advocates should sing "Amazing Choice," "Choice Defended," and "Jesus Loves Reproductive Freedom," which includes the lines, "Jesus loves abortion funding for the poor." For Christmastime, the NOW committee recommended "We Wish You a Safe Abortion." Another manual on how to defend abortion clinics has pointed out that male abortion protestors are very touchy about being perceived as improperly touching women, and that abortion protestors

can often move them out of the way by getting real close to them and then screaming things such as "don't you dare touch me," or "get your hands off me," while pushing the men out of the way, who will then usually cringe away in the desired direction. It also suggested that abortion protestors can be severely distracted from their task by the singing of goddess songs or the recitation of sacrilegious versions of Hail Mary (NC Register, 6 Oct. 91).

The Young Women's Christian Association (YWCA) was conceived in 1855 by its founder, Emma Roberts, as a series of prayer circles which would "unite in the name of Jesus for their mutual benefit and for that of any young woman in their respective spheres whom they might be able to influence for good." In 1971, the National Council of the YWCA of Canada recommended the repeal of restrictive Canadian abortion laws, and therefore called for abortion on demand. Since that time, the Canadian YWCA has actively supported unfettered abortions. However, the Canadian YMCA has consistently rejected the YWCA policy, calling it "unacceptable, inappropriate, and a grave error." In the US too, the YWCA has tended to become pro-abortion.

The do-it-yourself home-abortion kit and procedure that some feminist groups have begun to disseminate is promoted as accomplishing "menstrual extraction" rather than abortion. In other words, this is the detoxifying euphemism that is being promoted (e.g., Time, 4 May 92).

*Insurance firms have a vested interest in abortion. They may have to pay \$5,000 for a live birth, but only \$300 for an abortion (Life Advocate, 9/91). They therefore try subtly to encourage abortion over birth.

A pro-abortion Minnesota organization has offered \$1500 scholarships to medical students who pledge willingness to perform abortions when they become physicians (Hastings Center Report, 9 & 10/92; source item from Karen Barker).

There is at least one instance where an abortion clinic worker who is known to be HIV-positive tried to discourage Operation Rescue members by biting them (Life Advocate, 9/91).

*A most peculiar and annoying phenomenon is corporate bodies (civic or business) that have absolutely nothing to do with abortion coming out publicly in support of it. An example is the telephone company named Working Assets that has run ads in support of "reproductive rights." In an expensive 1-page ad (Harper's Magazine, 12/91), it urged readers to use its long-distance service so "you can let senators know how you feel about important issues like reproductive rights," together with "hard-hitting advocacy groups like... Planned Parenthood Federation of America, the American Civil Liberties Union and many others."

The California-based clothing company Esprit, aimed at females from 12 to 30, has begun to couple its clothing and fashion ads with pro-abortion messages. Obviously, one subtle connection is that a woman who is not pregnant will look more fashionable. These ads are appearing in women's magazines, but also on prime time TV shows, even "The Simpsons" cartoon. The firm is spending \$8 million on this campaign (NRLN, 9/91). One bizarre element here is that Esprit is a French word for spirit, and is commonly used to refer to the third person of the Trinity, as exemplified by a highly respected Catholic intellectual periodical in France with the name L'Esprit.

To our surprise, the Sierra Club, Environmental Action, and Defenders of Wildlife have all opposed any restrictions on abortion legislation, and/or have testified before the US Supreme Court against any such restrictions. Similar action by other groups, such as Zero Population Growth, is of course less surprising.

As early as 1978, the periodical, Thresholds in Secondary Education, devoted an entire issue (winter) to the theme of "The School as an Instrument for Population Control."

The American Psychological Association, which should be a scientific and professional organization, has since 1969 come out ever more strongly and directly

in support of abortion, with its most explicit resolution being passed in 1989, ordering an immediate organizational initiative to educate the public and policy-makers about the "scientific facts" related to abortion. The TIPS editor used to be a fellow of two divisions of the association, but discontinued membership several years ago.

A 1988 book, entitled Born Unwanted, sponsored by the World Federation of Mental Health yet, constitutes yet another confusion of tongues, in that it speaks of the deleterious effects on all concerned when there is a "denial of abortion." Blatantly, the book is being advertised as "essential for all those concerned with reproductive behavior, family planning, and the continuing abortion controversy" (Contemporary Psychology, April 1988).

The policy of the Romanian Ceausescu regime to forbid abortions and promote births was described by the Newsletter of the Association for Persons With Severe Handicaps (10/91) as a "birth-terror without equal."

Other Issues of Abortion Morality

*There was quite a bit of publicity in 1982 about a court decision that denied approval for an abortion to be performed on a 25-year old woman with an IQ of 12 (e.g., AP, in Syracuse Herald Journal, 23 September '82). The physician who had planned the abortion said that to "induce labor in someone that young would be like torturing a frightened animal," thus equating the woman with an animal as well as with an infant, apparently under the assumption that she was as old as her mental age. Interestingly, how the woman got pregnant was not discussed. In almost all such instances, an act of violence (rape) has been committed, often by non-retarded people, and quite commonly by human service personnel. Again and again, we see people focusing on the second, violent, act of abortion, rather than on the conditions which brought about the original violation, or on drawing the evil-doer to account.

*A Jesuit authority on genetic counseling, Father Robert Baumiller, said in 1992 that couples who have prenatal genetic screening (which he foolishly recommends), and then discover that their child is malformed, would be making a "heroic" decision to allow the child's birth (Catholic Messenger, 4 June 1992; source item from Ann O'Connor). We consider this a most equivocal position that comes close to endorsing abortion in such circumstances.

*In scientific journals, opposition to abortion is consistently interpreted as being "emotional" and "political." One implication is that the scientific use of fetal tissue derived from abortion is an entirely objective scientific matter, and that American science is being held back from doing important scientific work by these nonscientific, emotional and political objections. We are not exaggerating in asserting that this interpretation is encountered again and again, including in scientific periodicals such as Science which is the world's most widely-circulated, frequently-appearing (weekly) scientific periodical.

From the way that the term "emotional" gets used in the professional literature, one can only infer that it is equated with "holding an incorrect ideology." In other words, someone who holds a firm ideological position on an issue, perhaps based on values derived from highest-order worldviews, is extremely apt to be interpreted as being "emotional."

We have also seen objection to abortion interpreted as "hype" and "hyperbole."

We would like to see more unemotional and unpolitical discussion of mass killing of Jews.

*The latest post-primary production human service "need" that has been identified is counseling for men whose female sex partners have unilaterally decided to have abortions. Many of these men are not opposed in principle to

abortion, and some have said that what perturbed them was not so much their sex mates' decision as the way they were excluded from it (Newsweek, 23/5/88). We are sure that self-help support groups of such men must already exist somewhere.

*To show how incoherent so many opponents of abortion are, an editorial in a major Catholic newspaper said that "...'consistent ethic' continues to undermine the pro-life cause" (Wanderer, 10 May 90). That so much of this incoherency is tied to hate was also underlined by the fact that the article berated those who have "chosen to wrap the lives of convicted criminals, sociopaths and predators in the same protective blanket" as the unborn. The article even stated that "failure to execute guilty life" confuses people's thinking. We call people with such positions "killer Christians," i.e., Christians who advocate, or even engage in, the killing of some people for certain purposes, and who defend this as being consistent with, or even demanded, by their faith.

* In 9/91, we first discovered that people whom we call "killer Christians" have begun to use the term "imprecation" as a euphemism for the kind of prayer that calls God's wrath and destruction down upon their adversaries. For instance, this construct has been invoked by a certain sector of the anti-abortion movement, and when abortionists died or were somehow badly stricken, it was credited to imprecationary prayer (e.g., Life Advocate, 9'91).

*The incoherency of some anti-abortion people was vividly underlined when they widely used a poster both in the United States and Canada that said "Some toys have less children to play with this year. Stop abortion"--and all of this next to a picture of a toy soldier with a rifle, suggesting that socializing children into playing war so that they will conduct war later is perfectly natural and not in conflict with opposing abortion (The Interim, 9/83).

*A Planned Parenthood publication has advised women who are going into an abortion clinic while anti-abortion demonstrations are going on outside of it to hum to themselves the children's ditty "Itsy Bitsy Spider" if the protestors are displaying pictures of dead babies. Another recommendation is that the person mumble to herself about the individual that may try to dissuade her from going inside, "(name) has failed to meet the minimum qualifications for classification as a human being," which is of course ironic, since in the pro-abortion mentality, this would put the protestor in the same category as the baby to be aborted. Another suggestion has been to tape the names of protestors to the bottom of one's shoes and sing, "Every step you take, every move you make, I'll be squishing you." A Planned Parenthood source interpreted this in the following fashion: "This is a very empowering, yet nonconfrontational thing to do. You know you'll be symbolically stepping on the person all day... By continuing to work from a love base, maybe there can be bridges for respect and communication" (Life Advocate, 12/92).

*In New York State, there is a mother of a 17-year old son with Down's syndrome who says that having this child was "the most enriching experience of my life," but she nonetheless does abortion counseling to women who have been tested and told that they will have a child with Down's syndrome. Not surprisingly, her counsel is extremely incoherent. For instance, she tells such mothers to consider that children with Down's syndrome are far more capable than was formerly believed--but she firmly believes in the right to abortion, and supports mothers who will abort the very kind of child that she cherished (Newsweek, 28/10/91).

*Nobel Prize-winner Elie Wiesel goes around constantly outraged about the Holocaust, but has not been able to come out and condemn abortion. TIPS reader Ray Lemay points out that it is much easier and less courageous to express outrage about things in the past than in the present.

*A common practice by US courts these days when dealing with anti-abortion activists is to explicitly forbid them to use the words "God" and "baby" in court in their defense (LA, 1/92).

*People are coming up with ever more ways of performing an abortion. The latest one is to grab the legs of the unborn with forceps, rotate the baby in the womb and pull it out slowly, legs first, through the birth canal until only the head remains inside, then to jab a pair of pointed scissors through the base of the baby's skull into the brain, and then insert a vacuum tube into the hole and suck out the baby's brain. Scissors rather than some other sharp object are used, because after having pierced the skull and brain, they can be wiggled open in order to enlarge the hole so as to admit the vacuum suction tube. At that point one can safely pronounce the baby dead, and pull the rest of it out. This is called "intrauterine cranial decompression" because with the extraction of brain tissue, the skull collapses, which makes the further extraction of the baby's corpse easier. This method is particularly recommended for late abortions. There are people who have made it their major mission in life to invent things like this (NRLN, 23/2/93). It has been said that this gruesome new invention for killing babies has two distinct aims: not only in order to enable late-term abortions without in-womb dismemberment of the baby that is not only unesthetic but also dangerous to the mother, but also in order to gain access to fetal brain tissue for experimentation and tissue transplant.

There is also a new gadget out to grind up aborted babies for disposal. In essence, it is a meat grinder that reduces dead babies to something resembling pink toothpaste. Prospective buyers are given a free demonstration with real baby bodies. Prospective buyers, though hardened abortionists themselves, have been known to vomit on the occasion (NRLN, 23/2/93).

*If it were true that people owned their bodies, as they are claiming these days, does that mean that one can give and take one's body, transfer title to it to someone else, bequeath it, and all the other things that one can do with personal chattel? Shall we have to write wills to the effect that "I leave my house, my bank account, and my body to so-and-so?"

*Not only was the introduction of school clinics synonymous with offering children contraceptive and abortion services behind their parents' backs, but such clinics are increasingly beginning to install Norplant contraceptive/abortifacient implants into female teenagers (NY Times in SHJ, 4 Dec. 92). As a principal of a predominantly "black" high school in Baltimore put it, there are "girls that will not use anything no matter what you put out there" (LA, 2/93).

*Out of the blue, the parents of a 13-year old girl in Brooklyn got a call that their daughter was in Roosevelt Hospital in a coma, fighting for her life. The parents were thunderstruck, because only a few hours earlier, the girl had left home healthy, going to school. But unbeknownst to her parents, she had been helped to go to an abortion clinic where an abortion was performed on her, which was bungled, and she suffered cardiac arrest. The child died 18 days later. The parents were amazed to discover that it was all perfectly legal: a 13-year old could give consent to a major medical procedure, and the parents might then be called in when all was lost to pick up the pieces (First Things, 2/92).

*An intense legal battle went on in Los Angeles when in February 1982, over 16,000 human fetuses, the victims of abortions, were discovered in containers at the home of a medical "laboratory" operator. A Catholic organization tried to hold a memorial service, but the Feminists' Women's Health Center and the American Civil Liberties Union sued to stop and prevent religious services on the grounds that such a service would suggest that the fetuses were human in the face of the court's ruling that they were not. A judge granted a restraining order on the

religious service.

*In Oklahoma, an obstetrician disposed of 173 aborted babies by dumping their remains into a field and then trying to set fire to them (AP, in Laconia Evening Citizen, 16/4/92; source item from Karen Barker).

*A federal district court has voided, at least for the time being, an Illinois law penalizing the performance of abortions on any women who are not pregnant, and prohibiting the use or sale of live aborted fetuses for experimentation! (Lex Vitae, 9/83).

*A most remarkable thing happened with the US Supreme Court. In Planned Parenthood vs. Casey (6/92), it declared itself virtually divine by stating "there is a limit to the amount of error that can plausibly be imputed to prior courts." This was explained to mean that if the court admitted that it had committed serious errors earlier, its credibility would suffer more damage than it considered tolerable, or more than it considered the image of the government could tolerate.

*On the same day on which the Syracuse Herald Journal (18/3/92) reported that a congressman from the Syracuse area had written 34 bad checks as part of the Congressional banking scandal, a major local anti-abortion group announced that it was honoring the self-same congressman for his voting record. Also on the same day, the Republican congressional whip, Gingrich, who himself had written 20 bad checks, was in town to promote the above congressman, denounce congressional corruption, and declare, "we must replace the welfare state."

Abortion Opposition

Compared to pro-abortion advocacy, anti-abortion advocacy is much punier.

*Unlike the feminists of today, those of the 19th century were vehemently opposed to abortion (LA, 1/1993). The reason is probably very straightforward: modern feminists are modernistically individualistic, while those of the previous century focused more on the common good instead of the perceived individual good.

*As late as 1963, Planned Parenthood described abortion as the killing of a baby (AAI, 1 & 2/92).

*After years of ambiguity, three Lutheran denominations in the American Organization of Lutheran Churches have been reminded by their respective presidents that Lutherans have always agreed that abortion is a sin and contrary to God's will (NRLN, 3/92).

*Two countries that have decided to provide explicit constitutional protections for unborn children are Ireland (in 1984) and the Philippines (in 1987). Hardly any of the media reported the latter provision in their coverage of the elections.

*Dr. Bernard Nathanson had once been the leading abortionist in the US. He then had second thoughts, joined the anti-abortion movement, and made the well-known films "The Silent Scream" and "Eclipse of Reason." However, until 1991, he had still defended abortion for certain reasons, which was virtually never mentioned in the anti-abortion movement which tried to capitalize on his "conversion." Whenever we tried to draw the attention of anti-abortion groups to Dr. Nathanson's incoherency, we were not well received. To our amazement and gratification, Dr. Nathanson had yet another conversion in 1991 to opposition to abortion "with no exceptions," though as of 7/91, his arguments still sound less

than fully coherent to us, being based mostly on "major advances in the medical and surgical fields," and that laws against abortion that allow exceptions are "not workable or morally acceptable."

*Strangely enough, teenagers are apparently much clearer that abortion kills a baby than their parents are--and that despite having been more intensively exposed to propaganda to the contrary (NRLN, 16/11/92).

*An abortion leader said in 8/90 that the film, "The Silent Scream," that shows ultrasound pictures of an abortion being performed has been more damaging to the abortion movement than almost anything else (source information from Christina Dunigan).

*Between 1973-1982, Dr. Joseph Randall of Atlanta performed 32,000 abortions while he was a young physician. One day, he decided he would never perform another one nor refer anyone to an abortion clinic, and he rededicated his life to saving rather than killing babies (ALL, 10/91).

*Students for Life displayed a number of pictures of developing or dismembered aborted infants in the lobby of the University of Toronto. Two plainclothes detectives from the city police entered and suggested that the materials might be "offensive, bordering on the obscene" (The Human, 4/83).

*A woman from Toledo, Ohio, who has very severe cerebral palsy, sits in a wheelchair, and needs help to eat, has been arrested 15 times for blocking entrances to abortion clinics all over the US, and altogether has spent more than half a year in jail (AAI, 1 & 2/92).

*Opponents of abortion often function on a very segmentizing basis in any number of ways, and are undoubtedly not aware that some of their recent successes in the US may be due to the fact that, according to the dynamics of hidden and unconscious social policies, fewer abortions will be "needed" for the simple reason that the rapid withdrawal of health care from the poor, as well as slum violence, drug use and AIDS (and other VD transmission) among the poor, will accomplish the eugenic purposes that the abortion movement has served to a significant degree.

*A survey of 229 of the most active members of Indiana right-to-life organizations revealed that they probably fall near the very top in terms of civic activism and social involvements (other than those pertaining to their right-to-life work). They tend to belong to many groups and organizations, particularly those concerned with human needs. Nearly a quarter donated blood regularly, more than a third contributed food and clothing, and many others worked in programs for disadvantaged or needy persons on a voluntary basis (PLN, 11 & 12/86). This contradicts the common claim that such persons are indifferent to human suffering and needs.

*Among the contributors to abortion have been many pregnancy counseling services run by and for females only. Characteristically, they have taken a hostile stance towards the fathers, and in essence excluded them. In contrast, there are now some programs that reach out aggressively to involve the father, and have done so with considerable success. Some fathers, including many unwed ones, have gone to great lengths to learn how to handle babies and help rear the child. One may assume that in cases where a father is cooperative and helpful, a young woman will be less likely to seek or accept abortion (Newsweek, 24/10/83).

*While Catholic hospitals have increasingly participated in some way or other in abortion, the good news is that St. Agnes Hospital in Baltimore was decertified

as a medical residency site in obstetrics and gynecology in 1986 by the Accreditation Council of Graduate Medical Education because it afforded no abortion experiences to residents. The hospital appealed the decision, but lost in 9/90 in a US District Court (CM, 31/1/91).

*The American Bar Association endorsed abortion in 1992--an example of the above-mentioned endorsements by groups without a close policy focus relevant to their identity. By 11/92, only 3,100 of the 370,000 members of ABA had quit over the issue. This is less than one member in 1,000 (AP, in SHJ, 12 Nov. 92). Shame!

*Another good news/bad news story: on 4 April 1990, the king of Belgium (a country with a constitutional monarchy) was relieved of his position by the government because he would not sign into law a bill that would permit abortion. So far, so good. The bad news is that, apparently in order to retain his position, he compromised with the legislature that they would relieve him for a period of only a few days, during which time the bill would become law, then reinstate him. Thus, on April 6, he once again became king of Belgium. The precedent for this action was apparently the fact that the Nazis relieved the then-reigning king when they overran Belgium in World War II--an apt precedent, we must admit (item submitted by Zana Lutfiyya).

The Risks of Opposition to Abortion

Because an overwhelming proportion of the population either approves of abortion under at least some conditions, or is relatively indifferent to the issue, things tend to go ill with active or vocal abortion opponents.

*Just how schizophrenic modernistic Americans manage to be is underlined by a Gallup poll that showed that 54% of them think of abortion foes as extremist, while 48% think that abortion rights advocates are extremist.

*In most hospitals in Ontario, nurses have long been forced to either participate directly or indirectly in abortions, or lose their jobs (Interim, 10/89).

*One of the last newspaper columnists in Canada opposed to abortion has been dropped from one of the major newspapers in Canada, The Ottawa Citizen (Interim, 6/92).

*A court in England ruled that a physician's secretary who refused to type a letter referring a patient for an abortion could be fired (Guardian; source clipping from Ruth Abrahams).

*In certain parts of Canada, there are a great many immigrants from India. Some of them are Sikh. Because of their religious requirements, Sikh police officers are allowed to go about unshorn of head and beard, and to wear turbans and (ceremonial) swords; they are excused from motorcycle duty because their religion forbids them to wear anything like a helmet over their turban; and they are excused from most undercover jobs because they are so conspicuous. Yet a Toronto police officer who, for religious reasons, refused to stand guard before an abortion clinic was summarily fired (Interim, 5/88).

*A Jackson, Mississippi, police officer was so distressed by having to arrest 64 anti-abortion protestors that he resigned his job in 5/88.

*A woman police officer in the state of Washington who was opposed to abortion was commanded by her superiors to take a rape victim to an abortionist,

witness the abortion, and package the aborted baby for use as evidence. According to her, the 16-year old victim actually did not want an abortion and even screamed in protest, but no one would listen. The police officer has been crazy ever since and has sued her police department (NRLN, 31/10/90).

*In Norway, a Lutheran pastor who kept speaking against the government's liberal abortion laws not only lost his pastorate (which in Norway is paid for by the state, because the Lutheran church is a state church), but was even stripped of his standing as a minister by the Norwegian Lutheran church, again because it is a state church. Obviously, the Lutheran church in Norway did not have a spoon long enough for supping with the devil (Interim, 4/92).

*In 1988, a woman in Britain went to a hospital to have an abortion. The aborted baby turned out to be alive, and refusing to die, it was wrapped in a plastic bag and put into an incinerator. The mother was not told about any of this, but several distressed nurses went to talk about this to a hospital chaplain. He made the case public--and was promptly fired (source clipping from Ruth Abrahams).

*A Toronto seminary student tore up his Canadian compulsory health insurance card because he refused to contribute to the abortions that the scheme finances. In response, St. Augustine's (!) seminary refused to register him unless he had the insurance coverage (The Human, 11/82).

*A Presbyterian congregation in Allentown, PA, has been actively engaged in opposition to abortion. In response, officials of the larger Presbyterian Church have been trying to have this particular church removed from their segment of the yellow pages. Who would have thought only 20 years ago that major Christian church bodies would try to excommunicate units that were opposed to abortion (AAI, 4/88)?

*The Catholic Archdiocese of San Francisco has issued a very problematic statement (indeed, has filed it in court) expressing its disapproval of people trying to approach women going into abortion clinics in order to persuade them not to do so, or offering literature to clinic workers or "patients." It equated all of these actions with behaviors in the class of "harassments," "threats" and making "excessively loud sound." We also do not approve of the latter, but do not equate them with the former. It is difficult to understand this action except as an effort to prevent being sued and fined, especially since the statement used identical language to the one used by the judge of that court earlier (NC Register, 14/7/91).

*In 5/88, Christyanne Collins was sentenced by a DC court to nine months in prison for standing in the public hallway outside an abortion clinic in order to give information about alternatives to abortion to entering women. Her probation officer had recommended that she be subjected to a psychiatric examination and "ongoing counseling." Her comments to the court at her sentencing included the following (SOLM flyer): "...You cannot rehabilitate people from doing something good, you cannot rehabilitate people from resisting evil..."

I can't help but marvel. Most of the people sitting in the front row of this courtroom earn their living from the abortion industry. If I did to an animal what this court sanctions their doing to children, you would call me mentally deranged. Yet, because I know and act as if these aborted children are not merely globs of tissue, but children made in the image of God; and because I resent seeing them reduced to arms and legs, smashed skulls, eyeballs and broken rib cages; I am the one you seek to punish and deter and subject to psychiatric evaluation.

I know abortion is the brutal murder of a baby, and have made the decision I

would rather face any sanction this Court could impose upon me for resisting that evil rather than have to live with my heart, mind and soul if I were to comply with what this Court expects me to do...become a silent, accepting observer of the murder.

When I realize my failure to comply puts *me* and not *them* at the point of psychiatric evaluation, I know there is something terribly, terribly wrong. May God forgive...

I am terrified to walk through those doors into your jail, Your Honor, and I don't mind telling you that. I am not an evil person. I am not a criminal. And I do not belong in your jail, except under your standard of justice which protects murder and convicts those who act in defense of life."

*Judge Kelly in Wichita, Kansas, who has been trying to contain the anti-abortion demonstrations there, threatened to seize the properties of churches that supported the anti-abortion demonstrations, and a hotel manager was threatened by federal marshalls for renting rooms to people coming to town to participate in the demonstrations.

*A local police chief in Minnesota was imprisoned and fired when he participated in a demonstration at an abortion mill (ALLAI, Fall/91).

*Increasingly in the US, people who refuse to undergo tests to determine whether their unborn child might be handicapped are being refused health insurance. Of course, this constitutes an extremely powerful semi-coercion towards the acceptance of abortion.

*While we have strong reservations about Project Rescue (since it factors abortion out from other life issues, and was founded by a man who said he would be glad to throw the switch to execute condemned murderers), we nonetheless condemn the utterly cruel way the police in many localities have brutalized peaceful members of Project Rescue operations. More than 99% of such "rescuers" have conducted their demonstrations or civil disobedience in a fashion that was at least physically nonviolent. Thus, one is puzzled by a very clear-cut national pattern of very violent police behavior toward the demonstrators. Such demonstrators get violently dragged on the ground; put into choke holds; they may very roughly have their hands tied in the back which is much more painful and disabling than old-fashioned handcuffs, and then when they cannot guard their bodies or faces anymore, they are roughly thrown face-down on the ground, and police officers will often put a foot on their backs. Their hands may be bound so tightly that they bleed. Sometimes they are trussed up, and then carried by their arms so that these may literally snap from their sockets. Some police officers handle people by putting their fingers into their nostrils. The euphemism for these and other little tricks is "pain compliance." In some locales, police have used martial arts skills against rescuers. Some bones were broken in such deliberate and forceful fashion that others around could hear the loud cracks, including extremely delicate bones that are very hard to repair, like those of the hand and wrist. Where police used horses, they have sometimes trampled on rescuers. One priest had his head beaten so badly that his features were no longer recognizable. Sometimes they are systematically beaten up even when already in prison. Some of them are jailed with hardened violent offenders. In Vermont, a cohort of a Project Rescue operation was first brutally arrested, and then 38 of them locked up at the Waterbury State (mental) Hospital. What aggravates all this is that a large proportion of the demonstrators are women, and a certain proportion are elderly or frail, but even they have not been spared. Some of the women have been pulled up by their breasts, and sexually harassed by male police officers, and vice versa; one policewoman was reprimanded for having grabbed the genitals of a male prisoner and squeezed them in order to inflict pain. Some rescuers who have been thusly injured include handicapped and blind ones. Some have even suffered permanent brain damage.

Also not shown on television or reported in newspapers is the fact that police have sprayed mace into the faces of the protestors. Anyone who has not had an exposure to mace should take a little test of it, in order to experience what this does to one. It is absolutely wrenchingly disabling, and it is conceivable to us that it might kill people with respiratory or allergic problems.

Two abortion opponents chained themselves to the automobile of the owner of an abortion mill in Milwaukee, and a number of other "rescuers" surrounded his car. Not only were 30 police officers called in, but also a SWAT team, which consists of black-clothed and hooded expert killers, ordinarily only called in when it seems likely in the judgment of the police that somebody needs to be shot to death.

One remarkable thing about these protests has been the participation of a large number of youths under the age of 18, sometimes in entire groups, who expose themselves to a great deal of risk from the rough police handling, sometimes accepting "pain compliance" treatment from the police. It takes tremendous fortitude for children, sometimes without the presence of their parents, to decide to accept whatever the police and the courts will dish out. One Omaha teenager even ended up serving 102 days in prison.

During the civil rights struggles of the 1960s, civil rights proponents were quite commonly treated very roughly by the police, including being set upon by police dogs, and hit over the head with billy clubs. But probably no protest group or movement in the US has been treated so roughly by the police since the brutalization and killing of draft resistors during World War I. There has been remarkably little public outcry at these totalitarian practices. Even if neo-Nazis were treated like this, there would be a media outcry. Pro-abortion people generally applaud this rough handling, stupidly unaware that whenever police mentality descends to such savagery, it will come back to haunt them someday.

The question now arises why this peaceful civil disobedience is eliciting such remarkable violence on the part of police. It is not very likely due to police force support of abortion, because they are largely not strongly pro-abortion. A more likely explanation is that the police, by instinct (and therefore selection), as well as by training, perceive peaceful civil disobedience as one of the greatest threats to their authority, and that of the empire. In some ways, violent crime is clear-cut to them, and they may even exercise considerable restraint in dealing with its perpetrators. But nonviolent--especially large-scale--civil disobedience must threaten the very soul of their identification with the imperium. They may perceive it as a greater threat than even the drug menace which is one of those things that is more clear-cut to them. It is difficult to think of another more powerful explanation.

If such large-scale nonviolent protests by broad population groups continue, we predict that police officers will begin to polarize as a result of their experience: some will begin to disobey orders and show solidarity with protestors, and others will degenerate to ever more furious brutality against nonviolent protestors. It has been apparent for some time that some police officers become almost schizophrenic in the face of nonviolent protest, and we may see an outbreak in disturbed mentation or behavior in police vis-à-vis such protests in opposition to abortion (sources: WDR, 9 November 1989; Life Advocate, 6/91, 7/91, & 10/91; C. Sun, 21/11/91; CM, 18/7/91; SHJ, 23/7/91).

*In recent years, abortion proponents succeeded in pressing into service against abortion resisters the most peculiar and inappropriate laws, such as one passed in 1871 to contain the Ku Klux Klan, and more recent labor racketeering and anti-trust laws. To the glee of abortion promoters, this has imaged abortion opponents as equivalent to KKK members and Hoffa-type labor crooks.

*Each year, about 50,000 children become available for adoption in the US, but there are somewhere between 4 and 20 families that want to adopt for every

adoptable child. Therefore, US adoption of children from abroad has steadily risen to over 10,000 as of 1987. However, the National Organization for Women has charged adoption agencies, homes for unwed mothers, and crisis pregnancy centers that are not abortion-oriented as "co-conspirators" with anti-abortion groups in attempts to prevent free enterprise competition by abortion centers, invoking a federal racketeering and anti-trust law (1/93 source item from John Morris).

*In academia, the PC crowd is viciously vindictive toward university members who are overt about opposition to abortion--no objectivity and open-mindedness on this issue!

*A writer in the Syracuse Herald Journal (8/83) claimed that "the forces that created the Holocaust are alive and well in the anti-abortion movement."

*During the sustained anti-abortion sit-ins and demonstrations in Wichita, Kansas, the judge who forbade any demonstrations in front of the abortion clinic said that he would have murderers, rapists and thieves released from Leavenworth penitentiary if he had to in order to make room for the abortion protesters (Legacy, 9/91).

*The truth of the matter is that if they could get away with it, many abortion activists would rejoice at the death penalty for active abortion opponents--and one day, it may come to this.

Deception Associated With the Violence of Abortion

For the sake of new readers, we keep repeating that sages throughout the ages have noted that violence is always attended by deception. Abortion is a violent act, hence it is drenched in deception.

*The National Abortion Rights Action League has long claimed that prior to legalization of abortion on demand in 1973, 5,000-10,000 women died each year in the US because of illegal abortions. In fact, the number was in the low hundreds. A member who later defected said the numbers were invented out of thin air, but served as a powerful and compelling argument, almost universally repeated, without verification, in the media. Those who doubt this claim should consider that according to World Watch Paper No. 97, half a million women in India are even now dying from illegal abortions--though this number exceeds the number of all deaths of women in the age category of 15-45 (LA, 2/93).

*Planned Parenthood certainly must have one of the most deceptive names around. In 1989, 122,000 abortions were performed at its facilities in the US, while only 4,700 women received prenatal care (Planned Parenthood Fact Sheet, 10/90).

*We were astonished to read one of the biggest lies that Planned Parenthood has ever told. When a group planned to conduct an anti-eugenics demonstration before the headquarters of the International Planned Parenthood Federation in London, a Federation spokesperson stated that the Federation "is not, and never has been, involved in eugenics." The fact is that one of its major founders, Margaret Sanger, was a rabid eugenicist. Furthermore, researchers found out that the Federation received large subsidies from eugenics-minded individuals and groups, and that most of the large private abortion clinics in Britain were founded or are still owned by members of eugenics societies (NC Register, 28/2/93). But then, as we keep pointing out over and over and over, violence and deception always go together.

The incredible untruthfulness of the International Planned Parenthood Federation was also underlined when it denied that it approves of coercive

measures to limit births, even as it subsidized programs in China of forced contraception, sterilization, and abortion (NC Register, 21/3/93).

*We have often noted that while evil and perversions are almost infinite in the forms of expression they can take, the right thing, the true thing, the moral course of action, and the adaptive responses to problem situations are so often few, universal, and not new. A very good illustration of this can be found in the language of abortion that has sprung up to detoxify or redefine the identity of the unborn so as to legitimize abortion, ease the consciences of those who participate in it, and gain widespread acceptance and even endorsement of it. For instance, we have collected from both the literature and the public media approximately 32 new terms to refer to the unborn, particularly when an abortion is being contemplated, pursued, or advocated. We have classified these terms into the following categories: as non-live and non-human; as live, but non- or sub-human; as an objectified/medicalized entity; as dangerous or intrusive; and as trash.

In contrast, the historical language that has been used to refer to the unborn when the unborn was cherished and acknowledged to be both live and human, and when it was also acknowledged that abortion of the unborn was a grave moral evil, typically included only a few terms such as the following: baby, child, "junior" (often used by its expectant parents in a joking or endearing fashion), the little one, the kid (often used in a similarly joking or endearing fashion by its expectant parents)—and then one is hard put to recall any others.

*One abortion clinic in Southern California advertises itself as a "weight loss clinic," which in a certain sense is actually true because a woman who has an abortion in that clinic will almost certainly walk out lighter than she walked in (LA, 3/93).

*The establishment of an abortion clinic in Winnipeg, Manitoba, was promoted with the argument that abortions constituted "preventive psychiatry," insofar as they prevented the birth of unwanted children, and unborn children would be very likely to become mentally retarded, mentally disturbed, delinquent, suicidal, etc.

*A new strategy of confusion adopted by elements of the abortion movement has been to coin the term "pre-embryo" (AAI, 5 & 6/92). This deception is intended to add confusion as to when human life begins, and elicit agreements for the killing of human beings in their early stages. Among other things, embryos artificially created outside the womb and kept in artificial storage have begun to be referred to as pre-embryos. The pre-embryo language is also meant to convince people that abortifacients can be considered to be contraceptives.

*Time (12 Aug. 91) carried an article on reproduction in the US that reflected the grossest forms of multiple modernistic mentality. It stated that more than half of all US pregnancies were "accidents," and pronounced it "shocking" that so many American women "find it difficult to control their own reproduction." It pronounced IUDs as being now "about as safe and effective as the Pill" which, if true, does not say much for the Pill. It referred to the federal government's ban on publicly subsidized abortion referrals as a "gag order" (which is the term coined for it by the pro-abortion lobby), and referred to RU-486 as a "menses inducer" and "relatively safe," and objected to the drug being called an abortifacient. It said that the Europeans are much better "at putting sex and birth control in its place," and that the French schools "conscientiously provide sex education during which birth control and abortion are frankly discussed."

The liberals used to hate Time with a passion, but they should love it now.

*The latest biomedical atrocity in the idolatrous quest to achieve total control over human reproduction is to fertilize an egg outside the womb in

glassware, to let the fertilized ovum divide until there are about eight cells, and then to take one of them and analyze it for certain defective genes. If such are believed to be found, the 3-day old embryo simply gets discarded at that point. If not, it gets implanted in the woman. This has been interpreted with much hype as "avoiding the trauma of an abortion," and as "giving couples who are opposed to abortion the ability to avoid having children with genetic defects" Seattle Times, 25/9/92; source item from Marilee Fosbree and Jack Yates). Obviously, this is yet again one of the grossest distortions of the truth, equal to the interpretation of abortifacients being contraceptives. Revealingly, this announcement was made at a conference celebrating the 30th birthday of bioethics in Seattle.

Readers should search their hearts deeply as to why people who would destroy human life in the womb seem to be incapable of communicating honestly. Why not simply say that we are destroying an embryonic human being, that this is essentially the same as performing an abortion, but that one believes that there is nothing wrong with this, and even that there is everything right with it under certain circumstances?

*When the University Hospital in London, Ontario, became the third one in the world to screen fertilized human eggs against genetic defects (called "cell sampling" and "early pre-implantation cell-screening program"), it deceptively claimed that this was not an attempt to weed out "imperfect" children, but only to "help reduce the incidence of a devastating handicap and prevent the need for abortions when the defect is discovered after the fact." It also claimed to be conducting these tests "before the woman is pregnant, not after she is pregnant." Part of the deception of these schemes is to refer to fertilized eggs as "pre-embryos." Amazingly, this program was announced even though the experts were not even capable of identifying genetic defects in the fertilized eggs, but only the sex of the tiny human. Deception piled atop deception! (Winnipeg Free Press, 12/12/92; source item from David Wetherow).

*A major US center for late-term abortions (at the University Hospitals of Madison, Wisconsin, and affiliated with the Wisconsin Clinical Eugenics Center) tried to make abortions more palatable to people by interpreting them as analogous to the death of a newborn infant. This it did by, among other things, allowing parents to hold the killed baby before disposing of it, taking photographs of the aborted baby, providing parents with copies of an "autopsy report," and assisting parents to go through a grieving process (The Human, July 1982).

*The phony superficiality of the deceptiveness of deathmakers is absolutely stunning, and at the same time, apt to be uncritically swallowed by the masses. An article in Newsweek (28/10/91, p. 73) said, "the decision to abort a child with a defect is never easy." The fact is that almost all the women (over 90%) who seek or accept prenatal testing for fetal abnormalities will abort if the test is reported to be positive. If the decision were not so easy, the ratio would be at the most 50%.

*A prominent Canadian obstetrician believes that if abortions were performed truly for purely medically "therapeutic" rather than social reasons, there would be no more than about a dozen abortions per year in all of Canada (The Human, 2/83).

*In its Casey decision, the US Supreme Court used the expression, "Postfertilization contraceptive."

*A pregnant 18-year old woman in Germany had a car accident and was declared "brain-dead." A clinic in Erlangen tried to keep her alive in order to save the baby, and this loosed a storm of controversy in Germany (and elsewhere), with the

the media taking the lead in calling this a horror. Consistently, all the media called the baby the "Erlangen fetus," and the mother a "living corpse." Some headlines said, "Not Life At Any Price." Some articles on the event used the term fetus dozens of times, but never "baby."

*One of the golden grails of the abortion culture is a safe do-it-yourself-after-the-act pill, and for years, grand claims of its imminent or actual advent have been trumpeted. RU-486 is one drug for which one extravagant claim has followed another. RU-486 was first promoted as a "morning after" pill. When it was discovered that it did not prevent implantation without sufficient progesterone levels, it was then promoted as a "menstrual regulator" that could be taken on an ongoing basis and produce unnoticeable early abortions. Then it was discovered that this uncoupled a woman's ovulatory and menstrual cycles, once again negating the desired effects. In 1987, the inventor of RU-486, Dr. E. E. Baulieu, boasted that RU-486 would completely replace surgical abortions for pregnancies up to 10 weeks, which is when 80% of surgical abortions take place. Then it was discovered that the drug's effect took place mostly during the third and seventh week of pregnancy, and was very bad for women above age 35. Also, the drug works only about 60% of the time without extra doses of prostaglandin, and in 15% of cases requires repeat such doses--and then still requires surgical abortion in 5% of women. The drug also makes 90% of women bleed, sometimes so much as to require transfusions and D&C. A 1992 International Inquiry Commission on RU-486 report judged the drug very harshly, pointing out that it requires 6-7 trips to a physician or clinic, at least one of these being to a hospital where emergency equipment is at the bedside, with calcium channel blockers already drawn into stand-by syringes. In addition, it is unresolved whether babies that survive an RU-486 assault run a very high risk of congenital injury. Yet despite all this, medical journals keep interpreting RU-486 as "safe and effective" (e.g., The New England Journal of Medicine, 1990, p. 645).

Around 1990, RU-486 began to be promoted as something next to a miracle drug for other uses: treatment of brain tumors, Cushing's disease and other hormonal conditions, hypertension, immunity deficiencies, etc. These uses have been cited in support of letting RU-486 into the US as a wedge into the door for abortion uses.

All along, promoters of RU-486 have been interpreted as "scientists," and skeptics or opponents as know-nothings (FI, 11/92).

Along the latter lines, the French government and press try very hard to keep secret the fact that a woman had died from cardiac arrest in consequence of an abortion on her with the RU-486 drug (LA, 3/93).

To the sexual license and deathmaking culture, the abortion drug RU-486 has assumed the significance of a religious icon of hope and freedom. A recent past president of the National Organization for Women called the drug the "most significant medical advance in human history." The inventor of the drug called it the "most important invention of the 20th century," and himself referred to the drug as having "mythic status." Biologist Paul Ehrlich said that the drug was what "women everywhere have been hoping and praying for" (First Things, 3/92).

One of the hopes of the drug's promoters is that wherever the drug becomes legal, the whole abortion struggle will simply evaporate because women could have abortions anywhere anytime in comfort and privacy. This hope, and the modernistic habit of wishing away unpleasant truths, has made these people totally oblivious to the extremely dangerous nature of this drug to the women who take it (First Things, 3/92).

Dr. Kessler has been a commissioner, and top political appointee, at the US Food and Drug Administration. Under the Bush administration, he did everything he could to keep RU-486 out of the US--but since the election, he has done everything he could to bring it in. The Wall Street Journal called him an "archetypal bureaucratic empire builder" who "has done a policy reversal since election day" (NRLN, 23/2/93). This underlines once again that in defense of life, one should

not enter into unholy alliances with people who are pursuing the same short-term or narrow goal, but for unworthy motives.

*Abortion for women is often promoted by conjuring up all sorts of horror stories of what would happen if abortion were not available. An example is a 12-year old Oklahoma girl who was raped, infected with VD and made pregnant. Physicians said that she would die if the abortion were not performed, and a judge ordered an abortion. However, she refused and, with the help of some volunteers, gave birth to a healthy boy by natural childbirth--despite additional claims that the child would be deformed or retarded unless delivered by Caesarean section (The Human, 12/82).

*Here is another example of the hypocrisy of the PC crowd. In Canada, 75% of the population would support legislation requiring informed consent for abortion, but support for such informing is lowest among the university-educated. Apparently, the brightest people are the most opposed to an informed consent construct for the hoi polloi population as a whole, upon whom they probably look down with contempt (Interim, 2/93).

*When abortion opponents in France somehow manage to disable the abortion process in hospitals (where all the abortions are performed), there is usually no press coverage. When there is, the event may be vaguely referred to as a "manifestation," and the activists may be called "extremists" (Life Advocate, 8/91). However, unlike in the US, the police generally have not brutalized the protestors--at least so far.

*The anti-abortion culture has become so desperate in the face of several defeats that it has begun to interpret those people to be opposed to abortion, or to be "pro-life," who in fact favor abortion in cases of rape, incest, or danger to the mother's life. This includes a whopping 30% of US adults, and by adding them to those who are opposed to abortion in all circumstances, or only to save the life of the mother, one can deceptively construct a 55% majority (NRLN, 16/11/92).

*On 9 Feb. 92, the CBS News Program "60 Minutes" carried yet another grotesquely distorted episode about abortion protestors, referring to them as "fanatics," and interpreting them as "violent" even while the footage showed some extraordinary instances of heroic nonviolent action.

*After US Supreme Court Justice Thurgood Marshall died, columnist Donald Kaul hailed him in a headline as "protector of the powerless" (SHJ, 29/1/93), and an editorial cartoon in the same paper on the same day showed a hand coming out of heaven and shaking Marshall's hand. Marshall had been one of the most consistently pro-abortion justices.

*If UNICEF wants to promote sterilization, contraception, and abortion--especially in poor countries--it should declare so honestly and publicly. But instead, it has promoted the above--and denied it (Interim, 4/93).

*We were rather shocked to run across a gross piece of dishonesty about abortion on the part of evangelist Billy Graham. In a 4/89 interview (Syracuse Herald Journal, 25/4/89), he was asked, "What is your position on abortion?" His answer was as follows: "About the same as the pope. I don't believe in abortion except where pregnancy affects the life of the mother or where incest or rape is involved." It is hard to believe that a man of his learning and standing would not know that Catholic orthodoxy (including the Pope) does not permit abortion in cases of incest or rape, and that the only case in which something like an abortion may be performed to save the life of the mother is in the case of a tubal

pregnancy that is bursting; and even here, the ordinary position is that one must wait until the major pathological condition, such as a burst tube, has occurred, so that the operation is aimed in the first instance at the pathology and not the removal of an embryo.

*From the title of an 11/89 Syracuse talk, "Celebrating Women's Lives and Women's Faiths," one would never know that this was a talk in defense of abortion, given by the executive director of the National Religious Coalition for Abortion Rights.

*In religious, and especially Catholic, circles, there was quite a bit of excitement recently when a senior research fellow at the Catholic Georgetown University Kennedy Institute of Ethics proposed that the standard for recognizing new human life should not be at conception but at 70 days, because that is when "integrated brain functions" begin. Thus, he proposed that abortion should be permitted up to the 70th day, but no later. Not surprisingly, this pleased neither those who are for nor against abortion, but one thing it clearly revealed is that this position would equate a person's human identity with the person's brain, which is a peculiarly modernistic way of looking at people and, quite likely, is derived from an absurdly exaggerated valuation of human intelligence.

*Another striking example of the bankruptcy of modernistic "moral dilemma" thinking, and the tortuous arguments that go with it, is a debate raised in the Journal of Medical Ethics published in Britain on whether there is any moral difference in performing an abortion in the 20th week of pregnancy by dismembering the baby or inducing a delivery of a dead whole fetus. They systematically examined the technical pros and cons that appeared relevant to a moral answer (e.g., safety to the mother), the psychological aspects (dismemberment simulates an operation to the mother which, in her mind, may lend greater legitimacy to the procedure), the impact on medical personnel, and so on. They concluded that whole delivery of the dead baby is morally superior to dismemberment, in part because baby dismemberment violates a basic human instinct (NRL News, 5 Oct. 89).

*Time (4 Dec. 89) said that the Bush administration's opposition to abortion had the "tragic side effect" of impeding in vitro fertilizations, as if those were a great--or even intrinsic--good.

*The executive officer of the Abortion Providers Federation in Australia proclaimed the following incredible lie (Sydney Morning Herald, 1 June 89); "In the '70s, no one really knew what the effects of legalised abortion were. Now we can say with authority that it has no detrimental effect on the moral standards of the community. We can say with authority that women can be trusted with this issue. We know the only outcome of legalised abortion is a vast improvement in women's health."

*The Human (4/83) carried a report of abortions performed at Sunnybrook Hospital, mostly on girls below 17 in the second trimester of pregnancy. The name of this facility of death reminded the TIPS editor of Sonnenstein in Germany (translatable as Sunmount) which was one of the major mental institutions for killing mentally handicapped people during World War II.

*In Winnipeg, the city proclaimed a "respect life" week almost the same day that it approved a license for an abortion clinic (The Human, 4/83).

*All the anti-abortion laws being passed or pursued in various jurisdictions, and which are enthusiastically supported by anti-abortion groups, still allow abortions for all sorts of special reasons. One such law in Utah allows abortion, among other reasons, if a child might have a "grave defect"--a rather apt image

juxtaposition.

*In early 1983, abortion advocates celebrated the 10th anniversary of the US Supreme Court decision that legalized abortion. One group celebrating at the New York State Legislature handed out apple pies symbolizing that abortion was "as American as apple pie," putting it into the same category as the Declaration of Independence, the Gettysburg address, and Betsy Ross sewing the flag.

*Here is a typical example of the dishonest way in which opponents of abortion sometimes carry out their fight. In Louisiana, they managed to get an anti-abortion bill passed by tagging on an amendment to a bill that outlawed the burning of the American flag. The incoherency in the so-called pro-life movement was further underlined when the "pro-life" governor vetoed the bill because it did not allow abortions for victims of rape or incest.

The Deathmaking of Already Born Children

We commonly use the term "child junking" to refer to certain contemporary practices that reveal a disdain for the welfare--and very existence--of children, a lot of child deathmaking, and a casual attitude to all this. That the casual attitudes toward the junking of preborn children were bound to spill over into the junking of the already born is vehemently denied by pro-abortion advocates, but is just plain common sense.

Examples of Child Junking in General

*Throwing unwanted infants, either dead or alive, into all sorts of garbage containers is not merely a growing US custom, but also one in many other parts of the world. In Italy alone, it is estimated that several hundred newborns are put in garbage receptacles annually, and that a certain proportion of these end up being shredded alive--much as in the US, many of them are probably crushed to death in garbage truck compactors (CWR, 5/92).

*One should not be surprised that a bubble gum brand (that appeared in the 1980s) with cards of the type that children--and some adults--collect is called "Garbage Pail Kids." It features characters such as Wrinkled Rita, Greaser Greg, (who smokes, and swings a straight-edge razor and a chain), Live Mike (about to be electrocuted), Acne Amy, etc.

*Ray Lemay showed us an article on "Missing Children" in the spring 1992 issue of Canadian Social Trends. What was absolutely astonishing is that in the entire article, the author not once mentioned the most important issue about missing children, namely, how many end up dead, even though all sorts of other statistics are given. It seems to us that this reflected an unconscious avoidance, even by an expert, of this unpleasant issue. Yet we know from American studies that there is a great deal of deathmaking involved of children either running away or being abducted.

*One moment we are told that vast numbers of children are abducted in the US every year, and the next moment we are told not to worry about it because they are merely being abducted by their own parents, and mostly by fathers involved in disputes over child custody. Nonetheless, it is indeed startling to be told that more than 350,000 children were abducted by family members in the US in 1988. In addition, there were 114,000 attempted abductions by strangers that were foiled, mostly by passers-by. Of the abductions by non-family members that succeeded, two-thirds involved a sexual assault.

In the same year, an estimated 450,000 children ran away from home, though half returned within two days. However, 127,000 of these could actually be called

throw-aways, and these are always less likely to be reunited with their homes (APA Monitor, 8/90).

Since most of these statistics on child abductions, run-aways and throw-aways are in the hands of social scientists, and since these are largely of the liberal ideological lobby that tries to minimize the extent and seriousness of these events, this entire scene is interpreted to us in such a biased fashion that it is very difficult to identify the truth.

*Homelessness has been growing rapidly among unattached youths. Even the hard-boiled TIPS editor was shocked to discover that in 1989, there was a high school for 800 in Syracuse in which 100 students (12.5%) were homeless. Altogether, an estimated 500 teenagers were believed to be homeless in the county at least at some time during a given recent year. One reason such homeless teens are not as visible as most homeless adults is that they commonly do not look as derelict, and they often find short-term shelter in the homes of friends and acquaintances. The youths are homeless for a number of major reasons: they are foster children who walk away from the foster care system (mostly for good reason); they are physically or sexually abused at home and are no longer able or willing to stand it; they come from broken homes, and the parent who had them no longer wants them; and parents abandoned them for other reasons. The amazing thing is that so many of these homeless youths manage to continue their high school education.

*Homeless children, which often means children of homeless parents, get the childhood diseases that other children get 2-3 times more often (NY Times, 22/2/90; source item from Peter Millier).

*Child dumping has also been taking place in India, and even among its religious population. In 1989, 15 million pilgrims gathered for a religious event during which several hundred children got "lost," and ended up in orphanages because their families somehow failed to retrieve them (SpeakOut, 1/91).

*In 1989, infant mortality rates in the US had sunk to 22nd place in the world, even well-below that of Singapore. In fact, the Asian countries of Japan and Hong Kong were in the top five. Canada was in seventh place (NY Times, in SHJ, 6 Aug. 90).

*A big chunk of the \$180 million school budget of Jersey City, NJ (New Jersey's second largest city), has been diverted into corruption and patronage for years, and the governor has called what goes on in the schools of Jersey City "educational child abuse" (Time, 16/10/89).

*There is still so much old lead paint in American buildings, and mostly in housing for the poor, that 20 years after the US Congress declared lead-based paints a health hazard, one out of every six children has an elevated lead level in the blood. However, that lead in paint was extremely unhealthy was already well-established by the 1950s. The TIPS editor knows because he wrote a class project paper on lead poisoning in his graduate studies of mental retardation in circa 1958!

*Johnson & Johnson has been promoting anti-diarrhea drugs in the Third World which are not tolerated by young children. However, once people have access to the drug, they give it to babies anyway, and as many as 600 babies a day may have died in recent years as a result (SpeakOut, 1/91).

*The US Supreme Court ruled in 1991 that women could not be denied jobs in which they would be exposed to hazardous/toxic substances. This was hailed as a great "Victory for Women's Rights" (e.g., Syracuse Herald Journal, 26/3/91). It

was, of course, a great defeat for the welfare of unborn children, especially since many substances will impair the unborn conceived even years after their mothers were exposed to them.

*The UN has been promoting an international treaty that would prohibit children aged 15-18 being used as combatants in warfare or guerrilla activities. The US has opposed this measure, and some child advocacy groups have said that this is yet one more example of the decline in moral attitude toward and about children.

*More and more, the evidence has been coming together that at the same time as the number of homeless has been increasing all over the world, there have also been increasingly systematic efforts to make the homeless dead. One aspect of this in Central and South America is that homeless and abandoned children have been among the targets of police death squads and private security forces hired by merchants. All these will simply kill the children somehow as a way of assuring a "final solution."

According to CBS TV news of 3/12/90, there are 8 million homeless children in Brazil. One of the children's favorite sports is train surfing, i.e., riding on the sides and tops of trains. On the average, one child a day dies in Rio alone from this dangerous thrill. Most of the children live from begging and stealing. Business people hire their own private death squads who kill delinquent children whose presence is not good for business.

As is the case with so many developments that occur just about at the same time in many different places, one wonders how this can happen. For instance, are police forces in different countries in close communication, telling each other what they are doing or what they think should be done? Or is it that there is something "in the air" which gives the same idea to people in many different places and countries so that they all start doing the same thing at the same time without being aware that others are doing the same?

The large-scale killing of unwanted street children in Brazil finally made "60 Minutes" TV on 27/5/90. What the visual dimension of TV brought out that one otherwise does not learn from the PC printed media is that the street children are primarily Afro-Brazilian, and that their culture resembles in many ways that of the US Afro-American ghetto culture. The killers who are commonly hired by business people are largely also drawn from the same culture. A killing can cost as little as \$250, and many of the dead children are buried in numbered graves because nobody knows who they were. There seems to be little prospect for improvement, particularly with many judges being part of the killing rings, and other judges chickening out because of death threats. We are vastly more sophisticated in our own killing of the unwanted, as by subtly letting drugs and AIDS run their course, and withdrawing health care from the poor.

According to another (1 Dec. 91) segment of the CBS news program "60 Minutes," landowners, the police and former police members in Brazil have killed literally tens of thousands of children. In just the one city of Sao Paulo, official figures listed 600 children killed by the police in 1990, and this did not even include deaths inflicted by other parties, or unacknowledged police killings. To get a child killed can cost anywhere from \$50 on down. A lot of killers will do it voluntarily for nothing.

Rio de Janeiro had an estimated 200,000 homeless children in 1992. In order to make the city look nice for the UN Earth Summit in 1992, authorities rounded up an army of these children and somehow got rid of them. A lot were probably killed.

Two Italian judges who visited Brazil concluded that there was a lively baby trade in which Brazilian babies were sold for their organs to other countries, where they were butchered for their hearts, kidneys or livers. It is much cheaper to buy such babies than organs on the organ market (The Age, 22/9/90; source item from John Annison).

*There are many countries where, in a given year, not one child is killed by gunshots. In the US, at least 3,400 children were known to have died from gunshots in 1987, making up 11% of deaths in their age groups. In racial ghettos, male teenagers died at the rate of 50 per 100,000 from gunshot homicides as of 1987 (Time, 6 Nov. 89).

*Infants below one year of age are the fastest-growing group of murder victims in the US (source information from Christina Dunigan).

Medical Child Killing More Specifically

*It has only recently come to light that in formerly communist East Germany, premature babies in some hospitals were drowned in buckets of water and officially reported as stillbirths. One hospital administrator called this "the water method." Among the several purposes served by this was to make the East German infant mortality rate look better. The practice had been going on for several decades, but it is not yet clear how widespread it was (NRLN, 2/92). Sometimes, the buckets of water were kept close to the delivery table so that an underweight infant could be drowned before it took its first breath. This way, the mother would never know that it had been born alive. The director of one clinic where this was done also noted that according to East German law, a baby is not considered to be living until it draws its first breath, and therefore, preventing a child from drawing its first breath could not be considered a killing. Some physicians, including some from western Germany, testified for the defense that the babies would have died anyway because of the poor state of East German medicine, and that drowning them was therefore a more merciful way of dealing both with the child and the parents (The Australian, 26/2/92; source item from John Annison). Evidence has also been given that infants drowned at birth were sometimes sold for research purposes or to the cosmetic industry in Western Europe (Amerika Woche, 7 March 92).

*In Britain, of children with Down's syndrome, about 10% are aborted after detection during pregnancy, about 25% die early because they are denied heart surgery, and an additional unknown proportion are "allowed to die" by denial or withdrawal of other life supports or treatments after birth (SpeakOut, 7/91).

*A British appeals court approved of the starvation of a handicapped baby, and tortuously reasoned that when a baby who cannot take nourishment without assistance is not fed, it is not "being starved" to death, but "is starving." This reasoning would imply that one could let any baby die that fails to spontaneously start suckling without starving it to death (SpeakOut, 7/91).

*Physicians in England sought authority from the courts to "let die" a severely impaired baby. What made this doubly distressing was that the Society for the Protection of Unborn Children came to the baby's defense, which conveys the message that a severely impaired baby is no different from an unborn one (The Independent, 4/89; source item from Kristjana Kristiansen).

*A major figure in Britain on the bio-medical ethics scene, the Baroness Warnock, came out strongly in late 1991 in favor of legislation that would allow the killing of handicapped infants, so as to remove all ambiguity from such situations (IAETF Update, 11 & 12/91).

*The medical killing plague in the Netherlands also includes the killing of impaired newborns, but it is not clear to what degree this is done with the full knowledge and consent of the parents (IAETF Update, 5 & 6/92).

*A prominent German organization concerned with the relationship between law

and medicine came out in 1986 with a statement that in essence endorsed the withholding or withdrawing of medical services from impaired newborns under circumstances which we would consider deathmaking. In 1/92, the German parent organization in mental retardation strongly took issue with this statement (source item from Gunnar Dybwad).

*In early 1988, a severely impaired baby was born in Florida. A nursing supervisor on the scene said that "it would be better if the baby didn't live," and asked another nurse to administer a lethal drug overdose to the baby, but the other nurse blew the whistle. A third nurse, though in collusion, was granted immunity as a key witness (NRL News, 6 Oct. 88).

*In California, a physician misused a labor-inducing drug, resulting in the death of eight babies, and yet the State Medical Board did nothing about it (USN&WR, 22/10/90).

*The US Commission on Civil Rights released a report in 9/89, entitled "Medical Discrimination Against Children with Disabilities," in which it asserted, after 4 years of research, that life supports continue to be withheld and withdrawn from impaired babies in large numbers. The report ascribed this to the attitudes of physicians, collusion by hospital infant care review committees, indifferent oversight by state child protective service agencies, and lax federal enforcement (NRLN, 5 Oct. 89).

*The US Commission on Civil Rights (1989; source drawn to our attention by John O'Brien) compiled an inventory of congenital anomalies among "live-born" infants in the US in 1983 (the most recent then available data), providing both rates per total births and numbers, and a classification by type of anomaly. The numbers added up to 46,034. Of course, not all these anomalies are serious, and some of the minor ones were apt not to have even been reported. The serious central nervous system anomalies (anencephaly, spina bifida, hydrocephaly, encephalocele and microcephaly) added up to 5,859. There were more kinds of cardiovascular anomalies than any other kind, and they added up to 22,416, though not all of these were serious.

In evaluating these figures, we need to keep in mind that the total population keeps increasing, which usually means more births each year. While increased environmental teratogens (including drug use) may increase abnormal fetal development over the years, abortion subsequent to more frequent prenatal diagnosis may also reduce births in certain categories.

Also, the tables did not reveal whether there was overlap among the anomalies, as would be expected, and therefore the tables do not tell us how many children were actually involved. However, we also need to keep in mind that these figures are minimal estimates, since there is always underreporting. That the 46,034 reported birth defects must have been a gross underreporting, and based mostly on serious or obvious conditions, is underlined by the fact that according to our calculations, this added up to a rate of only 2.7 per 10,000 births, when the true rate of congenital anomalies is believed to be roughly 100 times as high.

The tables did not reveal the mortality rates of these children, but did list the total numbers of these children who died where the "anomaly" was reported to be "the underlying cause," and it was 8,732 in the first year of life. This amounts to a rate of 2.4 per 100,000 births, but includes only those children included from birth in the above categories, i.e., among the 46,034. Again, this is a minimal estimate, since impaired infants may die without any connection being recorded between their impairment and their deaths. Of 3,093 live births of infants with Down's syndrome, 84 (2.7%) died in the first year, and of the 1747 children with spina bifida without hydrocephaly, 95 (5.4%) died.

These figures do not tell us how many infants are made dead, but do give us some relevant background data for making such estimates. Also, we do not know how

many infants were born with anomalies but not reported as having them and how many died in that cohort.

*A survey of 247 neonatal specialists revealed that they favored letting babies of women with AIDS die because the babies would have a poor "quality of life," even if they themselves were not infected (AP, in SHJ, 12 June 91). Soon it will become chic to let anybody die whom anybody else thinks might have a poor quality of life.

With an explosion of cocaine-addicted babies born to largely incompetent mothers, it suddenly occurs to us that the reasoning that is sweeping modernism that sick, elderly, and long-term impaired people and certain impaired newborns should be made dead by withholding medical supports and even liquid nourishment is very apt to be also generalized to the cocaine babies. We may soon hear arguments that at least in a proportion of such babies, impairment is so pervasive, and their likely "quality of life" in years to come so low, that it will be merciful to let them die. This argument is apt to be reinforced by the growing inability of the human service system to provide for such babies, and by an inability to find adoptive and foster parents for them.

*The latest violence to language in service to deathmaking is to speak of "the birth of a fetus" in those cases where the speakers want to see the newborn baby made dead. We can see it now: on his rounds, the doctor comes across a debilitated elderly person and asks the nurse, "How old is this fetus?" Or the mother says about her rebellious teenager, "My fetus just turned 16."

*One of the contemporary death doctors, neurologist Ronald Cranford, has come up with another of those striking deathmaking slogans, in pronouncing that "anencephaly is the congenital counterpart of persistent vegetative state" (NY Times, 29/4/92).

*One physician explained why medical personnel attending the birth of a very severely impaired infant may have a great interest in seeing to it that the baby dies quickly. Namely, if death does not occur quickly, then the baby has to be registered as a "birth," and its death later as a "death." If the baby dies quick enough, it does not need to be registered as either a birth or a death but can be reported as stillborn (New Society, 8 April 1988; in SpeakOut, 7/91).

*We mentioned (in the abortion section) that there is a new legal development in several countries--including the US and Canada--under which a baby in the process of being born may be killed if it is killed before it has fully emerged from the mother's womb. A 1991 ruling to this effect by the Canadian Supreme Court was applied to the case of two midwives who killed a full-term baby right after the child's head had emerged from the womb. The ruling was based on the declaration that the partially-born baby was not yet a person. One obvious implication is that if it can be determined before the child is fully emerged that the child might be handicapped, and an agreement has been worked out between the mother and whoever attends the birth, then if such a child were killed quick enough, the action would simply not be "of interest" to the state (Perspectives, 10/91). At least theoretically, this could also mean that a partially-emerged baby could be killed for any reason whatever ("on demand"), even for organ "harvesting."

Dear readers: does the expression "hardness of hearts" mean anything at all to you? These new ways of killing the unborn bespeak an epidemic of such hardening of hearts.

The Large-Scale Legitimized Medical Killing of Devalued People in the Netherlands

*An excellent summary (by Richard Fenigsen) of how far medical "euthanasia"

has gone in the Netherlands is available in two different printings (Hastings Report Special Supplement, 1 & 2/1989; Ethics & Medicine, 6(1), 1990). Some patients who had never thought of being close to death or wanting to die may be confronted very abruptly with the demand that they make an immediate choice, and may be so buffaloed that they can be interpreted to be agreeing to be killed, and may in fact be killed right then and there, on the spot. Thus, people whom one knew as being in good condition in the morning but foolishly made contact with a representative of the medical profession for some reason may be dead hours later.

It has also become common for one spouse to coerce the other into demanding or accepting "euthanasia." For instance, one spouse may tell the other that it is either "euthanasia" or the nursing home.

Generally, the most prominent medical leaders are also the most forward "euthanasia" proponents. The Royal Dutch Society of Pharmacology has even published a list of drugs to be used for killing patients. All sorts of medical bodies have also published guidelines on when, whom, and how to kill. One of these also said that when children demand to be killed, this should be done even when the parents object.

Not surprisingly, with this kind of mental background, a great deal of secret killing goes on, only some of which ever becomes public. For instance, some physicians secretly killed 20 residents of a senior citizen home, but when caught, charges were dismissed on a technicality. At the same facility, nurses threatened residents with getting them killed if they did not behave themselves, or conform. At a university hospital, four nurses had serially killed a number of comatose patients. These nurses, when caught, were apparently permitted to carry on nursing. Television staged a dramatic event where parents of the people who had been killed emotionally thanked the nurses for killing their children, even though the parents had never been asked for their opinion or permission.

It now seems impossible to doubt that people do in fact get killed merely for being bothersome, querulous, or perhaps a threat to the medical or nursing establishment. Physicians have even admitted that they sometimes kill patients in anger.

The killing is also very convenient when a physician makes a mistake. There are documented cases where, after making such a mistake, the doctor goes on and kills the patient, which of course provides all sorts of utilitarian benefits to the doctor and society.

When so much killing goes on, and so much is done so casually, people also get killed by mistake, as when consent forms for killing get mixed up, and a patient with a trivial complaint gets killed instead of someone else. (Oops)

The author believes (and so do we) that all this killing is merely the resumption of the ideologies and practices advocated by materialistic philosophers and "euthanasia" advocates between the late 1800s and up to WW II.

The population has been so brainwashed into accepting all this that many people consider it bad form not to seek, or acquiesce in, getting killed when they become debilitated in any way whatever. Some go even further, and an unknown number that may now be in the hundreds of thousands carry the opposite of medical alert plastic cards in their wallets, namely, cards that ask that they be dispatched when it appears that they might become long-term impaired. These are called "credit cards for easy death."

Increasingly, the public has also come to believe that "euthanasia" should be committed on unconsenting persons, and that treatments should be denied not only to the severely impaired and the elderly, but rather surprisingly, also to anyone who does not have a family, which of course tells us a great deal about modern mentality.

An increasing phenomenon is that the younger the Dutch population, the more it approves of such killings, but the older they get, the less they do so.

Increasingly, there have also been demands that virtually all handicapped people be killed, including mentally competent ones such the now grown-up so-called Thalidomide babies. Soon, there may no longer be handicapped or dependent

elderly people in Dutch society.

Some of the consequences of all this killing include the following: debilitated people now have great fear of their families; some refuse to see physicians for any reason at all, or even to take any medication because it might be poison; many also refuse to be hospitalized or be put in nursing homes.

Here are some indices of the deceptiveness that surrounds all this. The right to self-determination is commonly cited as a major basis for all this killing, but when it comes down to the killing itself, it turns out that this was all rhetoric, and the proponents simply wanted to kill, and were merely angling for whatever argument would legitimize a killing atmosphere in which they are in charge. Relatedly, physicians who do a lot of killing claim that they never get such requests.

Lies may also be told about the medical data and facts about a patient, and a patient who has a large and loving family may be interpreted as being "completely alone in the world."

One physician has epitomized the extreme of all of this by stating that it was the role of medicine to prevent suffering, and since life consisted of innumerable and endless sufferings, it was therefore the duty of the physician to kill as many people as possible and thereby spare them illness and suffering.

The author concluded that anybody who claims that one can legitimize so-called voluntary "euthanasia" and not automatically get involuntary "euthanasia" totally disregards reality.

Among other things, such developments have profound implications to state control, insofar as increasingly, one needs the state's approval to exist, rather than government or the state needing the approval of people to exist. Once again, an idolatry has been committed, and the human product that was supposed to be a medium for facilitating the public good ends up owning its creators, as idols do almost by definition.

How futile legal and even constitutional safeguards can be if a society no longer agrees to them is highlighted by the fact that all of this killing has been unconstitutional and illegal, but that has made no difference. In effect, when it comes to this issue, the legal process has been suspended.

Fenigsen says that every society has learned to co-exist with a small number of criminal killers, but how can any society exist over the long run with a huge army of benevolent and/or casual killers on the loose?

*Since the above was written, a law was passed in the Netherlands permitting voluntary "euthanasia," but the actual practice has already gone so far beyond the boundaries of this law as to make it meaningless.

By the way, the Dutch Christian Democratic party agreed to the new "euthanasia" law in order to head off an even more drastic such law, and because its Protestant members were less opposed to "euthanasia" than its Catholic ones (NC Register, 14/3/93). A good example of a combination of incoherency and unholy alliance.

*A 50-year old woman went to a Dutch psychiatrist with symptoms of depression and requested suicide assistance rather than "therapy." The psychiatrist prescribed a lethal medication which she took in 9/91 and died. A court ruled that this was quite legal under the new Dutch law that is supposed to provide tight regulation of "euthanasia."

*Among Dutch general practitioners, 81% have admitted to having performed active "euthanasia," and 14% perform it on up to five people every year. In any given recent year, 11% of people identified with AIDS have been medically dispatched.

*New information has also emerged that in a significant proportion of the medical killings of patients in the Netherlands, the killing is performed by

nurses without the involvement of physicians, and also often without the patient's consent (IAETF Update, 11/90).

*According to a Dutch government committee report, physicians participated in the killings or suicides of more than 45,000 people a year, and 20% of the physicians surveyed admitted to having killed people without their consent (IAETF Update, 7 & 8/91; CM, 3 Oct. 91). Of those killed who had never requested it or consented to it, at least 25% were mentally competent; 15,000 medical patients were intentionally killed without their consent by medical personnel about 1990, 14,000 of them by means of painkillers. This gives the term painkillers a new meaning: to kill the pain, you kill the sufferer. Very modernistic!

*One Dutch physician makes house calls to kill patients, bringing along flowers for them as well as lethal poison. A US newspaper covered this in a headline entitled, "Dutch Make Euthanasia Last, Loving Medical Treatment" (Grand Forks Herald, 18/11/91). Now if only the Nazis had let physicians do all the killing of the Jews, and done it with kindness and flowers, their reputation would have been so much better (IAETF Update, 1 & 2/93).

*US News & World Report (9 July 90) mentioned very casually that one life in three in the Netherlands ends by some form of "euthanasia."

*The Dutch medical association reprimanded a physician member for refusing to perform "euthanasia" on a patient who requested it (IAETF Update, 6 March 90).

*Some headlines on all of the above are sadly hilarious, such as "Find Abuses With Euthanasia" (CM, 3 Oct. 1991).

*Dutch pediatricians are now lobbying for the formal legalization of medical killing of physically and mentally impaired newborns, in parallel to the decriminalization of "euthanasia" for adults that has been approved by the Dutch parliament (Vitality, 11/92).

*Of the 8 neonatal centers in the Netherlands, five have been actively killing newborns with a predicted poor "quality of life," and three have done it to older impaired infants (NRLN, 23/2/93).

*To further supplement our coverage of "euthanasia" in the Netherlands in the summer 1989 TIPS issue, the chief promoter of such euthanasia, Dr. Pieter Admiraal, has said that "euthanasia" is administered there in Catholic hospitals with the cooperation of Catholic priests (NRLN, 22/6/89).

*Rather shockingly, the gigantic "euthanasia" practice in the Netherlands is said to have had its beginnings in 1970 at a Catholic hospital, with the approval of its two chaplains (Sunday Visitor, 8 July 90; in IAETF 8/90). It is thus that huge perversions have small beginnings, as we have always emphasized.

*Considering that the Netherlands has been near the top in lavish funding of handicapped people and services to them, there is an irony as well as a connection in the fact that proportionately, probably more "euthanasia" is committed in the Netherlands than any other western country. This funding had often assumed irrational proportions, and the grass roots support for "euthanasia" may in part have been fueled by the very fact that people saw some of the lavish funding for handicapped people as irrational, even if only unconsciously so.

*We are beginning to see a Dutch society in which there are relatively few handicapped elderly people, and not long hence, such persons may be a rarity. In fact, much as the Nazis spoke of an area being "Juden-rein" (cleansed of Jews), so

the Netherlands may soon be handicapped--rein and aged--rein.

*There have been astronomic increases in public support for "euthanasia" in just the last few years, according to data from France, the Netherlands, Britain and Belgium (IAETF Update, 7 & 8/91).

*The nation in Western Europe in which its citizens have said that they are the most satisfied with the way things are is the Netherlands--where almost all afflicted and elderly people are being systematically killed off (AP, in SHJ, 19/11/91).

*On her way through the Netherlands, the Norwegian member of Truth Sniffery Unincorporated (Kristjana Kristiansen) sent us a tulip postcard with "greetings from the land of perfect tulips and deathmaking of the weak."

Who May Make Life--and--Death, and Other, Medical Decisions

In our workshop on social advocacies, we devote days to the issue of substitute decision-making, including on medical and other life--and--death issues. We also touch upon this topic in our longer sanctity-of-life workshop.

*The vehement persistence with which the term, "the right to die," is being used by the media to refer to other people's right to make somebody dead can only be explained by evil intent. People such as those who decided to put the term "the right to die" on the cover of Time (19/3/90) in connection with such third-party decisions on life support systems absolutely and certainly do know better. In 21/12/92, Time once again referred to the withdrawal, by others, of life supports from a comatose adult patient as "the right to refuse medical treatment."

*Much deathmaking is intertwined with health proxy forms and procedures, often called "advance directives," and closely related to so-called "living wills." Almost overnight, the term "advance directive" burst upon the scene (in 1990) to refer to any kind of written or oral expression of a person on how life--and--death decisions should be made in one's own case.

The US federal Patient Self-Determination Act of 1990, which requires all hospitals, nursing homes, hospices and home health care agencies to give patients information about "advance directives," "living wills," etc., actually initiated out of the US Senate Finance Committee, and was part of the 1990 Omnibus Budget Reconciliation legislative package that was meant to reduce the federal deficit. Even the so-called pro-life groups have been slow to point this out.

Also, patients may be put--and left--under the impression that they must fill out and sign one of these forms when, in fact, all that is required is that their attention has to be drawn to the issue. Service cannot be legally denied merely because one refuses to establish an "advance directive."

Even though people admitted to a hospital in the US do not have to sign an "advance directive," they must be asked to sign one. People who refuse to sign can get into a crazy situation where they will get asked to sign a statement that they have refused to sign an "advance directive," and if out of ethical conviction about the whole context of all this one refuses to sign even this statement, one will apparently be refused medical treatment.

We have been warning that this new federal requirement that patients must be informed that they have a right to refuse medical treatment, and to sign "do not resuscitate" (DNR) orders, cannot lead to good things, given the overwhelming sentiment in favor of all sorts of deathmaking (especially of the elderly) in society at large, and in medicine specifically. While such laws may not be intrinsically evil, they are absolutely bound to be used to very evil effects in today's deathmaking climate. One critic interpreted this development as the

federal government now "pimping" for the Society for the Right to Die and the Hemlock Society (CRTIR, 1 & 2/91). Also, to meet the law's requirements, patients or their surrogates will often be asked to make snap decisions while they are in a very stressed or debilitated state. There is also some sentiment that signing such a document will work primarily against the poor. Already a medical guru at George Washington University Medical Center has said that this provision might make it possible to reduce life-prolonging treatments for older patients by as much as 40% (Update, 4/91). Other critics have pointed to other problems with this provision, which may very well be a major source not only of all kinds of deathmaking, but also of legal suits and hassles.

Thus, we were not surprised to hear the following story. A mentally competent 97-year old woman was hospitalized. A nurse approached her one day and said, "Now if you stop breathing, you don't want us to stick a tube down your throat and to pound on your chest and maybe break your ribs, and put you on a respirator for the rest of your life, do you?" To which the old woman replied, "Oh no!" They then put her on a DNR status. When the old woman's 60-some year old daughter learned of this, she complained to the nurse, then to other nurses, the nursing supervisor, and eventually all the way up the levels of the hospital administration. When she and her husband finally got to see the head of the hospital, her husband--by then very angry--said, "Well, will you let us know when you plan to kill her, so we can say good-bye first?" It was at that point that the hospital backed down, and withdrew the DNR order. (Story related to us by Ann O'Connor.) This shows how a supposed safeguard against deathmaking can be presented in such a twisted way as to virtually guarantee that people will agree to their own deathmaking.

Health agencies are even trying to get signatures from people who are not being admitted to hospitals. In fact, they may virtually dog people to get their signature. We learned of one elderly man in a very poor neighborhood who probably has very few rights to health care treatment who received three different requests to sign one of these documents during a single week (UG, 7 & 8/92).

Specific states have passed legislation paralleling the federal one. For instance, in New York State, the health care proxy document that people are asked to sign when they become patients in the hospital system also had its origin in deficit reduction efforts and finance committees. It is interesting to note that the Vatican has referred to this so-called "right-to-die" law passed in New York in 1990 as an "alliance with death" (AP in SHJ, 8/7/90), an expression we had been using since circa 1980.

There was a time when the expression, "signing your life away," was humorous--something that one might say when putting one's signature on any number of documents. Today, the saying is no longer so funny, because when one enters the health care system, one may be slipped a form on which one might very easily "sign one's life away," namely, delegating one's medical decision-making over to parties that believe in, and practice, deathmaking.

What is particularly ironic about health care proxy forms or so-called advance directives in the US is that they emphasize one's right to refuse treatment, at the same time as literally scores of millions of Americans lack a right to receive treatment.

*New York state now has a Surrogate Decision-Making Committee Program (SDMC), under which many committees, comprised of four members each, serve as the surrogate decision-making party for providing consent or refusal for medical treatment for residents of state mental health facilities who are supposedly unable to provide their own informed consent, and who have no functioning family or guardian to do it on their behalf. These committees must include a health care professional, an attorney, a former patient or relative, and a citizen interpreted to be in an advocate identity. The program is administered under the New York State Commission on Quality of Care for the Mentally Disabled, which is the official protection and advocacy body for the state. The commission has been

calling for volunteers in any of the above four categories to serve on these committees across the state (Quality of Care Newsletter, 11 & 12/1992).

*That the latent function of so-called advanced directives is deathmaking rather than life preservation is underlined by a 1991 study (March issue of the New England Journal of Medicine) that found that in nursing homes, 25% of advance directives are ignored, and that in the vast majority of cases, patients who had indicated that they want treatment were not given it, whereas only a small percentage had the treatment given that they had said they did not want.

*A publishing firm sent a free 200-page manual on medical decision-making related to authorizing or withholding life-sustaining medical treatment to every single court on any level in the US. The document was put together by a council that included many advocates of "euthanasia," and not one single opponent thereof (IAETF Update, 3 & 4/92).

*One can now buy a "do it yourself living will kit" for a mere \$3.98 from a mail order house that sells inexpensive trinkets, favors, etc.

*In 1989, the Evangelical Lutheran Church of America came out in support of the right of families to decree the withholding of nourishment and liquid from an "irreversibly comatose person," even though it included under this definition people who would not be comatose at all (NRLN, 28/3/90). Again, violence (deathmaking) is found paired with deception.

*The Florida Supreme Court has ruled that a person in a legitimate surrogate decision-making role for another may decide to have that other person's nourishment and fluids withheld without judicial approval or review; furthermore, that unconsciousness deemed to be permanent should be considered a "terminal condition" (NRLN, 2 Oct. 90).

*In 1992, Colorado passed a bill that permits either a parent, spouse, adult sibling, adult child, grandchild, or close friend to make life-and-death decisions for an incapacitated patient who had not previously prepared a written directive; and that made the decision by these persons legally binding on health care providers (CRTI Report, Summer 1992).

*A very ugly scene developed in New Jersey in 1991 when the wife and children of a comatose 48-year old man interpreted to be in a "persistent vegetative state" sought removal of his feeding tube, while his mother and two sisters were opposed (NRLN, 7 May 91).

*Legislation in various jurisdictions may be so framed that a citizen advocate may be in a position to make medical decisions on behalf of a protégé (IAETF Update, 5 & 6/91). CA offices need to be alert to this, and of course such an empowerment should be used in defense of protégés rather than as a facilitation of deathmaking, as is now so commonly the case.

*How deceptively-named "right to die" measures and "euthanasia" are being instituted was dramatically illustrated by the following vignette. In a rather casual fashion, a home health aide in Indiana handed what appeared to be a very routine form to the parent of a severely impaired child, and asked her to sign it "so it would be on file just in case." The form was in fact a "do not resuscitate" agreement, partially disguised on top by being called "Home DNR request form." Many lay people are not even apt to know what a DNR stands for. (Source material from Joe Osburn, who called this a request to sign a death warrant.)

*A NY state appeals court judge delivered a bombshell of a ruling relevant to deathmaking in 1/1990. The judge ruled that when a debilitated person is in a nursing home, and a paying family requests that life-sustaining treatment be stopped, that family can no longer be held liable for their relative's cost of care. What this means is that if a nursing home or similar facility thinks that the removal of life-supports is morally wrong, it only has the choices of absorbing the cost of that person's care, making the person dead anyway, or trying to transfer the person to another nursing home--but it is extremely unlikely that another nursing home would accept such a payless transfer. The lawyers for the plaintiffs were jubilant in pointing out that now, "hospitals can no longer force their institutional wills on unwilling patients and then make the patients pay for it," even though of course it was not the patients who were unwilling here, but the families. The whole thing is once again deceptively surrounded with "right to die" language.

*In early 1993, we first learned of a new deathmaking ploy. It consists of asking family members to sign a "do not resuscitate" order on behalf of mentally competent relatives. Apparently, family members instead of the competent patient are being asked when health personnel on the scene have reason to believe that the competent patient will refuse to sign such an order but that the family might, especially if it is told all sorts of horror stories.

*The media persistently, and maliciously, keep interpreting a situation where party A decides to withhold/withdraw life supports from party B as party B's "right to die," as if party B were finally getting what it had always said it wanted.

For instance, the parents of a 15-year old girl interpreted to be in a "persistent vegetative state" eventually agreed to withdrawal of liquids and nourishment from her. Her cousin sought a court order to reverse this decision, saying, "you don't starve a human being to death." The media swiftly interpreted this as a "right to die dispute" in a headline (AP, in SHJ, 9 Feb. 93). In other words, the parental right to withdraw their child's life support was interpreted as the child's right to die.

*Apparently in order to set a deathmaking precedent, an 87-year old woman in Colorado was starved and dehydrated to death in 7/91 on request of her family, despite the fact that she was alert and responsive, and there was no indication that she would have liked to die this way. This happened after the woman was transferred from the Garden of the Gods Care Center (!) to an undisclosed hospice where the starvation/dehydration was carried out. This incident has also borne out one of the warnings that we issued many years ago, namely, that in the contemporary value context, it was virtually inevitable that hospices for the dying would end up functioning as deathmaking centers. It took 12 days of this regimen to bring about her death. The judge presiding over the relevant ruling allowing this also ruled that death in such cases does not come about from absence of food and fluids but from the "inability to swallow," even though in this case, there existed at least partial ability to swallow (NRLN, 30/7/91).

*A 27-year old mentally retarded New Jersey resident of a state institution became sick with a condition that required a minor surgical procedure and antibiotics. He was transferred to a hospital for treatment, but his parents requested that all treatments be discontinued. Only when the hospital decided to contest this request in court did the parents withdraw it, despite the fact that several physicians agreed with the parents (NRLN, 13/8/91).

*A fascinating spectacle which should not surprise us is that when medical actors or organizations want to make a client dead, they will try everything they can to maneuver the family into demanding the relevant deathmaking decisions and

measures. However, when the agency suspects that the family member is not in accord with a deathmaking decision, then the family may be led to believe that they really have no say in it, and that the deathmaking will go ahead anyway. This is exactly what happened to the wife of a patient in the Washington, DC, Veterans Administration Hospital who was told that the hospital was going to terminate her husband's care, to come and say good-bye to him, and that she really had no role to play in the decision-making (Washington Post, 10 March 90, in ALLAI, 4/90).

What also shows up the hypocrisy of the deathmakers is that on the one hand, when a family member wants a patient dead, hospitals and all sorts of other parties often fall all over themselves proclaiming that no one but the family member should decide. But when hospitals and medical people want someone dead, and the family does not, then they charge abuse, inhumanity and torture, and may even go to court to override the family's wishes. An incident along these lines occurred in Atlanta in 10/91 in regard to a severely impaired 13-year old girl on a ventilator. The father wanted life supports to continue, the mother was ambivalent, but both asked that they be allowed to work the decision out between them. Instead, the hospital went to court in order to remove the life supports (IAETF Update, 11 & 12/91). In the face of this parental disagreement, a court ruled that because of "the finality of the decision," the decision should be made "on the presumption in favor of life" (NRLN, 10/91). This is consistent with what we have taught, namely, that in any borderline or doubt cases, the decision should always be conservative on the side of life. But the child died before the case was settled.

*Another absurd incoherency or hypocrisy involves pregnant women with terminal diseases. In a number of instances, physicians or hospitals have wanted to perform Caesarean operations to save the baby, but the women have refused, preferring to take the baby into death with them. In at least one such instance, a court actually mandated that a Caesarean be performed. The bitter irony in all of this is that if the women had decided to have an abortion, chances are extremely high that nobody would have been able to stop them. Another irony is that in these cases, those who promote the Caesarean operations use language that talks about "the baby," instead of "the fetus," which latter language is almost certain to be used when abortions are sought (AAI, Spring 91).

*In Louisville, a homeless man got beaten over the head with a brick and was taken to the Humana Hospital of the University of Louisville. After stitching and dressing his wound, his young physician marked his bandage with medical notations that mean "do not resuscitate" (DNR and "no code"). He later explained that this was meant as a joke, but others pointed out that it might have been taken seriously if the man had had another emergency (Louisville CJ&T, 29/6/89; source item from Luca Conte).

*The American Lung Association voted in 1991 that physicians should be empowered to withhold or withdraw life-sustaining treatments from critically ill patients without the family's consent (IAETF Update, 7 & 8/91).

*Dying with your rights on. An early 1991 case in Washington, DC, illustrates both some of the perversities associated with the movement that exalts full rights and unbridled autonomy for handicapped people, as well as some of the real dilemmas in serving upon deeply wounded people. An apparently mentally disordered homeless 47-year old woman was found wandering around in sub-freezing weather, with no socks or shoes. She refused medical treatment at the hospital to which she was taken, although her feet already showed signs of gangrene. Doctors wanted to amputate her feet to prevent the spread of the infection, and quite likely her death, but she refused to consent to treatment. It was controverted whether she was competent to make her own medical decisions, there was no known

family, and in fact it was not even known what her true identity was. Said the woman's lawyer, "There are no winners in this one. If the courts are slow to make a final decision, she dies. If I win my case,...she will die. If her guardian makes the decision [i.e., to have the operation performed], she becomes a homeless woman with no feet" (Washington Post, 8 Feb. 91; source item submitted by Shirley Burkhardt).

*We have commented before on the "DNR" orders and codes that are given for patients who are not to be revived if they should go into respiratory or cardiac arrest. The initials stand for "Do Not Resuscitate." We understand that the newest abbreviation is "PTP," which stands for "Pull The Plug." This is very ominous. A DNR order might be legitimate in some circumstances, such as when a person appears to be very near death, with body functions and organs shutting down, and when the resuscitation might constitute a form of torture of the person. But a PTP order implies that one would actively remove a person from essential life support equipment, not just refuse to apply certain techniques or equipment under certain conditions. Further, it even sounds like a mockery of what should be a very serious moral decision and action.

*We warn of the deceptiveness of language that interprets a medical (or other second party) deathmaking as a suicide. For instance, in recent years, our culture has been filled with language such as "doctor-assisted suicide" or "suicide assistance" that most definitely refers to second party collusion, and sometimes is even used to cover out-and-out killing of one party by a second party upon the second party's real--or even only inferred--request!

*Problematic are instances where people who do know what they are doing request discontinuance of certain treatments, or no resuscitation in emergencies, without also making demands that others inflict active deathmaking on them. Somewhat similar are requests by impaired persons to be permitted to personally turn off their life support system. A quadriplegic man in Atlanta demanded that the ventilator that keeps him alive be so modified that he can shut it off if he so desires. While one may have moral scruples about whether this is a form of suicide, at least this would not force anybody else to administer death. However, one additional problem here is that the man has announced that he plans to first sedate himself before he shuts off the valve, so that he will presumably not be conscious as he dies. This would still require the cooperation of other people in procuring the sedative to his side (AP, in Indianapolis Star, 7 Sept. 89; source item from Joe Osburn).

One response strategy that we propose is that persons with the above desires not go into (or not stay with) treatment with parties or settings that have moral scruples about going along with the person's policy; and that in turn, such persons not demand such measures from people to whom they are repugnant. In other words, there should be a mutual and explicit "contract" between both parties as to what both can live and die with.

When May Medical Treatments and Life Supports be Refused, Withheld, Withdrawn?

The question of when life supports may or should be refused, withheld or withdrawn is not the same as who may make the relevant decisions. In this section, we will look at the former, and in the next section at the latter.

Two constructs play a very large role in life-and-death decisions over medical patients: the one of "persistent vegetative state" (PVS), and "brain death." We will address them first.

The Construct of "Persistent Vegetative State" (PVS) in Life Support Decision-Making

*Arguments on behalf of withdrawal of medical care are often promoted by means of dire prognoses of the affected patient. One such prognosis is that someone will remain in what has unfortunately been called a "persistent vegetative state." The term "persistent" implies permanency, and is extremely ill-chosen even from the perspective of the philosophy of science. Once a person has been given a very bad prognosis, including one of PVS, then an avalanche of deathmakings is apt to be launched against that person.

A controversy has erupted as to just how many people in the US are in a "persistent vegetative state." Figures cited by the media in recent years have been 10,000 (and that 1.5 million have "severe dementia"), but so-called "right-to-life" groups claim that this figure is at least 100% too high. It is very peculiar that the pro-death groups quote higher figures in order to create an urgency for making more people dead and saving much money, while the so-called pro-life groups try to minimize the figure, apparently fearing that the economic argument might "win." In our opinion, one's decision should in no way be affected by the numbers themselves.

Many people have been led by the pro-death propaganda to believe that people said to "have PVS" are "dying" or "terminally ill." The American population strongly (57%) believes that active "euthanasia" is warranted if a person can be defined as (a) terminally ill and unconscious, and (b) having left an indication of wanting it that way.

We have been delinquent in warning our readers not to assent to the use of the term "persistent vegetative state." Particularly those familiar with SRV theory should recognize that the message here is that the person is a vegetable, and this is merely stated in a way that is scientified. Furthermore, this term is really meant to serve as a justification for making dead any person "diagnosed" to be in such a vegetative--hence vegetable--state, even when such a person does not meet even the technical criteria for PVS.

The phrase "persistent vegetative state" is so new that as of 1990, it could hardly be found in any medical dictionaries. Furthermore, while everybody started using the term virtually overnight, people can not agree on what it means, though most people agree that it signifies neither a coma nor "brain death." One other thing that is also clear is that some people who are said to "be in PVS," the same as some who are said to be permanently comatose, do come back to awareness and other functioning, as we will show below. More descriptive and less offensive would be phrases such as "long-term conscious impairment," "treatment-resistant consciousness impairment," "persisting consciousness deficit," etc.

The New England Journal of Medicine (8 Mar. 90) noted that the extent of permanent neurological damage in a person in a "persistent vegetative state" is "not generally observable." Accordingly, it warned that one should not assume that one can remove the organs from a person in a "persistent vegetative state" (source item from Christina Dunigan). This is how far we have come!

Some authorities are beginning to suspect that a diagnosis of "persistent vegetative state" becomes a vicious self-fulfilling prophecy, with people withholding treatment because the prognosis is poor, and therefore the prognosis actually becoming poor. An aggressive treatment stance pays close attention to nutrition, a program of stimulation every quarter hour during about half of each day, and coma arousal programs (British Medical Journal, 8/92).

Below follow some examples of efforts to use the PVS construct as a deathmaking rationale.

A Harvard law school graduate and professor of bioethics at the University of Wisconsin proposed that laws be passed that would define as dead anyone in a "permanent vegetative state," thereby making it permissible to withdraw all life-supporting measures from them (AAI, 5 & 6/92).

Of the physicians and nurses surveyed at four university-based hospitals in

Cleveland, 19% said that people in a "persistent vegetative state" were already dead (National Right to Life News, 12 April 1990, p. 10).

A number of US states have actually evolved laws that permit the withdrawing of liquids and nourishment from people diagnosed specifically to be in a "persistent vegetative state."

In conscious people, the process of dehydrating and starving to death is extremely uncomfortable and painful. Deathmaking advocates have argued for years that people in a so-called "persistent vegetative state" are incapable of feeling pain. This argument has not only supported the practice of starving and dehydrating such patients to death, but also of doing this without the administration of painkillers. Along comes a University of Michigan neurologist who did experiments on patients who were still conscious but had severe cortical damage, and he concluded that there is a reasonable likelihood that people in so-called "persistent vegetative states" can feel pain, even though they probably are not able to discriminate where in the body the pain is occurring. But rather than concluding that such a patient should not be put to death, his logic was that feeding tubes should still be withdrawn from such patients, but that they should be given painkillers to ease their deaths (IAETF, 8/90).

Below, we give numerous examples of the invalidity of the explicit or implied prognosis that attends a "diagnosis" of PVS or similar conditions.

In 1940, a 4-year old girl in Minnesota was struck by polio and somehow also left mentally retarded. In consequence, she fell silent until 52 years later, when someone asked her name and she responded correctly. People around her almost lost their marbles at this phenomenal occurrence. Not only that, but three weeks later, the woman could say 20 more words (Minneapolis Star-Tribune, in CRTI Report, Spring 1992).

An 8-year old boy in Australia was run over by a car, and given only two days to live. On the assumption that he was going to die anyway, his life support systems were turned off while he was still in a coma. Amazingly, the boy not only recovered spontaneously, but within a few months had recovered enough to ride a bicycle (Australian clipping, Spring 89; source item from Michael Rungie).

A 70-year old man in Ontario had been in a coma for 10 weeks, and was listed as "brain dead." His daughter and 2-year old grandson came to visit him, and when the child saw his grandfather, he called out "Grandpa!"--whereupon Grandpa sat up and stretched out his arms to hug the child. He subsequently began to eat, walk, and drive a car (CRTI Report, 1 & 2/1990).

A woman in a New Jersey hospital was comatose, and the hospital tried systematically to make her dead, and to get court orders to overrule an advocate friend who was trying to safeguard her life and medical supports. Essentially acceding to the hospital's pressures, a judge ruled that life support measures no longer had to be provided--but the very next day, the woman woke up from her coma. Only then were all kinds of "medical measures" instituted, but she died a week later, probably in good part from lack of these very measures earlier (NRLN, 8 Jan. 91).

In an altercation with police, a man in Des Moines, Iowa, was shot in the brain, and declared brain-dead several hours later, but kept on life supports. Eight hours after being declared brain-dead, as technicians were about to cut him apart to remove organs for transplants, he "came back to life" to everybody's consternation. Unfortunately, he then died for real about 15 hours later (AP, 26/7/90; source item from Betty Peiper). One irony in this case is that police came to the home in order to help the man who was threatening suicide, and ended up shooting him to death even though he was cowering under a table and doing no more than lunging at them with a knife with which he had been threatening to commit suicide.

A Colorado helicopter pilot plunged into an icy reservoir, and was declared at various times after being pulled out to be "clinically dead," "possibly dead," "living dead," in a "permanent vegetative state," and "potential vegetable." After being all, none, or some of the above for six weeks, and doctors had begun

to talk about ending his life, he one day said "Hi" to his wife, then "I love you," and then "Get out of my room" to a nurse with a needle. Since then, he has continued to make all sorts of progress, though he is still very impaired. Rainee Courtnege who sent us the clipping (Rocky Mountain News, 29/3/92) observed that the designation of "clinically dead" is a temporary state for some, and a reason to be killed for others.

A former airline pilot in his 40s had been in a state variously called "vegetative-like" and "persistent vegetative state" for eight years. In early 1990, he was given the sedative Valium in preparation for dental work--whereupon he woke up within minutes and became lucid. This is the second such case, but no one knows as yet why these people became conscious after being given Valium, whereas ordinary people are sedated by it. So far, it seems that Valium has to be maintained in order to sustain consciousness (e.g., NRLN, 12 April 90). The airline pilot would be one of those people whose nourishment and liquid would be withdrawn in the current value atmosphere, and the above two incidents are therefore probably pretty bad news to a lot of deathmakers. On the other hand, we may now also see a perverse rush to put every comatose person on Valium, possibly in large doses, and possibly for life, which actually might result in many deaths. Time will tell, but perversions do have their inexorable logic.

The deathmakers who invoke PVS and other dire prognoses do not like to be shown up. For instance, a mother in Miami has been caring at home for her daughter who has been in a diabetic coma for 21 years. Some "pro-euthanasia" people have been so scandalized that something like this would be done (because it also proves that it is possible to do) that they have repeatedly harrassed her on the telephone, threatened her, and fired shots into her home. Contributions to help the mother to continue this care (she has not slept more than 90 minutes at a time in the last 21 years!) may be sent to the Edwarda O'Bara Fund, 1340 N.W. 173rd Terrace, Miami, Florida; 33169.

At a hospital in Israel, it was discovered that of all people who were declared to be in a "vegetative" state, 42% actually came out of it within three months, and 54% within 12 months, provided they were given intensive stimulation. Many even resumed employment (source information from Christina Dunigan).

The most astonishing data on the recovery of people who were said to be in a "persistent vegetative state" were published in 1991. Of 84 patients who were firmly said to "have PVS," 41% regained consciousness within six months, 52% within one year, and 58% within three years. There had been no valid prediction beforehand as to who would recover consciousness and who would not (Archives of Neurology, 6/91). Since physicians so often predict that a patient will never recover consciousness from this state, one way to avoid embarrassing errors is to make the person dead, thereby crafting a self-fulfilling prophecy.

The Construct of "Brain Death" in Life Support Decision-Making

The construct of "brain death" has also turned out to be vastly more problematic than we thought, once we had applied deconstructing analysis to it. We cover this at greater length in our Sanctity-of-Life workshops, and can only say a little here.

By 1978, there were 30 different sets of criteria of "brain death," and many more have been added since then. However, the definition--or perhaps more properly, the construction--of so-called "brain death" has been becoming ever less stringent. At one time, various functions had to be absent for 24 hours, and this was successively lowered to 12 hours, to 6 hours, to 30 minutes--and one prestigious clinic even included a criterion of 30 seconds of no breathing when off the ventilator (CRTI Report, 5 & 6/90).

The criteria that are invoked for "brain death" are of a nature which would not be acceptable as scientifically valid for virtually any other medical purpose. For instance, the so-called Harvard criteria, published in the Journal of the American Medical Association in 1968, had no patient data base at all. The

Minnesota criteria had only a token data base. The criteria derived from a so-called collaborative study had the largest data base, and it proved to be most embarrassing. It had 503 patients diagnosed as "brain dead," of whom 44 failed to die when life supports were withdrawn; and when autopsies were performed on a sample of 226 of those that did die, 10% of them had no identifiable brain pathology. It is very difficult to see how one can speak of a brain being dead for more than a few days, not to mention weeks, months, or years, without showing not merely brain pathology, but serious brain pathology.

In essence, we have found the construct an obscurantist rather than a helpful one, have found that it is normatively invoked for deathmaking purposes, and advise that it be discarded.

Other Considerations as to When Treatments or Life Supports may be Refused, Withheld, Withdrawn

*Much confusion reigns about health care rationing, such as proposed by the so-called Oregon plan. On the one hand, in an atmosphere of deathmaking of societally devalued classes, such a scheme is almost bound to be used for such deathmaking. On the other hand, so will anything else. Also, decisions as to which procedures would be publicly paid for could be made without discriminating against devalued people, if they were made only in relation to how much treatment benefit one would get per dollar but did not factor in judgments of the patient's value, the value of the patient's life, or so-called quality of life. For instance, one could ask questions such as what are the chances of someone not getting worse if treated, or how much health and function recovery a treatment might yield in relation to the patient's health status before onset of the medical condition at issue. Note that one would arrive at two estimates: the likelihood of a benefit occurring, and the extent of the likely benefit. Once these things are determined, one could legitimately ask what the respective treatments would cost, and then also consider the likelihood and extent of benefit in relation to cost. It is too bad that decision-makers will commonly find it impossible to do all the above without letting other value issues enter in.

*In efforts to control health costs, health insurance firms are now using 261 "utilization review" firms across the US who provide functions such as "hospital preauthorization," "second opinion reviews," "managed second opinions," "prospective procedure review," "concurrent review," and of course "case management." Quite commonly, it is nurses who make these decisions on behalf of their firm, often combined with a power to deny a health service or treatment that is considered to fall outside the norms. All of these are ways of taking a hard look at individual cases to see how little health care a patient can be sent away with. For instance, looking at national statistics, an elderly man with a sudden blood clot in his leg may be denied reimbursement for more than four days of hospital stay. The patient may decide to stay longer, but only at his/her own cost. Some of these utilization review firms specialize in just one particular affliction or organ, such as foot care or mental health problems. Imagine such a firm that handles literally nothing but foot care decisions! These firms have become very big business, grossing about \$7.4 billion in 1991 alone, and one such firm alone employs a full 2400 nurses. Obviously, one thing that is happening is a shift of health care expenses from paying for medical and hospital care to paying for yet further administrative expenses.

A physician with many patients may find that every patient is under a different insurer with a different procedure, making both the paperwork and the criteria yet one more administrative nightmare for the physician. Employers who have group health insurance plans often put pressure on these firms to take a very hard line on health care decisions for their employees. So far, the criteria for making the decisions have been secret, and a patient who is denied treatment may never be able to learn why. Some may be denied further treatment in the middle of

it (Consumer Reports, 8/92).

*An article in the 2 & 3/1993 Modern Maturity magazine of the multi-million member American Association of Retired Persons is entitled "When can you legally 'pull the plug'?" The magazine's readership is almost all elderly people, and the article seems to be an attempt to clear up any misconceptions that might have stood in the way of their endorsing, requesting, or committing "euthanasia," rather than an attempt to prevent it. One might say it is an effort to break the dam rather than to hold back the flood. The article says that medical personnel and settings "frequently" withdraw life supports without seeking legal permission when either the family or the patient requests it. It also claims that even people who are in no sense terminally ill or "dying" can have their life supports withdrawn, e.g., if they are in pain or "in" a "persistent vegetative state." This means in effect that if the person's presence and condition make others too uncomfortable, then the person can be killed quite legally. An admission like this to a large audience of elderly Americans should help convince skeptical TIPS readers, if there still are any skeptics among them.

*The Yale-New Haven Hospital in Connecticut, associated with Yale University, became one of the first hospitals in the US to adopt guidelines in May 1991 for limiting life-supports, including not only resuscitation, but also nourishment and liquids. Yet another example of how wholeheartedly the almost 100% liberal media people are on the side of death and deception is the fact that the Union News of Springfield, MA, reported this development under the headline, "Life-Sustaining Policy Adopted" (20/5/91; AP clipping from Michael Kendrick).

*A law lord in Britain has come up with a new deathmaking rationale. He said that it is only lawful to perpetuate a patient's life if it is also lawful to continue to invade the patient's bodily integrity with medical techniques for the purposes of treatment. This amounts to a declaration that if the medical imperium is for some reason constrained from further invasive treatment, the patient de facto should be put to death (SpeakOut, 4/93).

*One of the absurdities about so-called brain death criteria is that pregnant women who have been declared brain dead and have been continued on life support have later given birth to healthy babies. Yet, by laws and court rulings, the same women's hearts could have been cut out to be used for transplants (All About Issues, Spring 1991).

*At the Royal Adelaide Hospital in Australia, it was found that in 61% of a cohort of 272 consecutive deaths in 1987, a "do not resuscitate" order had been written. The good but puzzling news is that the order was fully implemented in only 16% of the cases (The Age, 4 Sept. 89; source item from John Annison).

*The deathmaking in some US nursing home-type settings is really amazing. We heard of one large nursing home in which, by policy, no resident who has a heart attack or a stroke is ever taken to a hospital. In another nursing home-type setting for handicapped children, staff are not even permitted to apply the Heimlich maneuver when a child chokes on food. This is all the more revealing when one considers that so often in nursing homes, people are fed in a way (e.g., lying down flat) that dramatically increases the likelihood that one will choke on one's food. Can you imagine what untold soul-destroying damage is getting done to staff who obey this instruction, and who stand by idly while a child slowly chokes to death from a bit of food that could easily be dislodged with minimal motion and in a matter of seconds?

It was discovered that in a nursing home in Creston, Iowa, staff members were forbidden to even try to revive residents if it appeared they were dying, despite the fact that the nursing home is next door to a hospital, and neither the

residents nor their families had been informed about the policies (Des Moines Register, 21/7/90; source item from COC). As reports of this sort of thing begin to trickle in, we have to assume that this practice is much more common than most people realize.

In Syracuse, many nursing homes no longer allow their employees to administer resuscitation to their elderly residents, but do allow them to call the 911 emergency number which, if there is enough time left, will bring a team that can administer resuscitation (SHJ, 16/2/93). There is something profoundly hypocritical behind this, particularly since some of the residents in the nursing homes had never signed an agreement to this arrangement. This underlines what we have been saying for years, namely, that life and death decisions are made secretly behind people's backs.

*The very definition of the term "life support" is sometimes contested. For instance, so-called pro-life people sometimes claim that plastic lines that are inserted into a patient in order to deliver nourishment and liquid on an ongoing basis should not be called life support, even when the tubes are in place for years at a time. However, we would consider such tubes part of one's life support, because quite literally, without them one would probably not be able to live. In contrast, there are all sorts of other treatments which may be no more than treatments, even though very important, but without which one would not necessarily die.

*By early 1991, over 50 US courts had authorized denial of fluids and nourishment to impaired people (ALLAI, Spring 91).

*According to a US government study, 848,000 people in the US, both in medical facilities and in their homes, use some type of tube-assisted eating device (IAETF Networker, 10 Jan. 90).

*The US Veterans Administration has defined "terminal illness" to include any "chronic and debilitating conditions from which there is no reasonable hope of recovery," and that treatments (of even the most elementary kinds) may be withheld from such persons. Obviously, doors to "euthanasia" are opening rapidly left and right, so that one can hardly keep up with them anymore. For instance, this definition opens the door to the deathmaking of people with a vast number of conditions, including chronic schizophrenia, senile dementia, emphysema, etc. (IAETF Update, 1 & 2/92).

*Contrary to the image widely presented in the media, most people who die in the US are in reasonably good health except for the last year or so; 10% are even in good health the day before; most are not depressed, and maintain an active interest in their surroundings to the end or nearly so; very few are in considerable pain; more than half die peacefully in their sleep; 45% die in hospitals, 30% in their own homes and 25% in nursing homes (Pittsburgh Press, 22/7/91; source item from Guy Caruso).

*Studies reporting that life-prolonging treatment for ill cancer patients costs a fortune and usually buys little life extension seem to be becoming part of the medical propaganda in support of suicide and "euthanasia," and are therefore to be viewed skeptically (AP in SHJ, 10 Feb. 93).

*The media assaults on the sanctity of life are absolutely relentless. The NBC evening news of 13/3/93 carried an episode that was an endless jeremiad about the medical expense "at the end of life." It pointed out that when an elderly person is brought to the emergency room or hospital, the "most crucial moment in controlling costs" occurs when the family is asked whether active treatment should be withheld or not. The program emphasized that in such cases, "tens of thousands

of dollars" might be spent in a single day, and blamed the families for wanting treatments for their elderly relatives. The episode was suffused with watchwords such as "vegetative" and "choice." One of the ubiquitous deathmaking "ethicists" was shown pontificating, "What a crazy way to spend money."

*When we are told that there is not enough money to keep people on medical support systems, we might keep in mind how, without hesitation and virtually overnight, the US leaders committed the nation to a bail-out of the savings and loan banks from crookedness and scandal that may eventually cost \$600 billion, or several thousand dollars per American.

*In 7/90, the Illinois Supreme Court ruled that patients who are deemed to be permanently unconscious should also be deemed terminally ill, and could therefore be treated accordingly--which means that all sorts of life supports which are now considered withholdable from the terminally ill may also be withheld from those deemed to be permanently unconscious (NRLN, 31/7/90).

*In British hospitals, patients may be deemed as suitable for a "do not resuscitate" order when they are expected to have less than a month to live, have cancer or kidney failure, or because of "extreme age" (which apparently means being in one's 90s) or "extremely poor mental faculties" (Guardian Weekly, 22/12/91; source item from Peter Millier).

*A high court in Britain has ruled that life supports can be withdrawn from a patient who is neither dead nor dying. The members of the court seemed to imply that this was justified when there was no therapeutic benefit to treatment, and when the treatment accomplished no more than keeping a person alive. The problem is that innumerable people, including many who are quite functional, are in the very same boat. They will never get better from treatment, and a large proportion will even get worse over time, but the treatment does keep them alive. This applies to a vast number of people who are on all sorts of drugs (Guardian, 5 Feb. 93; source item from David Race).

*In an increasing number of US nursing homes, resuscitation in the event of heart failure will no longer be administered under any circumstances, but the good news is that an increasing number of nursing homes now will at least tell this to residents or their representatives beforehand. In those homes where no resuscitation is offered, people have to sign a document before admission that they agree to the rule (22/1/92 source clipping from Karen Barker).

*In a major article on treatments and life supports of critically ill patients, patients in a debilitated status were said to have "life" rather than life, and it was spelled out that "life" was "in some cases not better than death" (Science, 18/10/91). As we point out in our other sanctity of life teaching, when the word life appears in quotation marks, we are usually dealing with a killing thought.

*One of the most striking examples of somebody alive being cast into a dead role occurred in Canada. A couple in Alberta were arraigned for murder of their 3-year old foster child in 1991, even though the child was still breathing on a life support system (London Evening Standard, 9 Jan. 92; source item from SpeakOut, 2/92). Ironically, a conviction would be a severe blow for advocates for life, since it would imply that very debilitated people are already dead, and this would actually open the door to killing, since withdrawal of life supports from such persons would then not be considered deathmaking.

*In early 1993, a British judge actually ruled that a comatose man was already dead, and that therefore, life supports could be withdrawn. He stated,

"His spirit has left him and all that remains is the shell of his body" (The Interim, Feb. 1993).

*We have been told that there is a new buzz word on the deathmaking scene, namely, "medical decision at the end of life," which apparently also has an acronym something like MEDEL--which amazingly sounds like "meddle."

*According to the American Hospital Association, 70% of all hospital deaths in the US occur when a decision is made to stop some life-sustaining machinery or technology (Cordes, 1991, p. 53; source item from Thomas Neuville).

*According to Dubler and Nimmons (1992), two out of three deaths in hospitals in the US are now so-called "negotiated demises," meaning that at some point prior to death, there is a deliberate decision made to withdraw machinery or other treatments that sustain some body functions.

*In estimating the number of deathmakings through withdrawal of relevant medical treatment, one needs to keep in mind that the cases most likely to be featured in the news media are those where the deathmaking decision is being contested. Where this is not the case, deathmaking is extremely likely to proceed quietly without ever stirring up any publicity.

*Dubler and Nimmons (1992) have said that a lot of clinical decisions in medicine and hospitals are now made by "phantoms at the bedside," meaning the law, lawyers working on contingency fees, administrators trying to reduce cost, the hospital ethics teams, journalists looking for dramatic stories, etc. Also, a study of New York's prestigious Montefiore Medical Center revealed that patients commonly cannot find out which physician is in charge of their care. This makes medical decision-making an even more slippery issue than it is under the best of conditions. (Dubler, N., & Nimmons, D. (1992). Ethics on call. Glendale, CA: Crown Publishing.)

*One of the ironies of our age is that prisoners who go on protest fasts get force-fed by the authorities, even as there is a demand that hundreds of thousands of hospital and nursing home patients be starved to death.

*A new low was achieved by West Penn Hospital in Pittsburgh when it sponsored a "critical care conference" in 5/90 that was entitled, "Hopeful to Hopeless: Where, When and How do you Draw the Line?" By "drawing the line," the sponsors really meant drawing out the plug. This was made clear by various discussions on the "do not resuscitate" decision-making process. Among the conference presentations were various discussions on the "hopeless patient," and how to define the transition from hopeful to hopeless. One of the amazing things is that the sponsoring hospital has a logo almost identical to that of God's hand giving life to Adam in Michelangelo's famous painting, and the hospital is located on Friendship Avenue and uses the slogan "friends for life" (source material from Sharon Gretz)--until we kill you.

*Another new deathmaking situation has arisen. With mandates in recent years for children with major medical problems to be educated in the schools, the question has come up as to what should happen in a school when a child experiences a medical crisis, and the child's responsible decision-makers have decided that no additional medical supports or treatments should be provided. In essence, schools are asked to function somewhat like hospitals, plus to stand by idly while a child dies.

*The Americans with Disabilities Act which went into effect in 1/92 forbids public accommodations (which includes health care providers) to discriminate on

the basis of "disability." An interesting question now arises whether this means that a person's impairment can no longer be invoked in health services to make that person dead. We should be prepared for some tortuous pretzel-shaped series of pro-death court decisions.

*More and more Catholic leaders, such as faculty members in theology and other important positions, are beginning to endorse the withholding/withdrawal of liquid and nourishment from people under an ever-widening range of impairment. What we believe happened is this: some bishops got bamboozled by the "theologians" who are extensively encaptured themselves in the secular deathmaking culture and its deceptions, and began to endorse the above measure in limited--and perhaps even justified--cases. Almost overnight, this became a slippery slope on which other Catholic authorities have begun to slide downhill at a rapid pace, some naively so, and some because they have deathmaking in their hearts. Some have also been on the margins of Christian orthodoxy anyway, or have in fact already gone beyond it for some time.

*Be it noted that we have a vast amount of copy on "euthanasia" that deals with issues other than who may make life-and-death decisions, and when they may be made.

Resources

*Harry van Bommel wrote a book (from a Canadian perspective) interpreting and promoting hospice and palliative care, and opposing "euthanasia": Dying For Care (Toronto: New Canada, 1992). As of 1990, there were 345 well-established so-called hospice programs in Canada.

*Lem, S. (1982). Hospital of the Transfiguration (trans. by W. Brand). New York: Harcourt Brace Jovanovich. This novel is set in Poland in 1939-40. Through some accidents of fate, a young Polish doctor finds himself working in a rural insane asylum. At the end of the book, the Nazis come for the inmates, round them up, shoot them on the hospital grounds, and bury them in a mass grave there. The staff, some of whom protested against the killings, tried to stop them, and tried to hide at least some of the patients, are all eventually released. The novel ends very clumsily with an entirely gratuitous sex act, as is the case with so many books and films today. The book contains many descriptions of abysmal institutional conditions, as well as some depictions of specific inmates, including retarded ones, and one man who is presumably an "idiot savant."

*The editor of the German Journal on Social Psychiatry (6/92) reviewed the German translation of The New Genocide of Handicapped and Afflicted People as one of the most important books that he had read in a long time. This monograph is available in English from the TI for \$8 a copy plus postage and handling, with large quantity discounts.

Human Service News

*A very marginal 73-year old woman and her 51-year old retarded son had been inseparable all through life, so much so that the son never learned to speak, to follow instructions, or to listen to anyone other than his mother, and in other ways was also very poorly socialized. Eventually, the two were placed together in a nursing home. Soon, the government stepped in, and in the name of "doing what's best for the individual" and promoting the son's independence, it removed him to another facility many miles away, where neither his mother nor stepfather can visit him. In consequence, the mother became withdrawn; there are no reports on how the retarded son is doing, since "confidentiality" prevents service workers from commenting. People who have known both persons predict that both will die

soon as a result of this separation (Indianapolis Star, 6 March 93; source item from Joe Osburn). There is no doubt the retarded man has been deprived of much learning, and needs to be prepared for when his mother does die, but at the same time, this kind of agency intervention so late in the game seems very cruel.

*In early 1993, the US Internal Revenue Service proposed eliminating the federal tax when terminally ill persons take an early payout of a death benefit, as by tapping their life insurance policies. Of course, this measure would be relevant to people ill from HIV and other conditions considered to lead relatively soon to death. Some writers swiftly trumpeted that to everyone's surprise, the IRS was showing heart, but we found this totally incredible and asked some friends to help us solve this puzzle. Jack Yates provided what should have been the self-evident answer, namely, by using up their death benefit assets while they are still alive, such people will be able to support themselves and pay for their medical services, rather than having to throw themselves on Medicaid. These Medicaid savings would far exceed the tax revenue that would be lost by this measure.

*A reviewer of a 1990 book on dementia said, "Anyone who has spent time in nursing homes knows that the dignified life is true for few dementia victims. More likely they will find patients lying in feces and urine in institutions with very low staff-to-patient ratios. Often the staff has no time to do anything but minimal care. Feeding is haphazard, and the pureed food is cold and tastes bad. Patients lose weight and become more frail, and a cycle of slow starvation begins. They are dropped or fall and develop bruises and skin tears. How many nursing homes are like this I do not know, nor am I aware of properly conducted surveys on the quality of care for the elderly in either the United States or Canada. The point is that it happens, and it is widespread" (CP, 1992, 900-901).

*In 1979, Sue Harang, a nurse, became an advocate of people in nursing homes and, along with her lawyer husband, charged up some big successes particularly against nursing homes owned by Beverly Enterprises, the largest nursing home chain in the US. Some of her successful lawsuits established the principle that neglect of nursing home residents can be interpreted as a form of abuse, and is punishable by damages. In 5/92, somebody set her house afire in which her daughter and a girlfriend were sleeping. They narrowly escaped, but lost in the fire was a vast amount of records pertaining to nursing home abuses. Apparently, she was on the trail of the New Medico Health Care System, a Massachusetts-based chain specializing in neurological rehabilitation (Newsweek, 19/10/92).

*A commission found that children who are interpreted as emotionally disturbed and fall into the hands of state care in New York also fall into a hell hole where they are very badly treated, moved around a lot, get lost, are almost all put on drugs, and where some die. At any one time, 13,000 children in the state are caught in this hell hole (SHJ, 15/3/93).

*An interesting study of victimization of retarded people (Wilson & Brewer, 1992) found that the mildly to moderately impaired ones were particularly likely to be victims of both personal and property crimes, while the most severely impaired ones were faced with very high personal victimization but low property victimization. The latter is not surprising, considering how little they own. Retarded people were at greatest risk when they were living alone or with other impaired persons. Victimized retarded persons were much less likely to report the crime than other people. Several of these findings underline the importance of retarded persons living with competent individuals, or having advocacy very closely available.

*Yet another example of how voluntary commitment can accomplish so much is

the story of two homemakers in Washington, DC, who became interested in babies abandoned in hospitals by mothers who were unable or unwilling to care for them. They managed to raise \$100,000 through small local appeals and events, and to recruit a free house, free labor to renovate it, and free legal and financial services, to open a transitional home where the children could live while adoptive homes were being sought for them. (Otherwise, the children would have languished in the hospital, or an institution.) These two women continue to raise over \$100,000 each year--half the budget of the house (USA Weekend, 25-27 Dec. 1992; source item from Susan Ruff).

*In 1992, the American Association on Mental Retardation came out with a new definition of mental retardation. We do not like it. (a) It seems to reflect much confusion among conceptualization, definition, and description. (b) It reeks of politicization. (c) The formulation is of elephantine complexity, reflecting a larger maladaptive trend of modernism. At least in part, this complexity seems to be the result of efforts not to offend certain parties--probably those considered politically correct. (d) We suspect that the new definition could open up many more doors to challenging the validity of designating a person as mentally retarded, e.g., by claims that a test was not "culturally sensitive" enough. No wonder that the Association has scheduled workshops all over the country to explain its new definition, which it has never done before.

Miscellaneous News

*The 5 October 1992 issue of Time devoted its cover story to the topic of lying (mostly in connection with the US presidential election). It documented that not only has there been an increase in dishonesty in politics and public life, but also in everyday social intercourse. On 9 February 1993, CBS Evening News reported on a former successful business executive who now criss-crosses the country giving speeches on ethics, emphasizing honesty. He has more invitations and work than he can handle. Even elementary schools are now teaching entire courses on lying and honesty, just as they teach courses on reading and mathematics! It is amazing that no one ties any of these things together, or relates them to the collapse of moral identity of modern society.

*Shortly after his inauguration, President Clinton signed a Family Leave bill, which would require all employers with 50 or more employees to grant employees unpaid leave when they acquire a child by birth or adoption, or have to care for a sick family member. During this time, employers are required to continue the employee's health care benefits.

We believe that societal provisions for these kinds of situations are just, but that it is unjust to inequitably distribute the burden of the cost of this arrangement onto employers, and even only a certain sector of employers. We also believe that the bill will backfire, in that employers will now discriminate even more than ever before in who they hire, and it will not be easy to prove such patterns of discrimination. Furthermore, since employees would have to be employed a minimum of a year to become eligible, employers will probably find more reasons than before to get rid of women of childbearing age before their first year of employment is up. If a society decides to have such a provision, the cost should be laid upon the generic tax revenue, and employers who would be very inconvenienced by the arrangement should also be compensated.

*We are concerned that the Clinton administration's legitimization of homosexuality in the US armed forces will be yet another milestone in pushing the US military toward a military coup, even though that may yet be some years off.

*Some jokesters have referred to certain of President Clinton's policies as safe sax.

*The National Organization on Disability commissioned the Harris Polls to conduct a nationwide survey of public attitudes in the US towards people with "disabilities." Among the most significant findings was that people who did not know handicapped persons said they felt less comfortable in their presence. The sample showed extremely high willingness to spend money to integrate handicapped people into the mainstream of society and the work place. Traditional American socio-political ideals were overwhelmingly mentioned as a major rationale, which we interpret to prove yet again how at least the idealized values of people can be capitalized upon in support of social goals. Also interesting was the ranking of those handicaps that people felt most uneasy about. At the top was mental disorder, followed by facial disfigurement, then senility and mental retardation. Respondents felt most comfortable in the presence of people with purely physical and sensory impairments, such as deafness, blindness and "use of a wheelchair." Better-educated and younger respondents were reported to know the most about handicaps, and to be most supportive of social participation of handicapped persons (Dialog on Disabilities, Fall 91).

*Newsweek (27/4/92) made fun of relentless optimism by pointing to the American nationwide daily newspaper USA Today as an example, illustrated by one of its headlines on an air crash, "Miracle: 327 Survive, 55 Die."

Social Role Valorization

*Some scholars have suggested that societies not only "need" a certain percentage of their population in a state that is considered deviant, but that societies also create their culture-specific "templates of deviancy" (e.g., Gordon, 1990) which a certain proportion of people can embrace when they are driven into, or perceive a need to be, deviant. This hypothesis is very difficult to reject because of the wide range of templates that have been identified across the world.

As is to be expected, the template of deviancy that a particular culture makes available is commonly--perhaps always--linked to a counter-image of its values.

In Western society, a brand-new (as history goes) template of deviancy dating back no further than to the 1970s at most is a class of eating disorders known as anorexia and bulimia that has been embraced almost exclusively by young females who have internalized a grotesque distortion of the cultural ideal of relatively (historically) skinny body shape. At the same time, the female template of deviancy of hysteria, which was so very common in the 19th century, has largely disappeared.

Given the cultural relativity of so many templates of deviancy that are "mental" in nature, it is astonishing how vehemently the shrink world and the relevant life sciences keep insisting on genetic, neuropathological, physiological, anatomic and other body-pathological causes and manifestations.

*Normalization ideas (not necessarily practices) have so permeated the human service culture that they have even been included in the 1992 universal Catholic catechism for adults. Point 2276 of that catechism states "Sick or handicapped people must be given the support to lead as normal a life as possible." To us, this means not that secular, empirical, social science ideas and theories should ever control or be held higher than religious ideas, but that normalization (and SRV) are very consistent with the teachings of at least the Jewish and Christian faiths.

*In a cover story on aging, Newsweek (7 Dec. 92) quoted someone as saying "We desperately need some real, contributing roles for people in the third third of life" (p. 56). One can easily see where SRV could provide a very appealing framework for people who are thinking along these lines.