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Deathmaking is so rampant that whenever we devote a major portion of a TIPS issue to another theme, the copy starts piling up, as it has this time. We hope to soon be able to bring forth an issue on Social Role Valorization, and one on societal trends.

Societal Deathmaking as the Backdrop to More Specific Types of Killing

Systematic deathmaking in any one sector of society must always be understood in relation to larger societal values and patterns, both at the present and in the past, with special reference to violence and the valuation of human life.

*A major problem in confronting our society today is that this deathmaking takes place in a context in which deathmaking in general has been tremendously intensified. For instance, in our contemporary world, we now see terrorism used normatively against civilian populations. We see violation of Red Cross conventions even by nations that are considered advanced or developed, such as Israel. We see the use of poison gas, and the world-wide use of torture not just to extract information or confessions from people, but also to terrorize entire populations. We see de facto warfare, not just oppression, by the rich against the poor, as evidenced in South Africa, and in the recent histories of El Salvador and Nicaragua. All of this does not even take into account the preparation for massive deathmaking that takes place in the name of security and national defense. We also increasingly are seeing entire nations run by thugs and by drug cartels which use violence as their primary means. Examples that readily come to mind are Columbia and Panama, with some US communities approaching a similar state.

In such a context, should it be surprising that the deathmaking of devalued people arouses little notice, let alone little address?

*Some sages claim that the dramatic increase in disorder and violence at sports events is due to the changing nature of the identity of modern people, especially the young. Reportedly, they no longer go to sports events for the sake of the sport, as did their (mostly) forefathers, but in order to drink and meet people, using the rock concert as their model of behavior. Also, they are supposedly less under the control of values that rule conduct, but consider themselves the "sole arbiter of how I recreate" (Newsweek, 16/5/88).
1988 is the year in which millions of Australians are celebrating the 200th anniversary of British settlement of the country. As 15,000 people attended one of the opening ceremonies of the festival year, only a few miles away, a mere 100 Aborigines and Caucasian supporters opened a year of mourning in allusion to the genocide perpetrated upon them by the Caucasian settlers even unto this very day.

(Age 2/1/88; source item from Michael Steer)

Our files are bulging with cases where parents have asked for infanticide for their handicapped newborths; family members of older handicapped person in significant numbers have been demanding aversive behavior management techniques for their handicapped member; people left and right are supporting all forms of deathmaking for handicapped and devalued persons; and community opposition to at least the initial placement of group homes has been exceedingly common. Therefore, we consider absurd a recent craze in certain circles that claims that the biggest, and more or less the only, problem of handicapped people is professional human service workers. Not only is this view naive, it also enables people to erect a straw "devil," and to ignore the deleterious dynamics in the larger society, and the continuing evolution of negative developments. The enemy is not just professionals, it is to a large degree those structured human services that are part of the cultural societal imperial forces. In turn, these forces reflect the larger cultural values, and the unexplicated policy and value decisions that society has made.

A man with 16 traffic violations, driving an unregistered car without a driver's license, struck and killed an old woman on her way to buy milk for her great-grandchildren, and then fled the scene. When the driver was apprehended, he was assured by a judge that he would not be sent to jail and would probably receive a sentence of 300 hours of community service. A lawyer argued that apparently the woman's life was considered negligible in the eyes of the law because of her age. In New York State, a person may be fined several thousand dollars for killing a deer (SHJ, 5 February 86; source item from Sandra Bufis).

There have been so many mutual murders among homosexual men in San Francisco that the city decided to post warnings in bars to be careful about who one brings home with one (AP, in Cleveland Plain Dealer, 20/2/87; source item from Elizabeth S. Carmichael). This phenomenon also gives perspective to the largely unproven claim that there has been a significant increase in assault of homosexual people by homosexrophobe ones.

People who use marijuana often invoke liberal language to oppose restrictions of the use of such drugs, but the fact is that anyone who uses marijuana, cocaine and other drugs contributes in a not too indirect fashion to all sorts of deathmaking. Not only are they participants of an induction of people into the drug culture, which escalates many people to deadly drugs, but they also contribute to the alienation of farmers from producing food instead of the drug plants, and they contribute to all sorts of drug wars. For instance, it is awful to read that in a single year, 315 Mexican soldiers were killed by narcotic growers and pushers.

People who are drug-addicted and desperate for a fix will sometimes engage in criminal behavior that draws violent responses from others. Thus, a drug-addicted man in Harlem who tried to snatch a $20 bill from a woman in a store was chased down by a dozen angry bystanders who beat the man to death while residents of nearby apartment buildings shouted encouragement from their windows (NY Times, in SHJ, 21/3/88). This is thus yet another way in which drug use can result in death.

A man in Denver found it insufficient to merely rob another man who had been wheelchair-dependent since birth, but in addition flipped him out of his wheelchair, and then kicked him for good measure (AP in SHJ, 14/7/86).

A video tape entitled "Faces of Death" and a sequel to it, have been fast-selling items in the video rental market in recent years. The films are a form of documentary that shows a wide array of killings of humans and animals, ranging from the killing of a monkey at a restaurant that specializes in fresh monkey brains to slaughterhouse scenes, executions of humans, tribal killings, and suicides and autopsies. It is interesting to consider that the forces of death are well aware of the underlying unity of deathmaking, which we find so commonly denied by people, including many of those at the TI's sanctity of life workshops.
Privitization of Deathmaking

*We should note that in Western societies, it has long been held that crime is not a private matter, and even when the victim of a crime does not complain, or pleads for mercy for the victimizer, society still has a stake in prosecutions and judgment. This principle was strongly brought out in the recent case of the alleged rape victim Crowel in Illinois claiming that Dotson, who years earlier had been convicted of the rape on her testimony, was not the perpetrator but that she had selected him arbitrarily from a line-up. One of the reasons why Dotson was not released from prison when Crowel retracted her earlier testimony was the possibility that she had been telling the truth the first time and was later lying. Thus, rape cannot be defined as a private matter between a rapist and a woman even if she fails to take the matter to the law—and yet, it is this very kind of linguistics and reasoning which has been so commonly invoked in abortion, and more recently in infanticide.

*However, in recent years, there have been increasing tendencies to declare all sorts of deathmakings private matters, personal choices, private medical decisions, or private family decisions.

For instance, not long ago, a trial took place in England for one of those characteristically gruesome British murder cases. A 38-year-old man (unfortunately, a former Samaritans' counselor) strangled his wife, cut her body into 100 pieces, and dumped them into different parts of London. A week later, he walked into a police station and made a confession. He was cleared by a jury of murdering his wife, and convicted only on manslaughter on grounds that she had provoked him into the killing, and sentenced to a mere 6 years of prison. His attorney noted that "she constantly bullied him and remorselessly grind him down until he finally snapped and strangled her with an electric cord." A crown jurist seemed to approve, noting that the man had dismembered his wife's body out of his concern for his two young children. The TIPS editor was surprised that the feminists did not come down hard on the handling of the case.

*Now, a lot of people are, as we reported before, in favor of acquitting women who kill their husbands who beat them. Sentiment is no longer equally strong to acquit men who kill their wives who beat them. But some people (e.g., SHJ, 2 March 88) go as far as proposing that killing one's battering spouse should be entirely decriminalized, which of course would be yet another example of the privatization of killing that is, in fact, proceeding apace.

Deathmaking via Surrogate Decision-Making

*Having a "surrogate" make the decision whether one should live or die skirts close to privatization of deathmaking.

*One of the deceptions on the current deathmaking scene is that decisions not to give medical treatment that are made by people other than the person at risk are called "living wills." Soon, it may get to the point where a situation where relatives insist on a "do not resuscitate" order will be interpreted as constituting the living will of the hapless person at issue (source item from John Morris).

*The legislature of the state of Washington has in three consecutive sessions refused to grant families and guardians the power to withhold liquids and nourishment from impaired patients. However, the state's Supreme Court has taken it upon itself in 12/87 to by-pass the legislature and to rule that such measures are permissible where the patient has been identified as both incompetent and terminally ill. Interestingly, this ruling was made specifically in the case of a retarded person in one of the state's institutions. What this amounts to is that someone might suffer from a degenerative neurological condition, and a responsible third party may now decide to starve or dehydrate the person to death even though the person might otherwise live for several more years. (NRLN, 24/3/88).
Pre-Birth Deathmaking

*More utilitarianism.* Early during pregnancy, women reportedly experience a sharp rise in muscle power. At any rate, acting on this assumption, women athletes from Eastern Block countries reportedly have intentionally conceived babies before a sporting event in order to improve their performance, and then aborted the baby after the event. Some women reported they had even been pressured by sports officials to do all this via artificial insemination. (NRLN, 23/6/88; a number of readers also sent in clippings on this.)

"Life scientists" now propose that human embryos should be taken out of the mother, examined for healthiness, and only reimplanted if they pass muster (Observer, 21/1/88; source item from Ruth Abrahams).

At least in western countries, no nation has been as likely in recent years to use abortion as a form of contraception as has been the US. Among the reasons are believed to be that in the US, abortion has been covered under various third party payment and insurance schemes, and the supposed greater difficulty in obtaining contraceptive services (Newsweek, 13/6/88). The latter argument one might take with provisional skepticism.

*Because sons are so much more valued in India than daughters, there has long been a practice of systematic neglect unto death, or outright infanticide, of girl children so that today, there are only 935 females to every 1000 males. Now, parents can have amniocentesis performed and abort their baby girls before they are born, thereby avoiding committing infanticide later. One Bombay clinic reportedly performed 16,000 abortions in just one recent one-year period. Delhi alone is said to have at least 100 abortion clinics. The amniocentesis is often conducted under unsanitary and unhealthy conditions that can result in all sorts of damage to both a healthy unborn, the mother, and future babies (Guardian, 14/11/86; source item from Chris Gathercole).

*In 1/88, the Canadian Supreme Court rendered a 5:2 ruling similar to Roe vs. Wade, legalizing abortion virtually on demand. Should it occur that in the US, the Supreme Court's ruling should be overturned, then in those states which do not legalize (or continue to legalize) abortion on demand, women might very well go to Canada for abortion, the way previously, many Canadian women came to the US to have abortions done.

*At the Inglewood Women's Hospital in California, approximately 11,000 to 13,000 abortions were performed each year in the facility's single operating room, often at a rate of one every 4 minutes, and under conditions remindful of the old back alley abortuaries. After a number of women died there, and in response to citations for 33 violations of the state health care code, the facility closed its doors, changed its identity to a doctors' office that does not keep women for more than 24 hours--and reopened three days later, back in business as usual. (NRLN, 23/4/88).

*A New York City abortion mill closed in 12/87 after it was discovered that approximately one woman a day was "aborted" there without being pregnant, and many other women were injured by inept doctoring during real abortions. One of the staff physicians fled the country (AAI, 4/88).

*Spokespersons for a Syracuse-based coalition for abortion rights have been receiving money from United Methodist, Episcopalian, Presbyterian, Lutheran, Unitarian, Quaker and United Church of Christ congregations. Individual members are drawn from the total range of Jewish and Christian denominations. Its spokespersons complained that "many younger pastors are lethargic on the abortion issue," meaning that they might not endorse it wholeheartedly, and "if they do not have the openness, they...are going to have to listen to the horror stories," and that therefore, "we've got to jar them." "Openness" is one of the euphemisms standing for being pro-abortion. The spokesperson also rather naively or deceptively said that a big reason why clergy may not endorse abortion is because they were too young to have "lived with abortion when it was illegal." The spokesperson also generously allowed that "I'm not denying anyone the right to raise a child," revealing how totally reversed the language and the thinking have become. At one time, a very liberal person might have said the very same thing about an abortion; now its having a baby that is seen as the far-out thing for which one must be tolerant (SHJ, 6/6/88).
*There was a scandal in Milwaukee when it was discovered that an animal crematorium (at Pet Lawn Cemetery) was being used to incinerate the remains of infants who had been aborted, apparently together with animal remains. A fee was charged by the pound. (NRLN, 21/4/88; CS 20/4/88).

Perinatal Deathmaking

*The US Supreme Court ruled in late 1986 that when physicians withhold treatment from handicapped infants on parental orders, then they are not "discriminating solely on the basis of handicap." (RLR, Summer 86).

*A Canadian deathmaking book by Magnet and Eike-Henner said that all Canadian neo-natal units practice "selective treatment," the decisions on whether to withhold medical treatment being based on expected "quality of life" of the child. In turn, this judgment is based on social criteria such as family integrity and economic status, presence of other children, whether the mother is married, and the presumed IQ of the child.

*At least open (in contrast to closed) cases of anencephaly are in the broader class of neural tube defects (NTD), of which spina bifida is one subcategory. The lead editorial of the May/June 88 issue of Insights Into Spina Bifida published by the Spina Bifida Association of America said that the chapters of the Association should not get involved in the controversy whether anencephalic babies should be "harvested" for body organs, on the rationale that the issue was too divisive, and a division in the organization would mean a degradation of advocacy on behalf of people with spina bifida. Worse than that, the editorial concluded "let's not let any side issue stop or delay the progress." Again, we make bold to draw an analogy which, though totally valid, infuriates a lot of people, namely one drawn from the Holocaust. Imagine an advocacy organization on behalf of handicapped people in 1941 noting that Jewish handicapped people had been killed, but arguing that the association should draw back from addressing this issue because it would be divisive and rend it apart. One might rephrase the argument, as, "better to sacrifice a few than lose the many."

*Mothers who are about to give birth to babies on the borderline of viability are apt to be asked by their physicians how they plan to "dispose of the fetus," and indeed, in the delivery room, they may even see trash can-like receptacles ready to receive the baby that has been imaged as pre-human (Newsweek, 16/5/88).

Making Dead the Children

Children who survive the first few months are apt to be made dead directly or indirectly in any number of ways, several exemplified below. Ours has become a child-hostile society.

The media are beginning to catch on to child killing. In fact, they are asking whether it is possible that child killing has been skyrocketing in just the last few years, perhaps even in just the last two. Somewhat concretistically, and characteristic of our divisioning mental culture, the finger is commonly pointed at homelessness and drug addiction rather than at the larger cultural context of which these themselves are merely derivative expressions. Also, this fails to account for child abuse and child killing that happens in middle class and affluent families (e.g., US News and World Report, 11 April 88). Even in the Syracuse newspaper, there is an item on child abuse and child killing virtually every day, and sometimes several items per day.

*The media also promote hatred of children and reproduction. For instance, while there are many hundreds of books in the English tongue in which there occur mentally retarded characters, it is remarkable that one particular book with such a character should become the subject of book reviews in major periodicals, including the New York Times. The book is The Fifth Child by Doris Lessing. In this book, a happy middle class family have a fifth child that already during pregnancy was thrashing about and interfered with his mother's sleep. When born, it was interpreted by the writer as a "Neanderthal baby," "an angry hostile little troll" with sloping forehead, hunched shoulders, "whom no one could love." who bruised his mother's breast when nursing, and later strangled the pet dog and cat and tried to kill his brother. The mother devotes all of her attention to this child, the parents become estranged, and the previously happy siblings become disturbed. By the 1980s, the child is grown up
and has become the leader of a disgusting alienated hostile gang who is driven by rage
and blood thirst that thrives on thefts and riot and attacks people for the sheer fun
of it. Apparently, the book is meant to be an attack upon the "bourgeois marriage and
family." Strangely enough, the author does believe in the dysfunctionality of human
beings and society, and means for her stories to attest to this, but this seems to be a
very poor way of doing it. It does not take monsters to be monsters, when extremely
ordinary people can be turned into such with remarkable ease. The book also plays
into the current hatred toward reproduction and child bearing, and the interpretation
of the unborn, newborn and children as hostile monsters that one should better make
dead while one can, which is mostly during pregnancy. (Book first drawn to our attention
by Wendy Fitting.)

*Another example is the movie "Eraserhead" that has become a "cult film," with a
very small but rabidly enthusiastic following. It can usually only be found at art
theaters and latenight showings on college campuses. It is yet another example of the
interpretation of a baby as a threat, a burden, and even as outright evil. For instance,
the baby in the film is described as a "strange, reptilian thing--armless, legless,
with a head attached by a thin neck to a shapeless body. The thing looks frighteningly
alive and even intelligent." Also, the baby wears its mother down with its incessant
demanding cries, finally driving her away. Later in the film, the baby is the cause of
the decapitation of a man as it emerges from the man's neck to where his head had once
been. Eventually, the "baby" is killed, and this brings about a resolution to the
tension and other problems that have plagued the main characters in the film. Fetuses
also appear in the film, never in a very enhancing light. For instance, around the
hero's visionary dream-girl, fetuses are falling, and eventually she begins to step on
them and to smile as she does so.

Disdain for Child Health and Safety

*Another hidden deathmaking of children is occurring in the US with a retreat of
the government in recent years from the regulation of products made for children, or
commonly used by them. The result has been an increase in dangerous products, and
injured and dead children. Any one product may not make a huge contribution, but all
together they do. For instance, in 1985, there were 12,000 injuries due to the
swallowing of small toys or toy parts by children, not to mention the larger number of
swallowings themselves (Newsweek, 18/4/88).

*Perhaps there is something prophetic about a county jail in Ithaca, NY, that did
not meet fire codes being converted into a children's day care center in 1988 (source
item from Peter King).

Sexual Exploitation of Children

*Many children are cast out by their families, or run away. Within 48 hours of
running away from home, one out of three runaway children is lured into prostitution.
But on the child sex market, age 18 marks the near end of a sex career. People who
lust for children want them to look like children, and there is at this time no
shortage of supply.

Apparently, some youngsters run away for no reason other than that someone
convinced them that they are homosexual, and they want to join the homosexual culture.
This often turns out to be a street culture closely associated with drugs, and not just
homosexual sex, but sex for money. We thus see yet another commonly denied aspect of
not-so-harmless homosexuality. One of the things that makes this even more problematic
than promiscuous heterosexuality is that promiscuity in a significant male homosexual
sector is prodigious.

Newsweek (25/4/88) carried a lengthy story on runaway and homeless youths. There
are supposed to be more than a million of them in the major cities of the US, and they
face death in vast numbers and at an early age. Two of the biggest contributors to
t heir death rates are selling sex whence they catch AIDS and other VDs, and using drugs--
and whenever needle drugs are used, needle sharing is almost inevitable. If the
youngsters don't die from the drugs and what goes with it, then they often also
catch AIDS from the needles. One of the hardest bits of evidence of the deathmaking
of this group that we have heard of was that 5000 teenagers are buried every year in the
US in unmarked graves.
According to the National Social Welfare Commission of Honduras, "foreigners" (apparently referring primarily to Americans) have adopted Honduran babies, primarily handicapped ones, but then either sexually abused these children, sometimes reportedly in satanic rites, and at other times butchered the children to harvest and sell various of their body parts. As a result, Honduran adoption procedures have supposedly been tightened (Winnipeg Free Press, 3 January 87; source item from Rob McInnes).

In Iowa, a man who has been molesting children for over 20 years simply continues to be turned loose, only to molest more children. Sometimes, he was held for as little as a month before being turned loose again (Cedar Rapids Gazette, 13/9/86; source item from John Morris).

Children Discarded as Waste Products

In New York City, several dead newborn babies a day may be found in trash heaps, revealing how appropriate the concept of "throw-a-way children" is these days (Time, 8 Feb. 88, p. 74).

We have some additional information about New York City's burial of the indigent on its Potter's Field on Hart Island. First of all, the Potter's Field is administered by the state's Department of Correction, which immediately adds a menace image to the poor who are buried there at public expense. Secondly, neither the public nor family members are permitted to visit the "cemetery"—actually a mass burial pit. Thirdly, one reason so many poor people get buried there is that the city will only allow $250 for funeral expenses, and the cheapest private funeral costs $600. Fourthly, whereas 3% of the adults that die in the city are buried in the Potter's Field, a staggering 45% of all the children under one are. This strongly suggests that in New York City infants under one are seen as waste that can be walked away from, particularly since family members are not even permitted to visit the graves. (New York Times, 25/5/86).

Preference of Fake Children to Real Ones

Most TIPS readers will have heard about the Cabbage Patch Doll craze. Early TIPS readers may recall that we commented on the peculiar phenomenon of dolls being placed like adoptive children. We are told that in Milwaukee, an ad instructed people who wanted to buy dolls to come to a certain spot and to hold their credit cards into the air, a plane would fly over, take a photograph, enlarge it, bill the buyers, and drop off the dolls. In 17° weather, 24 people showed up to find out it was all a hoax. One man travelled 12,000 miles in order to buy a Cabbage Patch Doll demanded by his daughter. Rather than confronting the insanity, public officials in New York State at one point launched an investigation as to why there is such a shortage of the dolls. Few people seem to understand the symbolic significance of all of this. In our judgment, what is happening is that our society has decided to kill the real unborn children and a great many real newborn ones, and to transfer its affection to artificially made substitutes that are perfectly under human technological control. To buttress this interpretation, we note that in one of many scenes of violence at the sale of Cabbage Patch Dolls, a pregnant woman was killed in a store crunch in Toronto. On one Cabbage Patch Doll, the ears fell off, and the owners returned the doll to the manufacturer, who issued a death certificate and supplied a replacement doll instead. (Source information from Doug Mouncy) This is a perfect parallel to what we do to our unwanted infants: their death is made legitimate, and we can have another one instead that is more to our liking.

Miscellaneous Child Deathmakings

We have been receiving a flood of clippings about children killing children—usually older children killing younger ones. One can meditate long and hard about what this means. One distinct possibility is that the children see the increasing legitimization of infanticide among adults, and that this attitude is spilling over so that they too are beginning to take up the killing of children. This should not surprise us insofar as we always see in society that the weaker members imitate in an illegal fashion the criminality that they see more privileged sectors perpetrate in a legitimate fashion.
During the industrial revolution, babies of the lower social classes in England were often sedated with whiskey or laudanum. On an Indian Reservation in Manitoba, it was discovered that many parents sedate their children by making them sniff gasoline, often leaded, thereby causing brain damage. So far, efforts to dissuade the parents from this practice have failed. Aside from ignorance, the practice might very well be a manifestation of a culture in collapse because what we call child-junking is a very common manifestation in such cultures. In mainstream Western culture, there is a great deal of child-junking but it usually takes other, and often more subtle, forms (Globe & Mail, 24/1/87).

There is reason to be suspicious that infant deaths reported to be due to "sudden infant death" or "crib death" are sometimes due to child abuse.

One deathmaking dynamic these days is working itself out upon children through their homelessness. Children of homeless parents have all sorts of health problems, and their death rates, and rates of secondary incapacitations, are relatively high. (Kozol, 1988).

Increasingly, we hear of children dying because their parents--usually their mothers--are high on drugs and become indifferent to the child's welfare. In one case, a mother simply stuffed her baby's mouth with cotton balls to stop her from crying because she was preoccupied with her marijuana craze. (SHJ, 28/3/88).

A Philadelphia mother enrolled her prematurely born mentally retarded and physically handicapped son in a variety of programs in short succession, and then in an intensive program based on the Doman-Delacato method. Appeals for volunteer helpers brought 300 responses, of whom 70 were selected to participate, virtually round-the-clock every single day of the week. The whole house was rearranged to facilitate this regimen. After five months of this, in May of 1987, the mother concluded that the boy, then 2.5 years old, was not making the progress she had hoped for, and shot him to death. This appears to have been a case of a child being born impaired devastating the mother's (narcissistic?) self-image, because people who knew her said that she changed "absolutely" after the birth of her premature child and became "possessed with him," simply determined that his condition must improve. In 11/87, the mother was sentenced to a nominal fine, 5 years probation, and 150 hours during each of these years in community service. Almost everybody approved of this token sentence, again sending a message how little the lives of handicapped people are valued, and how little parents are censured when they kill them.

Child Junking and Jonathan Swift

Jonathan Swift was a great writer who, among other things, produced Gulliver's Travels. Moved by the abject condition of the children of his day and the child beggars on the streets, he wrote an essay in 1729 intended to stir the population into greater compassion and action. Its title was "A Modest Proposal for Prescribing the Children of Poor People from Being a Burden to Their Parents or Country." In it, he wrote as follows. "Some persons of desponding spirit are in great concern about the vast number of poor people who are aged, diseased, or maimed; and I have been desired to employ my thoughts what course may be taken to ease the nation of so grievous an encumbrance. But I am not in the least pain upon the matter; because it is very well known that they are every day dying and rotting, by cold and famine, and filth and vermin, as fast as can be reasonably expected."

He proposed as a major remedy to this situation, and to the child junking that he observed so widely, the following utilitarian concept. "I have been assured that a young, healthy child well nursed, is, at a year old, a most delicious, nourishing, and wholesome food, whether stewed, roasted, baked, or boiled; and I make no doubt that it will equally serve in a fricasee or ragout. I do therefore humbly offer it to public consideration, that of the hundred and twenty thousand children already computed, twenty thousand may be reserved for breed, whereof only one-fourth part to be males..."

The phrase, "a modest proposal," has ever since been used in a satirical fashion.
"Euthanasia"

*The slippery slope is alive, "well," and slippery. We remind our readers again that ever since Paul Brophy died in 10/86 as the first victim in the US of court-sanctioned starvation and dehydration of supposedly incompetent patients, there has been an avalanche of similar cases, and in fact withholding of either food and/or liquids is now apparently so common that it would not make any news anymore. Increasingly, we are seeing people who are merely critical rather than terminal being denied fluids and possibly nourishment, not to mention real treatments. When renal shut-down occurs as a result of withholding of fluids, this is then commonly cited as final justification for what was done before, and for yet further programming of the patient for death.

*A major argument advanced by proponents of euthanasia is that dying people are in terrible pain, and that euthanasia is the answer to abbreviation of the period of painful dying. Their literature refers to suffering and pain in language which reveals that these are seen as ultimate evils to be avoided or escaped at all costs. According to studies, the facts about pain and dying are different, in that 38% of the dying elderly had no or very brief pain, and another 30% had only minor pain which could be handled by such common analgesics as aspirin (The Interim, 9/83, p. 21).

*Subtle support for deathmaking is everywhere, usually not recognized by people who are not sophisticated on these issues. For instance, Time (31/3/86) called the ruling of the American Medical Association that not only life supports but even food and water could be withdrawn from people even if not at risk of imminent death as "bold," referring almost in the same breath to the fact that such patients would otherwise cost $100,000 a year, and closely linked all this deathmaking to the concept of "the right to die with dignity." The text was also peppered with other justifying language, such as "irreversible brain damage" (which we all have), "tremendous financial burden," "quality of life," and so on.

*A survey of Colorado physicians disclosed that a majority would practice euthanasia if it were legal, with only small differences between Catholic, Protestant and Jewish physicians. 4% of those who responded also admitted that they were helping patients stockpile lethal doses of medication in order to enable them to commit suicide (NCR, 17/6/88).

*A 1988 public opinion poll in Australia showed that 73% of the population believe in euthanasia for older people--but young people were much more in favor of it than older ones (Bulletin, 19/4/88). Given this opinion, plus the fact that people's ages and needs are increasing faster than provisions for them, the implementation of a "euthanasia" scheme appears to be an eminently likely probability in Australia.

*In 1986, Springhouse Corporation published a flyer advertising a nursing publication by intimating that readers who failed to subscribe might be in danger of being outdated on 12 procedures. One of the 12 was explained to be the administration of IV fluids to a patient who is within days of death, "because dehydration can make dying more comfortable." Of course, as we have documented in a previous TIPS issue, the opposite is true. Dehydration can make for a very uncomfortable death. People who don't believe it should try it sometime.

*A five-year study of patients who are unconscious or comatose (some of whom eventually regain consciousness) seems to inform us that such persons retain far more awareness than is commonly supposed, experience dreams or nightmares, and see and hear things. (Respect Life Report, 3 & 4/88)

Official/Legitimized Medical "Euthanasia"

*After a woman had a cerebral hemorrhage, and been in a coma only 41 days, her husband asked for a court ruling to pull the plug on her. The court refused--and six days later, the woman woke up, reportedly to the delirious happiness of her husband, who, further yet hard to believe, was a Presbyterian minister who quickly interpreted the event as a "miracle." (Time, 6 September 86). This certainly is a mighty mixed up world in which the mixed up are shepherded by the mixed-up.
*In a remarkable case, the parents of a 23-year old former army sergeant in a VA hospital in Delaware sued for permission of the court to have their son's feeding tube removed so he would starve and dehydrate to death. The young man is neither brain dead, comatose, or in a so-called persistent vegetative state. In fact, some experts thought that he might be able to relearn some communication skills. It should also be noted that the injury responsible for his condition occurred less than a year earlier in a car accident. The VA actually concurs in this suit, perhaps because the man's death would save it money. (NRLN, 2 June 88)

*In one remarkable 1987 court case in Colorado, a judge ruled that the withdrawal of nourishment and fluids from a patient in a hospital upon the request of the patient did not constitute suicide. This poses the problem as to just what it is, since many people would also deny that it is "active euthanasia." On the other hand, some of the up-front deathmaking advocates say that it is suicide and active euthanasia, that it should be called that, and that it should be explicitly rather than concealedly legal.

*As we mentioned repeatedly, euthanasia is endorsed by a large majority of the Dutch, and widely practiced in the Netherlands. One of the means by which active euthanasia is performed on those who request it in Dutch hospitals is a barbiturate drip (Guardian, 6 May 88; source item from Ruth Abrahams).

*Much as did the Nazi doctors who killed people in concentration camps with injections, a Dutch physician carefully disinfects with alcohol the skin of his patients at the spot where he will inject the lethal poison in order to perform "euthanasia." (Los Angeles Times, 5 July 87).

*The Dutch Medical Association and other Dutch euthanasia advocates believe that children and teenagers should have the right to choose "euthanasia" for themselves without parental consent (Source item from Donna Willoughby).

Dutch euthanasia advocates, including some leading physicians, are also promoting the idea that people should be able to get the medical profession to kill them merely because they are lonely, neurotic or otherwise unhappy, and do not want to live any more. In fact one of the most foremost "euthanasia" proponents and practitioners in the Netherlands, Dr. Pieter Admiraal, has called for "psychiatric euthanasia," which at this point at least means killing those who have mental disorders who asked to be killed (World Press Review, 12/87; source item from Richard Dickinson).

Free-Lance "Euthanasia" by Medical Care Personnel

*An article in the Journal of American Medical Association about a free-lance euthanasianist young resident stalking the hospital halls and casually injecting terminally ill patients with lethal drugs may actually contribute to more such deathmaking in the future, rather than deterring people from it. After all, virtually nobody allows that they approve of how this was done, not even the Hemlock Society. But rather than denouncing such deathmaking in horror, people are now clamouring more than ever that it be brought under regularized control. It all reminds us of the killing of the Jews, where the initial messy ways of getting rid of them were eventually replaced by a systematized and objectified process that was, as SS Officer Dorf said in "The Holocaust," "neat."

*A professor of anesthesiology in France administered a potentially lethal dose of nitrous oxide to a young man who was in a deep coma and had been interpreted to be "clinically dead" because of absence of observable brain activity. The procedure was performed without informing the patient's family or the hospital's ethics committee, and without a research protocol. The professor wanted to study the effect of the gas on skin cyanosis, i.e., a condition which we often see when people who do not get enough oxygen have parts of their bodies turning dark. The case became a scandal, with many parties condemning the experiment, but the National Association of Medical School Teachers defending it as being merely another instance of the meritorious tradition of experimenting on the human body for the sake of medical progress.
There is yet another case of a nurse accused of deliberately killing a whole series of her patients. This occurred at Prince George's Hospital outside Washington DC. The cardiac arrest rate under this nurse's care ranged from 35-96 times as high than under other nurses during a 1984-85 period, and she herself has admitted "mercy killing" at least 2 elderly patients by injecting them with potassium, though the confession was ruled inadmissible in court. (Newsweek, 30/5/88).

A man who lived with another man who was paralyzed, and of whom he took care on a paid basis, gave his handicapped charge a lethal amount of prescription pills, allegedly in order to fulfill the latter's wish to commit suicide. The latter was saved just in the nick of time. As is so often the case, the jury reduced the charge from murder to "assault with intent to commit serious injury," reasoning that murder is only appropriate if one has ill will toward one's victim. (AP, in Cedar Rapids Gazette, 7 May 88; source item from John Morris. Also Des Moines S. R., 6/12/87 submitted by Rod Braun).

Private "Euthanasia"

In 1986, a man in Australia electrocuted his 61-year-old wife who was interpreted to be suffering from "Alzheimer's disease." By law, the judge had to impose a mandatory life sentence, but required only 10 days of jail, the rest on probation, and he even commended the man and his "strong Christian principles" that made him kill his wife. (The Age, 25/4/88; source item from Ann Fyfe.)

We remind readers that if one can get someone whom one is "thinking dead" to commit suicide, one does not have to make them dead in some other--perhaps more explicit--way.

It used to be said (first by Hobbes, 1588-1679) that life was "nasty, brutish and short," but a lot of people today say that progress has changed all that, and now it is "nasty, brutish, and long." Some add that this justifies the new suicide cult and voluntary euthanasia.

"Night Mother" is yet another film based on a play that seems to promote the idea that suicide is not such a bad thing if somebody is handicapped, and unhappy with life. The story is that the mother tries to persuade her young adult daughter who has epilepsy, a failed marriage, and an alienated son turned to crime, against committing suicide. However, in the end, suicide she does commit--after which the mother calls the son on the phone and then washes the dishes while she waits for him to arrive. The suicide here is treated as a very practical matter: if all the promises that our culture implies to people don't come true, then suicide becomes very logical.

Yet another American opinion maker from the entertainment world who has endorsed suicide is Art Linkletter, in an interview in the Boston Globe in early February 1988.

The San Francisco Chronicle (4 January 87) published what we hope is merely a satire, calling for the advent of "designer death." People would dramatically stage their exits from life, consistent with a modern and post-primary production life style. Why die anonymous deaths in sterile hospital rooms, instead of going first class, with 'hames and lights and a chorus of hired tears?' Specialist firms might stage reenactments of famous deaths for people, such as the Socrates, the Julius Caesar, the Joan of Arc, the Marie Antoinette, or the Nelson Rockefeller, matching the death to either the person's previous life style or long suppressed and unfulfilled fantasies. The Joan of Arc could be staged on the steps of Saint Patrick's Cathedral in New York; the Marie Antoinette might appeal to society women, and the Julius Caesar to literary intellectuals--after all, executioners could probably be readily recruited from among the ranks of literary critics who themselves had never managed to write anything that achieved acclaim. According to the money one was willing to expend, one could also arrange for varying intensities of media coverage, costumes, and cameo parts played by well-known personages, farewell messages written by public figures, etc. Newspapers could publish the distinguished guests list. One of the many benefits of all that would be to cure Americans of their fear of death, and contribute to the relief of
boredom. By donating one's death to a worthy cause, making it a charitable entertainment, much like so many theatre performances or museum benefits, one could even gain tax exemption for it.

*Young adults have one of the highest suicide rates, despite the fact they only succeed in one try out of 200. Suicide attempts are not as frequent in old age, but vastly more successful, namely one time out of 4 (Psychology Today, 3/87; source item from Martin Elks).

*Here is a very powerful lesson to all sorts of shrinkish suicide prevention programs. In 1772, 15 inmates hung themselves on a certain hook in a certain hall within a short period of time at the Paris institution for incapacitated former soldiers founded by Louis XIV. The suicide epidemic was dramatically ended when somebody thought of removing the hook. (Euth. Rev., Spring 86).

*Increasingly, murdering someone on the latter's request is being called suicide, or suicide assistance at most.

**Deathmaking via Low Quality Practices or Abuse in Human Services**

*Deathmaking of impaired and devalued clients can be the result of three patterns of causes. (a) Societal policies that virtually force service agencies to do things that imperil clients. (b) Policies and strategies on the agency level that are not mandated from on high, but that constitute low quality or abuse even when employees do the best they can. (c) Employees actually detesting the clients, and hurting them intentionally.

*Mistreatment of human service clients is found all over the world, though it is much worse in some countries than in others. In one mental institution in Japan, there were 222 unexplained deaths in just 3 years, not to mention beatings, unauthorized lobotomies, and some patients being plain clubbed to death by attendants. The only good part of the news was that one superintendent was sentenced to a year in prison—an almost unheard of event in North America where administrators of even the worst settings, or settings with unspeakable abuses, rarely go to trial, and virtually never go to prison even if tried (AP, in SHJ, 3/6/86).

*In 3/87, yet another exposé of institutional abuse erupted, this time in regards to the Fort Worth State School in Texas. The exposé reported residents being beaten by personnel, employees stealing from residents, residents being left idle or unattended for long periods, sometimes lying in their own excrement for many hours and developing sores from sitting in one position. State officials denied everything. (Newspaper clippings from David Ferleger)

*Even nursing homes that meet all official standards can be exceedingly bad by Social Role Valorization standards, and may even be agents of deathmaking. Yet in 1984, about 40% of US skilled nursing homes failed to even meet health and safety standards considered critical by government funders. (AP)

*The Commission on California State Government Organization and Economy followed up its 1983 report with yet another in 1987, focusing specifically on nursing homes. Some nursing homes had 90% turnover of attendants per year. The number of complaints about the homes had been increasing, reaching 32,000 in 1986 alone! Theft of resident property was a common occurrence. Of those residents who died from grosser forms of abuse and neglect, such as beatings, starvings and bed sores in the previous two years, 79 were known by name, with who knows how many more unknown ones. When the government assessed penalties, only a third were ever paid. In 1986, 26 facilities decertified themselves from the state plan, evicted their 500 state-funded residents, admitted private-paying residents, and then got themselves recertified and funded once again (CA Update, 6/87).

*On 4 January 87, the TV news program "60 Minutes" reported on the San Diego County Hillcrest Psychiatric Facility, the only facility of its kind that ever lost Medicaid approval and funding. Various people described the conditions at the facility as a catalogue of horrors "beyond belief," said that records were falsified, and it was not contested that there had been one supposedly preventable death every month there for years. When a staff physician blew the whistle, he was requested to undergo a
psychiatric evaluation. One spokesperson for the facility said it was "the best facility (of its kind) in the US," while one of its administrators merely claimed that it was "better than most." This episode underlines what we have been saying all along, namely that human service workers know neither good quality nor bad quality when they see it, and can therefore consider one of the worst services to be one of the best.

*Iron stomach? We were told of a handicapped man at a sheltered workshop being taken to a hospital emergency room, where it was discovered that he had 26 nails in his stomach, which he had apparently ingested at the workshop, but which none of the staff had either noticed or done anything about.

*The administrator of an agency that operated 20 group homes and apartments in the Cincinnati area pleaded guilty of tampering with records and stealing state subsidies for the residents. At the same time, but unrelatedly, staff members at a county-run residential emergency shelter for abused and neglected children were discovered to have sexually abused the residents. (Apparently, abuse is the treatment for abuse.) At the same time, the county human service director recommended that none of the employees of the home be disciplined (AP, in Cleveland Plain Dealer, 20/2/87).

*Here is an example of how several indirect forms of deathmaking can render someone dead, in this case by combining.

A mentally handicapped man died at the age of 25. He had been placed in an institution when he was 7-years old, and then shuffled from institution to institution, eventually ending up at a large psychiatric institution in Massachusetts where his mother worked as a nurse. Every day, he would wait for her at her assigned spot in the parking lot, just to have some brief contact with her.

Eventually, community service workers learned of his plight, and he was designated for placement into an apartment program in the community. The workers visited him once, and again two weeks later when he seemed weak and sick. One week later, when one of the workers returned for another visit, he seemed even yet weaker and bent over. And two weeks later, when they returned for another visit, he was in a wheelchair. The director of the community service became very worried, and said that he should be moved out of the institution now since the apartment was ready and service staff for it had been hired. But the institution had failed to complete the necessary paperwork. After some more delay, he moved to the apartment.

One day after his move, he had a seizure and respiratory arrest. He was rushed to the emergency room, where he was denied admittance because he had resumed breathing again. The community service director contacted her father who was a doctor and prevailed upon him to have the man admitted to the hospital. There, it was discovered that he had a lump on the spine near his neck, and that this was what had caused his weakness and physical impairment. Surgery was performed, apparently successfully, but two days later he had another seizure and respiratory arrest attack, and was moved into the intensive care unit of the hospital. However, the man's physician called the community service director to convey his concern that medical personnel are used to "pulling the plug" on "people like him." The director undertook immediate action to obtain legal guardianship, and to assign service staff to provide round-the-clock presence at this man's hospital bedside.

Meanwhile, unbeknownst to the community service director, the hospital staff speedily and secretly had contacted the man's mother who lived in Florida. She flew up to the hospital in Massachusetts and signed a paper requesting that "no heroic actions are to be taken" for this man's health. A day later, as she was to go into court in the morning to secure legal guardianship for the man, the director of the community service called the hospital to get one small piece of information that she had overlooked. She was told that the man died that morning. (Story from Jo Masarelli, via Darcy Miller)

*We mentioned several times before that one of the worst, and yet also one of the most common, ways in which non-ambulatory people who cannot eat independently are given nourishment is with them laying flat on their backs. It is a common method in nursing homes, and kills an awful lot of people in various ways. Beth French gave us a number of vignettes along these lines. One of these was of a child in a nursing home who, by age 11, still only weighed 20 pounds because she had been fed in the above fashion, and only liquid or semi-liquid foods. In time, the opening between her esophagus and
stomach became enlarged, which allows acid to flow back up the esophagus, burning it, and also causing vomiting which often also does damage to the vocal mechanism. Once she was removed from the nursing home and fed properly, she gained a lot of weight. Another child in the same nursing home weighed about 30 pounds when she was taken out at age 13, and suffered from much the same problems which were subsequently corrected. Also at that nursing home was a 21-year old woman who weighed less than 30 pounds, and ended up needing surgery for stomach ulcers. She had never menstruated, which was probably a result of malnutrition. When she was brought to live at a l'Arche home, she also began to regain weight and to menstruate. In each instance, the nursing home had failed to cooperate in getting the necessary medical and other attention. One of the above vignettes was carried on a Canadian Broadcasting Company television news story on children who live in nursing homes, and the nursing home administrator was quoted as saying that it was not unusual (and presumably not a grave matter) for a child of 11 to weigh 20 pounds, particularly if handicapped.

*An investigation of the municipal emergency medical service department of Boston revealed a widespread pattern of abuse and neglect of members of racial minority groups (Newsweek, 5 January 87).

The Deceptions Surrounding Deathmaking

Sages throughout the ages have known that wherever there is violence, one finds it accompanied by deception. Contemporary deathmaking is steeped in such deception, often in the form of language games such as euphemisms.

*The Jane Roe (a pseudonym) in the 1973 Roe v. Wade US Supreme Court decision that legalized abortion on demand had been decided in her favor by claiming that she got pregnant as a result of gang rape. In 9/87, she admitted that she had lied, but now, abortion advocates say that this is really totally irrelevant. It certainly has become irrelevant since, but might not have been in 1973. This underlines once again how much violence and deception go hand in hand: the Supreme Court decision that led to the killing of scores of millions of babies was gained through a lie.

*Proposals to withhold the attribution of humanhood to newborn babies until they have been found to be well, healthy and acceptable have already found various forms of expression in our society. It can now happen that a child's birth may not be announced if the child is believed to be defective, or unlikely to survive. What all this means is that the birth of an infant that might not live is beginning to be considered as no birth at all, and is a most subtle form of deathmaking detoxification.

*In promulgating a policy for withholding/withdrawing medical treatment from patients in a manner that would amount to a form of euthanasia, two of the grossest forms of deception were employed at the (Catholic) Sacred Heart Medical Center in Spokane, Washington. First, a narrative by a "staff ethicist" that explained, or at least explicated, the new policy was entitled "Prolonging Life and Preserving Dignity: Compassionate Care and Life-Sustaining Treatment." Thus, the title proclaimed the exact opposite of what the policy was about. Secondly, a Vatican statement on euthanasia of May 1981 was quoted as saying, "It is permitted in conscience to make the decision to refuse forms of treatment...", but the quotation omitted the first part of the Vatican sentence, viz., "When inevitable death is imminent in spite of the means used..." Thus, the impression was conveyed that forms of treatment may be refused in conscience when death is anticipated, but not imminent. As we have underlined before, there are afflictions known to be fatal years hence if left untreated, but certainly not imminently so. For that matter, life itself could be defined as a fatal disease.

The same staff ethicist was then involved in an ethics conference on the withdrawal of nourishment and fluids from an elderly patient which was held without calling in nursing personnel who favored continued supports, including a nurse who had been the man's primary nurse shortly before. In this case, the family was also not fully informed by the involved medical personnel as to what was going on.

One of the many things that we can take from episodes such as these (which, of course, are by no means isolated ones now) is that people who are "labeled" ethicists are being involved in such a fashion as to justify to others the performance of euthanasia. (In order to protect our informants, we will in this instance not mention their names.)
*The Hemlock Society that promotes suicide as an option for the terminally ill does not like the word suicide because it has negative connotations, particularly when people are said to "commit" it. This is why it refers to "self-deliverance."

*Mass killing of Polish Jews raises moral, ethical questions. This is an example of another headline which implies that there is more than one way of looking at a problem, and that perhaps mass killing at issue might be legitimate. After all, we encountered the following headline running all the way across a whole page of the London (Ontario) Free Press (21/4/88): "Fetus Reduction Raises Moral, Ethical Questions." (Source item from Barbara Moore).

*It is interesting to note how even the very language of medical case histories can function to decrease the likelihood that a reader or a listener would identify with the human beings involved, and see and treat them as human beings like oneself. Let us look at the example of a very famous report of a case that actually occurred at Johns Hopkins Hospital, and that was dramatized in a film called "Who Shall Survive" by the Kennedy Foundation.

A two-day old full term male infant, second-born to a married middle-class, middle-income Protestant couple in their twenties, who have a normal 2-year old girl. The pregnancy was uneventful except for excess amniotic fluid accumulation. Delivery was normal. Greenish vomiting began shortly after birth. There was slight abdominal distension and moderate dehydration. There was no evidence of cardiac abnormalities. The infant had mongoloid facies and features. X-ray of the abdomen showed intestinal obstruction. The clinical impression was Down's Syndrome and Duodenal Atresia.

After discussion with the parents, a decision was made not to operate to repair the obstruction due to the Duodenal Atresia. All feeding and fluids were withheld and the child eventually died, after fifteen days, from starvation and dehydration.

(Diamond, 1977, p. 63)

Now let us re-word this case study into more culturally normative language.

A married middle-class, middle-income Protestant couple in their twenties who already had a normal two-year old girl became the parents of a full-term boy who was examined at this clinic when he was two days old. The mother's pregnancy was uneventful except that she experienced excessive accumulation of amniotic fluid. Her delivery was normal, but the baby began to vomit greenish fluid shortly after birth, and began to suffer from slight abdominal distension and moderate dehydration. Medical examination by [names of specialists] failed to turn up any evidence of cardiac abnormalities, but the infant was found to have facial and other characteristics of Down Syndrome. Upon X-ray, it was found there was an intestinal obstruction in the abdomen. The diagnosis of Down Syndrome and duodenal atresia was made by [names of persons, clinics or teams inserted here]. After the situation was discussed between the parents and [names or titles to be inserted here], the parents and [names or titles to be inserted here] made a decision that no attempt should be made to operate on the infant so as to repair the obstruction due to the duodenal atresia. Thereupon, the hospital [or whatever responsible persons or groups were involved] withheld all nourishments and fluids until the child died from starvation and dehydration 15 days later.

#10 PERVERSION ALERT--We suddenly caught on to one of the major hidden purposes in the death education cultus that sprang up ca. 1975. It came to us when we read that even 10-year old children are getting courses in it in school (usually unbeknownst to their parents), in which they are apt to write their own obituaries, tombstone inscriptions and wills, plan their funerals, visit cemeteries, crematoria and funeral parlors, view an embalming, touch corpses and lie in coffins. One rationale in support of this practice said that "death education could play as important a part in changing attitudes toward death as sex education played in changing attitudes toward sex information and wider acceptance of various sexual practices" (ALL, 6 & 7/88). Sounds to us like a well-disguised desensitization of people for all sorts of deathmaking.
Miscellaneous Human Service-Related News

*The latest "Alzheimer's" atrocity is not merely that special homes and institutions for people with this alleged syndrome are being launched everywhere, but that some of these also are building in a most bizarre design feature that may become a craze. A common stereotype about people with "Alzheimer's" is that they "wander away," and accordingly, these new facilities have begun to install "wander ways." In a Toronto facility, this took the form of a circular corridor on which residents can safely walk in circles for hours--and indeed years--at a time without getting lost. Another touted benefit of the wander way is that it makes "them" tired so that "they" sleep soundly at night instead of wandering off at that time. The Toronto police department has also set up a "wandering patient registry." There is also a new institute opening at the University of Toronto, the Tans Institute, which under the cover of being the first "neuro-degenerative disease center" in Canada is a de facto "Alzheimer" center. Seneca College in Toronto has begun to offer courses for care-givers of people with "Alzheimer's disease" (Toronto Star, 19/1/88; source item from Bruce Uditsky).

*Finally, someone has caught on. A movie is coming out (supposedly under the title "Monkeyshines: An Experiment in Fear") featuring a man who became quadriplegic after an accident and is waited upon by a specially trained monkey--who goes berserk because someone injected him with a mind-altering drug.

*As drugs take over the society more every day, President Reagan declared his "war on drugs" an "untold American success story" (Newsweek, 30/5/88).

*In order to detoxify the fact that in artificial insemination, a woman receives male semen, an Atlanta gynecologist refers to that which is received as "biological material." (Interim, 5/88).

*The New York State Department on Mental Health has allocated nearly $200,000 for an alleged homelessness prevention program that recruits mental health clients at $2.20 per hour to visit people in marginal living situations, give them encouragement, and escort them to programs--where exceedingly well-paid human service workers would presumably do the "real work" (This Month in Mental Health, 6/88).

*We are told that some people are promoting the recovery of pacemakers from human cadavers, for better or for worse (source item from Laurie Shor).

*The case manager craze having run a good portion of its course as a craze, it is now beginning to be superceded by "intense case management," and hence "intense case managers," particularly in order to do something or other with, for, or against mentally disordered homeless people. We anticipate many human service workers being saved from homelessness by employment in this pursuit.

*An article in the 11/87 issue of Exceptional Children calculated that a handicapped person earning about $10,000 from full-time work actually ended up with less net income than a person working half-time earning half as much. By escalating from half to full-time employment, a handicapped person loses more in payment of medical insurance, social security, and state and federal taxes, and in reduced income from SSI and food stamps, than one would earn by doubling one's income. If these calculations are correct, they give us a rather depressing picture of the disincentives that prevail for full-time employment by a handicapped person who might otherwise be able to work on a part-time basis.

*Supplemental security income (SSI) is a federal program with state participation in the US that pays something comparable to a modest pension to certain handicapped, elderly, or poor people who have been ruled to qualify. Interestingly enough, the number of people on SSI has actually declined over the years so that as of 1988, only about half of the people who are probably eligible receive it. A poll revealed that there were four major reasons for this, including not being aware of the program, not knowing how to qualify, not being able to handle the application procedures (including not being able to physically get to a relevant office), the benefits being too low to bother about the process, and finally, 43% of the sample said, "Do not like to be involved with anything connected to government" (NYS Advocate, 7/88)
*Here we have another example of a systematic disincentiving of marriage, independent living and communality. As of 1/1988, there have been the following increases in supplemental security income to handicapped people in New York State: $35 a month if one lives in a congregate care setting, $14.09 if one lives alone, $9.97 for married people, and $5.76 if one shares a residence with anyone else (NYS Advocate, 7/88).

**Emendation**

The 6/88 TIPS issue reported that new regulations in Pennsylvania required at least one staff person in community residences for the retarded to be awake at night. It turned out that this was contained in a regulation draft sent out for public review, rather than in the final regulations. Thus, the good news is that bad things being proposed don't always happen.

**Resources**

*Southwest Associates of Columbus, Ohio, published a 300 page "Handbook on Policy and Procedure Development" for administrators and specialists in mental retardation--for $250. Rush! PASSING is a bargain basement special at $40.


**US Election Time News**

*A frightening claim of social scientists is that people base their vote for political candidates not on campaign issues, but on the superficial image that candidates project--the kind of thing that PR can package for the media.

*During the 1984 election, 60-70% of the US population characterized Reagan in a poll as "dynamic, exciting, effective, a good communicator." 50% thought that he did not give in to special interest groups, but only 24% thought that he looked out for the welfare of the poor.

*A most peculiar schizophrenic phenomenon of our time is that the American people have rather consistently been opposed to most of Reagan's major policies, and yet have given him one of the highest personal approvals in American history. Late 1985 polls showed that about 70% of people approved of him, even as they disapproved of his welfare, environmental, "defense" Central America policy, star wars, etc. It's almost as if they were saying "I don't like anything he does, but I sure want him to be President." What else this says about our society is staggering.

*One of the more striking examples that we have run into of the mighty being totally deaf and blind to the cries of the poor and oppressed is a statement made by President Reagan about Michael Dukakis, Democratic contender for the presidency, in June 1988, toward the end of his two-term presidency. "You know, if I listened to him long enough, I would be convinced we're in an economic downturn and people are homeless and going without food and medical attention and that we've got to do something about the unemployed." (Newsweek, 20/6/88)

*It is very distressing to see that the "pro-life" movement is promoting the candidacy of Bush merely because he is in favor of reversing Roe vs. Wade, while both Dukakis and Jackson have opposed the reversal. Jackson used to be opposed to abortion, but when he realized that he only could get the liberal vote by supporting it, he factly flip-flopped. In contrast, Dukakis has been "morally coherent" in supporting abortion for something like 30 years.

*Columnist Meg Greenfield commented in Newsweek (2 May 88) that every negative development these days quickly gets reinterpreted as being something marvellously good. Sarcastically, she said that should a nuclear holocaust befall us and only 2 Americans were left, the first thing they would probably do would be to discuss how well the system worked. In this connection, she noted that one day, Dukakis was said to a "dwarf," unwilling and unable to talk about the issues, wimpy, etc. Now that he appears to be an inevitable candidate, he is reinterpreted as brilliant and logical. A candidate previously interpreted as dull when one among many becomes dull with a positive connotation in the sense of reliable, plodding, stable, etc.
In the long-time scandal-ridden government of the Chicago area, where corruption has been an honorable norm, the president of the local county governing board and head of the county Democratic Party got a standing ovation at a public rally after it was announced that he had engaged in heavy drinking and strip poker with four young women and handed out patronage jobs to them in return for sexual favors. The politician admitted several of the charges, but apparently one does not have much of a chance for public office around Chicago unless one falls into the norm (Newsweek, 16/5/88). This sort of thing reveals to us yet again the collapse of polity in our society, and why human services cannot be expected to work in a society where other things are working less and less.

The political philosopher Edmund Burke once ran for public office in Bristol, England. Here is what he said to his constituents. "Certainly, gentlemen, it ought to be the happiness and glory of a representative to live in the strictest union, the closest correspondence, and the most unreserved communication with his constituents... It is his duty to sacrifice his repose, his pleasures, his satisfactions, to theirs; and above all, ever, and in all cases, to prefer their interest to his own. But his unbiased opinion, his mature judgment, his enlightened conscience, he ought not to sacrifice to you; to any man, or to any set of men living. These he does not derive from your pleasure; no, nor from the law and the constitution. They are a trust from Providence, for the abuse of which he is deeply answerable. Your representative owes you, not his industry only, but his judgment; and he betrays, instead of serving you, if he sacrifices it to your opinion."

In a Los Angeles high school class not long ago, not a single student knew when World War II was fought, or what the Civil War or World War I were. Very few high schoolers in California knew that the state had two senators and hardly any could name them both. When informed that neighboring states had two senators too, they were amazed. Hardly any of them knew where Chicago was, and a college junior at UCLA thought that Toronto was in Italy. New England might as well have been on another planet, and many did not know that Vermont or Connecticut were American states. A college junior at the University of Southern California was shocked to learn that Americans had once fought the Japanese, and wanted to know who won. These are the people who will be electing the politicians of tomorrow--and in fact, they may be electing them today.

As of 1988, top office holders in New York State began to run fund-raising operations on a constant basis, instead of only during election season (NY Times, in SHJ, 21/3/88).

Miscellaneous SRV News

We have run across a 9/86 ad for "reintegration case managers" for the Community Integration Center in Campbellton, New Brunswick, which requires them to "have an excellent understanding of the principles of Social Role Valorization."

In Rockford Mich., a 7-year old boy with Down Syndrome was woken up by the family dog who had detected a fire in the house. He in turn roused the family who at first were rather reluctant to respond, and thus saved their lives (AP, in SHJ, 14/1/86).

A blind baby who had been interpreted by physicians as a potential "cabbage" learned to play the piano at age 13 months (The Sun, 7 April 87; source item from Paul Williams).

Every meritorious movement has its mindless perversions and fanaticisms. We are very perturbed at mindless attempts to promote so-called supported or sheltered employment, which aggressively advocates the abolishment of the sheltered work provisions that served a great many mentally handicapped people during the daytime without being able to deliver the supported employment options for enough people, including some people who are having their sheltered work options jerked away from them. Some people who once spent all day in sheltered work might now end up with only a token amount of supported employment each day. The situation reminds us of the mindless and dogmatic legal efforts about 15 years ago to abolish "institutional peonage," i.e., the requirement that capable institution residents work at little or no pay in institutions. After the practice was outlawed, residents would sit around with nothing to do. They were infinitely better off working for nothing than gaining their rights.
Here is a peculiar mix of good and bad news. The Rainier School for retarded people in Washington sent a group of residents and staff to a baseball game (that's good), but they sent 21 residents at one time (that's bad) and seated them in just about the most conspicuous place in the stadium behind the home plate (that's mixed). This large conglomerate of apparently very handicapped people drew the negative attention of some of the other fans (to be expected), and some children reportedly became very frightened (also to be expected with that large a congregation of severely handicapped people). The manager of the home team asked the group to move to a less conspicuous location (that's bad, but understandable). However, he asked them to move to a location that was "close to the restrooms" (that's really bad). The group's seats had been close to the exit to their bus because the group was scheduled to leave only 1/2 hour after the game started in order to meet a curfew (that's unbelievably bad on the part of the institution). The whole thing shows the vicious circle of what we call mutual disablement, where different parties do dirt to each other until nobody can make anything work good. The Washington State Advocacy and Protection Office took up the issue, but one would hope that they advocated just as much against the institution that really set the handicapped people up for massive rejection and for what appears to be a rather phony ballgame attendance, as against the home field manager. On top of it all, the incidence made national news (AP, 8/83).

Dwarf throwing continues to enjoy popularity with a great many Australians, but very few dwarfs. It appears that dwarf bowling is the next craze, where dwarfs are strapped to skate boards on their stomachs, roller skates are strapped to their arms, and then they are rolled toward a target. (Philadelphia Inquirer, 31/10/86).

An article in Mental Retardation (4/88) celebrated the benefits of poetry recitation in a state institution for the retarded in which 25% of the residents were enrolled in "programs for management of their inappropriate verbalizations." The authors (a psychologist and a speech/language pathologist) reported that one of the benefits and side effects of having residents recite poetry was normalization.

The governmental subsidies for segregating elderly people are so many and subtle as to astonish one again and again. The TIPS editor was amazed to learn that in Sunrise, Florida, a city almost comparable to Sun City, Arizona, being inhabited almost entirely by elderly people, mostly from the northeast, the mayor's fancy new office building was constructed with federal funds.

Sign of the Times: Our Drug Culture

When the TIPS editor was a graduate student in 1956, Timothy Leary was a highly respected Harvard professor who had published a very important book that interpreted personality from a social perspective. Then he suddenly was transformed into one of the false teachers of our age, a guru of the (sometimes high-class) drug culture that sought to find an expanded consciousness that was apparently not available any other way. The TIPS editor met him once at this stage at an American Psychological Association meeting a few years later, when Leary was said by an old acquaintance of his to be "high as a kite." Thereafter, Leary indulged in virtually every drug known and accessible, and opined in 1983 that there are "many dimensions of the brain yet to be explored"—by using drugs, that is. Leary started his drug abuse relatively late in life, which, together with his own high intelligence to begin with, has apparently protected him somewhat from the ravages which these drugs inflict on the central nervous system. But millions of less talented people followed him very early in their lives, and a good number of them we now see as derelicts on downtown streets. Perhaps starting late, he also did not become quite as dependent on some of these substances as younger people do, and particularly mentally and emotionally unstable younger ones. Also, perhaps because of his upper-class status, he has always managed to take nothing but the purest drugs, while the run of the mill drug users get plenty of adulterated stuff. During the mid-1980s, he said that he was experimenting with "voluntary death"—whatever that means. One cannot help wondering whose voluntary death he is experimenting with, since he talks about himself living to age 150 by eating mostly fruits and vegetables. He also expressed his belief that it would be a much better world if its leaders started taking drugs—and on that point he might very well be right.
*It is estimated that as of 5/86, one million American had tried Crack alone, not to mention any other drug (Time, 2 June 86). Crack seems to be the almost quintessential drug of our age: it gives a quick, easy, cheap, higher high. The appearance of "crack" cocaine has not only triggered a new wave of dreadful additions, but cover and leading stories in almost every major news periodical. However, the TIPS editor has not yet seen a single one of these address even one of the several root causes of the trend toward a drug-addicted society.

*Cocaine started as a yuppie drug. At one point, a large proportion of the computer people in so-called silicon valley near San Francisco were on cocaine. In one computer firm, reportedly almost 100% of the 400 members were on it (Newsweek, 25/2/85). Then the price plummetted, and cocaine became a poor person's ideal dope. Much irony in all this, that it is computers that underlie contemporary "progress."

*It is estimated that $110 billion is spent annually in the US on illegal drugs. In contrast, less than $2 billion in federal funds are spent on drug-related prevention and law enforcement. (Newsweek, 28/7/86).

*It appears that explosions are happening all around us. The latest is the explosion of cocaine-addicted newborns which, in just two years, has increased apparently about 20-fold. Some of these newborns show symptoms of withdrawal, which may take them a month to overcome. Some physicians try to drive the devil out through Beelzebub by putting such infants on valium, phenobarbitol, and even thorazine. Even after withdrawal, it is possible that the babies will have life-long physical and mental problems. Apparently, those mothers who are crack-addicted are extremely prone to violence. (Newsweek, 28/7/86).

*According to a survey released 10/86, 59% of physicians and 78% of medical students admitted that they had used psychoactive drugs, with 3.3% of physicians and 5.2% of students declaring themselves dependent on them. It is anticipated that as the current crop of medical students begin to practice, more physicians will be dependent on such drugs.

*The social cost of alcoholism has increased almost 30% in just the 3 years between 1980-1983, in which year it was estimated to stand at $16 billion (Science Digest, 7/86). While the good news is that the proportion of purely alcoholic people is apparently declining a great deal, the bad news is that most people who drink alcohol to excess also are enslaved to other drugs so that the total net effect is an increase in drug dependencies (SHJ, 15/2/86). And while it appears that teenagers are pulling back from street drug use, they are dramatically increasing their alcohol consumption. Many parents are so relieved that their youngsters are not into drugs that they go along with the drinking.

*In good part because of the advent of crack, the new form of cocaine, drug services are being so overrun that nobody knows what to do. In Texas, mental health and retardation services have unfortunately been used to absorb these clients (Newsweek, 25/8/86).

*At Bellevue Hospital in New York City, several hundred people addicted to heroin have been given a daily dose of methadone which supposedly meets their craving for heroin and will wean them from the more dangerous to the supposedly less dangerous drug. Many of these addicted persons take the orange-flavored methadone cocktail in their mouths, leave the clinic as soon as they can, spit it into a cup, and sell it to another addicted person who is desperate for relief from the pangs of narcotic withdrawal (Science, 12 Feb. 88). This could, of course, spread AIDS, TB, and who knows what, and is quite likely not a phenomenon unique to Bellevue.

*Expect there to be even more private entrepreneurial human services, with human misery being treated as a commodity on a laissez-faire market. One area where we can expect much more of this is drug abuse, where entrepreneurs are advertising with appeals to desperate family members. (Augustus, No. 6, 1986).

*In 9/86, the US presidential couple announced a "national crusade" against drug abuse. Eight days before the 11/86 election, President Reagan signed a bill adding $2.3 billion to fighting drugs. Within about 6 weeks after the election, he proposed that about a billion of this money be cut again. Time (19/1/87) called it "a very short crusade."
*US Drug Education and Control Act of 1986, strongly promoted by Nancy Reagan, turned out to include $126 million for prisons, and most of the rest of the money goes for what amounts to police officers and court processing. A most perverse way of fighting the national drug addiction. (Augustus, 5/87).

*Drugs, but particularly the cocaine trade, has injected a previously unbelievable amount and variety of violence into the world. The government of Columbia is on the point of collapse, as the cocaine mobsters are now doing pretty much as they please. They kill anybody who stands in their way, or sometimes who merely happen to be in the wrong place. Very few people can withstand bribery when the sums become too large, and honest citizens, officials, judges and police officers are simply assassinated.

*In the US, the drug trade has been largely responsible for the birth of a new class of gang, based mostly in the ghettos, and largely made up of juveniles and young adults. Even the hardboiled TIPS editor was shaken to read (Time, 9/12/85) that as of 1985, there were no fewer than 450 juvenile gangs in Los Angeles with more than 45,000 members, a 25% rise since just 1980. Particularly shocking was the very casual way this news was communicated. By hiding such facts, or communicating them in a minor or casual fashion, the empire and its media in essence keep "signs of the times" hidden from the population, and/or seem to indicate that such facts are not so important as to warrant headlines. By 1988, the number of LA gang members had risen to 70,000, mostly revolving around street drugs. Of the 817 homicides in Los Angeles in 1987 (more than in all of Europe), almost half were gang related (Newsweek, 25/4/88).

People involved in drugs and gangs are becoming ever more armed, and have begun to outgun the police. In Chicago, gang membership is estimated to be 13,000. In upper Manhattan alone, there were 500 drug-related killings in the past 5 years. All these gangs are infinitely more violent than the Mafia ever was. Unfortunately, among the recognition signs of gangers are manual letters of the deaf alphabet. A major portion of the ghetto drug trade has been violently taken over by Jamaican gangs. People in the drug control business agree that things will get much worse, and nobody sees an end in sight. Killings related to street drugs have almost tripled in DC between 1987-1988 (Newsweek, 22/2/88), cocaine being the major culprit. Some people who used to be on heroin have shifted to cocaine, and we thus must not be fooled by "optimistic" announcements about progress in combating heroin. Most of the victims of US juvenile and drug gang violence are innocent bystanders. According to some experts, gang membership is becoming ever more attractive to youngsters because they are increasingly disconnected from their families, school, the larger community, work and the future. (APA Monitor, 5/88). Another problem of juvenile urban gangs is that its members no longer outgrow them. Pundit George Will has called this the "gentrification of juvenile delinquency."

*Drug dealing has injected such fabulous wealth into the teenage population of certain big city schools that some youngsters go around wearing several pounds of gold jewelry on their bodies, including gold breast plates. In turn, that has spawned so many life-endangering attempts to rob the gold that high schools have begun to ban students from wearing "big gold" jewelry (AP in SHJ, 13/4/88).

*Drugs are also dramatically increasing violence between spouses and "lovers," and both men and women beat up on each other, though the women usually get hurt worse, particularly where cocaine is involved. Often, one partner demands money for drugs from the other one who is unwilling or unable to give it, which then precipitates the violence (SHJ, 17/4/88).

*There is reasonable, and perhaps even a strong, likelihood that we shall see largely drug-driven gang violence and warfare erupt in all major US cities, to an extent unimaginable to most people a few years ago, and to most people even still at this time. In fact, while one can never quite predict what specific manifestations a general process of cultural decay will bring, nor in what particular way a decaying society will ultimately collapse and break up, it is quite possible that drugs and what goes with drugs will prove to be the final undoing of the constitutional and relatively open process of American society. After all, democratic constitutional processes are no longer capable of dealing with extreme manifestations of cultural
decay; only absolutistic and indeed brutal measures might, though we hasten to state that we are not endorsing measures below the level of freely-chosen value reform merely because they "work" in a utilitarian sense. As we have said repeatedly before, and as others are saying as well, a force-based extra-constitutional response (though it may be clothed in constitutional revisions) is almost certain to be of an extreme right wing nature. Since the majority of people will be too decadent to act with purposeful strength and coherency, we can also anticipate that such a right wing dictatorship (de facto de jure) will be carried by a small minority of resolute people who, in identity and character, will be the same who, in Germany, would at one time have supported Nazism, or at least the measures of Nazism.

*We must admit that we are rather taken aback by the sudden explosion of advocacy for the legalization of drugs, and suspect that such legalization is a distinct possibility. Current estimates as of early 1988 are that about 10% of the US population are fairly regular drug users. When we see legalization of drugs take place, this will of course be an admission that the war on drugs was lost, no matter what rhetoric may glorify such a scandalous step. Advocates of legalization grow almost euphoric in the kind of utopia they picture of an America in which drugs are legal (Newsweek, 30/5/88); no more pushers, drug gangs, gang warfare, police raids, border searches, official corruption or overcrowded prisons. Death rates would be reduced because the purity of the drugs could be government-regulated. Sale of drugs could be taxed, and the money used to fund drug abuse programs (is one to assume that thereby, more people will be "cured" than induced into drugs?). Moral incoherency in permitting alcohol and tobacco use would be abolished.

An amazing number of people are also utterly naive about the implications of the current efforts to involve the US military in the war against drugs. There have been plenty of societies in which the police functions have been carried out by the military, and the result is invariably something between a police state and a military dictatorship, or at least an extremely tightly-controlled society. A society already at risk of right-wing takeovers would commit suicide by handing its police functions to the military.

*There is great irony in a private drug abuse agency in New York City planning to violate state law by distributing free syringes and needles to addicted people (SHJ, 8 January 88).

*The artificiality of newsmaking, and the fleeting importance that news items may get, was dramatically underlined on 27/4/88 when the morning paper in Syracuse carried a major headline that US Attorney General Meese wanted everyone arrested for any reason at all to be tested for drugs, while the afternoon paper, put out by the same publisher, carried the item in a miniscule format of about 2 square inches.

Other Signs of the Times

*Does this mean the end is near? Something exceedingly ominous happened 5 March 1986. At the US National Cemetery (really part of Washington), a tape machine plays taps every night at 11 pm for 1 minute—except that night, it kept playing taps without let-up until 5:45 am. The tape machine is kept in an office near the Tomb of the Unknown Soldier, but the honor guards on duty 24 hours were unable to gain access to the mechanism, and neither they nor anyone else knew how to stop it. A colonel speaking for the local military district said, "The significance of the problem was not understood, and the appropriate action was not taken." (Sojourners, 5/86).

*Schools in New York have become so violent that the authorities have responded not only with armed guards, but with metal detectors at building entrances, identification cards for students, and classrooms equipped with silent alarms (Time, 13/6/88). In the meantime, senior education professors at Syracuse University continue to bury their heads in the sand, and claim that nothing has changed in our schools.

*Raising cane. Lucy Babcock, who in 7/87 saved a 22-year old woman from rape by beating her assailant with her cane has been traveling the country since then advocating that elderly people carry canes in order to beat up assailants (Newsweek, 4 July 88).