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Wolf P. Wolfensberger

Syracuse University

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Because the TIPS editor was out of town for a month (on a speaking engagement in Australia), we decided to consolidate the June and August issues into one hefty double issue on deathmaking in which some issues could be covered at greater depth than usual.

The Deathmaking Scene

Hostility Toward Reproduction, Hence Children

*In Western societies, there has been a growing hatred of reproduction and everything that goes with it, including pregnancy, children, and the family. At the same time, we are seeing a dramatic decline in reproductive competency, ranging all the way from increase in sterility, decline in capacity or willingness to engage in heterosexual relations, a decline in capacity to bear healthy children, or to rear them.

The growth in hostility towards both children and reproduction is intimately interwoven with modern people's inability, and unwillingness, to enter into deeply loving heterosexual relationships with an intense intent and desire to have the relationship last for life. It is from such a loving commitment that a natural desire to reproduce springs. But when partners cannot trust in the stability of the relationship, then the very desire for children is commonly quenched. In fact, conception, and the advent of children, may then be seen by either partner as particularly threatening, in that children may bind them against their will to the other partner, or in that they may end up with the responsibility of rearing children, but without the support and assistance of the other partner.

Today, we do see a remarkable retreat from the types of deep involvements and intense commitments that foster a desire for children. Fewer and fewer people enter into relationships—even into marriage—with a true commitment for it to last "forever." Instead, the normative mindset is becoming, "If it doesn't work out, we can split up, and try again with someone else." No wonder so many couples put off having children until they "see if it will work out." And no wonder having children early in a marriage is viewed as at best unwise.

Further, not only is there less willingness to enter into permanent relationships, but the very capacity of modern people to do so is on the decline. After all, a lifelong intimate relationship requires self-control, self-sacrifice, the ability to delay or even deny the gratification of one's own needs and desires for the sake of the other. These are qualities less and less possessed by modern people, and in fact, these are some of the very things which modernistic values teach people are to be avoided, and are outright harmful.
And we must also note that a materialistic obsession with possessions and money plays at least some role in this, in that more and more people in our society delay having children so that they can enjoy what they think of as "the good life," i.e., a life of pleasure, ease, leisure, career advancement with its monetary rewards, etc. That comes first, and afterwards, if there is (biological) time left, and one judges that other circumstances are auspicious, then one might have a child—and quite commonly, the child is also seen and treated as one more possession or even status symbol, rather than as a human being with many needs and vulnerabilities. When one's child becomes an obstacle in any way, it is apt to elicit one's deathmaking impulses, including child abuse. Below follow various vignettes that illustrate the phenomenon of "child junking."

The growing hostility toward children does not seem to be an exclusively western phenomenon, as we have seen waves of assaults on children in societies around the world. The Iranian government has executed many children as dissidents, and there have reportedly been mass executions of children in Iraq (Newsweek, 13/3/89). The Israelis are mighty rough on Palestinian children and the South Africans on native ones.

In the olden days, when a pregnant woman had good reason to anticipate that she would die before delivery, she would usually desire to save or bear her child in some fashion rather than have the child die with her. She might do this by mustering all her strength to live long enough to give birth, or in more recent decades, by consenting to an early Caesarean delivery. In the age of modernism, people are much more self-centered, and there have been an increasing number of court cases in which gravely and fatally ill women have adamantly resisted any attempt to have a Caesarean delivery, thus dooming their baby (NYSJM, 2/89).

Dr. Mary Calderone, who was long a leader of Planned Parenthood and a major promoter of sex education, said as early as 1968 that we have to "put babies in the class of dangerous epidemics, even though that is the exact truth" (ALL, 3/89).

Sexual abuse of children is dramatically on the rise, and one new angle is the dramatic increase of sex-abuse by women. All this is a symptom of people's decline in normal adult sexuality.

An elderly Harvard professor and his wife, a church employee, were charged with both of them raping and sexually assaulting the wife's own two grandchildren, one a boy and one a girl aged 4 and 7 (SHA, 11/12/88).

About 1.5 million children run away from home every year in the US, many after severe abuse, and about 300,000 of these are then found among the homeless (SHJ, 16/8/88).

According to some authorities, in many US homes, children who bring home poor report cards trigger a "torrent of child abuse" upon themselves. In some localities, there is a dramatic increase in work for child protective services between March and late June, and in any of the days immediately after school grades are issued, child abuse reports may double (Time, 1/5/89). The question is whether there is anything new to this.

In the NYC area alone, several children are beaten to death every single week (Time, 13/2/89).

* In America, a child living with one or more substitute parents is about 100 times more likely to be fatally abused than if living with genetic parents (Newsweek, 13/3/89).

A writer in Science (27/1/89) made fun of the way anthropologists interpret child-killing by biological and substitute parents. If a parent kills a step-child, it may be attributed to the "child's low contribution to the parents genetic posterity," but if the step-child is not killed, it may be attributed to the "parent's evolved need for maintenance of the networks of social reciprocity." If a parent kills a biological child, it could be because "the child must have lost out in the calculus of strategic allocation of lifetime parental effort." If the biological child is not killed, "it must have benefitted from evolved parental solicitude based on gentic relatedness."

More and more horror stories are emerging about the negative impact of day care on infants and young children, at least in our type of society, and in the way we provide day care. It starts off with an attitude that having a baby means little more than taking off a month or so from work. Next, day care centers are disease-ridden, and many of the diseases are quite dangerous (such as hepatitis) and some are virtually only
likely to be transmitted at day care centers. In turn, children in day care are required to be vaccinated against diseases for which they would otherwise not be at risk, and some of the vaccinations are unproven or dangerous, such as the new HIB vaccine (Doctor's People Newsletter, source item from John McKnight).

*The destructive societal stances toward children were underlined and exemplified by an investigation that found that there were "serious deficiencies in almost every aspect of New York City's handling of abused and neglected children" (SHJ, 4 May 89). To cite just one example, over 100 mentally impaired children who are wards of the city's foster system are kept in hospitals waiting for suitable homes, sometimes for years, and sometimes for as much as $900 a day. Since such hospitals are terribly dull places for children, and since many of the children are already mentally impaired, they tend to go downhill. Sometimes, the children are locked up in cribs because there is nothing and no one available to work with them (SHJ, 11 April 89).

At about the same time, there was an expose of the foster care practices in the Greater Syracuse NY area that wrought a small avalanche of atrocities, including many foster homes reported to abuse their children.

*The child placement system generally is in such a mess that children who should be separated from their families for good reason, and should remain separated from them, are commonly returned to them, with awful consequences to them, while at the same time, children that were separated for a short period and should have been returned to their families are kept separate from them for years on end. In either case, the child destruction machine runs its course. Even the National Center for Youth Law says that the foster care system is a destructive force. Parade (31/7/88) did a cover story on this with an inventory of horror stories and statistics.

PERVERSION ALERT--We recently learned that in several locales where public institutions for the handicapped no longer accept children, it has become common to place unwanted handicapped children into nursing homes, either ones that are specially built and designed just for this purpose, or into specially designated wings of existing nursing homes. In the latter case, the special wings are often designated as ICF/MR units in US federal funding lingo. The children in such services are generally interpreted as being much more medically fragile than they are, and often even as dying, when in reality, they are simply discarded handicapped children. In all of the nursing units like this that we have heard of, the death rates are extraordinarily high—not because the children are truly very ill, but because of strong death role expectancies, neglect, and other deathmaking practices, such as the withholding of essential treatment should the child become sick. In one such children's nursing home, out of 40 children, 2-3 die every month, so that in a year, there could be almost 100% turnover. These death rates resemble those of orphanages of a few hundred years ago. Yet these are the same children who thrive when they are adopted, and who may live to maturity or old age. Readers are thus warned not to be deceived by the interpretation of children as dying or fragile, nor by what the program is or pretends to be. Yet some of these places command a tremendous amount of popular support because of their public image appeal of "helping handicapped children," or even "helping dying children," though of course the dying is largely a self-fulfilling prophecy.

In one such children's nursing home, the beds were steel cages, with the sides of the beds several feet high, so that even when a child learned to stand up despite the lack of programming, the side bars reached high up overhead. Further, in some of these facilities, children who are admitted able to walk are immediately bed-bound so that they end up not walking, and children who could learn to walk and are ready to walk are not helped to do so.

In some such facilities, the same thing is done to the children as is now being done with a lot of impaired adults in medical settings, namely, a feeding tube is surgically installed into the child's stomach—not because the patients are not capable of (learning to) eat by mouth, but because tube-feeding is more convenient and efficient for staff. Of course, this also contributes to a high death rate. In one such nursing home where the majority of children were being nourished this way, the children received "lip-smacking therapy." This consisted of having fruit-flavored lip gloss placed on their lips, and then being encouraged to smack their lips together to get the flavors in the gloss. This is particularly ironic considering that because of the G-tubes, the children never get to taste real foods and their flavors.
*CAN is an acronym now used for "child abuse and neglect." In 1988, a book appeared with the title Preventing CAN Deaths, which for better or for worse links child abuse and neglect to images of trash cans. It also reminds us that so many women who kill their babies put them into the trash.

*The US Supreme Court ruled in 1989 that the failure of state agencies to protect an abused child is not unconstitutional. For instance, a state protective service or child welfare agency may fail to do anything even when it has become utterly obvious that a child is, and has been, abused, and the child may even end up dead as a result. Child advocates have called this court ruling consistent with others that signal "significant hostility to legal protection for children" (Time, 6 March 89). We would put it in the same class as child junking and hostility toward children in general.

*At a neonatal unit in Syracuse ca. 1980, newborns were interpreted by medical personnel as either "baby" or "non-viable," and the latter would often even be called "fetus," put out of the way, and left untreated. "Babies" would not only get treated, but often heroically so, and once treatment was instituted, it would rarely be withdrawn, though at some point, no additional measures might be added. Every once in while, a "non-viable" rallied, was reinterpreted as "baby," and treated. In some cases, staff disagreed, some talking of a baby as a baby, others as a fetus or non-viable, with conflict ensuing. Some babies of unclear status were put into the "pit-stop" category for observation or a quick fix of some kind. Some babies, especially low-weight ones, were seen as "having problems," but were expected to end up alright. These were apt to be categorized as "feeders" or "growers" while gaining strength to become "graduates." Those who could suck were called "nipplers." Babies who needed, and seemed to remain dependent on, life supports were apt to be called "chronics," or even "chronic-chronic," or "one of those," "trainwrecks," "gorks," and "premie trash."

Parents were typified as "good parents," "not so good parents" (also "doozies" or "one of those"), and "troublemakers."

Amazingly, staff reported that they never were taught (at least formally) how to communicate with parents. Apparently, this was viewed as an art. Parents were rarely told the full truth if it was very bad, which was always couched in terms of "you can never really tell," combined with various euphemisms, and this strategy was interpreted as "honest but never cruel." Strangely enough, when staff were asked what they told parents, they said "everything," "we are completely honest." (Bogdan, Brown & Foster, 1982)

*A bill has been introduced in the Ohio legislature that will permit a physician to simply declare a baby with so-called anencephaly to be dead. The definition of death for such babies thus would be different than it would be for other people.

*When one mother beat her 1-year old baby to death with cooking tongs, a Brooklyn judge only imposed 5 years' probation and a requirement for psychiatric counseling, on the grounds that "her actions were an absolute aberration" (New York Times, 9 March 89; from Peter King).

Abortion-Related News

*Biologically, a new life form (of human, animal or plant) begins when the haploid (i.e., half-set) chromosomes of the paternal gamete bond with those of the maternal gamete to form a cell with one full complement of chromosomes. This set of chromosomes is unlike any other maternal or paternal set, and is thus a distinct new cell line with a genetic code derived roughly in equal amounts from both the maternal and paternal genetic codes. From that time on, this cell line, though hosted (in mammals) by the mother, is distinct from her.

*Surgical abortion differs from all other surgical procedures in the US in at least five respects: the surgeon is not obliged to inform the patient of possible risks or even of the exact nature of the procedure, it is the only one over which the government has abdicated regulation, it may be advertised, payment is routinely demanded in advance, and many clinics pay finder fees to those who bring in the customers (JBEH, Winter 89).
We continue our exposé of subtle mind-shaping toward deathmaking through language uses. What would one say about a research study of the awful effects on the mental health of Nazis who are being denied their desire and impulse to kill Jews? Perhaps one could establish all sorts of mental health clinics and programs to deal with the Nazis' insconsolability or rage. But is that not the message contained in the Newsweek headline: "When Abortion is Denied," followed by a slightly smaller headline, "What of the 'Unwanted'?" (Newsweek, 22/8/88). The article reviews a book, entitled Born Unwanted, that claims to show that children of mothers who wanted to abort them don't do so well as they grow up—as if that were too surprising. How would you feel growing up with parents who harbor a death wish toward you? And does this not sound like a splendid deathmaking logic: women should be allowed to kill the children they don't like because otherwise these children will come to grief.

Until 7/89, there has been less legal regulation of abortion in the US than in any other western nation—and also less support provisions for maternity and child-raising. (EI, 3/89). The law acts as if human beings were isolated individuals, cut off from community relationships, moral values and personal responsibilities. By making it so easy for people to divorce, American law also contributes to the abortion rate because women who would otherwise bear their children feel less secure that they will have a husband's presence and support, not to mention that even mandated paternal child support after divorce is virtually unenforced.

American teenagers have the highest pregnancy and abortion rate in the developed world (AP in SHJ, 14 Dec. 88).

The 1959 UN Declaration on the Rights of the Child was a powerful statement, and very progressive. It is now revised, but the current draft does not call for protection of children before birth, and oddly enough, it defines contraceptive services as a "child's right," apparently meaning in this case that such services to parents protect the right of a child not to be born, or of a born child not to have siblings.

The Sandoz pharmaceutical firm is developing a "contraceptive vaccine" which is actually an abortifacient. The vaccine makes a woman's immune system intolerant against her own baby.

Dutch feminists have denounced the new do-it-yourself ("morning-after") abortion drug RU-486 because it "only" yields a 95% "success rate." They say that this means that 5 aborting mothers out of a 100 must cope with an incomplete abortion, while surgical abortion has "only" a 1-1.5 "failure" rate (Wdr., 25/1/89).

Rather scandalously, the UN has funded research on the development of RU-468 (RLR, 3/89).

In the 2/89 issue, we mentioned that RU-486 was made by Roussel-Uclaf, of which the French government owns 36%. We now also learn that this company is a subsidiary of Hoechst, which itself is one of the corporations that once made up the I. G. Farben cartel that manufactured the Zyklon B gas used to kill first handicapped people in institutions, and later Jews and others in concentration camps (ALL, 2/89).

A professor at Southern California Medical Center who had been testing the new abortion drug RU-486 said, "I think I can speak for the medical profession in general by saying that this is the most exciting breakthrough in fertility control in a quarter of a century" (Newsweek, 17/4/89). It seems to us that killing the unborn is as much or as little fertility control as would be killing all the Jews, or for that matter perhaps killing all the women. And furthermore, knowing the profundity of the moral objections of at least a significant minority of people in the medical profession, how can anyone be arrogant enough to presume he speaks "for the medical profession in general"? Finally, note that once again, the term "breakthrough" is being used, as it has been relentlessly used these days—almost invariably in a positive sense—by people who put their hopes in science and technology to solve human problems.
*It is fascinating to consider that columnist Otis Pike interpreted a temporary suspension of the sale of RU-486 as an attack on rationality and science equal to, or equivalent to, the rejection of the theory of evolution, and predicted that "in the long haul, science will win." Thus, a moral problem of whether or not to kill the pre-born gets defined in the minds of some people as a science problem whenever, and because, science can produce a detoxified way of killing. It is very important to understand this mentality because it is characteristic of the modern mind, and comes to play in regard to any number of contemporary issues.

*In our 10/86 issue, we reviewed the fact that unbeknownst to most people, even ordinary oral contraceptive pills have anti-implantation, and thus abortifacient, components, and thus abortifacient effects. This is confirmed yet again in a lengthy article in All About Issues, 2/89. This contra-implantative action is built into contraceptives as a last-line defense in case the real contraceptive agents in the pill failed.

*Very early abortion drugs or IUDs have now begun to be called "post-coital contraception." Apparently there is increased use of conventional birth control pills in multiple and mixed doses in order to produce early abortions, including reportedly in 70% of all college health clinics. For instance, two double doses of readily available oral contraceptives are commonly given/taken immediately following intercourse, including rape. Thus, RU-486 may not even be needed. (ALLAI, 5/89)

*An advisory committee to the US Food and Drug Administration (including a number of gynecologists and obstetricians) voted in early 1989 not to change the requirements for the warnings of "side effects" of contraceptive pills. According to Health Letter (2/89), the information provided by manufacturers of contraceptive pills to physicians and the public is anywhere between "incomplete" to "outrageously inaccurate," and in essence suppresses health warnings to women.

*Abortion advocates, and many other deathmaking advocates as well, have always denied that there is any such thing as a slippery slope of deathmaking. Yet with the 1973 US Supreme Court ruling in support of completely privatized abortion being in jeopardy, a lawyer representing abortion clinics in Missouri suddenly began to argue before the Court that if abortion on demand were no longer a federal constitutional right, "the whole cloth of procreational rights" would "unravel." "It has always been my personal experience that when I pull a thread, my sleeve falls off. There is no stopping," Relatedly, the abortion movement has always denied that contraceptives, and to some degree even IUDs, are abortifacients, and have instead emphasized—or even insisted on—their contraceptive effects. Yet the same lawyer above testified before the US Supreme Court that "The most common forms of what we...call contraception today—IUDs, low-dose birth control pills...—act as abortifacients" (Newsweek, 8 May 89). Considering how pro-abortion the news media, including Newsweek, have been, it is amazing that they would carry this verbatim testimony. All this underlines again the cynical manipulation of arguments by deathmaking, which should not surprise us, because violence and deception are always linked.

*Increasingly, women in the US have prenatal testing done in order to abort the child of an undesired gender. Another example of how the intelligentsia will legitimize whatever is popular is the fact that geneticists who prior to 1973 used to be almost 100% dead set against gender-selective abortion have been changing their minds, with nearly 20% approving of it in 1988 (Courier-Journal, 26/12/88; source item from Luca Conte).

*There has been some very bad media publicity about adoption. It now turns out that this may be a conscious or unconscious strategy to discredit alternatives to abortion. Studies have found that with few exceptions, news media people are liberals who strongly support private deathmaking, and especially abortion (ALL, 2/89).
*A guest editorial in Newsweek (30/1/89) commented on the fact that almost all the unborn aborted in India are female, as we have reported before. As one Indian physician said, "It is better for an unwanted girl not to be born than to suffer later." After all, in India, females mean nothing but trouble to their parents. Indian women's groups have widely applauded a law in one of the Indian states that severely restricts abortions. As the editorial noted, when feminists want abortions, they talk "reproductive freedom" and "the woman's right to choose," but when it is females who get aborted, they scream "feticide," and talk about the "killing" of "baby girls."

*Increasingly, women try to find out during pregnancy whether they are carrying more than one baby, and then request "selective abortion" of multiple pregnancies. For instance, twins may be "reduced" to singlets, quintuplets to twins, etc. Some women threaten that if they can't have selective abortion, they will abort the whole lot. Often, the multiple pregnancies are due in the first place to the women mucking around with their fertility by taking fertility drugs—often after years of having taken contraceptive drugs. One dynamic that is certainly strongly at work in much of this is the modern quest to be in total control of one's fate. (Clipping from Beth French.)

*A lot of impressionable teenagers, mostly of course females, read Seventeen magazine. The magazine has been publishing advice about how to procure abortions, and warned its readers against being "fooled" by pregnancy counseling centers that are opposed to abortion (ALLAI, 5/89). The media practically control people's consciousness these days, and it is easy to see how young people's minds will be formed by persistent exposure to such coverage. However, in this case, we should not be surprised, since the magazine in other ways promotes a decadent modernism of materialism, sensualism and sex.

*In its annual report for 1986, Planned Parenthood in the US reported providing birth control, sterilization or abortion to 1,712,331 people, and prenatal care to only 217,000 people in its 48 affiliated clinics. It is amazing to consider that nearly 2 million women were clients, and that less than 12% received life-giving help. Cynics said that the organization should change its name to Planned Barrenhood (ALL, 2/89).

*Federal courts have begun to apply legislation originally passed to fight organized crime (the federal Racketeering Influenced and Corrupt Organizations Act, RICO) against anti-abortion protesters.

*A California judge sentenced 10 anti-abortion protesters to each take care of a homeless child for 3 weeks, saying that he thereby was giving them "the opportunity to help children" (NCR, 20/1/89).

*The Jane Roe of the 1973 Roe v. Wade US Supreme Court decision to legalize abortion on demand had claimed to have become pregnant as a result of gang rape, which in 1987 turned out to have been a lie. The leaders of the National Organization for Women have been trying to prevent her from speaking publicly because according to their standards, she was not a "leader with a constituency or a celebrity" (Newsweek, 17/4/89). This underlines yet again how both empires and idols will destroy their functionaries and factota when they no longer have need of them.

*Strangely enough, since the 1973 US Supreme Court decision in support of abortion, medical statistics on abortion have virtually ceased being collected, despite the mounting evidence that abortions are very unhealthy for women. Among other things, it is estimated that 100,000 women in the US lose their wanted babies because they earlier had an abortion (JREM, Winter 89).

*The Center for Reproductive and Sexual Health in NY, an abortion clinic, was ordered closed for 60 days because it presented "an imminent danger to the health and safety of its patients" (AP in SHJ, 2/10/88). This is the same clinic that at one time performed several 10,000s of abortions a year.

*No matter how often one reports it, people seem to continue to forget that in all but the highest risk groups, the risk of damage to the unborn in an amniocentesis test is higher than actually having an impaired baby. Younger women who have an amniocentesis run about 8 times the risk of miscarrying than having an impaired baby to begin with.

A professor in Sheffield, England, spelled out the rationale quite explicitly: he said
having a miscarriage "is minor and has no social consequences whatever," while having a "Down's baby" has considerable and irreversible consequences (Guardian, 26/11/88; source item from Ruth Abrahams). As we have said before, the deathmakers would rather have 8 healthy babies dead than let one impaired one slip by.

Now there are also reports out that the chorionic villus sampling method entails an even yet higher risk "of procedure failure and fetal loss" (RLR, 3/89).

*There are a lot of people who believe that women suffer very much from the effects of having an abortion, both physically and mentally. However, in 1/89, the US Surgeon General refused to release a staff report on health effects of abortion on the basis that the data were not "conclusive" because the studies themselves were not well enough designed, and that physical effects are "difficult to quantify and prove" because of inadequate records. There are two interesting aspects to this action. The first is that, as noted above, it is as a result of court and government decisions themselves that inadequate statistics get collected on abortions in the US. Secondly, he also noted that the data base was flawed because 50% of women who have had abortions "apparently deny having had one when questioned." We would take that in itself as prima facie evidence of the fact that they have been crazified by having had abortions, though of course the proponents of abortion deny any lasting psychological trauma (Science, 10 Feb. 89).

*According to some reports, Chinese medical teams have moved into certain Tibetan villages, have forcibly aborted every pregnant woman, and sterilized every woman of child-bearing age. If this is true, this is of course a form of genocide which will soon lay to rest any opposition to Chinese oppression in Tibet (RLR, 3/89). There are also reports that in China itself, nurses will sometimes administer lethal injections to a newborn baby as a form of population control, and that a tremendous system of discrimination is put in place against second and third children who survive, which may even amount to a form of denaturalization and disenfranchisement. We should be alert to (dis)confirmation of these startling reports.

China has also begun to move toward a policy that could prevent all reproduction by all mentally retarded people. Currently, much of this is done by abortion, but increasingly it is done by sterilizing retarded people (AP, in Chicago Tribune, 26/11/88; source item from Richard Scheerenberger).

*The percentage of first-pregnancy abortions in Russia is now 90%, and the typical Soviet woman has 9 abortions. Many women die because of the crude and assembly-line way abortions are conducted (Interim, 2/89; Time, 10 April 89).

*A Canadian law reform study is an example of deathmaking babble. It recommended a policy of "protection of the foetus" which, in fact, would allow abortion on demand, and recommended that abortion should be a crime--except when the woman feels she needs one (Interim, 4/89).

*A pet cemetery in Milwaukee had many memorials to the pets buried there, and people even came to pray over them, but the cemetery's incinerator burned the remains of aborted babies, and accounted for them by the pound (ALL, 1/89).

*One of the major centers in the world for human in vitro and embryotic experimentation is in Melbourne, Australia. There, people have already begun to speak of petri dish human embryos as "spare embryos," which of course then facilitates the legitimization of discarding them after experimentation (The Age, 17/1/89; source item from Rob Nicholls).

*Since at least the 1100s, the English language employed the expression "being with child" as meaning pregnant. The abortion people will never use that term. If they tried to preserve that form of grammatical construction, they would have to say something like "being with protoplasmic rubbish."

*Perhaps a worst case scenario of an incoherent opposition to deathmaking was the effort of two young artists in England who made earrings out of tiny aborted human fetuses, in order to show that "women wear abortions as lightly as they wear their earrings." In early 1989, they were tried and convicted for "outraging public decency" (SpeakOut, 3/89).
*In this issue of TIPS, we reiterate once again, and perhaps more forcefully than ever, that we disavow ourselves not merely from abortion as one of the forms of deathmaking, but also from the so-called pro-life opponents to abortion who, for the most part, are as much in favor of deathmaking as the pro-abortion people, and who are often equally devious and incoherent in their arguments as the pro-abortion people are. We particularly have been struck lately by the incoherency, and sometimes dishonesty, of the anti-abortion arguments of pro-life groups. We are disgusted with arguments that abortions are dangerous to women, to cite just one example. We were distressed to see one of the most prominent anti-abortion leaders, Dr. John Willke, argue against the new abortion drug RU-486 on the basis that it will prove to be just as faulty as Thalidomide. The dishonesty of it all is absolutely staggering. For instance, what would the argument become if RU-486 proved to be perfectly safe? Or if another abortion drug proved safe? Would opponents of abortion then surrender their opposition? If they were coherent, they would, once their arguments lose relevance, but quite obviously, their opposition is based on reasons other than the arguments that one constantly hears used. Just to remind readers who may not know, or have forgotten: we are opposed to all forms of deathmaking, for any purpose whatever, and by any means whatever, and without exception.

*The language and interpretations associated with the promotion of abortion imply one or more of the following.
1. Humans are the ultimate sovereigns over their existence, bodies, fates.
2. It is possible for humans—and perhaps especially women—to gain total control over the reproductive process, especially via technology.
3. Pleasure (in this case, sexual) can be, and is to be, isolated from every context of responsibility.
4. Any strategy that prevents or reduces immediate suffering is morally justifiable, even if regrettable.
5. Destruction, violence, death are useful moral strategies for dealing with suffering, disease, violence, evil.
6. Qualitative distinctions and differences either do not exist, or are unimportant, in regard to all sorts of crucial issues, e.g., what is a human being, or contraception vs. contraindication vs. sloughing off an already implanted embryo.
7. Women are especially, uniquely, or even exclusively qualified to make decisions in regard to contraception and abortion.
8. Each individual is the final, or even sole, arbiter of the morality of his/her actions.

Utilitarian Exploitation of Abortion or Infanticide

*The current arguments, which seem to be prevailing, that it is ethical to use the tissue from aborted fetuses for experiments or therapies is that these babies will be aborted anyway, and so there might at least come some good from it. These arguments are precisely the same ones advanced by certain German physicians who, during WW II and the war crime trials afterwards, argued that the Jews and others were going to be killed in the concentration camps anyway, and that it made no sense not to request that various of their body parts be made available to them for research.

If utility is to be the ultimate argument, then we might as well turn aborted babies into babyburgers in order to salvage their nutritious body mass, instead of flushing them down the sewer, dumping them in landfills, or worst of all, using up precious fuel to incinerate them.

*The latest argument for using aborted babies for tissues is that the use of these tissues is "so promising it would be unethical to halt the research" (SHJ, 15/9/88).

*Columnist James J. Kilpatrick equated the utilitarian exploitation of tissues from aborted fetuses as "cool reason" (SHJ, 25/9/88). Utilitarians are always "reasonable."

*In Sweden, people have been so brainwashed on the relevant issues that of the women who are asked to "donate" their aborted baby's tissues, around 90% do so (NRLN, 22/1/89).

*In 3/89, North Dakota became the first state in the US to outlaw the use of tissues scavenged from the bodies of aborted infants for either research, experiment or transplant.
In 1988, there was a bill before the Ohio Legislature (which did not pass) which would have made it legal to simply declare an anencephalic baby dead and issue a death certificate, and then "harvest" it for organs and tissues. A similar bill was pending as of 3/89. (Source information from Jack Pealer.)

Artificial Baby-Making

It is not well recognized that much of artificial baby-making springs from the same value system as child deathmaking. When babies are seen as technological goods, and as means toward ends (one's own gratification), then they may just as readily be made as unmade.

Few people are aware that a major source of sperm from the University of Michigan for artificial insemination in the US is medical students. The samples are identified by the medical school at which a student is enrolled, and a student's grade point average. Thus, a prospective mother might be reassured that she is receiving "Harvard 3.87." (Source material from David Schwartz.)

A "60 Minutes" episode in 12/88 focused on the artificial insemination business in the US. According to this exposé, these fertility clinics have a much lower "success" rate than they claim to have, and often cite fictitious data in a euphoric fashion in order to garner business. The episode focused particularly on a Dr. Jacobson who showed his customers sonograms of their abdomens and pointed out to them where their "baby" was when, in fact, there was no successful pregnancy at all. Later, when the women who had been told that they were pregnant did not make progress in their pregnancy, he told them that they must have had a spontaneous abortion. Amazingly but not surprisingly, it turned out that this was the same Dr. Jacobson who had been the major developer of amniocentesis some decades earlier. Why should that not surprise us? Because as wise people have known, and as we have taught as a result of their insight, violence and deception always go hand in hand, and particularly so when this violence is a killing one.

"Euthanasia"

The lines among so-called "euthanasia," just plain getting rid of unwanted people, and suicide are blurring, especially since killing an ailing person, or helping persons to kill themselves, is now commonly called suicide, and since a lot of killings of ailing people take place without their informed consent but are interpreted as being what the persons at issue would want if only they could indicate it, or if only they had not failed to indicate it before they were no longer able to do so.

We would remind our readers that we have had to drastically reduce our coverage of "euthanasia" cases because there are simply too many of them, and we have to be very selective in carrying only those that contain some special element of more than ordinary interest. Also on the increase are instances of "euthanasia" accompanied by the suicide of the killer, usually in husband and wife cases.

In this section, we cover a miscellany of "euthanasia" news, and treat the withholding/termination of life supports in a separate section.

Christoph Hufnagel, a German physician who lived 1762-1836, said, "If a physician presumes to take into consideration in his work whether a life has value or not, the consequences are boundless and the physician becomes the most dangerous man in the state" (Interim, 10/1988, p. 3).

In the comic strip, "Li'l Abner," the detective Fearless Fosdick had a habit of going around and shooting people in the head in order to prevent them from having bad experiences. For instance, in one case, cans of poisoned beans had somehow slipped into the market, and whenever Fosdick saw someone about to eat from such a can, he would shoot them dead.

Yet another policy very remindful of all this was the one practiced by the US military in Vietnam, namely the one of "destroying a village in order to save it." This was no idle or humorous figure of speech, because a high military officer who was being interviewed actually agreed that this was the policy.
"Euthanasia"-related bills have been debated in a large number of countries since ca. 1970, and states within countries (such as in the US, Canada and Australia). Bit-by-bit, bills that do get passed are inching ever closer from defensible versions of "living will" laws to out-and-out "euthanasia."

*One medical ethics language game being played is to first identify a person as "hopeless," and then to invoke an ethic that says that nothing needs to be done to save the lives of "hopeless people" (sometimes also referred to as "cases" in order to depersonalize them). Thus, when we see an article entitled "Should MDs prolong hopeless lives?", we can know that an ethical assumption has already been made that the answer should be "no" (EG, PLN, 5 & 6/86).

*According to Nat Hentoff (NRLN, 1 Feb. 89), "In 1976, the modern era of euthanasia in the United States began." This was the year in which the TIPS editor gave his first public warning on the topic, to a plenary session of the American Association on Mental Deficiency, which was totally ignored by the huge crowd that attended.

*Around 1980, we began to see American children in the first grade already being exposed to "death education," which included being given worksheets which challenged them to select the person who "cannot produce" from sketches of 9 people, including pictures with which a child would be apt to identify, such as a boy scrubbing his dog, and others, such as an old woman bent over a cane, and a person in traction. We may be given all sorts of sophisticated rationales for such exercises and how good they are for children, but if we have learned anything from history, then we can readily see that this must most certainly be considered a parallel to the Nazi school book exercises on "unproductive people."

*In 5/88, the British Medical Association issued guidelines on euthanasia. It came out with a momentous overall principle that human life is generally worth saving. It rejected "active euthanasia" but accepted passive forms, and particularly the starving to death of severely damaged infants, saying that these had "only a biological vestige of life..." One of the criteria to be used would be to establish a probability whether the child will have the capacity to appreciate love and human contact. Strangely enough, a quality of life criterion was rejected, which seems incoherent. Life supports should be withdrawn when a person is in a "persistent vegetable state," and relatives feel that the patient is "no longer there." (Guardian, 6 May 88; source item from Ruth Abrahams)

*The World Medical Association declared "euthanasia" unethical, but did not define what practices would constitute "euthanasia" (ALL, 1/89).

*According to the Euthanasia Review (Summer 88), 85% of the French population now favor voluntary "euthanasia" for those suffering from incurable painful diseases.

*Joseph Fletcher has had one of the most remarkable careers in the promotion of deathmaking. By his own admission (Euthanasia Review, Fall/Winter 1988), he began to promote euthanasia in the early 1930s. He thereby became one of many people who underpinned the mentality that led to the killing of the handicapped under the Nazis. He and Margaret Sanger, spiritual founder of Planned Parenthood and the current abortion movement in the US, joined the Euthanasia Society of America at the same time around 1940, thus--in his own words--"acting out, unintentionally, the moral kinship of birth and death control." (It is very rare to hear anyone associated with either an advocacy of birth control or of euthanasia admit that there is a deep connection between the two. In fact, almost invariably, people deny that there is any connection between anything and anything.) Margaret Sanger of course was also a rabid eugenicist. Fletcher has supported virtually every deathmaking proposal directed toward afflicted or unhappy people that has come along. Strangely enough, he is identified as a theologian and ethicist. If the term ethicist is to apply to anybody who has something to say on how moral problems are to be resolved, then the devil is most certainly an ethicist.

In 1988, Joseph Fletcher once again called for the decriminalization and privatization of euthanasia, so as to put it in the same category as abortion and suicide (IAETF, 2/89)

*A new organization called the Mercy Death Foundation, headquartered in California, reportedly endorses involuntary "active euthanasia," and reportedly makes Hemlock (a suicide-promoting organization) look moderate (IAETF, 12/88).
*A friend gave us a 1986 birthday card that shows a man in a dunce’s hat walking into a room, with a caption "The birthday boy enters the room and the crowd cheers!" Then, when one opens the card, one discovers that the crowd is letting out these three cheers: "Euthanasia! Euthanasia! Euthanasia!" It appears that deathmaking is becoming so accepted that the idea of "euthanasia" is becoming a part of everyday mentality, and not something that is to be taken too seriously. We can, however, be grateful that the card was not put out by some charity organization for some afflicted group.

*Karen Barker has sent us a flyer on a 1989 presentation at the Northeast Rehabilitation Hospital in Salem, NH, on "the Bioethics of the Coding Questions" by a "nurse ethicist" who not only is promoting a new concept of "deathing," but also had the following to say about it. "Deathing is a process which allows the person to die in an efficient manner. The interference with the dying process has dubious benefits to the person. It also impacts negatively on the health care professionals who are forced, whether by economic or litigious reasonings, to carry out procedures which are useless. Treatment without benefit is never ethical."

*An article on "euthanasia" in the summer 1988 issue of Gray Panther Network elicited three lengthy letters, in the next issue, all of them in support of "euthanasia."

*An article in the Iowa Law Review contains a "model Aid-in-Dying Act" that would make it legal to kill children, incompetent adults and sick people as a "principal means of managing our health care resources," and as a "quality control in determination of life, just as societally accepted birth control methods allow for quality control in the creation of life," the latter of course once again revealing an extremely deep and rarely recognized connection. The law would permit the killing of children under age 6 upon the request of their parents, and over 6 if the child and the parents agree on it. Persons should be killed who have "intolerable conditions," and as an example, the concert pianist who loses the use of his hands is cited. Also included would be the incompetent or never competent if someone else requests it, which could include almost everyone in mental institutions. The killing is to be carried out by specially trained killers, called telostricians, which would be a medical specialty (CRTI Report, Spring 89). The article has drawn quite a bit of attention, and is generally interpreted to imply no more than legalized suicide assistance, consistent with the pattern of deception that attends all forms of violence and deathmaking.

*As we said: the slippery slope is alive, well, steep and slippery. In 1973 a Dutch court ruled that "euthanasia" could only be practiced if a patient was suffering unbearable pain, the illness was incurable, and the person was in a dying phase. By 1981, another case had been decided upon the basis of the patient merely suffering unbearable pain of a continuous nature, the incurability or dying criteria having been abandoned. By 1987, the criteria were further reduced to merely continuous suffering. In 1986, a Dutch court also broke new ground by ruling that physicians might be justified in euthanasia if they are mentally stressed by the care of a patient—a decision that we would consider to be in many ways honest and thoroughly in accord with the hedonistic value system of our time. Something bothers you? You kill it! After all, that is what we do with both our unborn and with our younger children, and to some degree even with our teenagers.

We have earlier cited estimates that about 7000 people in the Netherlands are put to death in forms alleged to be "euthanasia." However, some people now claim that this may be as many as 18,000 a year (IAETF, 1 May 89). If this were prorated to a US population, the figure would be almost 400,000.

Since, according to some reports, it is very rare for a person in the Netherlands to request "euthanasia," the majority of it is apparently committed after private consultations between physicians and family members, if not entirely unilaterally. In other words, the vast wave of "euthanasia" that is now being practiced in the Netherlands has been deceptively interpreted as being voluntary. Apparently, this deathmaking wave includes handicapped children, and we should see a dramatic decline in the prevalence of such children in the Netherlands in years to come. Already, there are also reports that people are being "euthanized" merely because they have physical afflictions that do not yield to medical treatment, such as chronic low-back pain. Also, older people apparently have ever less chance of receiving treatment, and are afraid that if they seek medical help, they may end up dead. (CRTI Rep., Spring 89)

Interim (10/88) claims that, contrary to widespread interpretation, less than 1% of the people who are being "euthanized" in the Netherlands have explicitly requested it. Even worse, the requests for "euthanasia" reportedly often arise because patients experience
shortcomings in their care. It is of course easy to see that when this happens, people might ask to be put out of their misery. One parallel we have seen in this country is people arguing for killing the severely handicapped because otherwise, they would be so terribly mistreated in human services. By the way, the major Dutch medical society claims for physicians the exclusive right to make the decision for "euthanasia" and to carry it out. While formerly, physicians in favor of "euthanasia" would have been disqualified from making life-and-death decisions, and perhaps even from practice, the Dutch medical society would exclude "conscientious objectors" from "euthanasia" decision-making teams. The society has also demanded that medical personnel be not obligated to report crimes against life, and be exempt from investigations of the justice department.

Physicians in the Netherlands are thus in large numbers turning into cold-blooded routine mass killers, doing what was condemned when done under the Nazis. One "euthanasia" practice that seems to be becoming increasingly common is to kill a patient after only a single contact, or a brief or superficial contact, and to do the killing within hours, often without even consulting a patient's family, not even when the patient is a minor. One apparently common phenomenon in the Netherlands is for a physician to be off duty or gone for vacation, and to discover upon returning that another physician who briefly substituted for him or her killed the patient in his/her absence, sometimes even after only one single and superficial contact. One reason why many physicians in the Netherlands have not yet started killing schizophrenic patients is "public relations." The majority of psychiatrists would probably help them commit suicide now, and "euthanasia" for them may be right around the corner (NRLN, 23/5/89).

Dr. Pieter Admiraal, the most prominent advocate of "euthanasia" in the Netherlands who has admitted performing such "euthanasia" himself, is senior anaesthetist at a Catholic hospital in Delft (Interim, 6/89). Except for Bishop Gyssen who was rather unpopularly hand-picked by Pope John Paul II, and the bishop's followers, the bulk of the Catholic hierarchy and clergy in the Netherlands seems to stand more or less silently vis-a-vis the Dutch "euthanasia" explosion (Interim, 6/89).

*According to a Chinese government official, there has been a breakdown in the tradition of family care of elderly persons even in China, as everywhere else, and the government will henceforth no longer prevent hospitals and physicians from practicing "euthanasia" on the elderly (ALL, 3/89). The Chinese government thus permits "incurable" hospital patients who ask for death to be killed, and a leading spokesperson said that this "reflects a materialistic viewpoint," which is correct. Chinese tradition considers it inhumane to kill an ill person, not even painlessly. Thus, one can expect considerable ambivalence or resistance in the execution of the new policy (CRTI Report, 5 & 6/89). However, insofar as China has for years practiced mass abortion, and infanticide to some degree, the new measure should not be surprising (IAETF, 1 May 89).

One of the things that this frighteningly illustrates is that the values and practices of modernism are more powerful than social/political/economic policies, and even quasi-religious world views. The rhetoric of different societies may differ greatly, but the world is moving toward a rather unitary set of cultural practices.

*Apparently, people who commit murder are beginning to try to capitalize upon the growing sentiment and support of "euthanasia" by claiming that they killed out of mercy, or that they were forced to kill the victim by the victim him/herself because he was ailing and wanted to die. A Buffalo man said that he shot a man in self-defense because the victim said he was dying of stomach cancer, wanted to die, and would shoot first if he wasn't killed (AP, in SHJ, 2 May 87).

*In 11/88, a young physician at Grace Hospital in Detroit killed an elderly patient by adding a lethal dose of potassium chloride to her drip, in order to "terminate her pain and suffering." In 3/89, he pleaded guilty (NRL News, 6 April 89).

*In another deathmaking court case in Missouri, it was argued that being able to eat by being spoon-fed requires medical supervision, and that therefore, spoonfeeding should be considered "medical treatment" and take place at the discretion of the physician. Note that previously, courts had ruled that nourishment and liquids by tube were "medical treatment" (IAETF, 22/10/88). Another step on this slippery slope may be that any and all kinds of eating are defined as medical treatments.
Doctors in NY State declared hospital patient Mrs. Coons, 86, to be in a "hopeless" "vegetative" and "irreversible" state. They supported a court petition by her sister and lawyer to have her feeding tubes removed. The court agreed, but required a 2-week waiting period. Amazingly, Mrs. Coons was asked about the decision and gave the equivocal reply, "these are difficult decisions." Such responses are sometimes interpreted by people on the scene as a consent. Also, within the 2-week period, she made a remarkable recovery!! The judge then revoked the tube removal order.

*A Minneapolis police sergeant was shot while on duty in 1979. He lapsed into a coma, was declared to have suffered irreversible brain damage, to be in a "persistent vegetative state," and even referred to as homo rutabagas. In August 1980, his respirator was discontinued, and arrangements were made to withhold treatments against infections. The local press announced with relief that the "body on the fourth floor" would finally be allowed to die in peace. However, the body suddenly came back to life, began to improve, and by January 1982, expressed eagerness to live and asked about a private duty nurse who had cared for him when he was supposed to be in a vegetative coma (The Human, 12/82).

In 1988, family members requested that the feeding tubes be removed from their relative who was supposedly in a "persistent vegetative state" in New Jersey. The NJ ombudsman for the institutionalized elderly requires that in such cases, two neurological consultants be called in. The first one confirmed the above diagnosis. The second one came in, said "hello" to the patient--and to the total dumbfounding of everybody present, the patient answered "hello" (NRLN, 1 Feb. 89).

Medical personnel who have had moral objections to sterilization and abortion have generally not been required in the past to participate in such. Now, subsequent to a court ruling that a 39-year old woman in RI should be starved to death on the request of her relatives, the governor has ordered the personnel of her nursing home to perform the starvation/dehydration of the woman, even though the nursing home personnel considered this to be a homicide (RLR, 10/88). We believe strongly that in such cases, human service personnel should refuse obedience and accept the consequences.

With more and more instances of some form of "euthanasia" in human, and particularly health, services, sometimes even court-decreed, there is now a movement springing up to pass laws that permit service workers not to participate in such deathmaking if it violates their conscience.

Another movement that is a sign of our times is to propose that all medical killings be forbidden to physicians, and instead handed over to paid professional killers, in order to protect the medical profession from assuming the ambiguous identity of being both killer and healer. Strangely enough, some of the people in the so-called pro-life movement, as part of the habitual incoherency that they have been displaying, are also calling for this measure (e.g., "insist upon hired killers", CRTI Report, Spring 89).

Secret &/or Privatized Killing of the Afflicted

The concept of privacy, which is used for zillions of court decisions, including many death-making ones, is not in the US Constitution at all, and was only invented about 100 years ago, but is being treated as if it were in fact a constitutionally-specified right (Newsweek, 14/7/86).

As we mentioned before, at a certain point, certain kinds of deathmaking news have become so common that we have to severely curtail reporting on it. We have recently taken note of a wave of secret and private killings of people in hostels and nursing homes by nurses and nurses aides who have taken it upon themselves to perform the "euthanasia" that society is increasingly favoring. For instance, 2 former employees of a Michigan nursing home are suspected to have suffocated 8 residents in their beds (AP, in SHJ, 4 & 5 Dec 88) during just a 6-month period.

A hospital in Albany, Georgia, experienced an abnormally high number of cardiac arrests, and several of them died. It was found that they had abnormally high potassium chloride levels, and a nurse who had worked at the hospital for 6 years was charged with having injected the drug into patients, most of them elderly, in order to kill them (SHJ, 16 March 86).
*In Vienna, Austria, 4 nurses have confessed to killing elderly patients since 1983. They started killing, for "mercy," patients considered to be terminally ill, but by and by, they included patients whom they judged to be a nuisance. The most frequent means that they used was to hold a patient's nose shut and force water down the throat, which drowns people painfully but leaves virtually no trace. 49 such killings had been admitted, but as many as 400 may have been committed (IAETF, 1 May 89).

*In West Germany, a nurse was accused of killing 17 patients (who were not terminally ill) with lethal injections between 1984-86, and she did admit killing 9 of them. But the trial charges were only manslaughter rather than murder (IRLFN, Winter 88/89; AW, 11 Feb 89).

*In Los Angeles, a free-lance executioner has been shooting homeless people to death, usually while they were sleeping on the streets. Apparently, he killed at least 9. This perpetrator is not the same as the infamous "Skid Row Slasher" a few years ago in Los Angeles, who cut the throats of about 13 homeless people while they slept and who is still in prison.

*As more states pass laws that authorize home-owners to use deadly force against intruders, it is becoming ever more difficult to prosecute homicides committed by home-owners because they can always claim that the murdered person either intruded in the home, or was mistaken as an intruder. This contributes yet further to the privatization of deathmaking, such as abortion, infanticide, "euthanasia" by family members, and even the killing of abusive parents by their teenage children.

*Many motorcycle riders claim that they have a right not to wear helmets, but when they have accidents (which they do frequently), the public ends up paying for an average 63% of their medical expenses. It is noteworthy that the phony privatization arguments invoked for abortion and other deathmakings are not invoked here. No one says that this should be a decision between "a man and his motorcycle" (or his mechanic) and particularly not when one has to pay that man's nursing home bill for the rest of his life. (Time, 19/12/88)

**Other Hospital Deathmaking**

*A federal study concluded in 1988 that 10.5% of older Americans on Medicare, or more than a million, admitted to hospitals annually are hospitalized unnecessarily, at least in the sense that whatever procedures were appropriate could have been performed outside of hospitals at less cost. Even this estimate is believed to be on the low side. One implication is that thereby, their health and life were endangered, not to mention that about $2 billion were unnecessarily spent. In other studies, it was found that half the hospitalizations paid for from public funds were unnecessary (Health Letter, 6/88). It was concluded that the Medicare hospital payment system gives hospitals an incentive to admit patients who should really be treated on an ambulatory basis, if they need it at all. The hospital system may also put subtle pressure on physicians to admit patients in order to fill up available hospital space.

* Because of the prevailing federal reimbursement practices to hospitals, premature babies are apt to be sent home too early (because their federal money runs out); and then when they die at home, the parent ends up being blamed.

*According to a Rand Corporation study based on 12 hospitals, physician errors led to as many as 25% of the deaths of patients who were being treated for pneumonia, strokes or heart ailments. The wrong kind of antibiotics are often prescribed for pneumonia, strokes are commonly misdiagnosed, and chest pains are often improperly treated (AP, 1 October 88; source item from John Morris).

*Sometimes, the handling of dying people can become so bizarre that they are taken out of their rooms and shoved into storage closets with barely enough room left for the bed, all in order to get them out of the way, or perhaps even in order to make available their "bed" to someone who would be around longer. (For documentation of such a case in an Ontario nursing home, see Toronto Star, 3 January 88; source item from Barry Wever.)

Sudnow conducted what appeared to have been the first ethnographic study of death and dying in hospitals. He studied a large urban county hospital serving primarily the indigent, and a private general hospital serving primarily the middle and upper classes. He found that at the public charity hospital, medical personnel were contemptuous and uncourteous toward their patients, and partially as a result thereof, quality of care was significantly lower. At the public hospital, medical staff consisted almost entirely of interns and residents, and came from medical schools of relatively lower quality, and received very little supervision. Procedures almost all the way across the board done by a more highly qualified physician or student at the private facility were done by a less qualified one at the public one. Because of the lack of supervision from more qualified personnel, the county hospital staff limped well behind recent medical innovations. The average length of stay in the acute sections of the hospitals was three days longer at the private hospital, and the death rate was half that of the public hospital.

While the author did not identify any explicit cases of "euthanasia," he found that even back in the 1960s, diagnostic and treatment efforts were often suspended for those individuals whom the medical staff considered to be of low social worth.

Sudnow discussed at length what it means for a patient "to be dying." He concluded that this judgment is an entirely external interpretation which involves the imposition of a dying role expectancy on a person by others. This is underlined by phenomena such as young persons being said to be dying when they have a disease that might kill them within the next ten years, while sick persons would not necessarily be said to be dying even when they are in their eighties. Once persons have been defined as dying, they may begin to be subjected to "certain forms of post-death treatment." They begin to receive less attention; their autopsy may be discussed; some nursing personnel tried to close the eyes of "dying" patients while they were still alive; conversations may be carried on in the presence of the person that otherwise would only be carried on in the presence of a corpse; sometimes, relatives (even spouses) quit visiting when a patient has been declared to "be dying," and in some instances they even began to remove all of the patient's clothing and personal effects from the house, made funeral arrangements, and the spouse had taken off the wedding ring.

Sometimes, the bodies of patients expected to die are prepared the way they usually only are after the person has died. For instance, a patient expected to die may be diapered the same way that corpses are diapered. Sometimes, staff will even bind the feet of people expected to die imminently, the same way the feet of corpses are tied. Dentures may be inserted because this is harder to do once a person has died. The patient who is admitted to the hospital near death may not even be assigned to a hospital room and bed but left on a stretcher in an out-of-the-way place such as a laboratory or supply room so that no bed will be messed up or uselessly occupied. As death approaches, nursing care shifts from the provision of comfort to the monitoring of the vital signs, constituting a form of documentation of death. Standing orders for medication may also be ignored by the nursing personnel when they believe that the patient is dying. Patients considered to be comatose were essentially treated as if they were dead. For instance, their condition and prospects were discussed openly at their bedside. Thus, one can enter a state of "social death."

Physicians have a vested interest in patients being officially declared as "dying" before they die, because an unexpected death places a shadow of suspicion on their competence. In some cases, when a person was put into the dying role, others would show greater respect for the person than they would ordinarily. This could be very awkward in those cases in which the patients did not actually die soon. However, pronouncing a patient as "terminal" often becomes a self-fulfilling prophecy because the treatment regimen may be shifted from one of curative to one of palliative care. At that point, patients are no longer considered to be of medical interest, and physicians lose their interest in the patient. However, medical personnel are less apt to pronounce people as terminal if they are closely monitored by others, such as the family. Even though hospital regulations may permit around-the-clock presence of relatives with dying people, nurses generally try to separate the dying from their families and, accordingly, many patients die unattended, and their death may not be discovered for hours. At the county hospital, most patients died unattended, while at the private hospital, this was much less likely to be true.
Sudnow observed that the vast majority of death even 20 years ago occurred during a drug-induced coma, or while the patient was on mechanical life supports which could sustain life but not consciousness. He points out that advocates of "euthanasia" often claim that mercy-killing will prevent people from living as vegetables, but that this argument would be grossly undermined if people decided to die at home rather than in hospitals.

At the private hospital, care of the presumably dead always continued intensively until all doubt vanished. In contrast, when people were admitted on an emergency basis at the public hospital, and there was some question whether they were still alive, medical staff were much more likely to attempt to revive people whom they considered to be of higher social worth. Some surrender judgment to the ambulance driver and assume that if the driver decides the patient is dead, that no further effort should be undertaken. One intern gave mouth-to-mouth resuscitation to a child, but pronounced an old woman dead because, as he put it, he could never bring himself to put his mouth to an "old lady's like that." Ambulance drivers also showed much more aggressive and emotional behavior when they brought in a presumably dead person of a higher perceived social value than one of lower perceived value. For instance, they would run their sirens louder and longer, whee the patient in faster, speak more urgently to the nurse, etc.

Age was found to be one of the more important indices of social worth, such worth dropping off dramatically once patients were in their forties. Alcoholic patients were particularly apt to fare poorly. If they came in with a bleeding ulcer, they might not be given blood on the assumption that they would soon come back with the same ailment again and die anyway. Other people who were apt to receive the lower social worth treatment included suicide victims, drug addicts, prostitutes, the assailants in crimes of violence, vagrants, and wife-beaters. Interestingly, lack of family interest in the patient strongly tended to reduce the patient's worth in the eyes of the medical staff. When there was a borderline question as to whether a delivered infant was to be considered human or not, the delivering medical staff was more apt to declare the baby non-human in those instances where the mother did not appear to be happy about her pregnancy. Sometimes, on patients of low perceived social value, medical procedures were performed after the patient had died merely in order to teach the interns the procedure. In some instances, on patients of low perceived value, outright experiments were performed despite the fact that they were expected to survive.

Sudnow also reported that the emergency facilities at the county hospital were often used by police as a "safe" place to beat up criminal suspects.

Extraordinary measures were taken to minimize the likelihood that dead bodies were seen by anybody, but little reverence was shown by anyone to corpses. Small non-viable fetuses were sometimes flushed down the toilet.

This was the author's doctoral dissertation—a work that can stand as a model of what dissertations should be.

*At various workshops, the TIPS editor has warned members of the medical profession that if they continue to participate in various forms of "euthanasia" and death-making, the time may come when people will begin to fear, and flee from, medicine and things medically-imaged. A harbinger of something along these lines may be the film called "Visiting Hours" which has been advertised by means of a picture of a hospital building at night with its windows so lit as to look like a skull, and the slogans, "in this hospital, your next visit may be your last" ... "so frightening you'll never recover."
Other Medical Deathmaking

*It has been estimated that of the 140,000 Americans who die from traumatic injuries, at least 25,000 die needlessly because they do not receive either the right kind of medical care, or do not receive it promptly enough. One authority said that if one drives across the US and had a car accident, one would only have 1 chance in 50 to get the proper treatment. One example cited was that of a pregnant woman who lay around in a hospital emergency unit with a broken neck for 4.5 hours while people were haggling as to who would serve her and who would pay (Time, 4/7/88).

*A physician in the Albany, NY area was suspended for 9 days from practice for "gross incompetence." As we mentioned before, it is so often devalued people who are the foremost victims of such episodes. In this case, the five patients who died as a result of the incompetence were elderly (AP, in SHJ, 21/10/86).

*It is generally not recognized how easily elderly people can suffer from dehydration. Even in nursing homes, elderly people may not get enough fluids, may come down with other maladies which are secondary to dehydration, and these may then be treated without the primary problem even being adequately recognized. Dehydration may even be one of the major proximate causes of death in such facilities.

*In medical parlance, patients with certain heart conditions that appear to require certain diagnostic and treatment procedures are referred to as CABG, unfortunately pronounced "cabbage" (Discover, 7/86).

Hospices

*Just between 1983-1985, there was an explosion of so-called "hospices" in the US so that by late 1985, there were about 1800 of them. During 1987, 172,000 Americans were served by so-called hospice programs (Time, 5 September 88). One of the contributors to this explosive expansion was an increasing number of health insurance plans that covered such services. Unfortunately, this meant that the insurance firms stood to benefit doubly, while the "dying" person could not win. That is, the insurance firms benefitted in that the cost of hospice service was typically lower than other types of residential, institutional, or hospital services, including ordinary nursing homes. Additionally, hospice patients almost always do end up dead, and that usually in a short period of time, so insurance firms would very rarely have to pay for hospice care over an extended period of time. The hospice resident loses in several ways. First of all, being deemed eligible for, and/or receiving, hospice services carries the strong expectation that one "is dying." As with all other strong role expectancies, the expectancy that one will die soon is apt to elicit conforming behavior on the part of the person on whom the expectancies are imposed--so the person is indeed apt to end up dead. Secondly, by defining a person as suitable for a hospice program, aggressive services are withheld where they might, in fact, be appropriate and accepted by the patient. Thirdly, the "dying" patient loses even if insurance firms do not cover his/her hospice care, because then the person is apt to be treated in a hospital or nursing home, and both types of places are (a) exceedingly costly to a patient with private means, even if s/he does have insurance coverage, and (b) dangerous to the patient's health, though largely for very different reasons than the dying expectancies that pervade hospice services.

*Many people are totally incredulous, and even become infuriated, when we point out that "hospices" (for the dying) are one of the human service contexts in which deathmaking must be expected to be very prevalent. People seem unable to understand that the values of the larger culture must be fully expected to be expressed in every human service domain, at least in the long run and in an overall fashion, notwithstanding the possibility that in some local context or for short periods of time, there may be some variability or "deviation"--both into a more positive as well as more negative direction.

*Genevieve Fairvall recently told us of an informal "underground" hospice service provided in a small New York State community entirely by volunteers and in private homes, and thus outside the clutches of the imperial structures.
Utilitarian Deathmaking

*As early as 1943, a film (Lifeboat) promoted the survival of the fittest and the deathmaking of impaired people by seizing upon the classic vignette used as an exercise in ethics classes, viz., what if you were in charge of a lifeboat that held more people that it could safely carry. The senior officer in the film decided to cast overboard several weakened people, yet he was depicted as a most sympathetic, likable, and heroic figure who goes through great mental suffering in having to make such a decision. The film gave support to his decision by dramatizing the danger to the lifeboat by whipping up a dreadful storm. Eventually the occupants of the lifeboat were rescued, and very implausibly, those who were cast out of the boat were also somehow picked up and survived, and a naval court condemned the officer's actions. But despite these two outcomes, the overall message of the film was one of great sympathy for the expedient deathmaking of vulnerable people.

*An expert group at the British Medical Association has been setting up guidelines on who should be treated and who should be left to die after a nuclear war. Priority would be given to market gardeners, mechanics and nurses. People with few contributions to make to the survival and regeneration of society would be denied treatment. This would include chronically impaired persons and those dependent on drugs for conditions such as diabetes. However, there may be a hidden purpose in this effort, namely to force the government to quit pretending that in a nuclear attack, only 16 million people in the UK would die (Guardian, 20/10/86; source item from Peter Lindley).

*Conservative Peter Peterson who was Secretary of Commerce under President Nixon wrote a book on Borrowed Time: How the Growth in Entitlement Spending Threatens America's Future. Among other things, he proposes all sorts of deathmaking as a solution, including not paying for dialysis treatment for people over age 55 (Time, 31/10/88).

*According to some reports (30 Days, 5/88), it is already normative in Swedish hospitals to reduce medical treatment to a minimum for elderly persons above a certain age, roughly around 70.

*Ann Landers is a major public opinion-maker and morals-shaper. In a 1/86 column, she announced that "It is unrealistic to assume that all human beings are equally valuable," and endorsed various forms of death triage based in part on a "person's potential contribution to society" (SHJ, 2 January 86).

*One of the phrases that is now coming into vogue in support of deathmaking is that "we are going to have to make some real choices," usually accompanied by some insincere statement of how "difficult" the choices are, or what an "ethical dilemma" is involved.

*It is being pointed out that even as the proportion of elderly people is increasing and they are living longer, the bulk of their health care expenses occur in the last years of their lives, and often even in the very last year. This kind of statistic is apt to be invoked as a powerful rationale for abbreviating the lives of the elderly.

*During the Carter administration, a white paper was circulated in the US federal Department of Health and Human Services, urging support of so-called "right to die" legislation because it would cut health costs (Science, 13 August 82, p. 16).

*The brain death swindle. Few people who altruistically sign consent forms to donate some of their organs upon their deaths really know what they are agreeing to. Those who lust after organs have pushed hard toward ever "earlier" definitions of deaths, because organs are useless if they come from a truly dead body. To be useful, these organs must come from a body that biologically has still an awful lot of life left in it, including in many cases circulating blood. It is all a little bit like tearing the heart from a person so quickly that the dying person is still able to see it, as the Aztec priests used to do. They are apt to wheel a patient with the heart still beating and air being pumped out of sight of kin and friends—and do their "harvesting." No sitting by the dying person and holding hands until death do us part. In fact, on the way to the cuttery, the organ lusters may discover that the patient quits breathing, and will actually engage in desperate and vigorous resuscitation in order to keep the desired organs alive. Naturally, a very liberal definition of brain death—which is problematic
even when it is not so liberal—is facilely invoked. More and more it appears that the only way one can be sure that the brain is dead is when no blood has reached it for several minutes, and that really means after the heart has stopped, rather than vice versa. Brain death criteria are particularly slippery when applied to the young where the brain is often much more resilient than in old age (The Age, 30/8/86; source item from Michael Steer). The entire scene should make us extremely skeptical and conservative about organ transplants, and particularly, at least at this time, transplants of hearts and livers.

At this time, there is one other thing that is rather amazing, and that is that successful transplants are highly publicized but unsuccessful ones are not, making it appear that people with transplants live longer than those without. Yet on a population basis, there may be little or no difference, much as it has been shown that people with heart bypass operations do not gain significantly in longevity, but this has not held back many thousands of such operations.

*There used to be a saying that "dead men tell no tales," but we now have "dead men" who still breathe and whose hearts still beat. A 78-year old man at the State University of New York at Stonybrook was declared dead even though he was still on a respirator and his heart was still beating—and then, with the permission of his relatives, he served as a subject in an experiment on a drug designed to prevent blood clots (Washington Post, 17/10/88; source item from Paul DeParrie). It is our opinion that the man was probably declared dead so that this experiment could be conducted on him, and that the relatives who gave permission for it had been fooled. The experiment was published in a 10/88 medical journal, and yet an editorial accompanying the article called the experiment "ethically questionable." Simply declaring a person dead does not mean that a person is in fact dead, and one can raise real questions whether anybody can be dead as long as their heart is beating. Add to this the eagerness of medical researchers to use a person as a research subject, and one must doubt their objectivity when applying universal criteria for a person's death.

*Some surgeons believe that transplant surgeons do not wait until a donor is dead before removing the donated organs. There is clearly a conflict of interest here between obtaining the "freshest" possible organ for the recipient while also safeguarding the life and integrity of the potential donor (The Human, 2/83).

*In 10/87, a new US law (the Anatomical Gift Act) was passed which, according to analysts, de facto means that persons dying in a hospital may have their organs taken without their ever having given consent thereto, and as long as other parties with decision-making standing (e.g., the family) have not objected or cannot be reached in time. This law may also serve to have people who are viewed as qualified organ sources treated and made dead in a fashion more designed to harvest a serviceable organ than to express concern and care for them. One thing that this law accomplishes is that organ donations are really no longer voluntary donations but are truly more in the nature of what the medical field has called them, namely a harvest—"one might even say rape or robbery. We can expect to see elephantine litigation around this law.

*Any project related to life-and-death decisions funded by insurance companies must be suspect, since they usually benefit when medically dependent people die sooner rather than later. We thus should be skeptical of the current effort to build a national "bioethics organization," called "Health Decision," even though the language surrounding this effort may sound very positive, since it is funded by the Prudential Insurance Company (IAETF, 10/22/88).

*We continue our coverage of a modern form of slavery and body snatchery. Bangladesh police have recently rescued over 2000 of their citizens who were about to be smuggled out of the country under false pretenses, after which the children would have been killed to sell their kidneys for transplants, corneas would be cut out of the old people, and the women would have been sold into brothels in India and elsewhere (Reuter, in Toronto Star, 20/6/88; source item from Barry Wever).
In medicine, a number of scales have been developed which try to quantify the degree of a person's health or sickness. For instance, some such scales look at various symptoms, and at loss of major or minor functions, and mobility. One scale rates people along a continuum of 8 points, from no impairment to being unconscious, and on four levels of distress from none to severe. On the one hand, we can easily see an analogue here to a PASS or PASSING evaluation of a human service, in which the service is the patient being examined and then rated in relation to degree of health or disease. On the other hand, we can also see dangers in using objectified measures of seriousness of disease, because in the present value climate, these might be used as rationales for withdrawal of life supports. In fact, a patient might conceivably be wired up to all sorts of distress indicators which automatically terminate mechanical life support systems when the indicators sink below a certain level. Such an objectification of deathmaking would remove responsibility from most of the attending parties, thus detoxifying deathmaking, and making it more acceptable. (Source item from Martin Elks)

Academics at York University in Britain have come out with a new formula for making decisions whether or not to provide medical treatment to people. The formula is called QALY (or QALYs in the plural) which refers to "quality adjusted life years." The formula estimates how long a person is apt to live after a medical procedure, and what the quality of the person's life would be. The two figures are multiplied by each other, and divided into the cost of the procedure, which yields a cost-per-QALY-point index. These indices can differ very dramatically for different kinds of procedures. (Public Finance and Accountancy, 13 November 87; source material from David Race.)

The phrase "quality of life" was reportedly coined by Nietzsche, the nihilist philosopher who advocated "the merciless extinction of the botched and the bungled."

A firm was established in California which has evolved a computer program that calculates the commercial value of a person's loss of a limb, bodily function--or even life. This program was designed for use by lawyers and in compensation cases. By standardized and objectifying the process, a lawyer can call in the data over the phone and get an answer the same day, for a fee that may range from between as little as $50-$150. The computer takes into account the age of the person, the likely income the person would have earned, etc. For instance, a woman who lost her 30-year old husband in an industrial accident might sue the presumably responsible firm for the commercial value of her husband's life to her and perhaps her children (UPI, in (Montreal) Gazette, November 3, 1982).

The Campaign for People With Mental Handicaps Newsletter (Summer 1986) reported 4 vignettes of 1986 that cast a startling light on the value put on various lives. A girl was mauled by a lioness at a carnival when she was four. A court awarded her £8,636.

A 54-year old deaf man was dragged into an alley and beaten up by three off-duty policemen. His spectacles were smashed, his hearing aid and wristwatch lost, and his face cut and bruised. He was awarded damages of £2,000.

A 24-year old mentally handicapped man died from a rare blood disease after 2 doctors had failed to identify it. An ambulance crew refused to take him to hospital without a doctor's note. His parents accepted the maximum out-of-court settlement of £2,000.

A woman became pregnant after she had undergone a sterilisation operation, and delivered a healthy child. The High Court made an award against the local health authority of £39,963.

If one could claim that a human were not human, then there would be no more obstacle to killing "it" than there would be to killing an animal of equivalent health status.

How far things have gone is evidenced by the fact that in 1988, the British Medical Association convened to try to come to a consensus on defining what is human. This gathering was precipitated by the so-called "brain transplant" that was conducted in Britain in early 1988, in which brain cells from an aborted fetus were implanted into the brain of someone suffering from Parkinson's disease, as well by the increasing use of various tissues of aborted fetuses for the benefit of other people. (Information provided by Ruth Abrahams.) Little does anyone seem to realize that until just a few years ago, there had been no argument over who and what was human, and the idea that one has to now come up with a definition is itself a dismal sign of the times.
It is not widely known that all sorts of experiments on the unborn have been conducted on pregnant mothers scheduled for abortion, often putting the mothers at great risk. For instance, the withdrawal of blood samples from the unborn, which might now be used with therapeutic purposes in mind, was first developed on fetuses scheduled for abortion. Similarly with amniocentesis, and with experiments to see whether the rubella virus injected in pregnant mothers would cross the placenta and show up in the unborn (FL, Summer 88). We have already mentioned that aborted fetuses themselves have been used for research. In one such study, the heart was cut out of the unborn and kept working. Sometimes, such babies, particularly when taken by hysterotomy late in pregnancy, have been experimented on while still alive; and when their organs are taken from them for research or transplants, it is apparently not customary to first administer anesthesia.

There are proposals underfoot to permit women to sell their unborn babies for their fetal tissues, via an abortion. If this came about, women might get pregnant merely to earn money from the abortions (NRL News, 6 October 88).

The association of parents of the mentally retarded in England is called MENCAP. In early 1986, it came out in support of at least some experiments on human embryos, upon which the Catholic Cardinal Hume withdrew as a "patron" of the organization. (Source item from David Race)

**Life-Support Issues**

Issues of life-supports are intimately related to various deathmaking issues, such as "euthanasia," utilitarian exploitation of deathmaking, and suicide.

The California Court of Appeals ruling that a Los Angeles County Hospital had to stop force-feeding Elizabeth Bouvia (the cerebral palsied woman who was trying to starve herself to death) was based on the view that a competent patient has the virtually total right to refuse medical treatment, the "right to determine what shall be done with one's own body," the constitutional right of privacy, and the state's interest in preserving life and preventing suicide did not override the right of self-determination. Paradoxically, the court stated that refusal of treatment did not constitute suicide, at least not legally. Unfortunately, the court also said that Bouvia's perception of her existence as "meaningless" "cannot be faulted," and called her life one of "low quality." One judge went even further and said the courts should legalize euthanasia. We have maintained that while a person might perhaps be accorded a legal right to refuse medical treatment, a person should never be permitted to compel a human service facility to actively participate in a form of suicide, such as has clearly been the case here, whatever the California court may call suicide (Respect Life Report, 4/86).

Perhaps surprisingly, a US Circuit Court in California ruled in 3/88 that the US Constitution does not imply a "right to die." The ruling was rendered in response to a suit by parents of a mentally retarded 20-year old man at a state institution who demanded that their son, whose first name was Jesus, be starved to death by having his feeding tubes removed. The state institution people contested the demand, which underlines another point that we commonly made in recent years, namely that retarded people are probably safer in MR state institutions today than mentally disordered people are anywhere, and possibly safer than retarded people are in many kinds of community services or private institutions. The judge noted that the plaintiffs insisted on an informality of deathmaking decisions that contrasted starkly with the incredible formalities required for disposing of the property of an incompetent person (NRLN, 19/5/88). It remains to be seen whether this ruling will be upheld as it progresses through higher courts. In our opinion, an overturn is in the air.

The California Supreme Court has let stand a lower court decision which gave guardians of incompetent patients the exclusive authority to withdraw food and water from their wards without having to go to court, and even when there was no evidence that the patient would have consented to any such measure. Such decisions are thus based entirely on the guardian's own opinion of what is "in the patient's best interest" (NRLN, 25/8/88).
*The Supreme Court of the Australian state of Victoria ruled that patients of medical facilities have no "legal right to die," and that representatives of a patient cannot force medical personnel to discontinue life-preserving treatment. In interpreting this ruling, we have to be aware that in Victoria, suicide is also still illegal, as it has been until recently in almost all western countries. The above judicial decision may not stand very long, as a law is in the wings that would allow patients to delegate medical decision-making over them to other parties (Age, 19/1/89; source item from Michael Steer).

*In 1983, the US Veterans Administration adopted a policy which permits its physicians to refrain from resuscitating a patient if there has been prior agreement by the patient, the attending physicians, and either a family member or a disinterested third party. This development, taken by itself, was positive, but suffered from one defect which reflects the currently eroding respect for life and which is a powerful entry wedge into "euthanasia," namely the provision that if a patient is comatose or otherwise incompetent, a "surrogate" can make the decision for the patient. Insofar as VA patients are usually known to the VA well before things get to a drastic stage, the necessary relevant opinion of the patient should be elicited every time a patient enters the hospital so that it, and any possible changes, would be on file.

*In 1985, there was for the first time in the US a lawsuit (in Akron, Ohio) by a family against a physician for placing a 70-year old semi-conscious woman on a respirator without her family's consent, and then refusing to disconnect the respirator when the family requested it. The family finally found an out-of-town physician who was granted hospital privileges solely in order to be able to disconnect the life supports, upon which the old woman died within 26 minutes. Lawyers for the hospital actually made a financial settlement with the family rather than go to court.

*In 1986, a woman in Rhode Island suffered a brain injury. Her family tried to have her life supports withdrawn. In response to their efforts, a US District Court ordered in 10/1988 that fluids and nourishment be withdrawn from her, even though she was not comatose, and might have lived for years. There were several other disturbing elements in this case. The ruling implied that the woman had requested this, though this was not the case. Also, the court specifically cited the 1973 Roe vs. Wade US Supreme Court ruling (that women had an absolute right "to choose" abortions) as a precedent for its decision, drawing a parallel between the "right to choose" an abortion, and the "right to choose" to die, even though the woman had expressed no such wish to die, and the wish was only imputed to her by her family. The reason why this development is not surprising is that the slippery slope is always for real, and this is just one more proof thereof. Another obscene element in this case is that the judge ordered a state medical center to carry out the death sentence--and so it was, with the woman dying shortly thereafter at age 49. Bizarrely, it was the Catholic diocese of Providence that endorsed this action (even though the woman had not been an active member), and the state of Rhode Island which opposed it in court. As we have said before, the floodgates of this kind of "euthanasia" have opened.

An illegal immigrant paralyzed from the neck down, hospitalized in a rehabilitation center in Colorado, allegedly demanded withdrawal of nourishment and fluids, and a court mandated in early 1987 that the rehabilitation center do so. We should note once again that courts are now ordering that certain people perform this kind of death-making, which seems to us to be the grossest assault on people's conscience, but that they apparently comply in the carrying out of these death sentences as much as do prison personnel--and as people did under the Nazis. Furthermore, note that this kind of deathmaking is now carried out in "rehabilitation centers" (Euthanasia Review, Summer 1988).

*In at least two programs for the training of so-called emergency medical technicians, the trainees are instructed never to administer life-saving procedures to a person with an obvious handicap without first checking with the family. Since no such instruction is contained in the written materials for the above-mentioned programs, it is clear that an informal orally transmitted value system controls these procedures. (Information provided by Jack Pealer)
Unbeknownst to most of us, ambulance crews at least in some locales are not permitted to help a victim of a deadly assault until the police arrive, even though they might be able to save the victim's life. Apparently, ambulance crews manage to obey this ruling, though in conscience, they should violate it (CA, 1/89).

An article in the 11 January 88 issue of Nursing Times revolves largely around whether physicians or nurses should decide whether to resuscitate a patient, with neither group being particularly concerned about what the patient wanted, and the respondents in a related survey saying that they did not believe that one's religious belief should influence the decision (reported in SpeakOut, 3/89).

A major teaching hospital in Manhattan has been charged with using "do not resuscitate" orders on (apparently aged) patients without the permission of the patients, their families, or even their doctors (SHJ, 20/11/84).

Dr. Steven Miles, an internist at the Minneapolis Veterans Administration Hospital with a special interest in problems of the aged, said that in the last three years, "there has been an explosion in policy making in the area of medical orders limiting medical treatment--DNR and supportive-care-only orders." (Minneapolis Star & Tribune, 2 Aug. 83)

A brief article by Veatch (1985) in JAMA suggests that the term "order" as it is used in "do not resuscitate" orders should be abolished and a new term substituted. We suspect that this may open the door to a new form of detoxifying manipulation of language which would remove the responsibility for having made a death-dealing decision from the physicians and other medical personnel in the instances where they have, in fact, made such decisions.

The deathmakers have proposed that in order to gain acceptance for their position, one should use the term "forego" instead of "withhold" life-supports, and "medical nutrition and hydration" should be used instead of words like "food and water" (JAMA, 2/89).

The Journal of the American Medical Association (14 Oct. 88) published an article by a Dr. Murphy that recommended that resuscitation decisions be made unilaterally by the physician without as much as even informing, much less obtaining consent from, the affected patient, the family, or possible guardians. Among the author's arguments were that these decisions worried families too much, made them feel guilty, asked them to make decisions of which they failed to fully understand the implications "despite detailed explanations," and that it will free up medical time for "other therapies and plans." In relation to care of the elderly, he also argued in terms of cost/benefit rationales. While the journal decided to publish this article, it rejected some of its major arguments in an editorial. Strangely enough, the editorial did not comment on another article in the same issue which seemed to be at least moderately supportive of Murphy's. (Source material from Lynn Breedlove)

According to another survey (JAMA, 12 Aug. 88) elderly patients who have undergone treatment in an intensive care unit expressed overwhelming agreement that they would undergo such treatment again, even if they thought it would achieve only a brief prolongation of life. Only 4% were completely unwilling to repeat the experience. These sorts of results show us yet again that we have a confrontation brewing between younger people who claim either that the older people want to die, or should forego treatment, and older people who want to live a little longer.

Here is yet another example of the deception of deathmaking. The Geriatric Consultant (11 & 12/88) carried a headline, "Aged and Physicians Oppose Life-support for Terminally Ill," but when one reads the article, one finds out that there was a survey of 63 people living in a "retirement community" who had already signed a living will before the survey. This sample is of course extremely selective and does not represent "the aged" as the title of the article might lead one to believe, and yet that is apt to be the message carried away by so many people who read in a scanning or superficial fashion. (Source item from Kirk Mescon)

A survey of 1000 physicians conducted by the American Medical Association found that 78% favored starving or dehydrating patients to death if their families should request it, and if the patients were "hopelessly ill" or irreversibly comatose. Only 15% were opposed, with the rest undecided (ALL, Fall 88).

In summer 1988, a New York appeals court approved the starving to death of people who are conscious, they never requested to have had treatment withheld from them, but where an adult child makes the request (NRIN, 12 September 88).

As we said before, the dam has broken: as of summer 1988, there have been about 50 court cases supporting starvation-dehydration of patients (CRTI Report, Fall 88).
*Even as it is becoming common for sick or impaired people to be starved to death, a columnist in the (UK) Sunday Times (23/4/89) argued that a person from whom nourishment is being withheld is not really "being starved," but is merely "starving" as the result of sickness or brain damage. (Source item from Tony Newman.) This process of starving someone is then interpreted as being a "natural death."

*A woman 3 months pregnant had a car accident that left her comatose. She was interpreted by the medical profession as having suffered "cerebral death," and was not expected to live very long. However, she not only was able to bear her baby to a weight of 8 pounds when delivered by Caesarean, but within days, there were signs of mental improvements and she soon emerged from her coma and regained various functions (NRLN, 16/2/89).

*In China, a 2-year old girl fell from a bed, landed on her head, and suffered a catastrophic loss of her behavioral repertoire and regressed to a small number of functions controlled by the lower brain centers. Some physicians even interpreted her condition as comatose. Ten years later, surgeons removed the old hematoma that had resulted from her fall, and soon thereafter, many of her functions returned and she smiled for the first time in ten years (AP in Courier-Journal 27/7/86; furnished by Carolyn Bardwell Wheeler). Relevant to deathmaking is that persons with such severe injuries are often "dead-talked," i.e., they are pronounced dying, their condition is interpreted as equivalent to death, or people verbally promote forms of deathmaking, such as withdrawal of nourishment or denial of medical care.

*An American soldier in Germany had a car accident that left him broken up and semi-comatose. The Army brought him back and let his mother (who had had 10 children) take care of him for the rest of his life, which turned out to be 18 years. She did it quietly and perfectly. Knowing what we do about VA hospitals, we can assume that in one of them, he probably would soon have been dead (Indianapolis Star, 12 March 89; source item from Joe Osburn).

*A 20-month old girl swallowed at least 20 anti-depressant pills, where 5 are regarded as a fatal dose for a young child. She was declared brain dead—but again, we see how unreliable such declarations are these days, because the child revived and could be released from the hospital a mere 9 days later (Cedar Rapids Gazette, 13/2/88; source item from John Morris).

Intra-Familial Killings as an Expression of Societal Deathmaking Sentiments

*A visiting professor at the Training Institute, Sadao Shimizu, told us that in Japan, it is not uncommon for parents of handicapped children to commit suicide and take the handicapped child with them into death, and sometimes the other children as well, particularly around the time of the handicapped child's school entry age or entry into adulthood. The practice is reflective of an older tradition of parent-child suicide for reasons of dishonor or despair.

*One way in which intra-family killings are being privatized is by the individuals who have done the killing being declared to have been insane at the time, put into a mental facility for a short period of time, and then released as supposedly posing no further threat to society. This was exemplified by a pediatric nurse in New York who killed two of her three children, but who was released on the above rationale a mere 37 days later (AP, in SHJ 13/4/89).

*A woman in Manchester, England, administered 60 stab wounds to her husband with a pair of scissors, and even though he was already mortally wounded thereby, she strangled him to death with a tie. She later claimed that she could not remember the episode, that she did all this in self-defense (though previous physical altercations between them appear to have been minor), and she was promptly acquitted by a jury (Manchester Metro News, 17/2/89; source item from Lynn Hyde). This episode once more exemplifies the trend we repeatedly mention of privatizing intra-familial killings, and particularly those where the victim has been rightly or not so rightly interpreted as a mean-spirited aggressor.
An elderly Florida resident who slit his wife's throat in a suicide pact but then failed to kill himself served a brief sentence and then was released—to perform community service caring for the elderly (CRTI Report, Fall 88).

Yet another milestone in the promotion of the privatization of spouse killing is a BBC TV documentary (filmed mostly in the US) entitled "I Shot My Husband," which the Daily Mail (21/6/88) called the "sterner face of women's liberation." Its title evokes the title of the Latin-American song, "I Killed Nobody but My Husband." A British columnist noted that the British woman narrator told the stories of the avenging women "with a slightly alarming gusto," and expressed relief when a British lawyer came on at the end of the program and assured the audience that in Britain, women who killed their husbands while they are sleeping would find it difficult to achieve acquittal. The columnist noted that this made the narrator look quite disappointed.

Similarly, a woman on Long Island hired two assassins to kill her husband who abused her, and while the killers got hefty jail sentences, the wife was let off with 5 years' probation because the judge felt sorry for her—yet another instance of the movement toward the privatization of intra-familial killings.

A 66-year old man in Oregon who shot his wife to death after she had a stroke first had his charge reduced from murder to manslaughter, and then received only a 1-year jail sentence, of which he may only have to serve a few months (NRLN, 16/2/89).

The question, "What happens to my handicapped child when I'm gone?", has brought many a parent to despair, murder, and suicide. Yet another tragedy along these lines occurred in Iowa. A 61-year old star reporter for a Des Moines newspaper visited his 32-year old daughter at the Woodward institution for the retarded, where he shot and killed her, his 57-year old wife, and then himself (CARC News, 11/83).

In Washington state, a successful retired businessman took his mildly cerebral palsied 2-year old grandson to the woods, and then shot him and himself to death—all this because he could not reconcile himself to the child's impairment, even though the child was not very severely impaired and was making good progress. Amazingly, a professor of child development and mental retardation at the University of Washington state said that the situation had nothing to do with mercy killing because the boy was not suffering or dying. (News Tribune (Denver) 25/12/88)

In 4/89, a man went into a Chicago hospital, held personnel at gun point, threatening to "kill anybody who interfered," and disconnected the life supports of his 16-month old son until he died. It turned out that the man had been told by the authorities that four days later, his medical benefits would be cut off for his son's care, as well as welfare monies for him, his wife and three other children. These days, if no third party gets hurt, not much happens afterwards. In this case, a grand jury refused to indict the man, and he was only sentenced to a year's probation on a misdemeanor charge for "unlawful use of a weapon," and told to seek counseling. The judge told him "I think you have suffered enough." (Miscellaneous 4 & 5/1989 newscuttings)

There has been an outbreak of cases of children assassinating their parents (usually their fathers), usually because they had been abused. It seems that some widely publicized cases a few years ago have given other kids the same ideas. We remind readers that one such teenage son claimed the same argument almost universally advanced in support of abortion. He said it was a private family affair and perfectly justified, and that the law should stay out of it.

In Toronto, a teenager beat his father to death when the latter demanded that he turn down his stereo. In England, a man strangled his wife of 30 years when she pulled the plug on his stereo; the judge sympathized with him so much that he only gave him three years of probation (The Human, 3/83).

In 12/87, a California man took his ailing 83-year old mother to a "life extension" service where she was injected with barbiturates which brought about her death, and then had her head cut off and quick-frozen in the hope that scientists would someday be able to reattach the head to a new body and restore her to life.
*A 68-year old woman in Austin, Texas, was found dead from starvation and lying in her excrement in the apartment of her son, an Air Force sergeant, with whom she lived. Authorities had to drop a murder charge against the sergeant for having let his mother starve to death because there was no law on the books against such behavior (SHJ, 22/8/85).

Suicide

As we said before, what may be called suicide may not be suicide at all. It may be "euthanasia," "assisted suicide," the withdrawal of life supports without a clear informed consent by the victim, or a suicide alright into which the victim felt pressured, often by being made to feel guilty for taking so long to die, for being a burden on others, for consuming so much medical care, etc. This is exemplified by members of the Hemlock Society (that promotes suicide and suicide assistance) reportedly roaming around Missouri nursing homes passing out its literature (IAETF, 2/89).

In 1981, a trial in London disclosed that the leader of Exit, the English euthanasia society, used to send out a man with a portable suicide kit which was also used to actually kill people who wanted to die, consisting of alcohol, tranquilizers, and plastic garbage sacks, the latter as a last resort to be put over people's heads and tightened with a rubber band around the neck until they were dead. A number of people were dispatched, or helped to dispatch themselves, this way, including someone who had been in a road accident and got depressed, a suicidal 25-year old who had a drinking problem, and a middle-aged person with a "personality disorder" who was afraid of public places. Even while imprisoned, the henchman tried to help a 22-year old retarded fellow prisoner to make the big getaway (The Guardian, 6 May 88; source item from Ruth Abrahams).

The president of the German Society for Humane Death, which has more than 15,000 members, claims to be helping more than 2000 people each year to engage in suicide, though as we mentioned before, the dividing line between "euthanasia," murder and suicide often gets blurred when one participates in various degrees in helping someone else to commit suicide, or when killing someone is called suicide based on the claim that the person would have wanted to die if able to express the wish. In early 1988, the organization helped several quadriplegic young people to commit suicide, which in addition to drawing censure upon itself led to a big boost in its membership. One of the suicides was recorded on film which has since been used to publicize the program of the organization (30 Days, 5/88; source material from Peter King and Ann O'Connor).

The 16 April 1989 segment of CBS's "60 Minutes" featured a homosexual man with AIDS in Los Angeles who helps other people with AIDS to commit suicide, but who will not hesitate to suffocate the person with a plastic bag if the suicide attempt goes badly. The young man calls his victims his "clients." He said he had no intention of withholding his services if they were desired, unless a cure for AIDS was found.

In West Germany, an organization has been founded in 1986 with the name Pro Senectute (intended to be a parallelism to a well-known Swiss youth welfare program that has been around quite a while, called Pro Juventute). It calls for Social Role Valorization for elderly people and a cessation of the construction of nursing homes. Unfortunately, the subtitle of the organization is "Association for Dignified Living and Dying in Old Age," and they appear to promote "death assistance" (NAWP, 14/2/87).

Media glorification of a social perversion often goes through a characteristic series of stages. The first stage is the "sympathetic celebrities stage," in which "celebrities" who have or practice the bad thing are sympathetically portrayed. This is followed by a stage that shows lesser known people involved in the same dilemmas or activities in order to suggest that the situation is equally relevant to ordinary citizens. In deathmaking, we first had the media lionization of suicide by Arthur Koestler and his wife, very positively interpreted by the media, and a best-selling book by acclaimed TV journalist Betty Rollin came out entitled Last Wish, where she told of helping her mother kill herself in a way that elicited sympathy. The Liberation of Lolly and Gronky is probably a second stage in which the suicides are a bit more ordinary. (Source item from Patricia Powell.)

In contrast to previous times, the US population has now moved to an overwhelming endorsement of the morality of suicide.
Some handicapped people have called Elizabeth Bouvia their "grown-up poster child" who has been signaling to the world that living with a handicap is a fate worse than death (Disability Rag, Spring 86).

In a sense, it is official now: it is now "ethical" for physicians in the US to help their patients commit suicide by making the necessary drugs available to them. What makes it "official" is that a 12-member committee chaired by a Harvard medical professor and former president of the American College of Physicians, and including a Harvard law school professor, said so, and that in an article published in the New England Journal of Medicine.

And how far public support for this sort of thing has come is underlined by an editorial in the Pittsburgh Post-Gazette (6 April 89) that said that all other things should be done in order to avoid the necessity for suicide, but ultimately "it may well be...that once all of the measures have failed...assisted suicide becomes an ethical consideration." (Clipping from A. J. Hildebrand.)

Social Psychiatry and Psychiatric Epidemiology published an article in 1988 that showed that male suicides had increased dramatically in a number of European countries, and were highly correlated with the rate of male unemployment. In the 9 countries surveyed, rates had increased between 27 and 118% in 7 of them. (Source clipping from Ruth Abrahams.)

The incidence of US teenage suicide has tripled between 1960 and 1985. Scores of teenagers have killed themselves after getting deeply entangled in the sinister fantasy world of the Dungeons and Dragons game.

*Between 1970 and 1980, the US rate of suicide by young Caucasian males aged 15-19 rose dramatically from 9.4 to 15 per 100,000.

*The NY Commission on Quality of Care issued a report in 7/88 on suicide by persons in the state who were receiving outpatient psychiatric services at or near the time of their deaths. It was found that, while the suicide rate in the general population remained relatively constant at about 9 per 100,000 between 1982 and 1985, the suicide rate of the above population increased from 78 to 116 per 100,000. About a third of these persons had had a history of alcohol or drug abuse; 37% had been discharged from a psychiatric facility within the previous 6 months.

A sign of the times? In olden days, perhaps one of the most prevalent methods for people to commit suicide was to drown or hang themselves. If they hanged themselves, they commonly did it at a convenient spot in their homes or nearby. Our modern way of relating to the environment has triggered modern ways of committing suicide. One of the fruits of a technological society has been the proliferation of high structures, such as bridges and skyscrapers. Soon after it was constructed, the Golden Gate Bridge became a favorite jumping-off spot for suicide-seekers, and despite all sorts of obstacles that have been installed since, suicidal people have not easily been put off. The same is true of the Empire State Building, which has afforded some spectacular jump-offs. At this time, a new suicide Mecca has developed in Tokyo, namely in the modern Takaschinadaira complex of drab modern high-rises. The first person to jump off one of these tall buildings did so in 1972, two months after the completion of the complex. Despite mounting attempts at prevention, people from all over Japan started traveling there at considerable effort in order to commit suicide there, to a total of approximately 200 having succeeded by 1980. It is almost as if the sterility and alienating context of many modern environments shouts out death messages at society, which are then unconsciously heeded, especially by people vulnerable to death messages.

Massive Withdrawal of Health Care From the Poor

*In the US and to some degree in several other Western countries (e.g., the UK), we are in the midst of a systematic and large-scale withdrawal of health care from the poor. In the US, this may be a major cause of an estimated 200,000 deaths a year, and could get much worse.
One way of making medically vulnerable people dead is to restrict access to health insurance—and this is exactly what is happening, in good part via increased cost of such insurance, denial of coverage to high-risk people, and forcing those who are not wealthy to have to pay a bigger proportion of their medical costs. The latter is being done by the US Social Security systems. The US is the only industrialized nation of the western world that does not provide some kind of basic medical insurance for all of its citizens. Germany has had one for over 100 years. One result is that 37 million Americans (as of 1988) did not have any health insurance, and their number has actually been increasing in recent years. People without health insurance not only are less apt to call upon health care providers, but to get poorer care when they do. (Newsweek, 22/8/88). About 15 million Americans in 1988 either did not seek, or were denied, health care because they could not afford it (Health Letter, 1/89).

We have commented before on the so-called DRG system of health care reimbursements instituted by the US federal government not long ago. The acronym stands for "diagnosis related groups," of which 470 have been established. With more and more information coming in on its effects, it simply has to be named what it is, namely, a very systematic scheme for making dead poor people, and particularly those already of marginal health. Horror stories have accumulated at a high rate. E.g., mostly older people, including ones that are blind, deaf, non-ambulatory and with chronic kidney and other conditions have ended up dead after some kind of DRG atrocity. Because of reimbursement patterns to hospitals, they tend to discharge people "quicker and sicker." For instance, people with hip fractures are being transferred from hospitals to nursing homes before they have had enough physical therapy to enable them to walk. As a result, 33% of such elderly patients end up permanently in a nursing home, still unable to walk after one year; previously, only 9% remained in nursing homes more than one year.

An estimated 250,000 patients were being dumped out of hospitals or shunted between them in 1988 because they were poor (Health Letter, 1/89).

A 1986 US federal law prohibited the inter-hospital transfer of medical patients with emergency conditions or in active labor, but the law has been virtually ignored. It took two years before even a single person was cited for an offense (Health Letter, 1/89). As happens over and over, the medical societies have pledged legal support for defendants.

Ever since 1983 when Medicare put the squeeze on hospitals, people have not only been discharged prematurely from hospital care, but at the same time, Medicare reimbursement for home health services to tide over the people who had been discharged early from hospitals have actually declined, and denials for home health claims jumped 133% between early 1984 and early 1986 (MM, 12/86).

The only clinic providing routine health care to the bulk of the poor of Oakland, California, which had been serving 9,000 people the previous year, closed in 2/89 from lack of state funding which, in turn, was due to money being allegedly diverted to the rising medical costs associated with the crack epidemic (NY Times, 3 Feb. 89; source item from Susan Thomas).

In New York State, a scheme to find ways to send poor hospital patients home sooner so as to save Medicaid funds is called Prospective Payment System (PPS). Deceptively, one of the rationales that has been given for this scheme is to decrease the "likelihood that a patient will pick up an infection in a hospital" or "become disabled as a result of medical treatment" (Source clipping from Betty Pieper).

In 7/88, Darcy Miller Elks, Susan Thomas and the TIPS editor were in England where, among other things, we gave two workshops. One of the things we discovered there is that, parallel to developments in the US, welfare benefits for the poor have been declining, their housing options are rapidly diminishing, school meals for poor children have been cut back, etc. Furthermore, infant mortality in Britain has been on the rise for the first time in 16 years. Insofar as the conservative government has enjoyed so much popular support for so long, one cannot simply write these developments off as coming only from the top down. Instead, they reflect the larger deathmaking, by society, of its less valued population, and the increasing oppression of a large underclass by the large middle classes that we are also seeing in the US.
In Britain, the lowest social classes have a mortality rate that is almost triple that of the highest. Indeed, the gap has actually doubled in a recent decade. Infant mortality also differs, but by a much smaller percentage, namely in the ratio of about 2:3. (Source item from Chris Gathercole.)

Deathmaking in Fiction as a Mirror of Real Life

*Muggeridge, M., & Thornhill, A. (1983). Sentenced to life: A parable in three acts. Nashville: Thomas Nelson. This short play concerns a professor at Oxford and his pianist wife who has become crippled with a neurological disease, and who, as a result, can only talk and move her toes. The husband philosophizes that people should be allowed to end their lives, and when he and his wife appear together on a television program, she publicly requests that her own life be ended, and then later at home she asks her husband to do it. Their home aide, a devout young German peasant girl, is opposed to even hearing talk of such things. Eventually, the husband does poison the wife, she dies typing out a note with her toes that it was not his fault because she asked him to do it, and eventually the husband is given a suspended sentence and returns home. The German girl is just preparing to return to Germany, but before she leaves, he confesses to her that he has been overwhelmed with guilt, and just as she leaves, he turns to Christ in remorse. The main point of the play, according to a preface by the first author, is that ideas have consequences, and that the sense of moral wrongdoing brought on by evil ideas actualized can lead to repentance, and indeed must for the salvation of the actor. Interestingly, the play was performed in 1978 just at the same time as the "euthanasia"-endorsing play Whose Life Is It Anyway? was also played, to rave reviews--while Sentenced to Life was dismissed as superficial religious hogwash. Also interestingly, while Sentenced to Life was in rehearsal for its premiere performance, Derek Humphrey publicly announced that he had helped his very ill wife, Jean, to take her life--the very theme of this play.

*Cook, R. (1983). Godplayer. New York: G. P. Putnam's Sons. This novel concerns a brilliant cardiac surgeon at a fictional large teaching hospital in Boston who kills over 20 people in a period of ten years because they are either comatose/brain dead, homosexual, retarded, or otherwise handicapped, and are taking up precious surgery beds, thus preventing more "valuable" people from being able to enter the hospital for surgery. The culprit really begins to panic when he learns that the hospital is going to accept many mentally retarded persons from a large institution in the western part of the state (one can presume the author is referring to a fictionalized Belchertown). The one retarded character in the book, a young man with Down Syndrome who is killed during the course of a supposedly routine heart catheterization procedure, is depicted negatively, as having an "enormous" protruding tongue, looking much younger than he is, being unresponsive to human contact, and biting the physician's finger. The patients who are comatose are referred to as "gorks" ("God Only Really Knows"). The novel shows how deaths that are intentionally brought about by the injection of poison can be made to appear to be the result of heart attacks or post-surgical shock.

Unfortunately, the terms "comatose" and "brain-dead" are used interchangeably though these two states are not at all the same. Specifically, those who are first described as comatose are then also referred to as brain-dead. Many people would see nothing wrong with removing medical treatment from a brain-dead person, and therefore "euthanasia" of the comatose might be seen as justified.

Further, the murdering physician is unfortunately depicted as drug-dependent, manic-depressive, lecherous, and otherwise disturbed, with a very domineering, possessive and infantilizing mother. This depiction could lead many readers to think that it is only the disturbed medical personnel who would take their patients' lives.

The decadence of materialistic modern medicine is also depicted, in the portrayals of the large number of physicians who divorce, engage in extramarital affairs, and use drugs.

Conclusion to Deathmaking

*Despite the fact that this was a double issue, our material on deathmaking already at hand could easily fill yet another issue, and maybe two.

It is remarkable to observe that in the years since 1976 that we have been speaking publicly about the growing practice and legitimization of deathmaking of devalued people in our society, many people who have heard us have moved from the stage of denial and
disbelief that deathmaking is going on to the stage of accepting and even endorsing one or more forms of such deathmaking, with no apparent transitional phase between. In other words, one day a person will deny that deathmaking is taking place, and almost literally the next day, the same person may approve of the deathmaking that they previously denied. Ordinarily, one would expect that a person might go from the stage of denial and disbelief to an intermediate stage of recognition of deathmaking, then perhaps moral indignation at it and possibly even opposition to it, and then through a process of falling prey to the persuasions and seductions of deathmakers, and finally, and only after all of this, into a stage of actual endorsement of deathmaking—what we might almost call conversion to deathmaking. But this is not the pattern we observe.

What may be at issue here is that the same moral blindness which prevented people from admitting that deathmaking was taking place also prevents them from seeing that what they now endorse is a form of deathmaking, and is morally wrong. Additionally, what may be at work here is a weakness which not only inhibits people from perceiving and admitting very stark and unpleasant truths, but which also renders them more susceptible to detoxicifications and other persuasions that deathmaking is justifiable and even necessary. It may be the same weakness then that leads people to approve of things that they once knew to be morally wrong, so long as these wrong things are accepted and sanctioned within their general environment and reference groups. It could well be that if the vast majority of people in this society acknowledged that deathmaking was taking place—regardless of whether they attach positive or negative value to this deathmaking—then the kind of people that we are speaking about would also acknowledge deathmaking's presence. Similarly, as long as the vast majority of the people in society give their approval to deathmaking, then the kind of people that we are talking about would also be likely to give their approval to it. Thus, once more, we can see how an unwillingness to seek, and especially to accept, truth, combined with moral weakness or weakness of character, can lead people into all sorts of moral traps.

We also keep mentioning that the sympathy of the public is commonly with the very human survivor before them who was the deathmaker, rather than the abstraction of the victim, who may even be interpreted as blameworthy. This is true for virtually all forms of deathmaking.

Henry Cargas, author of A Christian History of the Holocaust, said that among 300 million Europeans, historians found only 3500 Christians who helped Jews escape the holocaust. However, this number probably does not include the collective resistance of some groups like the Danes who helped most of their Jews escape to neutral Sweden (AP, 4/13/83). Once the deathmaking of handicapped people, the unborn and the elderly in our society has run its course, how many people out of our hundreds of millions will be said to have vigorously resisted at severe cost to themselves?

Resources

*Barbara Page-Hanify gave a paper on "Citizen Advocacy Developments and Outcomes in Australia" at the 8th IASSMD Congress in Dublin in 1988. The paper would of interest to anyone with a leadership role in citizen advocacy, and particularly for those who want to implement CA in a country in which it had not previously been implemented. For this reason we have obtained her permission to disseminate it. It can be ordered from the TI at $3.50 domestic, $4 to Canada, and $4.50 elsewhere.

*In response to disfunctionalities within medicine, a National Council on Patient Information and Education has been organized with the aim of increasing the flow of information to patients about prescription drugs. Address upon receipt of self-addressed stamped envelope or $2.

Miscellaneous Human Service News

*There are all sorts of pesticides which are no longer permitted to be used in the US, but US companies vigorously export these self-same pesticides for sale abroad, perhaps as many as 600 million pounds a year. With poetic justice, food imported into the US commonly turns out to be laden with American-made pesticide, often many times that exceeding permissible levels (CC, Summer 89).

*The HTLV-II, a human leukemia virus which was once thought rare, is spreading rapidly among needle drug-users. However, it can also be spread through other means, including sex. It is not impossible that it will succeed AIDS as a horror plague (SHJ, 16/2/88).
The needle drug users have invented a come-uppance for the stupid condom maniacs. They have begun to use lubricated condoms to lubricate the plunger in their syringes (AIDS Update, 4/89).

A consensus is emerging that 40-60% of all antibiotics in the US are being mis-prescribed. In many cases, an ineffective antibiotic is prescribed where an effective one is available and should be used. Also, an antibiotic is often prescribed where none at all would be useful. Some antibiotics have very severe side effects that can be life-endangering. These errors can thus have a pretty devastating impact on individual patients, but also upon the population at large because they contribute to the growing resistance of microorganisms to antibiotics (Health Letter, 7/89).

In 1989, it became known that Wyeth-Ayerst, a major US drug company, offered American doctors a bribe of 1000 frequent flyer bonus miles for each new patient a doctor started on the new high blood pressure drug, Inderal LA. When the state of Massachusetts launched a criminal investigation into this practice, the firm denied any wrong-doings but agreed to discontinue the practice, and paid a de facto fine of $195,000 (Health Letter, 7/89).

In 1989, it was found that the majority of an estimated 200,000 Americans using the heart drugs Tambocor and Enkaid against certain heart problems were actually at a dramatically increased risk of heart death (Health Letter, 7/89).

In 1988, over 700,000 women in the US who had recently given birth were prescribed drugs to stop lactation or breast-swelling. An advisory committee of the US Food and Drug Administration concluded in 6/89 that the drugs neither had demonstrated benefit, nor that there was any need for them even if they did. In many cases, they actually worsened a woman's condition in that they are all quite unsafe, with numerous dangerous side effects. The committee recommended that all these drugs should be removed from the market except one that might be used for another purpose (Health Letter, 7/89).

On 27/2/89, Time reported on p. 10 on a California program to save pregnant crack-addicted women that was named after Winnie Mandela. On p. 36, it reported Winnie's recently discovered reign of terror that included the ordering of 3 killings.

A 7 May 89 episode on CBS TV's "60 Minutes" covered the fact that more and more obstetricians are quitting, usually in order to restrict their practice to gynecology, because of the explosive increase in damage suits which either end up successful or are too expensive to defend. The likelihood of a US obstetrician being sued now approaches 100%. The program brought out that parents expect a perfect baby, and that if the baby is not perfect, somebody must be at fault, and the party closest at hand and most plausible as a scapegoat is the obstetrician. Premiums for liability insurance for obstetricians have hit $200,000 a year in Florida, and one lawyer earns $5 million a year just suing doctors. Our recommendation is that all physicians should quit, study law and become lawyers. Among the people they could then sue are other lawyers, since these tend to make good money.

Oddly enough, the highest per diem cost in hospitals may be neither in the trauma nor the cardiology unit, but the plastic surgery unit (Toronto Star, 23/88; source item from Barry Wever).

Caviar for a lot of physicians, a kick out the door for a lot of the poor. Net income after expenses for US physicians has continued to rise nicely, hitting $162,000 in 1987 for surgeons, and $109,000 for others. Neurosurgeons make much more than even ordinary surgeons. Physician income continues to rise much faster than the consumer price index (Health Letter, 1/89).

A funeral home in California is believed to have not only illegally cremated as many as 16,000 bodies entrusted to it in an ordinary ceramics kiln, and to have stolen valuables (such as gold fillings) from off the bodies, but also to have sold organs from the bodies (Time 6/6/88) If one can sell organs from people who have been dead for some time, imagine how eager the body-snatchers must be for fresh stuff.
A Few Tidbits of Social Role Valorization

*We learned of a 1-day program where the activity of the clients consisted of preparing food for consumption—except for the fact that no one consumed the food, and even the staff members went out to eateries to eat their meals.

*We learned of one vocational program for handicapped adults that had several of its walls mounted with tools. This conveyed the image that this was a very adult vocational program that dealt with real work—except for the fact that the tools were never used. Such a program might project some positive images, but suffer from low program intensity and deception.

*A physical rehabilitation center in California is very image-enhancingly named the Walker Institute.

*There is such a thing as a Roy Rogers employment program for the handicapped. If we hear that somebody is employed under this program, what image does this project, considering, among other things, that the book Angel Unaware written by Roy's wife, Dale, played a major role in the rise of the parent movement in mental retardation in the US?

*The acronym VENUS, laboriously concocted out of the component terms "vocational and educational services," seems particularly malapropos for a project trying to study the use of vocational rehabilitation services by drug treatment programs (AR, Spring 89). It almost projects an image of venereal disease and wantonness, and might have been a much less worse acronym for a center for the treatment of sex offenders or prostitutes.

*Another instance of the absurdity of denying the competency impairment of many handicapped people was perpetrated by the Association for Persons With Severe Handicaps (TASH) which in fall 1988 adopted a resolution that "affirms the right of persons with severe handicaps the freedom of choice in all types of settings..." Nothing was said whatsoever about the real limitations of severely mentally handicapped people, and the fact that so many who really need some kind of supervision or even guardianship are not getting it (TASH Newsletter, 3/89). It is frightful and scandalous what fools these mortals make of themselves.

*Prisoners at a Canadian prison in Guelph have established themselves as "godbrothers" giving athletic training to a group of mentally retarded people preparing to enter the Special Olympics. The prisoners refer to these athletes as Go-boys, which unfortunately is prison slang for escapees (CP, in Toronto Star, 12 July 88; source item from Barry Wever).

*In Newsweek (22/5/89), we saw for the first time the obituary of a man (the former editor of the Washington Post) who was still alive. Why the premature obituary? Because it had become common knowledge that he had a terminal illness. This seems to fall into our category of interpreting somebody alive as already dead, thus putting them into the dead role.

Miscellaneous News

*It is really terribly important that we all understand that one of the major pathological ways in which the modern mind has developed is the segmentizing of everything. By this we mean that everything is treated as if it was connected to nothing else. One consequence is that a problem will be treated at its lowest level of expression, and as if it had no relationship to any other problems that we are experiencing at the same time. One of the worst examples of this occurred in 4/89 when President Bush said that he saw "no connection" between oil drilling in Alaska and the horrendous shipwreck of a supertanker in pristine Alaskan waters (Newsweek, 10 April 89).

*Because of a water shortage, the US consumed more food than it produced in 1988, which is most unusual, since the US has been one of the major bread baskets of the world. Lack of plentiful rains in 1989 in North America could mean terrible famine elsewhere.
In summer 1987, more than half the dolphin population of the US east coast died, most of them washing ashore dead or dying. The government stonewalled environmental inquiries and concerns; and finally, in February 1989, claimed that its scientists had proven that the dolphins had died from natural causes, namely a toxin in so-called "red tide" algae. This is apparently a bald-faced lie since a governmental whistle-blower released information that showed that the dolphins had the highest concentrations of human-made chemicals, such as insecticides, ever found in marine mammals. The government bans fish for human consumption if it has more than 2 parts per million of PCBs, but the dolphins had 6800 parts—technically enough to classify their carcasses as requiring toxic waste disposal (Greenpeace, Summer 1989).

*Greenpeace (Summer 1989) also revealed that the major governments of the world have kept secret 1200 major naval accidents during the last 30 years that have left at least 50 nuclear warheads and 9 nuclear reactors lying on the ocean floor, not to mention those accidents that involved nuclear materials that were recovered. This figures to one major naval accident per week. About those few accidents which became public knowledge, the US government often told bald-faced lies, such as placing the location of the accidents further out to sea than was the case. As recently as spring 1989, the US Navy said, as it had done yearly for many years, that it had never had a reactor accident—which also turned out to be a bald-faced lie. The record of the Russian navy, particularly its submarine fleet, has been even worse.

One relevance of all of this to us in human services is that our government cannot be trusted about anything, including human services; and for that matter, probably no government can be trusted, and the less so the more hierarchical and imperial they are. Government statistics of past phenomena must be suspect, and even more so government plans for future phenomena, particularly if announced with great fanfare.

*The reintroduction of a poll tax in Britain, which is really a form of household tax, and which can be quite high, is also threatening to disenfranchise the poor.

*The US Internal Revenue Service has published new guidelines that decree that within 30 days after the US has undergone nuclear attack, the IRS will "resume assessing, collecting, and recording taxes." The IRS concedes that "the collection of delinquent accounts would be most adversely affected, and in many cases...impossible," and so it would instead "concentrate on the collection of current taxes" (CC, Summer 89).

Signs of the Times

*The FBI estimates that up to 1000 deaths may now be occurring every year as a result of autoerotic (masturbatory) asphyxiation. The practice is also known as head-rushing or scarfing. Most of the victims are described as adolescents or young adults who are reasonably well-adjusted, and all but about 3-4% are male. What usually happens is that they set up the kinky ritual in a fashion where they think they can rescue themselves in time, but fail to quite make it. Interestingly, one 14-year old Minnesota boy went with his mother to a sex education course taught by their Catholic church shortly before he died in the above fashion. We should not be surprised that in the modernistic context, the result of this will be an urgent recommendation that such courses include descriptions of the practice, and a warning of its dangerousness (WDR, 20/7/89).

*We have a whole music culture, centered mostly on segments of the rock culture, that exalts, celebrates, and is attended by, death. A significant proportion of rock music is concerned with violence, killings, rape, teenage suicide, drug addiction and life on death row. One of the popular groups has been Metallica, and when it played, thousands of fans would join in chants of "die, die, die."

*The US Secretary of Health and Human Services announced in 3/89 that if local communities want to furnish drug-addicted people with clean needles, the federal government would help out with subsidies (AF, in SHJ, 9 March 89).

*Rolling Stone Bill Wyman, 52, has claimed to have had sex with over 1000 women, perhaps explained by his song "Can't Get No Satisfaction" (Newsweek, 19/6/89).
TIPS Editorial Policy. TIPS comes out every other month, and contains articles, news, insights, reviews and viewpoints that relate to the interests and mission of the Training Institute. At the present, this mission has to do with reading "the signs of the times," and interpreting their meaning for human services. While TIPS is mostly concerned with phenomena and developments that have to do with human services, reading and telling the "signs of the times" necessitates that TIPS also address some of the larger issues which affect our society and the quality of life on earth, as well as the ways in which decisions are made in our society, because these higher-order phenomena will eventually express themselves in human services in various ways, including in human service values and funding. Usually, each TIPS issue will focus primarily on one specific theme. TIPS addresses relevant developments whenever and wherever they occur, so disclosures of adaptive or horrific developments promoted by a particular political party or government should not be taken as partisan political statements. We assume that subscribers are people who lead hard lives struggling against great odds, and are aware of many shortcomings in human services. Thus, we try to inject levity into TIPS so as to make subscribers' lives more bearable (or less unbearable, as the case may be), even if not deliriously joyful. In fact, the "signs of the times" are depressing, and thus some TIPS content is in need of occasional levitation. TIPS tries to report developments truthfully, but since it gets many items from other sources, it cannot be responsible for errors contained in original sources. Specific items from TIPS may be reproduced without permission as long as the full TIPS reference is cited/acknowledged, and as long as only small portions of a TIPS issue are so reproduced.

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