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An Issue on Miscellaneous Matters

Because we "went under" this summer, we decided to combine the August and October issues, and devote this double issue to a variety of topics. Trying to deal with mostly a single topic per issue means that other worthwhile material piles up until we bring out a "general" issue.

A Letter From a Master Human Service Training/Consulting Vulture to Several of His Nieces/Nephews

My dear niece/nephew:

I have recently learned (from you or someone else) that you have left your human service job within the service super-system (or are considering doing so) in order to become a full-time trainer/consultant vulture, possibly even on a free-lance basis, or that you are at least contemplating such a step.

You may be familiar with C. S. Lewis' book, The Screwtape Letters, which pretends to be letters from the Devil giving advice to one of his nephews. This letter is meant to be a parallel, but on a higher plane, coming from someone who might legitimately claim the title of 'Dutch uncle' to a person who is contemplating becoming a hardened training/consulting vulture, like myself.

Over a period of years, there have been many people who have been to our workshops and who eventually left their positions at various levels of service provision in order to enter such training and consulting roles. I have seen them do so under a wide range of circumstances, and with a wide range of consequences. In other contexts, I have commented on certain problems or perversions in change/implementation efforts in general, but here, I offer a few words of advice specifically to you, dear niece/nephew.

I am addressing this advice specifically to you if you are contemplating setting yourself up in a totally independent, solitary trainer fashion or as a senior trainer, analogous to the well-known firm of Human Service Training and Consulting Vultures, Inc. This letter is not necessarily equally applicable to you if you will be playing a junior training role, i.e., if you conduct training under the eye, claw and presence of, a senior trainer vulture who seems to be qualified in the subject matter in which training is being offered. In such cases, the advice below is much more relevant to the senior vulture at issue.
1. Unfortunately, and by the very nature of things, it is much easier for me to specify the "dons" than the "dos." However, there are some good resources on the dos. While this letter does not endeavor to go into the many details of what a good change agent should be or do; whether one likes it or not, a teacher/trainer is a change agent, and there is a great deal of very good reading available on change agent qualifications and effectiveness. A good starter lesson can be found in the following two references:


2. Anyone who presumes to train human service workers should have a solid base of "clinical experience." At least a significant portion of this should have been in paid employment; some of it should have been on an informal, voluntary, personalistic basis. I am offering this point here because, in my estimate, some people who have entered training roles, including vis-a-vis experienced human service workers, have not had a sufficient grounding in clinical experience, and whether they intend to or not, they then end up teaching on things that either are clinical or express themselves clinically.

3. It is very problematic—to say the least—when people teach on principles, strategies and tactics in which they themselves have not had primary success experiences. For instance, people may train others in how to operate vocational services for handicapped people when they themselves have never even worked in such a service, let alone created or run a good one. I particularly deplore it when people teach service planning and service structuring in subjects in which they themselves have never successfully implemented (or even invented and implemented) a service form, not even to mention a single particularistic service.

Both the above points are most apt to be applicable to people who enter training roles at an extraordinarily early age. Some vultures have been so young that they have not even learned how to circle a potential patron or service area with the requisite unflappable majestic soar, or to gain the other relevant experience in the clinical or systemic domain—not to mention successful experience in the latter.

4. Some people decide to enter teacher/trainer roles primarily because they have gained insight into the disfunctionalities of their current human service situation (either narrowly or even more broadly), and see teacher/trainership as a form of escape—the only thing they can imagine doing in human services if they do not continue in the kind of distasteful thing they have been doing. This is a most inadequate basis for such a step. As with most other things, one should enter such a role because one discovers that one has something like a "calling" in it.

5. One would be well-advised to only offer training in what one is so good at that one can be considered a master in it. Being a master means that very few people are equally as good, and even fewer are better. And it is difficult to know how good one is unless one has been severely tested, and has traveled widely to learn what others are doing.

6. There are some people who have something very worthwhile to offer, and who begin to offer it on an increasing basis. At first, they simply act as occasional invited speakers while continuing in their previous position. Eventually, they may be tempted to teach their "thing" full-time. The problem with that is that some vultures only have one single "thing" which they then offer repeatedly and endlessly, which, in the vast majority of cases, is not good for them, i.e., not good for their own identity, growth, and development. If one has primarily one "thing" and goes full-time into training, then in order to earn a living, one is also extremely highly at risk of being seduced into offering training in areas that are not one's "thing." If one has mostly one "thing," it is generally better to have another job and to offer the "thing" as an occasional sideline, as by using one's vacation days, weekends, and holidays, and so on.

In other words, again, one should only do what one is really very, very good at.
7. Never before in human history that we know of has there been a time when people have been as rejecting as they are now of the notion that there is such a thing as mastery and authority in a subject matter. In consequence, when persons who are masters teach authoritatively (as they usually should), they tend to elicit very deep-seated and irrational rejection, which may often be expressed in very indirect forms, such as a lashing out at irrelevant elements of a master's teaching, activities, or identity. This rejection of masterful authority has seduced some trainers into a number of perversions.
   a. They deny or conceal their own mastery—assuming they have such.
   b. They may even deny the genuine mastery of others.
   c. They pretend mastery in areas where they do not possess it, because possessing it seems irrelevant.
   d. They adopt a teaching strategy which claims to be Socratic in pulling the truth "out of" their audience, under pretexts such as that the truth resides in all or most people, and that all they need is a little help to discover what is within them in order to do the right thing. While there is some truth to the claim that people need to achieve a coherency between what is within them and what they do, there are several shortcomings or outright perversions in the above strategy. These include the following.
      d1. Sometimes it is as important (perhaps even more so) that the truth be proclaimed, that people be confronted by it, and that they be compelled to make a clear and overt decision vis-a-vis it, as it is to attempt to lead them one step forward. The above is particularly true where grave moral evils are present. Such confrontations not merely make it much clearer who the moral and immoral actors on a scene are, but can be of decisive moral impact on observers. Nor is it important how many people are brought to decision, because truth and merit are not validated by votes and numbers.
      d2. In some instances, this process results in little more than a recycling and perhaps even a mutual teaching and reinforcing of ignorance, confusion, or even perversion. An excellent example in our own day are the endless so-called "bioethics conferences" and discussions which have virtually institutionalized moral confusion and perversion, rather than having led back to certain eternal truths about such matters.
      d3. Some people are so constituted that all they really need is to have an issue spelled out to them in order for them to understand its validity and to make a commitment. To subject such persons to tedious "self-discovery" or collective recycling of prevailing mind content might either alienate them or outright mislead them: instead of being given the truth that they are able to understand and embrace, they may be given at the very best an inferior approximation thereof, which they may then mistake for the real thing.

8. Some trainers who, rightly or wrongly, deem themselves masters feel wrongly that they have nothing left to learn. They may then also be jealous of (other) masters, and feel that if they attended the training events of such masters, it would constitute an admission that they are not masters themselves, and/or that they still had something left to learn. Such persons can be contrasted to others who, despite a busy schedule, are often found at the worthwhile training events of other trainers.

9. Also, it is very difficult to see how anybody can be a training master without also being a scholar, which in this context means keeping up with a broad scope of publications.

10. If your personality is such that it is very important to you that people like you or approve of what you teach, or that your teaching be popular, then you should probably stay out of the training business. The nature of society and human services in this age is such that one cannot possibly teach truthfully and with authority, and yet not be involved in conflict on an ongoing basis. If you are mainly popular, liked, and not in conflict, this suggests most strongly that you have become part of the prevailing perversions (even if such was not your intention) rather than a defender and teacher of the truth.
11. Some trainers become so popular, and therefore so heavily scheduled, that they do not take the time to revise and improve their material, or even to prepare themselves properly for each event. They may end up offering a very stereotyped repertoire, like an actor who keeps playing the same role in the same play thousands of times. Even given positive impact on the audience, this kind of conduct is destructive of the actor, and commonly ends in the death of the person's growth in his/her art, and therefore even of the person's soul.

12. One of the perversions of our age is an addiction to gimmickry. In almost every instance, trainers whose teaching becomes intertwined with a particular form of gimmick find that their popularity declines when the gimmick becomes old hat. This is because the lust for gimmickry, which is an expression of the modernistic passion for materialistic technologies, demands ever new gimmicks.

13. Similarly, I have noted that the people of our age have an unquenchable lust for the "newest and latest." Teachers who are perceived as offering something new are overrun, soon to be replaced in popularity by another and another and another. The vast majority of what is offered or perceived as new, at least today, is perversive, when what human services badly need are timeless truths and universally valid service forms, strategies, etc. Thus, you should shake off the temptation to teach only new things, to appear to be allied with "the latest," etc., and content yourself with teaching what is true, be it new or old.

14. If one enters training/consulting vultureship on a free-lance basis, then one becomes financially dependent on one's patrons, i.e., those who hire one for a training event, and/or on those trainees who pay tuitions to attend teaching events. This poses a terrible danger, namely, that one gives to people who have the money that which they want, rather than offering training in that which they need. In this day and age, only an infinitesimally small proportion of the human service sector will pay for what is needed, while money flows like a river for what most of the sector wants, which consists of variations of the prevailing technologies, disfunctionalities, and perversions. Thus, what seems to happen so often is that bit by bit, trainers become corrupted. There are very few solutions or even adaptive responses to this reality. Some are as follows.

a. It may be better to work in a dysfunctional service where one will only harm a few hapless clients rather than to become a teacher so that one will end up affirming dysfunctional human service workers in large numbers to do harm to legions of clients.

b. One should try to inherit a great deal of money (honestly, of course) so that one can become a financially independent trainer, or marry a spouse who can keep one in that felicitous position. (Please keep in mind that I am not an affluent vulture, and that you cannot expect any significant material inheritance from me.)

c. At the very least, one should have a spouse who holds down a job lucrative enough so that one need not make a great deal of money.

d. One should prepare to live in voluntary poverty, or at the very least, to embrace financial insecurity.

e. Seek a funded, but still relatively independent, trainer role. There have been several such on the scene held by some of our friends, but even the great majority of these positions have been very insecure ones since they are vastly more at risk of elimination than are service-related jobs.

15. In their eagerness to appear masterful, and/or because of financial anxiety, some trainers have taken on topics which they should not have because they did not, in fact, possess the requisite degree of mastery therein. When this happens, an obvious result can be that people receive poor or outright untrue teaching. Also, it is on occasions such as these that a trainer may take recourse to gimmickry as a substitute for mastery, and/or s/he is highly apt to take recourse entirely to process and abdicate content delivery altogether. For instance, this is where a trainer may act merely as a facilitator of a group process, such as described elsewhere herein, or a trainer may merely import a few interesting presenters and permit the event to culminate in panel discussions or small group discussions on what the different presenters have said.
16. One should not automatically assume that competencies in teaching/training, in consulting, and in planning are equivalent, and that a person who is a good trainer will do the others well. And yet, we often find that human service vultures will eagerly offer all three.

Accordingly, one of the many things that one should do is delineate clearly to oneself and one's patrons what one will and will not do. The temptation will be to do whatever patrons who have money ask for. What one should do is to spell out not only the boundaries of one's content, but also of one's format, and of one's target audience." For instance, as you may know, we believe that a bona fide introductory PASS or PASSING workshop should only be offered with two real field practicum evaluations. When we were recently asked to do such a workshop with only one practicum in order to keep it shorter, we simply stated that this format was not within our repertoire, and that if they wanted a BABY PASS, BABY PASSING, PEG, PAT, PET, PIT, PISS, or PISSING format, there were plenty of other training vultureships willing and eager to give those.

17. One thing that disturbs me particularly is when people who enter training/consulting vultureship bend themselves out of shape trying to be popular with their audiences; or to teach human services in a way that does not distress the audience with the realities of the bad news that human service intrinsically happens to be these days, thus keeping them in a good mood; or that otherwise tries to make training a very happy and painless experience. I will only mention three deep truths that invalidate such poses in our society at this time.

a. In the society of our day in which human services reflect all the decadence and dysfunctionality of the larger society, it is utterly impossible to deal adaptively with human services to suffering people without having become a master both at and about suffering oneself, including the suffering of being ridiculed, rejected and reviled.

b. Such a pose may reflect failure to have plumbed the depths of the most fundamental realities that control human services in our day, which in turn bespeaks a lack of wisdom, insight or intelligence unbecoming to a human service trainer or leader.

c. The trainer may have a sufficient insight into the realities but, by personality, is so desperate to be liked or to make people happy that s/he becomes unfaithful to truth. Does this kind of trainer become a training clown?

It is particularly vultures (often young ones) who say that they want to bring "good news" and "hope" to human service workers who then precisely bring to them that which cannot possibly contain hope and good news.

Thus, such a pose bespeaks a weakness of personality which also invalidates one as a leader. People who fail to recognize this, or who are not constituted personality-wise to deal with this, become, in essence, false teachers who will mislead many. This issue circles back to the one that has to do with wanting to be popular and liked (No. 10) when what is needed, more than anything, is to carry the truth, which is a truth that the vast majority of people do not want to believe or even hear, and that therefore cannot possibly make one popular. Thus, one is most apt to carry merely false hopes to human service workers because most of them are not prepared to pay heed to the only true ones.

A good example where several of the above points seem to have been violated has occurred where free-lancers have taken on missions in contexts which were very foreign to them and for which they may have had questionable qualification and elaboration. For instance, I have been appalled at how readily some vultures have agreed to accept invitations to go avulturing abroad, often in a context which would involve pioneering firsts. Thus, where true masters fear to tread, vulture fools sometimes rush in. They may blithely go avulturing to foreign countries where they do not know the custom or language, where they have no family or long-standing relationship ties, and on top, they may go without undergoing any in-depth special preparation which seems a minimal requirement.
One reason I have been so appalled about such hubris is that when I was asked to speak in Quebec for the first time, I spent weeks brushing up on my French and worked to nightmarish proportions in order to be able to make at least part of my presentations in French. When I moved to Canada for two years, I made it a point to study the history and geography of the country so that on some issues, I was more informed than many or even most natives. Similarly, when I vultured in Australia, I prepared for months—not merely the subject matter, but the context. Once in Australia, my companion and I collected as many relevant news clippings as possible related to the topics with which we were concerned so that in our presentations or discussions, we could relate the subject matter to the local scene.

This, dear niece/nephew, concludes my exhortation. Bear in mind that since I have many nieces/nephews, you need not assume that a point was meant to refer specifically to you. I would be glad to hear from you, and how this letter of advice might be improved for other nieces/nephews as they come of potential vulturing age.

R I P

Howard Potter, who died in 1985, may have played a leadership role in mental retardation longer than any other person. He joined the American Association on Mental Deficiency as early as 1921 and was president during 1932-33. For many years, he was Mister Mental Retardation in psychiatry, and one of the extremely few psychiatrists who had a career interest in Mr. Even though his most active years were during an era of gross abuses of retarded people, to our knowledge, he did not participate in such though we also have no knowledge that he vigorously opposed such.

Resources

*In April 1985, the TIPS editor, together with Lou Chapman and Helen Zipperlen, visited the grounds of Pennhurst, the notorious institution for the retarded near Philadelphia that once held over 4000 residents and, in the wake of long dragged-out legal proceedings, is now ending its function as an institution for the retarded. Even though it is scheduled to become a home for about 330 veterans, the phasing-out of Pennhurst for the retarded is certainly an historic event. The TIPS editor was able to take a photograph of an old gateway to Pennhurst that prominently has the institution's name engraved in stone, with a brand new "For Sale" sign next to it put up by the state of Pennsylvania. Anyone desirous of acquiring a copy of this photograph should send $10 for a 3.5 x 5" or 4 x 6" print (larger prints also available at higher costs), or $10 for a 35mm slide copy, made out to the Training Institute, and allow about a month for delivery.

*Rehabilitation International is a federation of 122 organizations in 80 countries. It publishes International Rehabilitation Review (unfortunately denoted as coming in "trimesters" rather than quarterly), and Rehabilitation International Newsletter, out of 25 East 21st Street, New York, NY 10010.

Human Service News

More on the Good News-Bad News Dilemma

We have been plagued by people who get upset over our interpretation of human services as fundamentally disfunctional. People desperately want to hear good things about human services, which has been part of the good news-bad news controversy which we have repeatedly mentioned in TIPS. We suddenly found a striking parallel to this situation in a Newsweek (24/6/85) column by George Will. He poked fun at the people who love New York City and desperately try to find something good to say about it. He characterizes them as victims of the "2 a.m. pastrami factor"
because they are apt to say something as follows: "Sure, city taxes are confiscatory, the air is chewy, drivers do not stop at red lights except when traffic has congealed, the subway is Dantesque, street crime provokes normal people to acts of pre-emptive paranoia, the routine incivility of even noncriminals is semi-criminal, homeless and mentally ill derelicts float across the city, but in New York you can buy a pastrami sandwich at 2 a.m., so isn't New York grand?" This is pretty much what many people in human services say. Sure, people are being killed left and right, nursing homes are the pits, institutions shouldn't exist, the alternatives to them are hardly working, and on and on, but then comes a pastrami comment along the lines of "but not all people in human services are bad," "there are some incredibly dedicated human service workers," "I have known a few people who actually were rehabilitated," "there are a few group homes that would earn at least a minimally acceptable score on PASSING," etc.

The scarcity of good news in human service is regrettable, but should not blind us to the realities. Yet some people prefer to deny the obvious, repress the bad news, try to focus on the few available rays of light and thereby distort reality, and are therefore unable to judge correctly what is needed. Many TIPS readers decry the preponderance of bad news in TIPS, but when invited to submit newsworthy good news, they usually end up sending us another bad news item saying that they are trying real hard, but while they are looking for good news, they certainly think that the enclosed item should be in TIPS.

An example of the dilemma is the periodical, Community Life, published by the Committee in Support of Community Living out of Belchertown, MA. The periodical tries hard to emphasize positive developments in human services, but its March 1985 issue agonized over the fact that the issue was almost entirely filled with bad news. It tried to make up by including a few brief vignettes of retarded people who made it out of institutions, and publishing a series of "visions." Visions are not at all news of good things happening, but are people's musings about the good news they wish would happen in the future. Visions are most certainly good things, but we must never treat them as alternatives to the realities around us which require not merely visions (which could, after all, be merely fantasies), but which call for responses which have their own coherent logic derived from what the realities are, and what an appropriate response to them is.

We have mentioned before that the plethora of bad news makes people declare as good news things that were once commonplace. We have referred to this as the "Mother decides not to kill own child" headline. Well, the kind of good news we have been dreading has finally happened: a pretty teenager (Brooke Shields) announced in 1985 that she was still a virgin, and it made headlines all over the world.

Sex & Sex-Related News (Surely You'll Want to Read This)

*Hey, Cutie, wanna play sex with me?? It used to be that a little boy's invitation to a little girl to "let's play doctor" elicited apprehensions of impropriety. Now, one can buy table games such as Humanopoly which is copiously illustrated with male and female genitalia and where grinning sperms are marching up fallopian tubes carrying signs "we like eggs" and "eggs are cute." Maybe one should take out after human service types when they start saying "let's play sex education" (SHJ, 21/9/83).

*The scouts used to be big about teaching how to tie knots, but those must have been the old days because now, they seem to be teaching how to tie tubes instead. The money the Girl Scouts may be raising by selling cookies may very well go into a program of sex education for them (NCR, 2/3/84).
A young woman was found to have cancer at age 22, but her condition went into remission after a series of treatments. She has been going around the country saying things like "cancer helped give me a direction, forcing me to think about what I wanted to do with my life"—and what she ended up wanting to do with her life was to become the *Penthouse* magazine's 1985 Pet of the Year, and she gives her above speech in book stores, night clubs, and other locations in order to promote her book as well as *Penthouse.* (Source item submitted by Joe Osburn.)

According to FBI reports, a number of men from across the United States who were caught molesting children were found to have established computer record systems on some of their potential or actual victims. Pedophile men apparently tend to be compulsive record-keepers, and some of them have even begun to communicate with each other via computer (AP, in *Cedar Rapids Gazette*, 18/2/84; source item submitted by John Morris).

A psychologist who does research on the treatment of women afflicted with bulimia (a tendency to gorge food and then vomit it up again) reported that women who "are in a good relationship with a man are likely to get better faster." A psychologist reader responded with great indignation that first of all, such conditions are "internal" and have nothing to do with relationships, and that at any rate, if they do have anything to do with relationships, they are just as apt to be ameliorated by lesbian as by heterosexual friendships, castigating the writer's "type of thinking as narrow and sex biased" (APA Monitor, 5/84).

A militant feminist group in Britain has launched a million dollar campaign challenging the idea that sex between men and women is normal. This finally should test the mettle of all non-homosexual male feminists, dividing the knee-jerkers from the rest. (Source item supplied by Paul Williams.)

Apparently, sexually transmitted diseases have always been around. Even prior to the so-called discovery of America by Columbus in 1492, people apparently could catch devastating venereal diseases. There may even have been a milder form of syphilis about. However, after 1492, there was a world-wide outbreak of a most virulent form of syphilis which apparently had existed in less virulent forms among American Indians. Obviously, illicit sex was by far the most common means of transmission. Before the advent of antibiotics in the mid-1900s, there was relatively little that one could do to treat syphilis, and even then only in its earliest phases. Thereafter, it entered the central nervous system and produced a slowly degenerating condition terminating in psychosis, dementia and death.

Modern humans thought that they had outwitted traditional moral precepts with antibiotics, contraceptives and abortion, and began to revel in an orgy of sex, often of an unnatural kind. Now once more, the wisdom of those who consider themselves clever has been confounded, both with the appearance of relatively new venereal sexually transmitted diseases resistant to treatment, and the gradual reduction in the effectiveness of many antibiotics that used to work with old ones. Thus, AIDS, herpes, and other sexually transmitted diseases have indeed become the plague of the modern age.

The 7/85 cover story of *Life* was devoted to AIDS. So many people who are not homosexual may get it that some private health insurance firms may collapse. Strangely enough, people with AIDS cannot be given certain kinds of vaccines because the vaccine may actually cause the condition which it is intended to prevent because the body does not possess sufficient immunity. A major risk population group is the military, because major segments of its membership are notorious for sexual promiscuity and recourse to prostitutes and heterosexual promiscuity is becoming a major transmitter of AIDS. The story told of a hemophilic man in PA who got AIDS from a blood transfusion, passed it on to his wife, who gave it to her unborn baby. Interestingly, the mother was working as a nurse at an institution for the retarded.
There is a growing sentiment among the experts that AIDS may turn out to be one of the most sinister infectious diseases in human history. The big question now is whether it will acquire major modes of transmission other than sexual ones. There is much bitter irony in all of this if it should turn out that one of the quintessential diseases of individualistic, hedonistic, unbridled, and often perverted sexuality becomes not only what some people have called it, i.e., a plague, (as in "gay plague") but what epidemiologists have called a pandemic that may evolve so that it can be transmitted like the common cold.

Aside from wreaking havoc on the human immune system, AIDS has been found to also have disastrous impact on the central nervous system, and may lead to dementia not much unlike that of so-called Alzheimer's. Thus, an AIDS plague liberated from sexual transmission could, unlike the plagues of former days, result in millions of people dying slowly over long periods of time at any age, and with their minds and other nervous functions degenerating as they do.

Further before us is the spectre of an increasing number of babies born with AIDS where we do not as yet know to what degree they will be mentally impaired, contagious, or capable of surviving for any length of time. Soon, we may see highly specialized services being developed for them. We have to be clear we understand that these children cannot be equated with those unfortunate ones who will have herpes the rest of their lives.

In August 1985, the TI led a group of human service workers in Florida in a day-long exercise on how to construct a service for infants with AIDS in such a fashion as to be model-coherent and social role-valorizing. We were greatly inspired by an article on such children in the 3/9/85 issue of Woman's Day, but we also came to an agreement that such a program cannot be based on the premise, or promise, that AIDS cannot be spread by such children or only through sex with them.

*In April 1985, New York City opened a special public high school—not for handicapped adolescents, but for homosexual youth. Spokespersons said they wanted to provide a "non-sexual environment" for these teenagers who were being harassed in the regular schools. Yet the school is staffed by a homosexual teacher, and named after Harvey Milk, the homosexual San Francisco city councillor who was killed in a much publicized incident several years earlier. Interestingly, the school is located in a church above the School of Sacred Music in Greenwich Village. Initial enrollment was about 30 students, but was expected to triple by September 1985 (NBC Nightly News, 6/6/85).

*A medical professor recently announced that there is a new form of hepatitis (delta virus hepatitis) on the rise among homosexual men, and that it can be more severe and disabling to homosexual people than AIDS. It either kills quickly in its acute phase, or causes a lingering death of cirrhosis of the liver.

Miscellaneous Human Service News

*The Wall Street Journal carried an article (18/8/82) about two men named Mutz and Risk who expanded an auto-parts business into the nation's largest operator of specialized for-profit human services. The firm, called Forum Group, acquired hospitals, retirement centers and psychiatric institutions, mostly those catering to more affluent clients. The company also acquired the Excepticon Corporation which had been running institutions for the retarded, and entered the nursing home business. In its annual report, the corporation noted that "today's pressurized life style and the breakdown of traditional family values" insures a continuing increase in drug abuse and emotional problems, and that therefore, "we have the opportunity to grow in revenues and earnings beyond the fondest dreams of most managements." (News item submitted by Matt Cashin.)
In the 1960s, Daniel Patrick Moynihan was savagely attacked when he documented the disintegration of the Negro family in the US. Twenty years later, he can certainly say "I told you so," but he also adds that these and other problems have become so pervasive in the larger society that racial distinctions have become largely irrelevant. However, he also made a statement that government programs have been so successful that they have virtually eliminated poverty among the nation's aged, calling this "the extraordinary achievement of this era." Apparently, Moynihan, now a senator from New York state, has been deceived by a great deal of the recent propaganda along these lines, together with many others (Newsweek, 22/4/85).

When Medicare was approved in 1965, it was estimated that the annual expenditures might reach $8.5 billion by 1990. That figure was reached by 1972, and in 1983, the costs were about $60 billion. Medicare patients currently account for about 40% of hospital revenues. In 7/85, the Reagan administration cut back Medicare spending on home health care. Supposedly, this will save hundreds of millions of dollars, but more likely is that it will eventually cost hundreds of millions more in institutionalization, once more revealing how our post-primary production economy systematically disincentives more adaptive options.

For about 10 years, the community service program in the region in which Omaha, NE is located was a premier model for community services for the mentally retarded. As the TI teaches in many of its workshops, entropy is as active in social affairs as it is in the physical domain. This is one of several reasons why social organizations are usually best early in their development, and thereafter commonly decline, and of course, eventually they all die, as do individual organisms. Furthermore, in this day and age, everything seems to go so much faster: both the ups and the downs. This is all exemplified in the service system mentioned above (ENCOR) which had a meteoric rise, and has since experienced a gradual decline, largely because ideology and renewal mechanisms which had been the motor of the earlier rise had been neglected as too inconvenient or demanding. One of many symptoms of this decline is the news that ENCOR staff has recently joined the Teamsters Union. Not only are the Teamsters a most incongruous union for human service workers, but as is well-known, they have been scandal-ridden and mob-tied for many decades, and murder has been one of their weapons. Thus, it is nothing less than shocking that ENCOR staff would affiliate itself with such an organization that has for so long evidenced an alliance with death and evil.

In many states, new buildings are being constructed on the grounds of old institutions. In New York State, as many as 700 new "beds" are to be constructed, supposedly because they constitute the "least restrictive environment."

Unfortunately, there is a well intentioned effort underfoot in Congress to expand state Protection and Advocacy programs from the "developmentally disabled" to "mentally ill." If this should go through, we can anticipate the gradual perversion of P&A programs for the mentally retarded (APA Monitor, 8/85).

There is a very attractive new US commemorative stamp with the theme "Aging Together," which shows what looks like a grandparent couple with two grandchildren. The stamp could have been further improved if it had included someone in the mid-years.

Aloholics Anonymous, founded in 1935, is celebrating its 50th anniversary. The famous 12 steps of recovery of AA are basically sound and consistent with Social Role Valorization, except that AA has tended to play up the concept of alcoholism as a disease rather than a vice.
In 1923, Hitler said, "The Jews are undoubtedly a race, but not human" (Aronsfeld, 1975). Soon after he came to power in 1933, the highest German court declared that Jews living in Germany were not persons in the legal sense (Frankel, 1941). Nonetheless, no one wanted to believe it once the Nazis started killing the Jews. An April 1985 TV documentary told a story of a Jewish Holocaust survivor who managed to be the first person to escape from an extermination camp so as to be able to tell the world that Jews were being killed in large numbers. He was able to get his message to a largely incredulous world, and at first, most other Jews did not believe this message. Even toward the end of the war, one rabbi from Slovakia wrote to another rabbi in Hungary that Hungarian Jews had to assume that the Nazis would try to kill them soon, but the Hungarian rabbi kept the letter a secret. He could not believe what it said nor did he want to perturb Hungarian Jews with the message. When the Hungarian rabbi testified at the 1961 Eichmann trial in Israel, there was a courtroom outburst against him. It is so easy to have historic hindsight after a generation but not perceive obvious massive genocide in one's own time and context.

In Canada, women were not recognized as persons before the law until 1929. Among other things, women could not practice as lawyers because they were not persons before a court. Yet within 50 years after attaining legal personhood, the majority of them decided that their unborn offspring were not persons, thus displaying a very short memory, and a willingness to incur genocide.

We were told that in 1985, at yet another of those many awful contemporary bio-ethics panels, the panelists were asked by an interviewer to "define life." Even though the panel took place on a Christian broadcast channel and included clerics, the panelists replied that they would much have preferred it if they had been asked to define death, because that was so much easier.

It is particularly ironic that the term "selection" has generally been used in a fashion that has a positive connotation. We may only recall expressions such as the "select few." Yet "selection" was the term the Nazis used to refer to the identification of people who were to be killed, and now it has also become the term used in American medicine for identifying people who would be denied treatment. The term has become particularly popular in the medical culture that deals with spina bifida. For instance, in many pediatric departments, children are "selected" for non-treatment rather than for treatment. In at least one well-known study of children with spina bifida at the Children's Hospital of MI in Detroit (Feetham, Tweed, & Perrin, 1979), the term "selection for treatment" was used to refer to denial of operations for the condition. (Source item from Ron Seigel)

A new method is being studied that may be able to aid in the determination of so-called brain death. CAT scanners are being used to track the movement of inhaled xenon gas into the brains of comatose people, and this permits the tracking of blood flow through the brain. Low flow values so far have correlated very highly with EEG indicators of brain death. This is mixed news. On the one hand, it may reduce the obsessive, tortuous and prolonged efforts to keep up body functions with machines well after the soul has fled, but on the other hand, these indicators may be used with rapacious haste in order to harvest body parts, or to save money (Science News, 15/12/84; source item from Jack Pealer).

A prime mover of hospice provisions in the US Congress is Senator Heinz from PA. In 1985, he observed that unfortunately, "significantly less" than the anticipated 31,000 elderly people are "benefitting" from hospice provisions. He declared the program to be "on the verge of success," noting how much money the government would save if people used hospices instead of other federally subsidized programs. Finally, he said (at least, so it is reported) that those who need hospices the most are the terminally ill (Rehab. Lit., 5/6/85).
Someone is gonna burn for this. Because cigarette sales in the developed world have stagnated or even decreased, the tobacco industry has shifted its attention to the Third World where its marketing strategies are producing an explosive increase in smoking. As a result, one also sees things such as the people in Bangladesh, one of the poorest countries in the world, spending as much as 20% of their incomes on tobacco, and lung cancer is on the rise in such countries. Advertisement cynically links smoking to sophistication, and is aimed especially at the young. Governments go along with this because they reap huge benefits from tobacco taxes. Thus, we have yet another rather hidden way through which the first world oppresses the third.

*Between 1956 and 1983, Bendectin had been prescribed to 33 million pregnant women in order to relieve morning sickness. We now know that there is hardly anything like a safe drug for pregnant women, and there are now about 1000 lawsuits against its manufacturer, Merrell Dow Pharmaceuticals of Cincinnati, charging that the drug caused birth defects, which the firm denies.

*In the 4/85 issue of TIPS, we predicted that we may see salmonella catastrophes, particularly afflicting vulnerable populations. Within days after the issue came out, 14,000 people in 6 states were stricken with such poisoning from contaminated milk, and every one of the 5 who died were in the high risk groups (Science, 17/5/85).

*Only 19 miles from Cincinnati is the (Fernald) Feed Materials Production Center which makes enriched uranium for both nuclear reactors and nuclear weapons. Since the 1950s, it has leaked more than 96 tons of uranium into the air and 74 tons into the local water, and yet another 337 tons remain unaccounted for. Even in a 3-month period early in 1985, it still leaked 275 pounds of radioactive dust into the air. People living near the plant during the 1950s have been exposed repeatedly to the equivalent of 460 chest X-rays, which is 125 times the current safety standard each. Despite 30 years of leaks, the plant has been unable to get these problems under control (Newsweek, 20/5/85).

Tinkering With The Forms & Definitions of Human Life

The kind of genetic engineering that is going on, and the word games being played to manipulate who/what is live, human or has personhood (see above section), are reinforcing each other in a destructive fashion. For instance, genetic engineering has created crosses between humans and animals--as between mice and men (the "hmouse"). Further, human growth genes have been inserted into the embryos of rabbits, pigs and sheep, so that the resulting animals now have part of the human genetic code (AP, in SHJ, 26/6/85). We also predicted somewhat facetiously that soon, someone would try to implant a human embryo in one of the larger mammal animals, and that we might witness a spectacle such as a cow giving birth to a human. Well, fact is sometimes at least as strange as fiction, and commonly overtakes imagination. Scientists in England have announced that they want to implant human embryos in rabbits, sheep and pigs for research purposes (Pro-Life News, 5/85).

Animal abuse is linked to the common human hatred of creation, but the pretense that animals are human is almost always found in connection with the belief that at least some humans are animals. Thus, we have an animal rights movement that is doing much to combat animal abuse, but that commonly fails to exalt human life. In fact, animal rights activists are often pro-abortion and pro-"euthanasia."

Even though the animal rights movement is relatively small, it has been phenomenally successful. Between 1968 and 1978, mammals used in research declined from 33 to 20 million, and have probably declined much further since.
We have already commented on some of the funny and not so funny things animal rights activists have done. One of the things they have been doing is to vandalize animal research laboratories. One of their victims was the psychology department of the University of California at Riverside where animal rights activists broke in on a weekend and wreaked about $100,000 worth of destruction in 20 laboratories (about 2/3 of them psychology labs), kidnapping over 700 research animals and stealing or destroying so much documentation that it would cost over $600,000 to repeat the experiments. The Animal Liberation Front claimed responsibility for the break-in. (By the way, a woman psychologist whose lab was thusly vandalized said that the event was tantamount to her being raped.) (APA Monitor, 8/85) Yet in contrast to damage done to abortion clinics, this kind of damage has attracted very little outcry and only an infinitesimal fraction of the law enforcement capacity that abortion clinics destruction has attracted (APA Monitor, 6/85).

In another case, animal rights activists claimed that they had been visiting certain monkeys on a repeated basis, thereby establishing "bonding," which should give them special standing in the decisions as to what would happen to the monkeys. We wish the animal rights activists luck, because if they succeed, then perhaps even citizen advocates who are not family members may attain officially recognized special standing so that they cannot be barred from visiting their proteges at will, and at the very least will be informed of major decisions made about their proteges.

*Children of dwarfed growth began to be treated with extract from human pituitary glands (derived usually from accident victims) after 1966. Recently, some of these people have died from a mysterious slow viral infection of the brain for which there is no known cure. On the chance that the growth hormones may have been contaminated, treatment for about 3500 children is at least temporarily in abeyance, but the natural hormones may soon be replaced by synthetic ones--unfortunately derived from recombinant DNA techniques.

There is a Raging War Against Handicapped People
In Contemporary Society

Milton Baker

There are places on earth where we commonly see the process of wounding occurring, where we see human beings broken and afflicted. I call your attention to the field of battle, where whole armies are pitted against one another, where hatred achieves its ultimate expression: the obliteration of other human beings.

As one describes some of the characteristics of warfare, very powerful parallels begin to emerge between the battlefield and what is happening to handicapped people today. For instance, our "armies" are lined up facing each other. One will be put to death, the other one will triumph. One army is on the hills, the other is in the valley. One has staggering power, the other is weak. The powerful one will crush the other.

Our reluctance to see our common humanity leads us to divide ourselves into different camps, to do battle, to harm and maim. Once we are divided and in our respective camps, it takes but a minor provocation to set the skirmish in motion. Once the battle is underway, there is an intense desire to do away with the other side. In a war there are losers, and there are those who have won and triumphed.

In every war there is the taking of prisoners into a camp set aside for their surveillance and detention. The wounded are brought in, the officers who preside look on in stoic acceptance, explaining why it has to occur and who in authority had mandated it. Just a few gaze upon the scene grimacing at the sight of all the mangled bodies, all the pain, the blood, the anguish.
Within the prison camp, there are a myriad of activities going on. Everywhere one looks there are physically wounded people, those who are shocked by it all, and many, many people whose wounds are not immediately observable. Some of the wounded are bandaged, while others remain unattended. Little real healing takes place. Some are moved to apply the bandages, to touch the afflicted, to walk with the wounded. Some who are so moved learn poignantly that the prison itself will not allow one to heal, that the prison inflicts even more wounds, that the essence of it all keeps the sores of human misery open and festering. Some even spend a lifetime applying the bandages, often in many layers, upon wound after wound, never seeking to find the source from which comes all the affliction, pain and anguish.

Every war has its observers who look upon the skirmish secure in their distance, free from the wounding and its pain, unwilling to even speak out against the conflict and inhumanity of it all.

Often, the battle goes on because so many people fail to act. The wounded scream in pain; some hear, others don't.

Every war also has its generals, behind the lines, away from the thick of it all, calling the shots, organizing the scenario, plotting the strategies, sending out the foot soldiers and reading the statistics and the body counts, seeing to it that procedures are followed and that everything is done properly. The body count brings reward and recognition to those who carry out the ritual, both to those who know what it truly means to wound the flesh and spirit of another human being, and to those who do not.

There is a war of hatred going on today in our society; where the powerful expend their strength and might upon the weak, frail, and powerless; where wounds are cut that leave physical, emotional and spiritual scars never to be completely removed. There are powerful forces in motion, organized and directed to the goal of wounding and ultimately annihilating people. Participating in this massive war against handicapped individuals are our citizens, professional groups, even our hospitals, clinics, and other social institutions.

Postscript

At the TI, we have noted that the language of human service borrows heavily from that of warfare, as can be noted by the following terms: in the field; troubleshooters; rear echelons; lines of defense; fall-back positions; combatting a problem, e.g., mental retardation; target populations or groups; targeting in; zero-in, hitting, e.g., the target population, dropping bombshell, bombard; triggering; line-up; drawing battle lines; regimentation; triage; drills; discipline; campaign; warfare; battles; siege; tactics; strategies, transfer; safeguards. The problem with many of these terms is that they are applied to the people served as if they were the enemy. Much more appropriate would be the use of warfare imagery to describe what defenders of the oppressed are doing, namely battling on behalf of the latter.

More on Warfare Against Afflicted People and in Human Services

*Children with spina bifida at the State University Hospital in Iowa who were denied medical treatment were said to be "targeted for non-treatment" (1984 E & N Public Service Video Cast).

*The House of God by S. Shem (1978) is a fictionalized account (since made into a movie by United Artists) of a medical student's internship year at a large private hospital with the medieval name House of God. Readers must assume that much of what is presented actually takes place in hospitals. If that is the case, the situation is even worse than we had thought. The story recounts incident after incident of poor, outright incompetent, and sometimes even deadly medical practice against patients, even by physicians who have long since passed their examinations and have been practicing for many years. In a number of instances, people actually die, primarily as a result of treatment rather than lack of it, and physicians, nurses, and other staff collude in covering up these cases.
The book uses the term "Gomer" (feminine gomère), the acronym for "get out of my emergency room," to refer primarily to senile elderly people who are described in the book as "those who do not want to live but whom no one will let die." They are also described as "human beings who have lost--often through age--what goes into being a human being." Much fun is made of such persons throughout the book, and there is one instance where a physician takes the life of such a severely suffering person. It is common practice for physicians in emergency settings to try to get rid of those who enter the emergency room, not by admitting them but rather by "turfing" them, meaning primarily sending them back out onto the street, sending them to another hospital, or, as a last resort, sending them to another department of their hospital. The practice of turfing was a favorite among all departments of this hospital as well. Also included are examples of the lust for technology, and of medical warfare against death, as when people who are in the last stages of serious and painful terminal diseases are literally attacked by teams of physicians and nurses wielding the most advanced instruments, and who tear the person's body apart in an effort to keep the body pumping just a little bit longer.

The book is also an indictment of medical training, which can kill a true calling to service that a student might have, and in fact, which selects and rewards those who are competent in the technology of medicine, and who are willing to play the game of getting ahead in the medical profession, rather than those who are truly good with and for the people they serve. In fact, after reading the book, one wonders how any medical student can get through the internship and residency years with his or her sanity intact, let alone with a continuing commitment to practice good medicine. Both good and bad news is the fact that the book is very funny. Many parts of it are hilarious. This makes the story bearable, but it may prevent some readers from seeing, or even counting as real, the stories of the poor practice of medicine that it includes.

A slang term for mental retardation used in the book is "microdeckia," meaning that a person has less than a full deck.

* There is a new book out entitled Assaults Within Psychiatric Facilities. Ideologized persons might assume that it deals with psychiatric assaults on people with mental problems, but of course, the truth is otherwise: the book deals mostly with assaults by clients upon human service personnel. Almost all the human service literature that deals with violence in human services is disproportionately directed at client violence rather than personnel violence.

* A nursing aide who was supposed to take care of an 81-year old man in Naples, FL, instead strapped the man to his bed, stripped him of his hearing aid, lower dental plate and crutches for nine months while extracting signatures from him for $60,000 in checks and stocks (SHJ, 25/6/85).

* There is now yet further evidence that people released from psychiatric facilities have a greatly higher death rate than normal. Among other things, they are much more likely to die from diseases, suicide, and accidents, not to mention other causes. Females within ages 30-39 are a particularly high risk group. Once more, we find that researchers from the shrink world come up with the most bizarre answers to the problems to which they heavily contribute in the first place: making greater use of electroconvulsive treatments (Science News, 12/1/85; source item from Jack Pealer).

* The Rosewood Center for the mentally retarded in MD is a good example of how bankrupt even a well-funded and well-staffed service can be if its model is incoherent or positive ideology is lacking. The facility has been scandal-ridden for some time, and the state has tried to cover up the scandals. However, the facility has had an excellent staffing complement of 1,420 staff for 900 residents, and 1 physician for every 68 residents. Yet as of January 1985, the end of the disfunctionalities at Rosewood were nowhere in sight.
In June 1984, 35 employees at the Manhattan Developmental Center for the retarded in New York City were suspended amidst allegations of client abuse, drug trafficking, loan sharking and drinking while on the job.

A class action suit was filed on behalf of residents of the Hissom Memorial Center, a mental retardation institution in Sand Springs, OK, charging that Hissom, which houses 600 residents, "is a dangerous place to live." It is obviously also death imaged by its name (TASH Newsletter, 7/85).

At the Savoy Nursing Home about 60 miles north of Dallas, TX, someone poured a red cleaning solvent into a bottle from which cranberry juice was routinely served to the residents. Six residents were made ill, and one of them died (SHJ, 11/6/84).

A 35-year old woman, reportedly insensate of her surroundings because of a brain disease and strapped in a hospital bed at a "convalescent and rehabilitation hospital" in California, was evidently raped, and almost certainly by an employee, because one day she was discovered to be nearly 20 weeks pregnant. A court granted her parents the right to have an abortion performed (SHJ, 22/6/85).

In 1985, a scandal erupted involving abuse and mismanagement at the Rivière des Prairies Psychiatric Hospital of the University of Montreal in Quebec. Most of its residents, both children and adults, are retarded and the rest are mentally disordered. Residents had been brutally beaten, one woman was found dead in a bathtub, people were left strapped on toilet training chairs all day, a broken arm was left untreated for two weeks, a retarded man with hydrocephaly was mysteriously beaten to a bloody pulp, and a resident lost fingers without anyone knowing how. There have also been allegations of prostitution, and of drug and protection rings which, if they are true, may never be provable. All this is funded at $350,000 per client per year, not counting the salaries of physicians and psychologists, or capital costs. Yet since the top administrators denied virtually all charges, and allowed only that whatever problems there were were due to a shortage of staff and psychiatrists, one is astonished to learn that for its roughly 600 residents, there were 1200 staff members, including 13 child psychiatrists for 150 children. Earlier efforts by advocacy organizations to get the facility to make improvements had also been met with hostility. Interestingly, the association of parents of residents split, with the majority supporting the institution as it was, and the minority starting a new group to promote community living. (Source item from Jean Eaton)

For many years and in many countries, children, especially in youth organizations, have played a sort of outdoor wargame in which the object was to capture the enemy's flag and/or to tear an identifying mark from a member of the enemy team, which meant that the enemy was dead. Now, an increasing number of adults are taking up this game in North America. A version of the game has been formalized, franchised by National Survival Games, Inc., based in New London, NH. For instance, players are armed with dye-shooting small arms, and whoever gets dyed dies.

Air pistols used for this purpose are the same kind designed to mark cattle in a herd for slaughter or trees in a forest for cutting down. The sport is drawing people from all walks of life, and there are now at least 38 franchises. The franchise for eastern PA and parts of NJ and DE is held by Challengers, Inc., a subsidiary of Buttonwood Farms—which also operates the Delta School, a special education facility in Philadelphia. The proceeds of the wargames are used to fund the agency's summer camp for the handicapped—and one wonders whether that camp is run along similar lines. (Source item supplied by Robert Spencer)
*One of our acquaintances mentioned recently that more retarded people appear to be going insane. This seems a rather plausible observation to us. Certainly, anyone who has read TIPS for any period of time will recognize that as our society is becoming more insane, so are its human service workers, and they are the ones who so commonly structure the lives of retarded people in an insane fashion that makes it most difficult for clients to retain their sanity. Furthermore, retarded people are exposed to so much wound-striking even outside of human service contexts that altogether, one would not be surprised if the above observation were correct.

*The growing perception by the public that the medical profession is turning into deathmakers is illustrated in 2 jokes we found in two different parts of the very same issue of a newspaper. In one cartoon, a man on the operating table says to 6 masked operating room people: "There is no point in your putting on masks. I know every one of you." The other joke involved a child asking his father why surgeons always put on gloves before an operation, to which he replies, "Most certainly in order not to leave any fingerprints."

**Use & Abuse of Prescription Drugs in Human Services**

*Drug administration errors are bound to occur when 1.5 billion prescriptions are dispensed each year in pharmacies, and hundreds of millions more are handed out in hospitals. In general hospitals, drug dispensing errors run about 6-20%, which amounts to about 1 error per patient per day. This problem has not changed much over the years, no agency keeps track of such errors, and little is done to reduce them. In fact, the problem may get worse because the number of new drugs is increasing, and more and more, they have similar names. However, a peculiar phenomenon is that the drug dispensing error rates shoot up dramatically wherever devalued people are involved. In at least one 1982 study of nursing homes, it was 59% (Parade, 5/5/85). In the Central New York area, there were a number of instances where a nurse accidentally administered 10 times the amount of prescribed morphine, once to an 84-year old man and once to a 6-week old baby (SHJ, 20/4/85).

Similarly, at Vanderbilt Hospital, an 81-year old man who was in the hospital for minor cataract surgery was accidentally given liquid air freshener to drink instead of his liquid medicine (AP, 23/3/85).

*At our one-day TI workshop entitled 'Preventing or Reducing Excessive, Abusive or De-dignifying Use of Human Service Technologies, Focusing Especially on (Psychoactive) Drugs and Behavior Modification as Major Examples,' where we spend quite a bit of time explaining how prescription psychoactive drugs are vastly more likely to be used to harm than to help, and what to do about it, we may have anywhere between 60 and 120 participants. However, when the McNeil Pharmaceutical Company that makes such drugs gave a conference on psychopharmacology on Long Island, 200 human service workers from the Long Island region alone attended (This Month in Mental Health, 7/85).

*Parkinsonism is a pretty nasty degenerative neurological syndrome, but more and more reports are coming in that it is much preferable to its cure. The "cure" consists of all sorts of neurotropic and psychotropic drugs which may control some of the tremors of Parkinsonism, but which commonly induce depression and dementia. Often, these symptoms are then ascribed to Parkinsonism itself, and may lead to the administration of yet additional drugs that do even more harm. Fortunately, withdrawal of the medication for Parkinsonism will often restore a person to a livable state with Parkinsonism (e.g., Healthwise, 6/85).

*The possibility is emerging that some anti-psychotic drugs are effective at only 10% of the dose at which they are usually administered (Science News, 12/1/85; source item provided by Jack Pealer).
Between 1970 and 1978, 1,737 residents of the Rockland Psychiatric Center in New York State died—an amazingly large number, amounting to 17.5 deaths per month, or more than one every other day. There have been allegations by people (which included the Rockland County medical examiner) that at least many of the 1970–1978 deaths were the result of over-medication. (Death rates were still 7, 5 and 6 respectively in 1980, 1981 and 1982.) These allegations were vigorously denied by state authorities, but knowing what we do about the use of psychoactive drugs by the state of New York, one's mind is hardly put to rest by claims about the legitimacy of these deaths.

A Sign of Our Time: Hatred of Reproduction, Child-Bearing & Offspring Itself

A number of contemporary phenomena can be subsumed under, or are related to, a growing hatred of reproduction, child-bearing and children themselves. This development accounts for many abortions, and much of infanticide, child abuse (sexual and other), child killing, child abduction, indifference to the welfare of children, and extrusion of children from their homes, manifested either by children running away or being kicked out. Unfortunately, homosexual circles (both male and female) have contributed a shove to this hatred of reproduction, as has a certain sector of the women's rights movement. Without any doubt, the abortion movement has thusly contributed heavily with its interpretation of the unborn as evil assailants of women's rights and freedoms who need to be "intercepted" (see warfare language mentioned above).

Those who perceive and understand this hatred of reproduction and its products will perceive much more clearly any of its specific expressions, such as the one we call "child junking" or "child wasting." For instance, we can note that the growing hostility toward reproduction and children is linked to the growing hostility toward traditional family life in general, and is therefore linked to any number of other phenomena of our time, including the extrusion of elderly people from family life, virtually total separation of both heterosexual love and sexual intercourse from reproduction, and the devaluation of heterosexual love, heterosexual marriage, and commitment to one's marriage. Furthermore, more and more, reproduction is disassociated from marriage.

Below, we document several expressions of these developments.

*New York City buries its unclaimed paupers on Hart Island in the East River. Babies, fetuses, severed limbs and organs are buried in small containers officially called "refuse boxes." Oddly enough, people who have died of AIDS are buried in a segregated grave—a sort of quarantine until the day of judgment (Philadelphia Inquirer, 26/5/85).

*Fewer and fewer physicians will perform obstetric practices and deliver babies. At a time when more and more of them are willing to perform abortions, this is certainly very revealing (Interim, 7 & 8/85).

*Even as people are throwing their real life babies away, one can now buy dolls modeled on characters of the Dynasty TV evening soap opera for $10,000 apiece. Lower-quality versions are available for a mere $125 each.

*An Ontario government ruling, now being appealed, decreed that children up for adoption could not be matched to adoptive parents according to religion, and that married couples could not be preferred over homosexual singles or couples (Interim, 7 & 8/85).

*In Canada, the National Association of Women and the Law said that a woman's group that tries to promote traditional family life should not receive federal funds because "they put family before careers" (Pro-Life News, 5/85).

*Between 1979 and 1983, there was about a 50% increase in babies born to Canadian women who had never been married (Interim, 7 & 8/85).
A fascinating schizophrenia is developing in the liberal mind. Any effort to remove obscenity from educational texts and curricula is generally vigorously opposed by them, while at the same time, they are making increasing efforts to screen and censor such materials for explicit or implicit sexism. For instance, attacks are beginning to be developed against school texts that show women in motherhood roles, and fathers going out of the home to work. One team of anti-sexist librarians screened the library books of a high school in Tasmania, Australia, throwing out over 500 titles, including Born Free, Snow White, and the Bible. Thus, censorship is good for one cause but bad for another (Interim, 7 & 8/85).

Yet another assault on the elderly and their embedment into the family is represented by Mary Gorton's 1978 book, Final Payments, which is the story of a 30-year old woman who has spent the last 11 years caring for her invalid father. When he dies, she is paralyzed by what a New York Post reviewer called "church-induced guilt," and does not know what to do with her own life. She eventually struggles toward "self-realization," which implies that self-realization is not possible caring for a dependent person. The reviewer hailed this as one of the best books of the decade.

Abortion

The above section should make several of the following ones more intelligible.

The Contest Regarding the Status & Identity of the Unborn

Strangely enough, 32 states now function under legal rulings declaring that a viable unborn baby is a person (Pro-Life News, 7/85).

The US Supreme Court has agreed to hear the case of Charles v. Daley. At issue is whether in Illinois, a mother has the right to an abortion late in pregnancy. The 1973 Supreme Court Abortion judgment ruled that the states could have more highly restrictive legislation for late-pregnancy abortions than for early ones. If a late pregnancy is terminated once the fetus becomes viable, the baby can, by choice, be delivered as either alive or dead, and the question then arises whether a mother has the "right to a dead fetus," or merely to a termination of pregnancy. Ordinarily, two of the old stand-by pro-abortion arguments would fall away: lending one's body to another against one's will and preserving the health of the mother. If the lent body is withdrawn (so to speak), and the baby can be delivered live without impairing the health of the mother, then what argument must be mustered to insist that the viable baby be killed in addition? Especially if adoptive parents are standing by to adopt the baby? Obviously, we can expect that some of the real motives of the abortion movement will emerge more clearly into the open with this case.

Yet another instance of legal schizophrenia that we can add to medical schizophrenia regarding abortion is that courts in a number of states have held that at least for purposes of suing for damages an unborn child is a person (e.g., the Supreme Court of North Dakota in 1984 and the Illinois Appellate Court in 1984). In other words, an unborn may be killed for not being a person, but should the killing go wrong, someone may sue for damages on behalf of the unborn who has suddenly, for purposes of damage collection, become a person.

In her recent book, Not An Easy Choice: A Feminist Re-examines Abortion, Kathleen McDonnell argued that advocates of abortion were making a mistake in trying to deny the separate identity of the fetus, and should instead simply emphasize that it is a woman's right to decide whether to abort or not, whatever it is she is aborting. This argument is much more honest than the one that invokes euphemisms for the unborn, or for abortion itself (Pro-Life News, 5/85).
The American Cancer Society produced a TV ad that asked, "Would you give a cigarette to your unborn baby?", and then showed the picture of an unborn baby puffing on a cigarette with the comment, "You do every time you smoke when you are pregnant." CBS and NBC turned the ad down as "too graphic," but more likely because it might convey the idea that an unborn child is a living, breathing human being (Pro-Life News 7/85).

Miscellaneous Abortion News

*What are the most common surgical procedures in the US? First is circumcision and second is abortion (Brennan, 1985).

*A 1981 study estimated that the average Russian female had 6 abortions in her lifetime (Parade, 31/3/85). It is also estimated that there are two abortions for every live birth in Greece (The Interim, 7 & 8/85).

*Official abortion figures rarely, if ever, take into account the number of abortions "performed" through the use of certain so-called contraceptives that are actually abortifacients, such as IUDs and certain drugs. IUDs work by preventing the implantation of a fertilized egg--i.e., a new human being--not by preventing fertilization/conception itself. Currently, at least 80 million women worldwide use IUDs (Newsweek, 11/3/85). Although a woman using an IUD probably does not become pregnant (and then abort) every month, nonetheless it is conceivable that a single user could have about 100 such unrecognized abortions in her lifetime. Thus, the true annual number of abortions worldwide is unspeakably higher than the already staggering figure of 15 million "officially recognized" ones. If one assumed a mere 3 fertilizations per woman using an IUD, there would be 240 million abortions per year. To call such abortifacients "contraceptives" is a crude, but apparently highly effective, detoxification.

*At a time when the unborn are aborted in large numbers in a way that dismembers them, and are then often stored in jars, it seems singularly bad taste to market a "coleslaw doll" novelty item that consists of severed parts of dolls thrown helter-skelter together in a mason jar.

Support for, and Opposition to, Abortion

*Guru Bhagwan Shree Rajneesh said he did not feel in the least bit guilty about his own wealth and the fact that his followers have given him 90 expensive Rolls Royce cars, because after all, poverty in the world was due to Catholics and other religions opposing birth control and abortion (UPI, in SHJ, 22/7/85).

*The House of Bishops of the Anglican Church of Canada has issued a clarification of its earlier resolution on abortion. It condemns all abortion except in cases of "serious threat to the life or health of the expectant mother," and calls for encouragement and supportive services for expectant mothers so that they will carry their pregnancy to term and take care of their child. Abortion on demand was explicitly rejected.

*In 7/85, the citizens of Switzerland voted to retain liberal abortion legislation, and permission to use abortifacient "contraceptive" drugs.

*The organization, Choose Life Canada, has set up its new headquarters directly adjacent to the infamous Henry Morgentaler abortion clinic in Toronto (Interim, 7& 8/85).

*Women Exploited By Abortion was founded in July 1982, and in less then three years it grew to over 120 chapters in 42 states, with other chapters having been formed in several countries. (Source item from Chuck Burkhouse.)
*Even though hundreds of abortions are performed each year at the University of Texas Medical Branch at Galveston, one of its first-year students in its MD/PhD program received a humanities and medicine award for an essay that challenged the underpinnings of the 1973 US Supreme Court's abortion ruling (clipping sent by John Morris).

*Carbondale Memorial Hospital in IL has decided to ban elective abortions after all but two of its operating room nurses refused to assist, and more than half of the 67 staff physicians petitioned for the ban. At the Golden Triangle Regional Medical Center in Columbus, MS, the entire operating room nursing staff refused (Pro-Life News, 7/85).

*For once, an outspoken opponent of abortion was appointed to the IA Commission on the Status of Women. This drew a storm of protests. She was referred to as an "extremist" by women's groups, as having a narrow view of women's issues, and it was held against her that she had once been rejected to serve on the State Board of Nursing because of her opposition to abortion. (Source item from John Morris.)

*Unfortunately, US Congress members who support abortion are more likely to vote in support of government-financed child and family programs than those who oppose abortion (NCR, 19/7/85).

*While "The Silent Scream," the film that vividly depicts an unborn child trying to get away from the abortionist's instruments, was being transcribed onto video tape, someone sliced in 6 minutes worth of pornographic footage, and some of the tapes that had already been sold and sent out had to be recalled (Interim, 7 & 8/85).

*In British Columbia, a man walked into a hospital, and while no one was paying any attention to him, he wheeled a suction (abortion) machine out the front door, loaded it on his truck, and took it home. There, he converted it into a book trolley and made its motor inoperative. He then loaded the device back onto his truck, took it back to the clinic, and informed the receptionist and a supervisor that he was returning stolen property and that they might wish to call the police. They apologized for being terribly busy and asked him to call the police himself, which he did, and is now up for trial. Since then, there has been a drastic drop in the number of abortions performed at that hospital (Interim, 7 & 8/85).

*A widely-acclaimed 1985 book, The Cider House Rules, uses the technique of the novel to convince people how right it is for women to have the right to abortion. The novel sets up a character who assists an abortionist, then turns against abortion, but is shown the error of his ways by what happens to him. Abortionists are portrayed as heroic.

*We recently saw an appeal, headlined "Help stop clinic violence," and thought it had something to do with stopping violence towards devalued people in medical settings, or perhaps even stopping abortions. As it turned out, the headlines referred to stopping the destruction of abortion clinics, and was distributed by Planned Parenthood.

**Euphemisms & Detoxifications**

*In tens of thousands of Nazi holocaust documents reviewed in one research project, not once was the term "kill" encountered. Is there any lesson to be generalized and learned?
There now is a euphemistically named ETP clinic at the Department of Obstetrics and Gynecology at the University of IA. ETP stands for "elective termination of pregnancy." Because the clinic assiduously avoids the term abortion, it may very well be performing abortions on women who manage to repress the fact that they are pregnant. For instance, it will perform "a menstrual extraction" interpreted as "pulling your late period out of you." (Source items provided by John Morris.)

An ad in Houston announced "pregnancy termination," followed by the announcement "this is not an abortion clinic." When someone called and asked what they did, they said they used a suction syringe rather than vacuum, and did not use anesthetics, merely "a shot" to numb the cervix (Pro-Life News, 5/85).

Because so many babies have survived abortion, a new method has been developed whereby a fatal dose of the heart drug, Digoxin, is injected into the heart of the fetus to assure that the abortion succeeds in its aim, i.e., a dead child (Pro-Life News, 1/85). In other words, there is a commitment, a desire, to kill, and delivery of a dead fetus assuages the scruples of participating personnel, and undoubtedly of the parent(s).

Utilitarian Exploitation of the Aborted

The Canadian publication, Pro-Life News, has a 32-item list of publications on experimentation on live aborted fetuses.

A 1985 article in Gastroenterology reported yet another piece of medical research conducted on an aborted human which studied whether fetal intestines could be maintained in cultures. Obviously, this could later also have implications to using the unborn as sources of organ transplants.

The Presbyterian Church of Scotland has condemned surrogate motherhood and experiments with human embryos. The Church of England seems divided in that a 1985 Synod rejected embryo experiments, but its Board for Social Responsibility endorsed it (Interim, 7 & 8/85). The British House of Commons rejected a bill to prohibit research on live human embryos.

There have also been allegations that fetal tissues, presumably from abortions, have been used for transplants at a hospital in Melbourne, Australia (PLN, 7/85).

Even though Austrian law forbids the selling of human embryos, Austria was scandalized to learn that there had been a flourishing traffic in such embryos for use in beauty products. Embryos were sold on the black market for about $13 apiece, and there are allegations that at least one American firm that has a branch in Austria bought thousands of embryos in South Korea and shipped them to the United States. Reportedly as late as 1984, a French facial cream was advertised as being made from human embryos (Pro-Life News, 7/85).

Abortion Risks

A Canadian monograph entitled Abortion's Aftermath (Human Life Research Institute, 1985) may very well contain the first brief overview of research on the impact of abortion on women who have had one. Some of these research studies have been based on as many as 11,000 pregnancies. When the first ones started coming out in the early 1970s and reported negative aftermaths, abortion advocates suspected them of being "scare tactics," but the general trend of the findings continues to be confirmed, and there is now a large enough number of studies that suggest that a good proportion of such women suffer long-lasting trauma as a result of their abortion, and depending on the age group, between one and three women per
100,000 die as a consequence of the abortive procedures. Every time a woman has an abortion performed, the probability of her being able to conceive again declines. Also, the rate of ectopic pregnancies more than triples, which in turn contributes disproportionately to maternal death. There may be an increase in menstrual symptoms later on, and when pregnancies end in induced abortions rather than live birth, there may be an elevation of risk for breast cancer. Paradoxically, abortions may actually increase certain kinds of congenital defects in subsequent children—exactly the opposite of what is often a motive for abortion. There is also a suggestion that abortions early in life have more deleterious health and mental impacts than those performed on more mature women.

Amazingly, one study found that out of every 1400 first trimester abortions, the abortion is not successful, so that the procedure either has to be repeated or the woman decides to carry the baby to term, presumably with very high risk that the baby will be damaged.

Mental aftermaths may include psychological problems of various kinds. Various psychological symptoms on the anniversaries of either the abortion or the time the baby would have been born, or another early pregnancy in most instances where the woman, usually as a young girl, was pressured against her will into an abortion. In fact, whenever a woman seeks or accepts an abortion to please somebody else or in response to any sort of pressure, the risk of psychological aftereffects goes up. Women who have abortions for genetic, physical, and medical reasons are highest at risk because their pregnancies were often desired ones. When women who have had an abortion do become pregnant again, they then often have high fears of fetal abnormalities.

Not surprisingly, the siblings of aborted children also showed all sorts of psychological problems. However, this might have been due not merely to the knowledge that their mother had an abortion, but also in response to the mother's own psychological problems and personality, either resulting from abortion or conceivably even the ones that gave rise to the abortion in the first place.

None of this should really be surprising. When modern technology or medicine introduces a new technique, procedure or treatment, it is almost always hailed as more useful, more successful and less dangerous than it eventually turns out to be.

Sadly, virtually none of these facts are apt to be communicated to women prior to an abortion. As a result of the increasing recognition of these aftereffects, the number of self-help groups of women with an abortion history has gone up, including one called Feminists For Life, which has become an international organization. Some of these have initiated pregnancy aftermath hotlines. Such hotlines have been receiving an increasing number of calls from women who have had abortions anywhere from between 1 day and 30 years earlier.

*First and second trimester abortions are now more dangerous to the life of the mother than continued pregnancy and childbirth.

*The unlicensed abortion butchers of former days have been replaced with highly credentialled licensed ones. For instance, one trick is to tell women that they are pregnant when they are not, and then to perform "abortions" on them, sometimes in a life-threatening fashion under general anesthesia. Amazingly, two physicians accused of doing this in New York City only had their licenses suspended for 90 days (AP, in SHJ, 2/6/85).

*However, be the above risks whatever they may, or may not, be, we consider it incoherent, confused and misleading to base opposition to abortion on such "facts," as the "pro-life" movement is doing. Instead, one's positions on life and death should be based on highest-level convictions regarding the nature of reality. Empirical facts play no role in such positions, and utilitarian arguments particularly should not be invested with the aura of legitimacy.
Child Killing

*A baby in Georgia was born 16 weeks premature, weighing about 1 pound, but there did not appear to be anything else the matter with her. However, several hospitals refused to admit the baby, and the director of a neonatal unit of the Medical Center of Central Georgia said that he would have nothing to do with "living abortions." Among other things, such an interpretation gives abortions a good name, and coins yet another euphemism for infanticide (AP, in SHJ, 10/4/85).

*A woman in Maine stuffed her 4-year old daughter into an oven and broiled her to death. Amazingly, authorities had her undergo extensive tests for brain damage. This reflects the tendency toward the medicalization of deviant behavior, and society's unwillingness to face up to the overarching values that it has embraced as a major source of its problems.

*The 6/85 newsletter of the Saskatchewan Association for the Mentally Retarded (Dialect) carried an article about a family who had a daughter with Cornelia de Lange syndrome. The family experienced a very typical process of "death talking" and attempted deathmaking of their daughter. First they were told that she would die within two months and that therefore, if she got sick, no treatment should be attempted. Subsequently, whenever the girl did get sick, various physicians told the parents that everyone would be better off if she was permitted to die and the parents were made to feel guilty by being told that they would end up neglecting their other children. When their daughter became three and they inquired about immunizations shots, they were told that it would be better if the child caught measles and died naturally; and at any rate, the immunization itself might kill her. Because of all this bad advice, the parents were slow to pursue an aggressive developmental program for the girl until she was six when a community health nurse finally got things rolling for her.

*The "We Serve Humanity Day Care Center" run by a Baptist church in Kansas City was closed while an investigation was trying to find out how 6 babies at the center all ended up with broken legs (SHJ, 31/3/85).

*Because of the explosion of sexual and other child abuse in daycare centers, insurance coverage for such centers has skyrocketed overnight, in some instances 13-fold. This may put some centers out of business or at least increase their rates.

*One of the strongest endorsements by the media of deathmaking of devalued people occurred in USA Today of Wednesday, 4/3/85, in an interview with Jeff Lyons, a well-known syndicated writer for the Chicago Tribune who won the National Headline Award in 1984 for his study of "ethical problems in treating children with birth defects." He is also the author of Playing God in the Nursery, a book on the withholding of treatment from severely handicapped newborn infants. In both the book and the interview, he gave strong support for the decisions by parents and medical personnel to deny treatment to newborn children because they are handicapped. He buttressed his arguments with outright untruths, e.g., he stated that Down Syndrome "invariably leads to serious retardation," that very few of such persons "will live longer than 40 or 50 years," and that those who do live longer than 30 "will all get Alzheimer's disease." He stated that it is not possible for people with Down Syndrome to lead comfortable lives, that it may be wrong to keep a handicapped child alive because to do so might deny it its "right to die," and that the presence of a handicapped child in the family has a "devastating effect," and that many marriages break up as a result. He also used some of the deathmaking of handicapped people initiated by others as an argument for other forms of deathmaking, e.g., he cited the Reagan administration's cutbacks in various special programs affecting the handicapped as evidence that the handicapped cannot be
expected to have a good quality of life, and that therefore, they need to be protected from a bad quality of life by having their lives ended at birth. He cited the bad life that his handicapped brother endures in an institution as an example to support the argument that people should be spared this kind of suffering by ending their lives early. In his book, he also adopted the common strategy of citing the long history of human infanticide as if thereby to buttress its "normality." The book also cites research that 43% of Americans say that if they became parents of a badly deformed baby, they would ask their physician to withhold treatment. Even fewer (14%) would want the baby treated.

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

*Also, on the MacNeil-Lehrer News Hour on TV on 25/2/85, the prevention of premature delivery through good pre-natal care was covered. In some areas, the cost of providing good pre-natal care for poor women who might otherwise not receive it is only $4,000 a year, which is what it would cost to take care of one baby for 4 days in a neonatal intensive care unit. Yet for the same amount of money, 25 women can be helped to have healthy, full-term babies. Despite this, support for such programs is very difficult to get, and where such programs exist, their support has been cut back. Unfortunately, some passages of the TV hour lent support to the deathmaking of premature children because their chances of being handicapped are dramatically higher than had they been full-term. Another passage dealt with an editorial on the plight of the poor in America by a columnist in *Time* magazine. It was difficult to say whether the extremely denigrating remarks made about poor people and about the concern with the plight of the poor in America are being made sardonically and ironically or very seriously.

*So many American children live in life-threatening poverty conditions that in 1985, a legislative proposal was introduced to the Senate entitled Children's Survival Bill.

**So-Called "Euthanasie"**

*Both the mother of a comatose (as a result of an accident) 3-year old child in the intensive care unit of Miami Children's Hospital, and the child's nurse, had warned that the child's father, with a history of firearms violations and drug addiction, was a threat to the child's life. In June 1985, after spending three hours with his daughter, he shot her dead with two bullets, supposedly in order to end her pain and imprisonment in a "dead body."

*In Stamford, CT, a 62-year old woman apparently tried to kill her cancer-stricken husband, allegedly upon his own request, by giving him a concoction of a mixture of three bottles' worth of medication in a soft drink solution (AP in SHJ 1/4/85).

*In New York, a 65-year old man used a plastic food bag to suffocate his 72-year old wife, reportedly on her own request, who was suffering from lung cancer. He called it "an act of love" (UPI, in SHJ, 16/7/85).

*In March 1985, a 75-year old retired electronics engineer in Fort Lauderdale, FL, pumped two pistol bullets into the head of his 73-year old wife, allegedly upon her own request because she was afflicted with "Alzheimer's disease." Two years earlier, the grand jury in Ft. Lauderdale had refused to indict a 79-year old
man who had shot his 62-year old wife who had Alzheimer's, and a year before that, a 69-year old man who shot his 72-year old brother in a nursing home in San Antonio got only 10 years probation after pleading guilty. However, in the 1985 case, the man was given a life sentence, mostly because he had fired twice. As one juror said, "We gave him charity on the first shot...but it was the second bullet that did it. That was premeditated"---as if the first one had not been. Everyone was amazed, most of all the convict himself who showed no remorse. He justified himself by saying she wished to die and that therefore, "I don't feel like I committed a crime at all. Justice is on my side" (Time, 15/7/85). Perhaps because of the many precedents of court leniency, he obviously expected to get away with it because when convicted and sentenced, he said, "It's the end of my life, it's awful," and his 50-year old daughter, the couple's only offspring, said, "I don't want to see my daddy in jail; he'll die in jail." Chances are high that he will soon be out of prison, because of the notorious sympathy of the public with most people who kill (Time, 27/5/85).

*In Hobart, IN, a 52-year old man who had cancer was found dead from 32 hammer blows to his head. Amazingly, police ruled it a suicide, which may very well cover up another case of "euthanasia" that was not so (UPI in S.H.J, 22/7/85).

Suicide & Its Promotion

*C. Roman wrote Exit House: Choosing suicide as an alternative (1980) in the last year of her life, after she had learned that she had terminal cancer, and had already chosen to take her life rather than to undergo the treatment and the pain of dying from cancer, or to subject her family to it. She advocates what she calls rational (as opposed to pathological) suicide, and has conceived of a house, which she calls Exit House, in which those who want to take their own lives could do so under planned and relatively pleasant circumstances, and with the support of others. The author had attempted suicide about 20 years earlier, but she says that that was a pathological attempt rather than a rational one. Before she killed herself, the author had been a psychotherapist, artist, and had studied under sex counselors and therapists when that field was first getting going in the 1950s and 60s.

The book is in some ways a very persuasive and well-phrased argument, all from a materialistic perspective, for suicide by those who are severely suffering, and whose life has become, to them, not worth living any longer. Much of the book is filled with the author's instructions from her own experience as to not only how to most painlessly kill oneself, but also how to get the support of others, and even how to encourage it. According to the author, she had no difficulty finding physicians who both agreed with her and were willing to help her obtain the pills with which she killed herself, or otherwise assist in her suicide.

Much emphasis is given to suicide as a rational alternative especially for elderly people. The author even endorses suicide by children, and not surprisingly, she also endorses infanticide by the parents for children who are too handicapped to take their own lives.

The book concludes with a 'manual and training guide' for operating a so-called exit house. It painstakingly covers everything from the layout of the grounds, to who the 'caretakers' are, to how an 'exiter's' belongings are disposed of, how one might be assisted in "exiting" if one is not capable of doing so, who may visit and when and research on the topic. Some new detoxifying phrases for suicide given in the book include "a rational closing of one's life span," "exiting life," "creating on one's own terms the final stroke of one's life canvas," "creating one's own death," "possibilities of living most fully," "personal responsibility for the length of one's life span, as well as for its content," "rational suicide as a basic human right to be given society's assistance and protection," "bringing one's life to a responsible good end," "suicide as a life enricher and liberator," "unwanted existence," and "loving oneself enough to put oneself to sleep." Another detoxification encountered in the book was the title of
a 1978 book by Doris Courtwood, *Common Sense Suicide*. The author refers to those who would oppose suicide as "forcing others to live unwanted lives," and thereby "playing God," and she speaks of people who have attempted suicide and who have been rescued, sometimes miraculously, as having been thereby forced to lead "unwanted and maimed lives."

**Support for "Euthanasia" and Other Deathmaking of Devalued Persons**

*For TIPS subscribers who have newly joined us, we sometimes repeat the rationale for including certain items. When a society has embarked on a certain course of action, its moral authorities, which include the news and entertainment media, will often promote the new development, and often do so in subtle ways that appear to make them good and rational. One such development we have seen lately is a whole series of novels about life in the medical culture (especially the medical training culture) which has included euthanasia vignettes in a way which will probably do more to promote support for such killing than to arouse opposition to it (see book review above). Below follows another example.

In the novel *Ray* (1980) (one of those typical modern novels—many are best-sellers—that are full of sex, perversive and otherwise) by Barry Hannah, a physician (Ray) says, "I have seen so many people not worth saving." He pulls the life support on an old man, giving as relevant facts that he was 80, had abused three wives and a son, was a chronic borrower, and threatened to "kill the sons of bitches." After the man dies, Ray puts all the connections back on and fakes anguish at losing the old man. One of his female assistants has seen what he has done, and casually suggests that they might now go "dance and fuck" (p. 71).

*The senior national correspondent for the Wall Street Journal, Alan Otten, wrote one of his columns for the Journal (5/6/85) which is headed "Can't We Put My Mother to Sleep?", and which starts as follows: "When I was a boy, my family had a beloved bulldog. Eventually he became very old—blind, incontinent, wheezing heavily, barely able to eat or walk. We took him to the vet and, as the euphemism then had it, the vet 'put Jerry to sleep.'

Every few days now, I go to visit my 90-year old mother in a nearby nursing home, more to salve my own conscience probably than to do her any meaningful service. For her, in fact, there is little I can do. She lies on her side in bed, legs drawn rigidly into a fetal position, blinks at me uncomprehendingly as I prattle on about family doings, and rarely utters a sound except a shriek of pain when the attendants turn her from one side to the other in their constant battle to heal her horrible bedsores. She must be hand-fed, and her incontinency requires a urethral catheter."

Yes, you can guess what follows: "Why do we treat our aged and loved animals better than we treat our aged and loved human beings? Shouldn't a humane, caring society—as ours is supposed to be—begin to consider ways to put my long-suffering mother, and the steadily growing number of miserable others like her, peacefully to sleep?"

The rest of the article recounts the horrors of high technology being mercilessly applied to keep people from dying, and thus we once more have a situation we wrote about in the last TIPS issue: people equate legitimate instances of denying or refusing hi-tech medical supports with actively killing people, and wanting them dead. Unfortunately, the majority of people would probably not make the distinction, and will accept the rationales for the former—to which they are now increasingly exposed—to shape an opinion concordant with the latter. (Source item sent by David Truran.)

*In 6/85, we were told a vignette of yet another nurse who was fired for refusing an order to pull the feeding tube from a severely ill patient.*
**Positions**

*The l'Arche community of Syracuse has two homes in which handicapped and non-handicapped people live together. One of the homes has seven handicapped members and the other one has three. The community got going over ten years ago, and while there has been some turnover of non-handicapped members, a number have remained with it ever since they joined it, and all ten handicapped members are the same ones that joined at or shortly after the beginning. Currently, there are openings for assistants who are prepared to commit themselves for at least a year. In the past, members of the local l'Arche community have been able to participate freely in TI workshops. Inquiries can be directed to Doug Mouncey, 1701 James Street, Syracuse, NY 13206, 315/437-9337.*

**Training Events**

*There will be several training events in the Harrisburg, PA, area, led by people trained by the TI: training of PASS leaders via Intro. to Social Role Valorization, Nov. 10-11, and PASS use training Nov. 12-15. Call Susan Stamm at 717/257-1565 or A. J. Hildebrand at 412/728-6568 for information.*

**Miscellaneous Societal Issues**

*In June 1985, Public Broadcasting Television carried a program on the history of American farmers' movements, such as the Grange, entitled, "Flowing up a Storm," and correlated with a monograph of the same title which can be bought from the Nebraska Educational TV Network. Few people are aware that the present predicament of modern farmers is essentially the same as it has been for about 125 years, but that farmers have never been able to sustain any kind of united and organized action even though that would have solved their economic problem. One reason is patently clear: hardly anybody can farm full-time and invest enough time in organizational leadership. Farm movements have tended to have very short periods of intense activism, often accompanied by successes, followed by almost total and rapid collapse of the movement. One way of putting this is that after lobbying real hard to get a bill through the legislature, it is time to hurry into the fields and attend to the land or animals.

The issue is so relevant to human services because all imperial societies have thrived on the oppression of peasants and labouring people, and a post-primary production society particularly takes the wealth of the primary producer and distributes it to others—in significant proportions to contrived human services.

The TIPS editor has strong feelings on the matter, as well as a reasonable understanding of it. For years, he laboured on the farm as a child when farm equipment was almost non-existent. For instance, he participated in the planting, weeding, de-bugging and harvesting of potatoes—all by hand, and he led horses, oxen, and even cows before the plow that was able to turn only one furrow. As we in human services do fairly well for ourselves, those who toil to produce our wealth, especially those who produce our food, deserve to make a decent living, even if they do borrow money at the wrong time or sell their produce a bit too early or too late. It is a scandal that Stockman, though he comes from farm stock himself, has callously proposed that farmers who borrowed money when interest rates went up deserve to go out of business. But then, he is the same man who said in response to the acid rain problem, "Just how much are those fish really worth?" referring to the death of virtually all the fish in the lakes of northeastern North America.

*The demise of family farming in America was symbolized by a new policy of Agricenter International, an organization that promotes agricultural products, ordering the word "farmer" dropped from all of its literature and replaced by "agricultural producer." Have you heard the joke about the traveling salesman and the agricultural producer's daughter?
We certainly are a schizophrenic people. Even as we are driving our farmers into perdition, we are wallowing in a sudden wave of farming sentimentality symbolized by the appearance of three farm movies in a single year: Country, The River, and Places in the Heart.

There is something not only pathetic and sad, but also perverse, about the following incident. While our post-primary production society is stripping the farmers, the primary producers of our wealth, of their possessions and land, and nothing of essential significance is being done about this by our alienated and decadent society, members of the Congress held a hearing at which entertainment celebrities Jane Fonda, Jessica Lange, and Sissy Spacek--primary examples of who benefits from the redistribution of wealth from primary producers to unproductive people--testified in support of farmers. Said a Congressman: "Yes, we want publicity. We knew that when they came forward, everyone would pay attention" (Newsweek, 20/5/85).

While we are all aware of the famine in Ethiopia, very few people are aware that until late last year, there was a famine due to drought in northeast Brazil which took 3.5 million lives. There have been periodic droughts like this in that part of the world since records were kept in 1583.

In early 1985, the net foreign debt of the US rose above its net foreign credit, and exceeded the hitherto biggest debtor, Brazil, by 9/85.

We may soon see the development of a new kind of computer, using photons (light) rather than electrons. Light transmits at greater speed, and furthermore, it may permit operations to be performed in parallel (simultaneously) rather than in series, as in current computers that perform a vast series of branchings one after the other. However, the field will remain at an experimental level for some years to come (Science, 24/8/85).

Charles Perrow wrote a book, Normal Accidents (1984), in which he argues that technologically advanced societies are creating complex technological systems that are beyond human capacity to operate safely. The kinds of accidents that are statistically bound to happen in such systems the author calls "normal." He ranks nuclear weapons, nuclear power and DNA research as the technologies with the greatest potential for catastrophe. He concludes that humans should not do everything that they are theoretically and in a narrow sense capable of doing. Not surprisingly, the reviewer of this book in Science (17/5/85), located in a university management school, rejects this argument and recapitulates the modernistic faith in humans being able to keep their problems under control. Perrow refers to the public's dread of nuclear power as "social rationality," but the reviewer interprets it as irrational. He says that modern society projects onto nuclear power its normative anxieties that otherwise would have been bound to something else.

About an eye-dropper full of oil from an electric transformer that had PCBs in it (a very toxic substance) got spilled at a Syracuse area school in 1983. As a result, 4.5 tons of material had to be carted away from the school. Interestingly, the event was not reported in the local media until 2 years later.

In April 1978, some new-poured concrete at a nuclear power plant under construction in Willow Island, WV, collapsed and took 51 working men to their deaths. Virtually all families in the surrounding community were affected, some of them losing as many as 10 members and relatives.

Federal safety officials rushed to the site, and before the TV cameras pledged to stop similar types of construction catastrophes in the future. But 7 years later, nothing has been done because of a simple problem. The Reagan administration has decreed that all safety measures must have a dollar yield that is at least
as high as the dollar costs, and it has not been able to decide what the life of a construction worker costs. Previous estimates had been based on the remaining life-time earning power of a person, which of course fixed the lives of women, the elderly, and the poor at a low level. However, some philosopher at the Occupational Safety and Health Administration decided that people who do dangerous work must value their lives less, and therefore, the more dangerous the work, the less occupational protection it deserves in contrast to people who choose safe work, as in offices. According to the new method, the lives of people in safe occupations may be worth as much as $3 million, while workers in high-risk jobs are worth as little as $650,000. The life of a school child would be worth about $22,000, but in some schools, it would cost between $100,000 and $200,000 per child to do something about the asbestos in the building (which was often put there even after its dangers were known), and thus the job would not be worth doing and would not receive subsidies.

This development has tremendous implications to human services. Already, at least one hospital has used this principle to decide whether to try to save the life of a handicapped child. (Source item sent by Craig Knoll.)

*In his widely syndicated column, James J. Kilpatrick advocated (in SHJ, 20/6/85) that for every American killed by terrorists, 10 people held by the Israelis as terrorists should be chosen at random to be shot, which shows how little removed we are from a Nazi mentality.

*The god-like pretensions of worldly empires (both political and others) was illustrated by leaflets which the Israelis showered over the southern Lebanese territory that they had abandoned. It said, "Israel's long arm will reach every inciter and every terrorist. Think about your wife, children and parents." When the TIPS editor read this, it reminded him not only of the novel 1984, and similar claims made by regimes such as that of Napoleon, but also of the "Nazi talk" he heard in his youth.

*For more than a year, the Reagan administration has tried to get Congressional approval for a directive that would require 126,000 government officials to submit anything they would ever write for the rest of their lives to government censors, but fortunately Congress has not yet gone along with this.

*For the first time in 20 years, the majority of Americans approve of Congress. This long distrust of the American people toward their government has been entirely justified, but one can only wonder what the ominous meaning is of this sudden surge of misplaced approval.

*The machinations of the empire are utterly astonishing, about which, of course, we should not be surprised. Private relief agencies have been collecting goods and supplies for the needy in Central America--mostly people victimized by the militarized governments, especially of the right. Yet an amendment to the 1985 Defense spending bill gives the Pentagon authority to transport such goods to trouble spots if it has space available on its conveyances. Immediately, the Air Commandos Association, a group of retired military officers, requested that the Pentagon ship goods that it has collected free of charge to a notorious terrorist right wing organization in Guatemala. The amendment may appear to be well-intended, but is a little bit like putting the coyote in charge of the chicken coop (NCR 18/1/85).

*The TIPS editor recently received an advertisement in the mail that asked "Do you have the ability to make people laugh, cry, love, worry...think?" The advertisement promoted a mail order program to help people to write--apparently mostly novels. TIPS is certainly apt to do all of the above things, but even without the writing, what we say at our workshops will do the job as well.
"HOUSEKEEPING ANNOUNCEMENTS"

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

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

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

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