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Unfortunately, so much material has accumulated on deathmaking that we once more must devote a theme issue to it.

*The Irish poet, Yeats, wrote a prophetic poem, called "The Second Coming," in which this famous passage occurred.

"Things fall apart; the Centre cannot hold, Mere anarchy is loosed upon the world. The blood-dimmed tide is loosed And everywhere the ceremony of innocence is drowned. The best lack all conviction, While the worst are full of passionate intensity."

The passage seems to apply well to our collapsing civilization and its intense drive toward death.

*In recent years, there has been an upsurge in the belief that the holocaust never happened—or at least, that there is "no evidence" that it ever happened. What surprises the TIPS editor is only that this gross denial of reality should surprise anyone. We are currently living through a genocide compared to which, at least numerically, the holocaust was greasy kid stuff. We can assume that 6 million Jews were murdered in the holocaust, but in North America, we are currently killing close to 2 million unborn children a year, plus several hundred thousand—and perhaps up to a million—people annually who are handicapped, including handicapped newborns, people in institutions (psycho-active drugs being a major cause), elderly people and so on. One can probably say without exaggeration that more Germans were perturbed about what happened to the Jews than North Americans are perturbed today about what is happening to the handicapped, and possibly even about what is happening to the unborn. So when people can so totally turn their backs on an important moral reality that totally surrounds them, then why should we be surprised if people manage to turn their backs on historical realities that happened almost 50 years ago.
1. Several forms of deathmaking seem to be gaining greater public support at the same time, e.g., abortion, infanticide of the handicapped newborn, "euthanasia," suicide (especially by the severely ill and elderly), and a resurgence in support of capital punishment.

2. People who support/permit one form of deathmaking will often cite the rationales for, and sometimes the legitimization of, another form. E.g., the Episcopalian "bio-ethicist" Joseph Fletcher has argued strongly that once one approves (as he does) of the abortion of an unborn child who is merely suspected of being handicapped, it is illogical and irrational not to approve of infanticide when a child is born and definitely proven to have an impairment. The famous South African heart surgeon, Christiaan Barnard, has been one of the most explicit spokespersons for a materialistic medicine and an entirely materialistic interpretation of the quality of life. Among other things, he has called for the Church, the law, and medicine to come to a consensus on the practice of "medical euthanasia and responsible suicide" (Chatelaine, December 1979, 103; 140; 142;). He also has been quite explicit in linking abortion, infanticide and other forms of euthanasia—which he has all advocated. In a 1979 meeting, he is quoted as having said "You have already agreed to destroy a life (through abortion) the quality of which you don't even know, yet you say you can't act to destroy a life, the quality of which you know has disappeared" (International Life Times Supplement, 1979, 1(2), 2). Barnard has also said that ending a life is not a personal but a technical and therefore medical decision, and that therefore, neither patients nor their families should have the power to make the relevant decision (Hultsch & Deutsch, 1981).

3. Leaders of one form of deathmaking will often be found to be in support of one, or many, other forms. E.g., Dr. Walter Sackett in FL has been a leading proponent of abortion, of the killing of all dependent severely retarded people in FL's institutions, and of other forms of "euthanasia." Some of the Nazi war criminals who escaped to South America became leading abortionists there.

4. Since so many forms of deathmaking draw their legitimization from materialistic rationales, these same rationales recur over and over in arguments, court cases, etc., around any number of forms of deathmaking. E.g., the argument that a particular form of deathmaking is a "right" that should not be denied to those who want to enact it comes up over and over. For instance, the right to privacy, first invoked for abortion on demand, was then invoked for infanticide of handicapped infants, and then of any infants.

5. The same detoxifications are often used for more than one form of deathmaking; e.g., the designation of a form of deathmaking as a "right"; calling both abortion and infanticide "selection," terming both "euthanasia" of the impaired elderly and infanticide of the handicapped "merciful release."

6. The "target groups" of many different forms of deathmaking are often the same, e.g., the handicapped and impaired, the poor, the elderly, the severely and terminally ill, other devalued groups.

7. Pornography has innumerable links to deathmaking, and it has experienced a dramatic intensification in recent years. Because this is such a big topic, we will devote a special section to it.
**Abortion History**

*Planned parenthood (PP) used to be a very different kind of organization than it is today. As recently as 1964, it was the dogma of PP that "an abortion kills the life of a baby after it has begun. It is dangerous to your life and health" (SHJ, 2/3/86). Somewhere in the early 1970s, a new element must have gained control of PP.

*Melbourne, Australia, was one of the first cities in the world (1972) with an abortion clinic. For a while, 50 abortions a day were performed there, and the total so far has exceeded 140,000! Rather strong competition for some of the concentration camps, one could say. Perversely, on the wall of the clinic has hung a papal blessing to its director which he apparently managed to buy. Unfortunately, he is a half-Jewish physician who is also in favor of legalizing street drugs. Because there are so many links among the assaults on life, it is probably not coincidental that Melbourne was also one of the first cities with an in vitro (i.e., glass) human fertilization program. (Source item from Martin Elks)

*An interesting case was reported (Health Care News, 1981, 3(13), 1,8) in which physicians of a state mental institution in CA sought to obtain an abortion for one of their women inmates, against the wishes of the woman's family. In fact, one of the married sisters of the woman offered to adopt the baby since she and her husband were unable to have any children of their own. The reason given by the physicians for seeking the abortion was that the woman has been on thorazine, and that the risk of defective offspring was high because of her age, which was 38. There are several ironic elements to this vignette. One of them is that the news item stated that the woman was being "denied (her) abortion rights," even though she had not even been permitted to testify in court as to her own wishes. (When she started to talk in response to other people's testimony, she was removed.) Secondly, one of her sisters said that the woman had been hurt rather than helped by the institution, and while there, had regressed severely. Thirdly, the institutional representatives claimed that it was highly unlikely that the woman had become pregnant at the institution—because of the close supervision provided there. The most frightening aspect of this story is the invocation of the argument of "abortion rights" to forcefully inflict an abortion upon a person. This kind of confusion of tongues is very similar to the "right to die" language when such is invoked to advocate what is really the slaughter of handicapped or afflicted persons.

**Miscellaneous Abortion-Related Facts**

*Hatcher, R., Guest, F., Stewart, F., Stewart, G., Trussell, J., & Frank, E. (1984). Contraceptive technology 1984-1985 (12th rev. ed.). New York: Irvington. **COMMENT:** In connection with our Sanctity of Life workshops, we were asked in 1984 how many de facto abortions are taking place in the US due to women taking contraceptives (or "morning after" pills) that prevent the implantation of the fertilized ovum. We began to do some research by looking at some of the specialized literature in the field. This included as up-to-date a source as a manual called Contraceptive Technology 1984-1985, the 12th revised edition of this work.

Before our eyes, an abyss opened, proving once more how some of the most overarching truths may be totally denied, or at least not come to people's awareness. One of the things we discovered was that the world's experts do not really as yet understand how contraceptives work, and precisely where and what the specific mechanism is that prevents a woman from becoming pregnant, if one defines "becoming pregnant" as becoming implanted with a fertilized ovum. What is known is that there are various categories of contraceptive
mechanisms such as inhibition of ovulation, inhibition of sperm and ovum transport, increased resistance of an ovum to sperm penetration, and finally, the prevention of implantation of a fertilized ovum. Among our amazements was that "conceiving" was obviously not equated with "becoming pregnant," as long as the fertilized ovum did not implant. Thus, the field really needs two terms: contraception, and something like contraplantation.

One of the problems is that the major relevant drugs in birth control pills, estrogens and progestins, contribute to several of the above mechanisms, and both drugs can prevent implantation. This means that in a large sample of women who take some form of the pill and who have regular intercourse, one does not know, at least at this point, which mechanism prevents child-bearing in those who do not bear a child. One does not know how often contraception takes place, and how often the fertilized ova are sloughed off as a result of the pill.

We also discovered that in the literature, there is virtually no concern at all over which of these mechanisms is at work, only about the overall "efficacy." Thus, pills appear to be so formulated that if one mechanism does not work, another one is likely to do so, and apparently, prevention of implantation is built into all of the pills as a de facto back-up mechanism to the others. The Contraceptive Technology manual virtually nowhere addressed the issue of prevention of implantation as distinct from other mechanisms, despite its far-ranging discussions of the technology of contraception. Even more astonishing is that in its index, the term "implantation" was not even listed, even though this was the twelfth edition of the book!

To our astonishment, we also found that apparently, there are very inadequate statistics kept as to just how many women are put on pills specifically designed to induce abortion after intercourse (the so-called "morning after" pill). In this connection, we should note that even the reporting of surgical abortions in the US has become totally inadequate so that the exact number is not even known any more.

It is also interesting that the manual tells us how many women world-wide use IUDs (about 60 million) but do not tell us any US figures. It is from another source that we learn that as long ago as 1978, it was 2.34 million.

It is also amazing to consider that the manual has a chapter on informed consent, and yet conceals the information that a large proportion of the effect of "contraceptive pills" is based on some mechanism of abortion.

*An article in the FDA Consumer (5/85) published by the US Dept. of Health and Human Services on "Comparing Contraceptives" is yet another example of failure to mention that the primary mechanism of action of IUDs is abortifacient.


This short (40-page) booklet examines the impact that the legalization of abortion in various forms has had in Britain, Canada, and the US. It demonstrates that legalization of abortion has not reduced illegal abortions, or the number of self-induced and often life-threatening abortions.

The report cites a number of instances of investigations into illegal and/or incompetent abortion practice since the legalization of abortion in the US in 1973. For instance, in the Detroit area, abortion clinics were commonly found to be below medical standards. Instance after instance is cited of sub-standard treatment, of personnel practicing medicine without licenses, and of botched abortions. Thus, in effect, the legalization of abortion has only legalized the practice of incompetent abortion, rather than "improving" its practice.
The British Royal College of Obstetricians and Gynecologists voiced its concern as early as 1966 that "legislation of abortion alters the climate of opinion among the public and even the courts of law. The result is that criminal abortion becomes less abhorrent, and those guilty of the offense receive punishments so light as not to discourage others in their activities" (p. 25). Their concern certainly appears to have been validated. For instance, 8 years after the passage of the abortion act in Britain, figures indicated that there was no evidence of a significant decline in illegal abortions (p. 25).

The main findings are summarized on page 30, as follows. (a) There is no reliable evidence that illegal abortion rates were ever as high as many abortion advocates had asserted in order to attain the legalization of abortion. (b) Maternal deaths as a result of illegal abortion were also much fewer in number than had been claimed by abortion advocates. Indeed, Bernard Nathanson, the famous ex-abortionist who has repudiated abortion but who was active in obtaining its legalization, has stated that the figures were often intentionally exaggerated. Abortion-related maternal death rates have been declining steadily for 25 years before the laws were changed. (c) In both Britain and the US, the liberalization of abortion laws did not have the desired effect of putting out of business unqualified or unethical practitioners. (d) The author also astutely notes that "if a Western country...wishes to enact restrictive laws (against abortion), the major difficulty of enforcement will not come from clandestine or unqualified practitioners, nor even from legal challenges, but from resistance within the medical establishment itself. Physicians may establish and defend a different and unforeseen set of definitions and qualifications which they alone are empowered to monitor." (p. 33).

*Despite promises and claims to the contrary by those who advocated the legalization of abortion, a number of problems that abortion was supposed to combat have actually gotten worse. For instance, infanticide has not gone down but is now commonplace in hospitals. Abortion advocates predicted a much lower infant mortality rate, but while in the late 1960s, the US ranked about 7th worldwide, as of 1986, it had fallen to 15th place. Similarly, both physical and sexual abuse of children has not gone down, but is indeed definitely on the rise. At least the net average economic condition of women has not improved as a result of abortion. True, the status of some individual women has improved, but whether this is due to the legalization of abortion is highly debatable, and this does not detract from the fact that overall, women have actually become poorer. And the percentage of poor people overall has at best stayed the same, or actually gotten bigger.

In the face of this evidence, if anyone argues that all of these things would have been even worse if abortion had not been legalized--i.e., that if these 30 million legal abortions in the US since 1973 had not taken place, then there would be even greater child abuse and greater infanticide--then what a damning indictment of our society such an argument would be. Clearly, it would imply that both the problem and the solution lie elsewhere than in the legality of abortion.

*The TIPS editor has been advised that in Winnipeg, a major adoption agency (the Children's Aid Society) has operated a major abortion program. It apparently has routinely advised unmarried girls in the first three months of pregnancy to get an abortion locally, and in their third to sixth month, it arranges to send them to the US to have an abortion performed. One wonders if it did all of this so that it did not have to bother about setting up adoptive placements. If these interpretations are correct (and hard facts on such situations are sometimes very difficult to come by), then there is obviously a great conflict of interest--to say the least--in any agency that handles both abortion and adoptions. It seems urgent to separate abortion counseling, mediation or provision from any other services. For instance, with infanticide becoming ever more acceptable, the answer to not being very good at adoptive placements might be to promote infanticide.
That amniocentesis is indeed an extremely reliable predictor of readiness to abort is underlined by the fact that in one study of 300 such procedures, 94% of mothers elected to abort when results indicated that the fetus suffered from a chromosomal or biochemical abnormality. In another study, only 4% of the women elected to continue their pregnancy when informed that the fetus would probably have some kind of anomaly (Arise, 1979, 2, No. 7).

Support for, and Opposition to, Abortion

During the late 1970s, two particularly pernicious concepts gained prominence and popularity in the courts, these being the "wrongful birth" and "wrongful Life" concepts. The wrongful birth concept holds that parents have a right to abortions, and a physician who does not apply all available prenatal tests to determine whether the fetus might be impaired, and/or who withholds potential information along these lines from the parents/mother, interferes with the parental right to abortion and is liable to damages—indeed, vast damages. By the early 1980s, there had been more than 60 published court decisions in which wrongful birth was the issue.

The wrongful life concept refers to the idea that a handicapped person has a right not to be alive, and should have been killed in utero or in infancy. Wrongful life suits are brought by the damaged individual (if it is a child, then by the child's representatives), and might be directed as much against the parents who failed to perform an abortion or commit infanticide as against the involved medical practitioners of hospitals.

All this was dramatically highlighted in an article in Case and Comment (1983, No. 1) a legal journal, which laid out the legal situation of "wrongful life, stigmatized life, unwanted life, and diminished life." If a physician took all this seriously, one would have to practice only in the presence of a legal expert in order to be reasonably safe from prosecution or at least vast liability suits. It is interesting that the lawyers who are dealing with all of this rather narrowly apparently have not the slightest compunction about crippling medical practice—and that not out of any particular commitment for or against life, but merely for the pure legal fun of it and for the sake of elaborating the complexity of the legal system which they then ultimately can control.

If both wrongful birth and wrongful life concepts are enlarged and further supported, it will become the norm for physicians to be prosecuted when they treat a handicapped newborn rather than when they save it, because the child would obviously be presumed to become a burden to parents or self. With only modest further judicial support to the wrongful birth concept, we can anticipate an almost complete elimination of births and survivals of infants damaged genetically or in utero. In essence, this would amount to a national eugenic policy, and might very well have grave additional repercussions to at least a certain tradition of social generosity toward handicapped people in our society.

*The president of the American College of Obstetricians and Gynecologists has drawn up a national plan to reduce the "need for abortion." We have to be aware that any such plan already starts on the assumption that there is such a "need" to begin with. Amazingly, all four points of the professed plan have something to do with contraception. Could someone come up with a plan that would be even lower-level? (Medical Tribune 18/6/86)
A remarkable pro-death argument was promoted by Planned Parenthood leaders in 1980 (International Life Times, 1(22), pp. 1,3) who noted that in metropolitan areas, almost 40 women per thousand of child-bearing age had abortions, whereas in rural counties, only approximately 6 did. This was interpreted as revealing that an estimated additional one million women a year in the US were "in need of abortions." One can easily see that any discrepancy anywhere could endlessly be re-interpreted as implying that the higher figure is the desirable and valid one; and since discrepancies will always occur, there would be no end to death-making.

We consider it extremely unlikely that the American people will reverse their approval of abortion and yet, Planned Parenthood has been running scared. Since late 1985, it published some large-size ads in major national news media that would give viewers the impression that Planned Parenthood was not a major proponent of abortion. In one of these ads, the largest headline read "Abortion is never the easy way out." Another showed a young girl in a schoolroom saying, "Do I look like a mother to you?" A third showed a middle-aged woman cuddling a small child and saying, "When I was 15, Planned Parenthood saved my life." Another showed a physician with a heading "How to prevent abortion." Another said, "Make America friendlier to children."

In an 11/85 letter to President Reagan, the president of Planned Parenthood called for the Constitution "to enlarge...not restrict...rights...in the most personal aspects of their (i.e., citizens) lives," thus giving us a classical example of an attempt at privatization. In another lengthy mass-mailed letter, she vituperated President Reagan for his "interference with reproductive freedom," and implied that this would lead to increased "terrorist acts" on abortion facilities that "would threaten hundreds of innocent lives." Currently, abortion wipes out about 55 million innocent lives world-wide each year.

The president of the International Right to Life Federation has claimed that as a result of picketing, business at many abortion clinics has declined, endangering the financial viability of some, and that at least two abortion clinic bombings were caused by abortionists themselves in order to collect the insurance on their failing business. However, he admits that he cannot prove this (Interim, 3/86).

A 1979/80 survey of 240 reporters and editors of commercial news media found that 90% of them supported the legalization of abortion (Time, 12/12/83).

Ninety-two percent of the 985 responding local chapters of the (American) League of Women Voters agreed with a position statement that there should be no laws pertaining to abortion, which is one of the highest levels of support for any League issue in years.

One of the oldest and most consistently anti-war organizations in the US, the War Resisters League, has had a pro-abortion policy (Village Voice, 10/7/85).

The British Columbia Teachers Federation has come out in support of abortion on demand (Interim, 3/86).

The Canadian Labor Congress, the Canadian Union of Postal Workers, and the Ontario Federation of Labor, have all endorsed the legalization of abortion (PLN, 1 & 2/86).

A unit of the Public Service Employees Union in Ontario adopted a resolution supporting the right of women to full access to abortion. A member of the union thereupon petitioned the Ontario Labor Relations Board to transfer part of his union dues to Birthright (Globe & Mail, 3/11/83). Knowing how coercive unions are in regards to membership and so-called closed shops, we can see here the danger of yet another way in which efforts will be made to coerce people into supporting death-making.

This book is a review of 99 tactics or strategies for preventing women from having abortions, and/or for getting abortion clinics closed. While some of the strategies and tactics may be useful to some degree, the author never addresses the most important underlying issue of searching out one's sources of morality for what they have to say on the issue of abortion, and then deriving one's actions logically and coherently from those. Also, we find many of the proposed actions to lack moral coherency. However, the book contains some interesting information, such as noted below.

One elderly gentleman picketed a Chicago abortion clinic by himself every day for a full year, regardless of the weather. The clinic was closed, and he died only a few days thereafter (p. 28).

The firm which manufactures paperweights of plastic-embedded fetuses also manufactures one with a 3- to 4-month old fetus which has been bisected along the median (i.e., cut down the center). It also advertises that it can supply specific-aged embryos to customers, which presumably means that occasionally embryos that are older than the usual 3- to 4-months are obtained via abortion (p. 309).

According to Scheidler (1985, p. 316), one abortion counselor on a national television interview answered a question of whether abortion counselors ever try to talk women out of abortion with, "Are you kidding? That's our paycheck."

According to Catholic theologian, Marjorie Maguire, the unborn does not become a human being until the pregnancy is accepted by the mother, and if the woman withdraws her covenant of acceptance with the child, the unborn is thereby relegated back to non-humanity (p. 74).

Two people in Fairfax, VA, were sentenced to 60 days in jail because they had stepped onto the driveway of an abortion clinic and refused to move. The judge said that there was "state-sanctioned killing of human beings" going on at the abortion clinic, but that since this particular state-sanctioned killing was in the same category as capital punishment and war, and was legal, the defendants could not invoke the "defense of necessity." As we said before, we salute all those proponents of abortion who are up-front and honest about what abortion is, in contrast to those who try to verbalize and detoxify away the realities.

The prevailing state of irrational incoherency about abortion is evidenced by Edward Keyserlingk, a professor at the Carlton University Faculty of Law in Canada and the author of a major Canadian study on the right of the unborn, who advocated that on the one hand, unborn children should be recognized as legal persons from the moment of conception, but on the other hand, that children born with birth defects should be able to sue their mothers for exposing them to conditions or substances that may have caused the defects (PLN, 7/85).

The state law of Minnesota has apparently never ruled that a carrot is a vegetable—but in 12/85, the state's supreme court did rule that an 8½-month old foetus was not a human being because the state law had never defined what a human being was. Therefore, a man who killed an 8½-month old foetus in an automobile accident could not be charged under any law having to do with the killing of humans (NCR, 20/12/85).
It is noteworthy that while defenders of abortion try to interpret the unborn as non-human, the American Cancer Society has been campaigning against smoking with an ad that shows an unborn baby smoking in the womb, and a caption that says "Pregnant mothers: Please don't smoke." In the pro-abortion camp, pregnant women would not be acknowledged as being mothers.

Without ever accepting any money for her services, a woman in NJ had opened her home to other women with "problem pregnancies," primarily in order to offer them a viable alternative to abortion. The powers that be tried to close her down because the empire is habitually hostile to informal services, solidarity and communality, but after a court battle she won the right to provide shelter and assistance to up to six people at a time. (Source item from Carolyn Bardwell Wheeler)

The New South Wales branch of the Australian Group for the Scientific Study of Mental Deficiency submitted a brief to the Australian government Better Health Committee, recommending that "intellectual handicap" be prevented by means of amniocentesis. Of course, all amniocentesis can achieve is the prevention of the natural and live birth of the unborn. (Source item furnished by John Annison)

Many women who consider themselves feminists, or wish to be considered as such, often do not have the courage of their convictions to oppose abortion for fear that they will have no credibility in the eyes of other feminists. However, in 1985, a book appeared entitled Pro-Life Feminism: Different Voices (PLN, Spring 86).

Charlesworth, M. (1984). Biotechnology & bioethics: New ways of life & death. Current Affairs Bulletin, 61(5), 4-24. As prominent a theologian as Father Karl Rahner has argued that the embryo does not become a human being until several days after fertilization. Neural tissue begins to appear between 12 and 30 days after fertilization, and many people argue that this is when the embryo should be considered to acquire at least some human identity. This seems to be a thoroughly materialistic line of reasoning in the tradition of the Enlightenment and its offspring, in that it equates humanness with only specific tissue among all human tissues, namely the nervous system.

Fortunately, there is a segment of feminism that is opposed to the production of human beings in the laboratory, and sees it as an attack on the woman's role in reproduction. Unfortunately, it interprets this narrowly as yet another devious attempt at "increased male control of the reproductive process." Yet so far this technology has been more apt to make men rather than women superfluous or irrelevant. (Source item from Martin Elks)

Firestone, S. (1971). The dialectic of sex. New York: Bantam Books. Another segment of feminism actually favors ectogenesis (the development of new human life outside the womb by technological means) as a way of liberating women from the oppressive restrictions that pregnancy and childbirth supposedly place on them. One feminist remarked that pregnancy is "barbaric...the temporary deformation of the body of the individual for the sake of the species." They thus hail the liberation of women from "the tyranny of reproduction by every means possible."
It probably simply had to happen that the pro-abortion and pro-infanticide sentiment of our culture would partially express itself in, and be promoted by, an explosion of books which present the baby as a monster or demon, or perhaps the monster as a baby. A number of these books attribute an evil willfulness to the unborn child, and/or interpret pregnancy as the presence of a voracious monster making insatiable demands upon its mother and, in essence, eating her up. This new genre probably started with a 1974 cover picture of the US feminist weekly, The Majority Report, which showed a caricature of an unborn child that looked like a demon. The film "Rosemary's Baby" probably didn't help matters. In The Parasite (already by itself a suggestive title), pregnancy is presented as a form of demonic possession, and the "mother" is driven to suicide by it. In Eumenides in the Fourth Floor Lavatory, a baby torments a man who abused his daughter, attaching itself to its father's limbs, sucking his blood and leaving great oozing sores. In The Unborn, the mother tries repeatedly to abort her very intelligent evil fetus who eventually decides to kill the mother via kidney failure, stroke and hemorrhage. In The Attack of the Giant Baby, baby rips the top off the Empire State Building in imitation of King Kong (The Human, 3/82).

Possibly along the same lines may be a 1981 children's book, Outside Over There, by Maurice Sendak, who has been compared to William Blake. It features a heroine (depicted in the illustrations as a girl approaching young womanhood) who is pitched against a gang of goblin villains. These are depicted to look not merely like babies, but like fetuses, or babies with unfinished or malformed faces, such as one might find in certain congenital handicaps such as so-called gargoylism. In addition, the story features a changeling made of ice. All of the above is certainly "bad press" for pregnancy, if nothing else. However, it is well known that the arts generally reflect societal value trends, while at the same time helping to shape them. If the kinds of themes identified above continue to occur, then they can certainly contribute to an atmosphere of hostility to pregnancy, childbirth, childrearing and children.

Another example of support for deathmaking by the art and entertainment media was the 17/2/86 television movie "Choices." In this film, two women in the same family had to decide whether or not to have an abortion: one was the 19-year old daughter of a retired judge, the other was the judge's second and much younger (probably in her 30s) wife. The wife had made a prenuptial agreement with her husband that she would not get pregnant, but when she did, she decided that she would keep the child even though he pressured her to abort. At the same time, he is scandalized by the thought that his daughter is determined to have an abortion. The advertisements for the film said, "Abortion. When is it right? When is it wrong?" The underlying assumption of both the film and the advertisement was not that abortion is wrong, but that it may be right sometimes and for some people. The daughter does go through with an abortion while the wife carries the pregnancy to term. As in almost every other contemporary film or play about abortion, those who are opposed to abortion are depicted as insane, cruel, hysterical, etc., while those who are willing to support a woman in going through an abortion are depicted as calm, rational, caring, etc.
More and more, we need to orient ourselves to the growing hostility towards reproduction and children in our society. Already, 30-50% of apartments will not be rented to people with children (NCR, 21/6/85).

While many people in North America still deny that there has been a growing hatred of reproduction and even of children themselves, the West Germans have not only recognized the phenomenon but even coined a word for it, namely Kinderfeindlichkeit, which can be loosely translated as "child enmity." One phenomenon which brought this to public attention in West Germany is that reproduction is failing to keep up with the death rate, and the only way the country has been able to maintain its population has been by accepting refugees (largely from the east) and importing foreign laborers. In fact, the birth rate, 1.3 per family, is one of the lowest in recorded history, and half the German children are growing up without any siblings. Canada's birth rate is 1.7, while a common replacement rate in developed societies is about 2.2. One population group in a number of European countries that is reproducing at a fast clip are Mohammedans, who either came from former colonial countries or were imported as low-paid labor. If things continue the way they are now, it is estimated that France will be predominantly a Mohammedan country by 2035 (Interim, 5/86).

*Since 1960, the percentage of childless married US women has increased from 13 to 29. Newsweek (1/9/86) had a cover story on the growing phenomenon of married couples deciding not to have children, largely in order to protect a Yuppie lifestyle or avoid the demands posed by childrearing.

In part, it is also due to fear of divorce, which of course is particularly likely to happen among couples with a modernistic and self-centered value system. Paradoxically, one young missionary couple decided not to have children because if they did, how would they be able to go off to South America to "help world causes"? Some modernistic young women also admit to being physically repelled by observing the pregnancy of others. Implications to the future include that for once, some of the old predictions about the poor reproducing much more rapidly than the affluent will come true, that the childless adults may constitute a powerful voting block against expenditures for education and family-oriented services, and that eventually, there will be a lot of old people with few family supports.

Perhaps the explosive popularity of the garbage pail kids, which seems to have replaced the Cabbage Patch Doll craze, says something about the increasing perception of children as discards. These children are depicted with their heads mounted like trophies on the wall, being flushed down toilets, being all covered by vermin, and are interpreted as Oliver Twisted, Dead Fred, Wrinkled Rita, Messy Tessie, and so on.

Infanticide

*According to a recent (early 1980) IA Supreme Court decision, an unborn is to be considered the legal equivalent of a minor child. One interpretation of this ruling is that because it is now permissible to kill the unborn, it can also be permissible to kill any minor child, because both have the same (non-existent) standing in the eyes of the law.

*A woman gave birth to a 1.5 lb. baby at the Chicago Osteopathic Medical Center. Two staff physicians had it placed in a storage room, and told the parents that the child had been born dead. Nurses found the baby gasping for breath and urged the physicians to provide care. When they finally did after seven hours, it was too late, and the baby died after another 4 hours (Pro-Life News, 7 & 8/86).
At a Fort Lauderdale hospital, an abortion was performed on a 22-week pregnancy but the baby survived and was temporarily misplaced. Staff of the hospital's neonatology unit discovered the baby and assumed that it was premature, and put it on intensive care. After a while, the aborting physician discovered what had happened and ordered the baby off intensive care, upon which it soon died. Since the baby was really no more at risk than some of the other babies on the neonatology unit, this incident once more underlines the schizophrenia of the abortion scene, and that the issue is really one of a right to a dead baby rather than a right to terminate a pregnancy. Furthermore, it is absolutely inconceivable how such a schizophrenia can fail to generalize deathmaking to premature babies who are unwanted or considered unworthy (SHJ, 17/3/85).

Lowly people who are not too well together, and who hear about the high and mighty starving to death infants in hospitals and calling it fancy names such as treatment, mercy and compassion, are apt to be discombobulated by this, and perhaps see it as a legitimization for them to do the same thing. Thus, there was a case in Syracuse where a couple simply did not feed their newborn infant for four weeks until it died, and a similar case in AZ drew widespread publicity.

*In 1973, Goldstein, Freud (Anna), and Solnit wrote the well-known Beyond the Best Interests of the Child. In it, they argued for protection of children from those who would do them harm—especially their parents. In 1979, they wrote a sequel, Before the Best Interests of the Child—and this time, they endorsed "quality of life" arguments in support of infanticide in cases where parents do not want their handicapped child treated. They question whether being handicapped affords a "life worth living," and endorse leading deathmakers such as Raymond Duff.

*Atrocity of the Month/Year/Century/Millenium/All Ages. One form which deathmaking can take is for the quality or quantity of the milk formula of handicapped newborns in hospital pediatric units to be systematically diminished (even by "prescription"), in essence starving the infant, although death may take place from causes that are secondary to the infant's insufficient nourishment. For instance, insufficient nourishment combined with a handicapped infant's general vulnerability can result in infectious or other diseases which can then conveniently be listed as the cause of death, rather than as willful murder perpetrated by medical personnel.

*The good news is that on a TV show entitled "Quincy," a doctor is persuaded that an infant with Down Syndrome should not be starved to death. The bad news is that (a) it took an hour of persuading, (b) another physician who "prescribed" starvation was portrayed as a kind idealist, and (c) the issue was drawn on arguments such as that certain people with Down Syndrome had been found to lead relatively normal lives. (d) Furthermore, while handicapped children may just barely be permitted to live after birth, the show denied them the right to live before birth. The Human (10/82) aptly called this kind of TV program a "kiss of death."

*The good news is that an editorial in the Downs Syndrome News (6/82) called for vigorous action against the recent wave of aborting, or killing of newborn, children with Down Syndrome. The bad news is that the editorial based its objection on the fact that the children killed were interpreted in the professional literature and public media as severely retarded or vegetables, and the editorial implied that the most urgent measure was to dispell stereotypes about children with Down Syndrome, rather than to protect the lives of human beings. Similarly, an article that followed the editorial recapitulated the same theme.
*There was an excellent update on children with spina bifida in the
15/11/82 issue of Newsweek. If one does not kill them, then the latest
concept is to operate on a newborn with spina bifida within 24 hours of
birth. Combined with other treatments, such children usually have some
impairment for life, sometimes severely so, but the majority are not
retarded. Maternal nutrition during pregnancy may play a role, and risk
can be dramatically reduced by multivitamin supplements before and during
pregnancy. The bad news is that the condition can be detected during
pregnancy, and many parents then opt for abortion. (News item submitted
by Susan Thomas)

*A group of authors (Gross, Cox, Tatyrek, Pollay & Barnes, (Pediatrics,
1983)) established two premises about whether to treat infants with spina bifida.
One of the two criteria, we kid you not, is composed of the following babble:
"The conclusive justification for selection in the spina bifida cases appears
to be the documented suffering that is not only reduced but prevented, if one
is persuaded that death is preferable to life under certain circumstances...
it is prima facie irresponsible to obtain knowledge about the results of
surgery on high risk infants, and then not to use the negative results in
informing the parents and others of the consequences of surgery" (p. 451).

One element which emerged repeatedly from this article was that affluent
parents were more likely to receive treatment for their infants--indeed, family
affluence was one of the criteria for giving treatment, and less affluent
and single parents were both much more likely to have their handicapped infant
made dead and to concur in this decision because of their extremely disadvantaged
position.

The authors noted that 100% of the babies who had not received treatment
died in short order, and in a further explosion of bizarre language, reported
that "the 'untreated survivor' has not been a significant problem in our
experience."

The authors pointed out, unfortunately correctly, that while there is
pressure from some quarters to save handicapped infants and while the law
requires an appropriate education for them, the schools often do not live up
to their obligation, and funding for such education or for medical services
for handicapped children may not be forthcoming. Thus, handicapped children
may be subject to "delayed triage"--but the authors then imply that one might
as well let the children die early to spare them these misfortunes.

We so much take for granted the laws that prohibit a person from arbitrarily
killing some other person that we would never think of calling such a law
"political input." Yet this is exactly the term used by this article to refer
to the US Department of Health and Human Services warning to hospitals that it
is illegal to starve handicapped babies to death.

The authors claim to base their entire approach on the views of McCormick,
a Jesuit priest.

*The deputy chairman of the Human Rights Commission of the Australian
state of Victoria has called for the legalization of the "careful, charitable
and skillful hastening" of the deaths of severely impaired babies (The Age,
17/5/86; source item from Martin Elks).
Etmanski (1983) analyzed some of the lessons of the Stephen Dawson infanticide case in British Columbia. He noted that two judges gave totally contradictory rulings in the case, and that the law itself is simply no longer a sufficient safeguard. Furthermore, he pointed to the extremely awkward situation of a provincial association founded by parents of mentally retarded persons having to take an adversarial position against specific parents of retarded children. Thus, the Dawson victory on behalf of life was judged to be an extremely tenuous one that must not deceive one. Specifically, the author identified the following societal dynamisms as obstacles in cases similar to that of Dawson: handicapism, professionalism, the media's favoritism to news that pleases the public or sensationalizes, and the idea that parental rights should override societal interests.

One of the foremost animal rights advocates and situation ethicists has paired up with a German immigrant to Australia to produce one of the most explicit and unabashed advocacies of deathmaking, and particularly of infanticide, in our age (Kuhse & Singer, 1985, Should the Baby Live?). The book is exceedingly deceptive insofar as it appears to rest on a solid base of scholarship and rigorous logic, especially in the first half or so of the book. Eventually, one discovers that the one unexamined assumption which the book states as a given (in contrast to its sometimes extensive early probing of other concepts and constructs) is Joseph Fletcher's definition of humanhood. This axiom is slipped in so subtly--one could say "sideways"--that a lot of people may be taken in by the conclusions that are built on it. The one positive thing that one can say for the book is that it brings some of the deathmaking out into the open and calls it for what it is, though of course it justifies it. Among the many objectionable features of this book are the following.

Consistent with so many animal rights advocates, Kuhse and Singer introduce considerable confusion by interpreting animals as humans and humans as non-humans, and they make clear that the "species boundary cannot be used as the basis for important moral distinctions." Doing so they called "speciesism," which they interpret as being as indefensible as racism or sexism.

About two-thirds into the book, the authors finally become very explicit in stating that the moral struggle is one between Christian concepts and their vestiges, and those of modernity, and what is needed is a detachment from "the intellectual legacy of these centuries, this finally being a pluralist society in which laws can no longer be defended because they are consistent with any particular religion" (p. 117). At least, this analysis acknowledges what so many moderns deny, namely, that western legal conventions had been expressions of Christian moral tenets.

Rather hilariously, the authors state by chapter 6 that they have shown "by rigorous argument that the sanctity of life principle is unsound" Further, insofar as the sanctity of life position was derived from a religious view, the authors claim that in any system where church and state are separate, the state should not enforce such doctrine.

The "quality of life" concept is endorsed, as it is in virtually all these works, but it is then defined in a circular fashion. Further, the authors claim that "everybody accepts that some lives are not worth living" (p. 93).

Infants are interpreted as fetuses, and called "potential life." The authors then endorse the proposals made by others that a period of time of about a month should be permitted to elapse before a newborn is declared human. (One of the earliest modernist ethicists who made this proposal was F. Raymond Marks, a University of CA at Berkeley lawyer who proposed it at a conference on newborn intensive care in 1974 (p. 195).) According to this conceptualization, no newborn infant has a right to live, a position which the authors endorse.
For instance, the killing of handicapped infants is defended if they constitute an excessive burden on parents. What is not addressed is whether one may kill non-handicapped twins for the same reason. The authors take the privatization view that the decision whether a baby should live or die should be made by "those most affected by it," which is "the family and the infant," and since the infant cannot make the decision, the parents should. History is reviewed in a way that would suggest to the reader that infanticide is moral because it has been so universally practiced—a very common modern argument. The authors make such an amazing statement as "infanticide threatens none of us, for once we are aware of it, we are not infants" (p. 138). Amazingly, the authors claim that handicapped children cannot easily find an adoptive home (p. 163), which of course is entirely untrue. In support of this claim, they cite the difficulties child placement agencies have in placing—believe it or not—older children (p. 164). The affirmation of life by handicapped people themselves is depreciated.

Much like Binding and Hoche in 1920, the authors argue that physicians should be the killers. They also say (together with others) that it is wrong for seniorphysicians to order juniorphysicians or nurses to carry out any deathmaking actions if they cannot bring themselves to do it. This is of course exactly the same argument brought forth by Binding and Hoche.

Kuhse and Singer have turned around a principle that has been a cornerstone of western law for several centuries, namely, Judge Blackstone's famous statement that it is better that 99 guilty men go free than that one innocent man be condemned. Instead, they claim that where handicapped infants are concerned, the fact that one may go on to lead a satisfactory life while 99 others may suffer is not a sufficient reason to keep any one infant alive.

All this then is the ethic for a "civilized, independently-minded society." In all, the book is a very clearcut expression of the modern individualistic, materialistic utilitarian world view. The next logical step in the evolution of this ethic is to shed the last vestiges of sophistry and language manipulations, and to be totally explicit. However, there is a good question whether advocacy for death can be that honest, since violence and deception are, historically and morally, so intimately intertwined.

One thought that struck the TIPS editor in reading this book is that the generation of physicians who once shuddered at the atrocities of Nazism is dying out, and is being replaced by one that does not shudder, and perhaps would not have shuddered had they lived earlier.

*In Indianapolis, a child about a year old underwent prolonged treatment in a hospital against an infection that defied explanation. Her mother, a licensed practical nurse and apparently a doting parent, became intensively involved in her daughter's treatment procedures. Finally, laboratory tests revealed that someone had been putting fecal matter into the intravenous drip through which the infant had been receiving antibiotics. However, the experts soon had an explanation: the mother suffered from Münchausen's Syndrome, and not only that, but Münchausen's Syndrome by Proxy. (The term Münchausen's Syndrome is applied to people who habitually and compulsively fake illness in order to gain attention.) In this case, the mother supposedly gained gratification by causing symptoms in her daughter (Indianapolis Star, 7/86; source item from Joe Osburn).

*Die or diet? According to some authorities 75% of the infants born with neural tube defect in England are left to die, often by being over-sedated so that they cannot eat or drink, thus dying from dehydration and/or starvation. Physicians sometimes jokingly or euphemistically refer to this as "a low-calorie diet."
*In 1981, a physician (Dr. Arthur) in England caused a baby with Down Syndrome to die. There was a tremendous surge of sympathy for the physician who was eventually acquitted in court. However, a newspaper was fined for carrying an article at about that time discussing infanticide. The good news is that the House of Lords overruled the High Court. For a while, it looked as if it was quite legal to kill, but not legal to talk about it or even oppose it in the press (The Human, 10/82). During and after the trial of Dr. Arthur in Britain for killing a handicapped newborn, polls revealed an increase in the number of pediatricians who expressed support for withholding extraordinary lifesaving measures from handicapped infants (Down's Syndrome News, 1982, 6(3), 34).

*In Britain, it is now some years that some parents who had a handicapped child have been given poison by the hospital so that they could administer it to their handicapped child at home. In 1985, a Hartford, CT, hospital came under investigation both for starving babies with Down Syndrome in the hospital and for giving parents of physically impaired infants lethal poisons to administer to their babies at home.

*One baby born with either severe prenatal or perinatal injury received highly skilled multidimensional treatment by the hospital staff. Oxygen was pumped, blood transfused, food administered intravenously, all kinds of medications were administered, various functions were machine-monitored, and so on. The physicians finally succeeded in weaning the baby off these machines and proudly handed the baby to the parents with the words, "this is a happy day." The parents took the baby home but still had to carry out all kinds of special procedures, such as feeding with a stomach tube. Soon the baby began to cry constantly, and also to have convulsions for which anti-convulsive medication had to be administered. After several weeks, the parents increased the anti-convulsive sedative dose and terminated the food; after six days, the baby died. Said the parents: "We did it out of love." (The Hartford Courant, reprinted in the Winnipeg Free Press, 9/9/81).

The vignette illustrates many important points. One of these is that the medical profession which engages in an idolatry of technology may hardly consider any medical procedures extraordinary. Secondly, the parents apparently (and rather typically) received little or no help in caring for the baby, and were thus driven to desperation. Thirdly, the parents were familiar enough with the atrocities of the institutions that they could not bring themselves to surrender their child to one of them; thus, the poor quality of available services further added to the parents' desperation. Fourthly, rather active induction of death is increasingly less likely to be seen as such, i.e., as homicide or murder. Fifthly, infanticide is assuming a status about as much outside the law as abortion.

*There has been surprisingly little research done on infanticide in animals or humans, in part because researchers do not want to deal with this unpleasant topic, funders may not fund it, and journals may not publish the results. The data available suggest that things that we would call child abuse among humans are virtually unknown among primate mothers; infanticide is relatively common among many species, but it is rarely the mother who does the killing. It is now widely believed that infanticide of the offspring of conspecifics other than one's mate confers a genetic advantage upon the perpetrator (APA Monitor, 12/82). Because it is so often non-parents who kill the young, there may also exist a deeply concealed dynamic among humans that makes it more likely that infanticide is perpetrated by non-parents. An example might be the common tendency for human service professionals to
overtly or subtly suggest infanticide of handicapped infants to parents where these, and particularly the mothers, might well have had the (natural?) inclination to try to save the child's life. Thus, all sorts of people who are promoting infanticide for all sorts of purported rational reasons may really be merely rationalizing their own unconscious impulses to kill other people's offspring in order to promote their own genetic competitiveness.

*The possibility of widespread infanticide is also raised by some very puzzling, and hitherto unexplained, variabilities in local death rates of newborn infants in the US. In general, overall infant mortality has declined steadily for a long time. At the same time, it has always been known that infant death rates vary according to the presence or absence of various risk factors. For instance, first-born infants of very young mothers, and infants from families of low socioeconomic status, have long had higher (even tenfold) mortality rates than families in favored circumstances. Accordingly, infant mortality has reflected societal devaluation patterns. However, in addition to these variations in infant death rates, demographic statistics of the late 1970s and early 1980s have also revealed some puzzling differences in such death rates among localities which cannot be accounted for by the usual type of risk factors. Indeed, some localities had had infant death rates equalling those of many Third World countries. Given the present circumstances, the conclusion presents itself powerfully that high infant mortality rates--especially if they occur in demographically favorable areas--are probably the result of local patterns of infanticide. This conclusion is strengthened if one also can find that a large proportion of babies who die are delivered at specific hospitals and/or by specific physicians, that the deaths take place at specific infant units, that numerous local obstetricians and pediatricians do not hold a strong pro-life view, etc.

*The medical world has been trying to deceive us by making us believe that the question of infanticide has only become acute since medicine has been able to save so many infants who formerly would have died. The fact is that some infants are being made dead today who formerly, i.e., even in 1970, or perhaps even much earlier, would have been saved. A prime example are infants with Down Syndrome.

*The extent of the prevailing repression and denial of the truth was evidenced when the chief of the Health Protection Branch of Canada's Department of Health and Welfare said that he knew of no Canadian cases where children or patients were refused nourishment (The (Ottawa) Citizen, 31/5/83). On the same day, the paper reported that the director of a Montreal Bioethics Institute said that deformed infants are being starved to death while writhing in pain.

Child Abuse & Neglect

*In 1968, a congenitally malformed newborn infant boy was left on the steps of a Catholic general hospital in a medium-sized American city with extensive medical facilities. The nuns took in the infant and decided to rear him. However, this charitable impulse was severely marred by some incomprehensible practices. For twelve years, the child was so severely cut off from the world that he was never enrolled in any schooling or even taken outside, and his existence was virtually unknown to anyone, even to representatives of the local association for retarded citizens who operated an outreach program in that very hospital. Furthermore, the child had severe but correctible double cleft palate, and though he lived in the midst of a hospital, and in a city with extensive medical services, nothing was ever done to surgically correct the malformation. As a result, he had to be tube-
fed. It was not until 1980 when the child was 12 years old—and by that time, quite severely retarded—that a student nurse who had been a participant in a training program of the local association for retarded citizens learned of the child’s existence and blew the whistle on the hospital.

It is depressing to think that incidents such as these can give the battle against abortion and "euthanasia" of handicapped newborns a bad name. If those who defend the sanctity of life do not also defend the sanctity of the time and potential of a human being, their efforts, and even their ideology, cannot help but furnish ammunition to the pro-death forces.

*US child abuse estimates have ranged anywhere from 1-6 million cases annually. It is estimated that 90% of abused children abuse their own children. Women are more apt to abuse their children than men, and while handicapped and unwanted children are more apt to be abused, so, strangely enough, are also brilliant children. Affluent families are less likely to be accused of abusing their children even when the evidence is clear.

Unfortunately, some children have learned to use accusations of abuse against their parents as a weapon to manipulate, control or punish them. Also, some human service workers have de facto coached children to falsely report or magnify upon abuses, especially sexual ones.

*Schilling, Kirkham and Schinke (1986) reviewed the literature and concluded that even though specific child abuse investigations often fail to note that an abused child was handicapped, handicapped children are disproportionately represented among abused children, with various studies finding prevalences between 20% and 70%. In part, this high prevalence may be due to the possibility that handicapped children are more apt to elicit violence from their families, but handicap may also be more likely to occur under certain socio-economic circumstances which also contribute to an increase in family violence.

*The existence of child abuse hot lines can give a deceptive image of relevant address. In a grand jury investigation of the rape of dozens of children in a Bronx day care center, it was noted that hot-line operators were not well trained to interview callers, were not up to dealing with calls by non-English speaking callers (and in New York, such are many), did not promptly answer calls; case workers rarely got back in touch with the original reporting source; when child abuse services did discover cases of abuse, they rarely notified the police; and the police themselves had no special unit for child abuse cases (UPI, in SHA, 26/5/85).

*More and more, we hear of people with poor internal controls who let off steam by abusing or killing children. This is happening all over the developed world, not only in North America. For instance, in 1985, a sports teacher in West Germany whose private life did not go well simply shot to death a 13-year old girl who was one of his pupils.

*Even between only 1983 and 1985, the incidence of child fatalities due to abuse and neglect nearly doubled in South Carolina (Southeastern Human Services News, 4/86).

Throwing Children Away

*Parade Magazine (20/7/86) had a pitiful cover story entitled "Kids for Sale"—its 7th cover story in 8 years on rootless or abused children. There are an estimated 1.0-1.3 million American children under 18 who leave home every year, and their average age is getting lower even as the average length
of their stay away from home is longer. The ratio of throw-aways is also increasing, and is now about a third. Some parents will take their children on a drive, stop at a gas station, give the child a few dollars to buy a snack, and drive off before the child has returned. Other families with trailer homes simply drive off with their home while a child is in school. More than 50% of those who have been homeless longer than a month become involved in prostitution. Afraid of AIDS, men are seeking younger boys and girls for sex, and are virtually never prosecuted for it. Some children are forced into prostitution by their drug-addicted parents, in order to raise money for their habit. Unfortunately, those who sexually use children often also feed them drugs.

To his surprise, the TIPS editor discovered that in Syracuse, homeless children are not even counted among the official homeless population of street people.

*There rages a controversy about how many children are abducted each year, and why and how many run away. Abduction estimates have ranged between 50 and 200,000 and child disappearances up to 3 million. We believe that in this entire domain, very low estimates of child abduction must be wrong for one very simple reason. Ours has become a society that junks its children in any number of ways, ranging from abortion to physical and sexual child abuse through infanticide and child expulsion from the home, to mention only a few. If one had looked into the soul of the society, why would one expect anything but a great deal of child abduction associated with perversion and murder, not to mention the known fact that a large proportion of runaway children join the sex industry out of desperation and die an early death, often also from drug abuse.

*Even in states such as IA, more rural children are showing up at urban shelters, and the suicide rate is particularly going up among rural teenagers. One specialist on homeless youth estimated that there were between 2000 to 6000 homeless children in IA alone (Cedar Rapids Gazette, 16/11/85; source item from John Morris).

*Unfortunately, several organizations that have sprung up in order to purportedly find missing children turned out to be phony. One raised funds which mostly served the purpose of supporting its staff members who did very little child seeking. In FL, Child Search turned out to consist primarily of three people with felony convictions. Critics charge that most missing children are runaways, but they do not explain how children below the teen years can be runaways, or even as young as 3 or 4. Furthermore, even when a parent estranged from the other parent is the abductor, s/he may still have foul play in mind. In fact, many abducting parents are sexually or otherwise abusive. The exploited and missing child unit of Louisville, KY has produced studies that show that up to 11% of children who voluntarily abandon their homes end up as victims of criminal or sexual exploitation (Children's Defense Fund Reports, 7/85).

The National Child Safety Council that was behind the campaign to put pictures of missing children on milk cartons paid its president $98,000 annual salary.

*Reportedly, abducted children (some of them initially runaways, and perhaps more boys than girls) have been literally sold at auctions, often after being sedated. Buyers are often foreigners from "oil-rich countries." Pedophiles reportedly can buy children from kidnap-to-order catalogues, the typical child victim being 11 years old. Their newsletters advise pedophiles how to abuse children without leaving telltale marks, and if they are arrested, they can call toll-free numbers for help. They often torture children to death, and
sometimes burn their fingertips with acid so that their identity cannot be traced. Only about 1 in 100 persons who sexually abuses a child is apprehended, of these only about 10% are convicted (this makes 1 in a 1000), and of these 60% are released on probation leaving only about 4 per 10,000 who serve some time in a prison or mental institution (NCR, 21/6/85).

Child Killing

*Out of "the joy of having a child," a woman served as a surrogate mother to another couple and gave birth to a baby in 1982—though she also received $10,000. In 1984, she was convicted of having shot her own three children, killing one of them (SHJ, 18/6/84).

*There have been a series of scandals about critically ill children at Toronto's Hospital for Sick Children having died after someone deliberately administered excessive doses of a heart drug. Despite these investigations and scandals, yet another such death was reported on 31/5/83 (CP, in The Ottawa Citizen), and no one can explain where the drug came from.

*When a 13-year old girl disappeared in Fergus Falls, MN, her father launched a nation-wide search, and her picture was broadcast across the nation. Later, he came under suspicion himself, was prosecuted, and convicted of having murdered her after she refused his sexual advances (AP, 8/3/86; source item from John Morris).

*It appears that a number of parents have taken advantage of the publicity surrounding disappearing children by claiming that their child that they themselves had murdered had been abducted. Some have even had the nerve to appear on television pleading for the return of their child. In some instances one parent had first sexually abused the child, or both its parents had conspired in such abuse, even in instances where the child was only a few months old (e.g., AP, in SHJ, 5/7/85).

Other Child Deathmaking

*In order to be able to reduce regulatory restrictions on lead in the environment, the US Environmental Protection Agency has been trying to discredit one of the major long-term studies of the effect of lead on children. At the same time, a British Royal Commission has concluded that there is no threshold level below which exposure to lead is safe. As a result, the British government has announced a policy to attempt to gradually eliminate all lead from gasoline. At one time, the major source of lead in the environment was probably paint, but now it is gasoline (Science, 25/11/83).

*A 10-year old child died of heart failure after paramedics reportedly refused to climb the stairs to her family's 12th-floor apartment. Vignettes like this can reveal to us the connection between poverty and the increased risk for poor people to be made dead. (AP, 15/3/86; source item from John Morris.)

*Even the most obvious progressions towards ever increasingly inclusive genocide are simply ignored by the public, advocacy groups and the professional groups involved. One of the most blatant examples of this occurred in 1980 when the NJ Supreme Court held that a retarded child had no constitutional right to a free education in NJ. Insofar as the state constitution explicitly stated that every child between the ages of 5 and 19 was entitled to a free public education, one can only conclude that the court was ruling
that retarded children have no legal status as humans, persons, and bearers of rights. Thus, retarded children have now become equated with fetuses. Nor is that all: similarly dangerous rulings have been handed down on the rights of minors. All this underlines how little defense there is against genocide within our constitutional system, because this system is left wide open to interpretation as to who is entitled to its benefits.

*People may view children in classrooms for the severely and profoundly retarded as at death's threshold, and therefore impose at least moderate death/dying roles and expectations upon them. For instance, a mother of such a child (Schmalz, 1983) noted that in her son's school, staff commented that the room in which severely multiply impaired children were served was "where the children didn't live very long." Similarly, some staff in that classroom were surprised to hear one child's adulthood being discussed, remarking, "Do you mean that he will grow up?"

*Isn't it noteworthy that at the Humana Festival of New American plays in Louisville, KY, "How to Say Goodbye" dealt with a marriage that cracked up because the couple were stressed from trying to raise a handicapped child? Humana is the giant private for-profit health corporation headquartered in Louisville (Newsweek, 7/4/86). Things like that are propaganda and legitimization for the deathmaking of the handicapped through the arts, much as in Nazi Germany, the killing of the handicapped was prepared by a series of films that depicted handicapped people in a very negative fashion.

*A letter from Denyse Handler. I came across another reference the other day to the effect that retarded children "break up families." Such statements are often used to justify abortion and infanticide. One of the characteristics of society's treatment of a devalued person is that capital punishment of that person is always considered a suitable outcome for any shortcomings within that person or inconvenience in the lives of those nearby. For instance, retarded children cannot be the cause of very many marriage break-ups for the practical reason that there are not many of them, compared to children of normal intelligence. Three common causes of marriage break-up nowadays are careerism, philandering and alcoholism, yet no one recommends capital punishment for careerists, adulterers or alcoholics. It is taken for granted that while their behavior is somewhat "infra dig," they are entitled to be as much of a nuisance as they please. However, if a retarded person infringes in any way, real or imagined, his whole existence is called into question. All this may be reflected in the tendency among many doctors to advise abortion if there is even the slightest risk that an unborn child may be handicapped or malformed. Since the child is considered to have no intrinsic value, anything less than a quality product in the physical and mental sense is rejected. (The author was managing editor of The Human, a defunct Canadian pro-life journal. The letter was edited for TIPS by WW).

Child Rescue

*While some handicapped infants are being made dead, unbelievable progress has been made in saving premature underweight children. In ca. 1970, only about 1% of infants weighing less than 2 pounds survived, but by 1983, this had increased to 60%. Perhaps the greatest contribution to this survival rate has been made by mechanical breathing devices, because the lungs are among the last organs to develop. Also, initial intravenous feeding permits the baby's digestive system to mature enough to start nourishment by mouth.
In 3/86, a two-year old boy wandered out of the parental mobile home in sub-freezing weather and was found unconscious, non-breathing and frozen in a field. A police officer applied two full hours of resuscitation efforts, which is rather heroic, and the boy actually revived. The officer called it a miracle. (Source item from John Morris)

We were recently told of one instance where a still live boy child aborted in the fifth month of gestation was snatched from the clinic's garbage pail by a nurse, and saved. However, we have no further details.

In IL, Siamese twins born in 1981 were pronounced inseparable and neglected in the hope that they would soon die. A group of local people got a court order to keep them fed, and sometime thereafter, a successful surgical separation did take place.

Suicide & Its Promotion

If one can persuade a devalued person to commit suicide, then one does not have to worry about finding other ways of deathmaking. One new and popular euphemism for suicide is "self-deliverance," which has particularly strong idolatrous overtones considering the meaning of the concept "deliverance" in Christian theology. Other slogans we can expect to gain ascendancy in the "euthanasia" movement are "the right to choose self-deliverance" and "the right to choose when and how to die." The term "right to" will probably become prominent because it proved to be so spectacularly successful in recruiting support for abortion. A major argument that will be used is to play on people's fears that they will have to die a slow and painful death, or will be "kept alive" interminably by machines.

There has been a tremendous promotion of suicide in the entertainment media. One film that glorified it was the film, "Whose Life is it Anyway." Similarly, Last Wish, a book in which a woman tells of assisting her ailing mother in committing suicide, hit the New York Times best-seller list within a week of its appearance. Similarly, a most subtle promotion of "assisted suicide" took place in the 12/85 issue of the monthly, Today's Health. The cover carried the titles of some of the major features, including "Betty Rollin: 'I Helped My Mother Die.'" On the inside table of contents, the title had mysteriously changed to "In Her Own Words: Betty Rollin tells How She Honored Her Dying Mother's Last Wish." When one gets to the actual article on page 57, one discovers the real "title" to be "Dutiful Daughter." It tells the by now well known story of how a woman helped her cancer-afflicted mother commit suicide in 1983. The suicide was engineered by first getting the mother out of the hospital back home in order to be able to commit the deed; then the home nurse was dismissed; and then there was an awkward period as the daughter and her husband were not quite sure how to spend the last minutes with the mother as she swallowed a lethal dose of medication. The daughter thought they should act normal, and so she turned on the TV, but the husband turned it off again. They then decided to look at the family photo album and reminisce. Soon after the mother died, the daughter wrote the now well known book, Last Wish. The detoxification of it all is phenomenal, even considering only that the article is presented in a very positive fashion in a health magazine and under terms and titles (such as "dutiful daughter" "honoring dying mother's last wish") that would make anybody who wouldn't help their ailing mother die feel like a heel.
*One way to buffalo people into suicide is by threatening them with a life of misery. In Highland Park, TX, a psychiatrist and his psychologist wife, both 76, dreaded the thought of a disease-ridden old age and the possibility of ending up in a nursing home, and scheduled a sumptuous feast of all the foods and drinks that they were medically forbidden to eat—and took lethal doses of sedatives. In their suicide note, they said that society has not yet learned to deal in a decent and respectable manner with the afflictions of old age (AP, in Cedar Rapids Gazette, 28/7/86; source item from John Morris).

*A segment of the 12/1/86 investigative CBS news program "60 Minutes" dealt with the increasing popularity of rational plans for suicide by older people, and people with deadly diseases. The program reinforced the impression that a surprisingly large number of people are planning ahead for their suicide, many of them by storing up prescription pills. Some people go to Mexico to buy drugs over the counter which in the US can only be had by prescription, but which can be brought legally back to the US. The former dean of Muehlenberg College (a Lutheran school in Allentown, PA), now a church organist, was interviewed. He had been helping a woman to commit suicide. A good portion of this suicide craze was fueled by the 1981 book Let Me Die Before I Wake (Humphry, 1981; reissued in 1982, 1983, and 1984).

*We doubt that many TIPS readers would have guessed what the drugs are that are most commonly used to commit or attempt suicide: Valium and Librium, two tranquilizers. There is something poignant in the fact that two drugs that are supposed to reduce unhappiness and help solve people's problems of living are the ones that people use to escape their lives and, in a sense, to thwart the shrink world. For the first time, an antidote against these two drugs has undergone preliminary (and successful) tests. This could be useful not only in suicide attempts, but also where people have been given excessive tranquilization doses (SHJ, 19/12/85).

"Euthanasia"-Related Deathmaking of Devalued Persons

*In a 1946 text on Psychology for the Millions, Sperling said that if mercy deaths ever came to pass, "idiots would be among the deserving."

*As early as 1950, a Gallup poll found that 36% of the population agreed that when a person had a disease that could not be cured, doctors should be allowed by law to end the patient's life in some painless fashion if the patient and his family requested it. By 1973, the proportion agreeing had increased to 53% (Hultsch & Deutsch, 1981).

*Interestingly, both the extreme of preserving life at all costs, as well as the other extreme of promoting "euthanasia" for even relatively moderately impaired people, often reflect the same value orientation which glorifies materialism and technology. Those who advocate for "euthanasia" often take a hedonistic view of life, and are prepared to terminate it when a human life can no longer yield material values, including relationships which are satisfactory to others. The position that would preserve life at all costs is often motivated by an idolatrous belief in a materialistic science. As one physician said who was trying to preserve as long as he could the life of a cancer victim who was severely in pain: "cures can come down the pipeline at any hour of any day" (Newsweek, 31/8/81).
In 2/81, a physician in Syracuse gave a presentation on some of the issues and controversies on the topic of "euthanasia" for "incompetents." During the course of the presentation, he suggested that there was a need for discussion of the issues among members of the medical community, so that health care professionals would have a "common ground" for approaching the issue, and the decisions they would have to make on it. We were struck that for the first time in the history of the medical profession, at least in the Western world, physicians have to struggle for a common value standpoint. In the past, the physician was always on the side of life, devoting his/her knowledge and skills only to the preserving and giving of life, and never to the taking of life. Now that is no longer the case.

The Euthanasia Council of America changed its name a few years ago to Concern for Dying. Ironically, its executive director said in 1986 that the society was not in favor of euthanasia--only in favor of "letting die" (NCR, 29/8/86)—a very unlikely line.

In Britain, Exit is a society formed to help people commit suicide. Its counterpart organization in the US was founded in 1980, entitled Hemlock. In 1981, it published a guide (entitled Let Me Die Before I Wake) to suicide (or de facto murder) of terminally ill people, which it called "active voluntary euthanasia." The book included such things as lists of painless lethal drugs, and their necessary dosages to induce death. The author, Derek Humphrey, had written a book in 1978 entitled Jean's Way about how he helped his cancer-wrecked first wife end her life. However, he considered himself to be "pro-life," and has been planning to write a book about sex and the terminally ill. During at least part of 1981, 100 people a week were signing up with Hemlock, including a judge, about 30 lawyers, at least 100 physicians, 2 professors of medicine, and quite a few psychiatrists. A professor emeritus of religion served as president. Ominously, Hemlock is very supportive of the hospice movement (Los Angeles Times, 17/7/81).

Contemporary ethicists very freely use the term "life not worth living" in order to justify some form of "euthanasia." An example is an article by Browne (Canadian Family Physician, 1983), who happens to teach biomedical ethics at one university and one college in British Columbia. Browne argues that whenever one is "satisfied that the patient would be better off dead," then it would make no sense not to be also prepared to withhold food and liquid from the person. We would also be "depriving the patient of what we think is in his best interest." Going one step further, he argues that instead of then standing by and watching the person dying of starvation and dehydration (i.e., the things one earlier inflicted on the patient), one should put the person painlessly to death, the method proposed being a classically and traditionally medical one: injecting a lethal drug. Browne’s reasoning is an absolute classic of pyramiding one set of assumptions and proposals on the other until one is left with explicit direct killing of people by physicians without hardly knowing how one got there or why it could possibly be wrong.

Browne further argues with an absolutely staggering train of logic that since only physicians can make these decisions and produce death (as was argued by Binding and Hoche (1920)), it would be "wrong to leave the decision wholly up to the family."

The modern hedonistic horror of suffering was well expressed by Browne who said, "Given a choice between being rendered dead or in a permanent state of severe suffering, one could only rationally have a choice for the former." The fact of the matter is that there are many people whose lives are ones of endless suffering, but who either are nevertheless glad to be alive, or who have found profound meaning in their suffering.
A handicapped young man said "the past has scarred me, the present has wounded me, the future might kill me" (Ed. Unltd., 1981).

By Families

*A mother of a 30-year old retarded man from Los Angeles wrote to "Dear Abby" (e.g., Los Angeles Times, 11/10/82) stating that there was no place in the world for people like her son, and that she wished he had not lived and that she had the courage to put him to death even now. (Source item submitted by Daniel Mulcahy).

*The executive director of the Autism Society of Saskatchewan was dismissed because he opposed the efforts of the parents of a 12-year old "autistic" (and certainly severely retarded) girl to have a hysterectomy performed on her for the sake of management convenience. The efforts to stop the operation were furiously denounced by a lawyer who was founding president of the Regina Civil Liberties Association and a frequent speaker on the rights of the handicapped. The courts overruled the objections to the operation, and the hysterectomy was performed, with all of its advocates, including the courts and the psychiatrists consulted, citing only parental convenience rather than indicting the government or the human service system for its failure to give adequate support to the family (Autism Society Canada, 4/86; source item from Fred Harshman).

Of Elderly People

*The validity of the slippery slope hypothesis continues to be confirmed as little by little, the definitions of humanness, of life, of valuable life, and of murder are being pushed back. In early 1980, the Earle Spring case set a new low. It involved a 78-year old MA man who was ordered off a kidney dialysis machine by a probate judge on two grounds: the old man was "incompetent," and a relative claimed that the old man would not want to live if only the truth were known. Spring himself was said by some to have expressed a desire to live. The incompetency determination was made in a hearing that involved one physician, two relatives, and the judge. By simple extrapolation from extremely common practices in the past, one can easily foresee that by similar procedures, hundreds of thousands of people might be declared incompetent very rapidly--conceivably hundreds of people in a matter of hours, as was in fact customary earlier in this century. Similarly, it should not be too difficult a task to find some relative or close acquaintance willing to surmise that a person declared incompetent would not care to live if only they were competent to make that judgment. At that point, such persons could be denied all sorts of health benefits--especially if these were of a public nature, and if, by ruling people ineligible, a great deal of money could be saved, especially so during any time of actual or perceived national scarcity. Processes of this nature could achieve huge proportions without actually being highly visible, much as pervasive abuses may be taking place in a nursing home close to us in our community, with hardly anyone being aware thereof (International Life/Times, 22/2/80, p. 13).

The Spring case also revealed the risks pro-life advocates take. The case came to public attention in part because nurses blew the whistle, and the nursing home allowed outside experts (a physician and a lawyer) to interview the old man. Spring died, his widow sued, and in 11/82, the nursing home was sentenced to pay $2.58 million to the widow (AP in SHJ, 23/11/82). Together with other developments, this means that it is becoming increasingly difficult for decent people to work in organized human service agencies.
*A quite serious proposal has been advanced by some people to introduce a "demise pill" which people at a certain age would be forced to take, while others would be permitted to take it voluntarily at an earlier age. The function of the pill was compared to contraception, since both contribute to a limitation of the population. The proposal was supported with the argument that the increasing number of elderly people will crush the health and welfare system, but that "considerable research" would have to be conducted before society would accept the idea (The Futurist, 1981, 15(6), 2).

*An article in the National Catholic Reporter (29/8/86) was unfortunately, but quite intentionally, entitled "Living Wills Pull Plug on Needless Suffering."

*The British Columbia branch of Dying with Dignity, an organization promoting what looks like "euthanasia" or suicide facilitation, received a grant of $11,300 from the Canadian government as "seed money." (Source document supplied by Denyse Handler)

*In March 1983, two physicians were acquitted who had first disconnected the respirator of a comatose 55-year old man and then, when he continued to live, withheld food and liquids from him. The patient had left no instructions, and was still showing brain activity on his EEG. The wife had agreed to discontinuance of "life support systems," but denied having agreed to the withdrawal of nourishment. This had been the first time criminal charges had been brought against physicians for stopping the treatment of a terminally ill patient. The verdict noted that there was neither any unlawful conduct nor any malice (UPI in SHJ, 3/10/83). One nurse who had cared for the man testified that denial of food and water to this presumably severely brain damaged person was not murder.

*A nationally recognized pathologist working for Suffolk County was fired because he stated publicly that people are very apt to be killed in hospital intensive care units where fatality rates are high anyway, and there usually are no autopsies. The rationale cited for firing him was that he was telling people how to kill (SHJ, 22/12/82).

*Miller, W. M. A canticle for Leibowitz. New York: Bantam, 1959. In a fascinating futuristic novel, Miller depicts our society as it passes through two cataclysmic nuclear events across thousands of years, including collapses and rebirth of civilization and technology. One outcome of these nuclear wars is a dramatic increase in the birth of deformed people, called "monster-births." In the second and final nuclear holocaust described in the book, a society is described which sets up euthanasia centers for people who are fatally injured from nuclear blasts, who are in pain, and who request the services of these centers. The operations of these centers are described very much in terms with which we are familiar today. For instance, in order to receive the euthanasia services, a person must first be certified as eligible by "due process of law." As today, euthanasia is administered by very committed and even highly-ideologized people, and the administrators of the euthanasia centers are called "the mercy cadre." Part of the service is the Eucrem team, apparently a contraction for euthanasia cremation, which cremates the bodies. In front of such euthanasia centers, a statue is set up which was modeled on a composite human image derived from mass psychological testing in which subjects were given one they would most and least like to meet, and similar questions. From these judgments, a series of "average faces" was constructed to evoke a first-glance personality judgment from typical people. The statue that was constructed in this fashion and set up in front of the euthanasia center looked like the more effeminate and saccharin images of Christ that one can find in certain kinds of art. It stood with arms spread wide in a gesture of embrace, and an inscription on its pedestal said, "Comfort."
*In 1981, a German physician was being tried on the charge of coming on the surgical ward of a hospital in the middle of the night, filling a hypodermic needle with dirty water from a bucket that had been used to clean the floor, and which contained formaldehyde, and then injecting it into a 52-year old laborer who had been operated on for a severe heart condition. An alert nurse triggered an investigation (Volkszeitung Tribune, 13/11/81).

*Bit by bit, the public is beginning to catch on to some of the murderous practices vis-a-vis severely afflicted people. The Columbus Citizen Journal (4/5/83) published a large cartoon showing two men in adjacent hospital beds, with one all wired and plugged to all kinds of gadgets saying to the other, "I'm going to take a nap. Watch my plugs, will you?" (Cartoon submitted by Jack Pealer)

Concluding Remarks on Deathmaking

Even though the major theme of this issue was deathmaking, the material we covered above was less than half of the copy we have on hand that is overdue to be reported. Not even covered were deathmaking abuses in human services, by police, and by ordinary citizens; media promotion of deathmaking; and detoxification of deathmaking.

Signs of the Times

*Let's play rape. Advertised in the newspaper of the Association for Retarded Citizens of the US (Summer 86) was a new "Sexual Assault Prevention Game," as well as a "RapeSafe" game. These "games" come in various forms, one for children between 4-10 and another one for adolescents. How many people will be wise enough to view that as a sign of our times?

*Is it not a sign of our times that children get so panic-stricken when they see that their parents are beginning to use illicit drugs that they are now turning them into the police in ever larger numbers? (E.g., Newsweek, 1/9/86)

*Every year, between Aug. 6-15, all sorts of groups across the world observe events associated with the first use of the atomic bomb and the end of World War II. In Syracuse, NY, only 20 people lasted for an all-night peace vigil in the Catholic cathedral (the main church) of the diocese. However, during the same night, 7000 people attended a 5-hour vigil at the estate of Elvis Presley in Memphis, TN, it being the 9th anniversary of his death. Presley died from a decadent life style, all of which illustrates both how entertainment constitutes a mass diversion from the crucial realities of our day, and that the idols of this generation are thoroughly perverse ones.

*In Detroit, there has been a "drive-through" funeral home since 1971 that is somewhat modeled on the drive-in bank, as well as on a similar earlier operation in Atlanta. A motorist drives up, pulls a condolence card, drops the card in a box, and then drives on to a viewing window behind which the body or the coffin of the deceased is displayed, tilted toward the viewer. In this fashion, people unable to come at other hours can pay their respects even during night time. (Source item from Wayne Marshall)
*In 5/86, Reagan signed a new Protection and Advocacy for Mentally Ill Individuals Act which established for the area of mental disorder a protection and advocacy schema similar to the one that has been in place for the "developmentally disabled" for some years. Unfortunately, the state P & A programs for the "developmentally disabled" are supposed to now also operate the P & A system for the "mentally ill." It is further unfortunate that some of the very leadership of the former have advocated this measure. It is our prediction that this development will undermine the meaningfulness of the current P & A system, and that it will be swamped by the craziness and bankruptcy that prevails in the area of mental disorder.

*Taken in by a bunch of clowns. The Shriners (a masonic order) have been supporting 22 hospitals for "crippled children," though in actuality, some of the beneficiaries of the Shrine have also included blind and burned children—and senior citizens. Supporting these causes has been interpreted as "the soul of the Shrine" and "the reason for Shrinedom." A major medium of Shriner fund-raising has been clownery and circuses. Anyone who has been following our interpretation of clownery and its age-old association with idolatry, death and promiscuity would have known that no good could come of all this. In 1986, it was discovered that contrary to the image projected by the Shriners that their fund-raising events were devoted to charitable purposes, a large proportion of the monies raised was for the benefit of the Shriners themselves, and often for their boozing and cavorting. Apparently, some local units kept 100% of the money that they raised with charity appeals for themselves, while others donated various percentages. It appears that in 1984, of 175 circuses held by the Shrine that year, the proceeds from only 5 went to "charity." One outside estimate was that perhaps 1% of the profits over-all were actually donated. The precise facts have been difficult to come by because even after the scandal broke, the Shrine was reluctant to admit what was going on and to provide full disclosure.

*The RI Department of Mental Health, Retardation and Hospitals, and the RI Developmental Disabilities Council sponsored the production of a film designed to break down employer prejudices against hiring handicapped people. As is so often the case with alleged attitudinal change projects, the project reveals the unconscious negative attitudes of those who claim to wish to change the attitudes of others to the better. In this case, the underlying attitudes are revealed by the fact that the film is entitled "The Rhode Island Zone," and is modeled on the imagery of the TV series "The Twilight Zone," which is based on themes of fantasy, fairy tale, and future fiction. For instance, it uses computer graphics reminiscent of the Twilight Zone series, and shows things such as an ear with a hearing aid flying through space. What so often happens in such projects is that positive elements are juxtaposed to negative ones, setting up a contradiction which, in some instances, is so great that the negative features totally override the positive ones, though in some instances, the balance may remain on the positive side. However, there is no reason at all why any such film needs to contain any negative elements if only the producers were fully aware of attitude change principles, which are actually very well known (and which, for years, have been taught by the TI). It is unfortunate that handicapped people participated in the production and dissemination of this film.

*There is a new periodical out called A Positive Approach, interpreted to be "the national magazine for the physically challenged." Its July/August 1986 issue had 50 pages, of which 7 contained art work having some kind of clown theme.