TIPS, Volume 15, No. 5 & 6, and Volume 16, No. 1, 1996

Wolf P. Wolfensberger
Syracuse University

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The major theme of this issue is deathmaking. The last time we covered this was in the August/October 1994 issue. The topic is so current, and material on it accumulates so rapidly, that we need to make it a major theme about every 18 months. Because we have fallen behind, we make this a (very depressing) triple issue, focusing mostly on deathmaking of children before and after birth. Note how the coverage of an issue at great length enables an interpretive treatment thereof that otherwise one would expect to find only in books.

The Abortion Scene

Because abortion is so much in the news, we do not want to carry items that readers are likely to be familiar with. Instead, we try to cover items that are likely to be less familiar to most readers, or to which we can bring a special interpretation—sometimes by means of juxtaposition of several items with each other. Because we did little coverage of abortion in our last deathmaking issue, we have much copy to catch up with.

Abortion History

*Contrary to what we may be told these days, most 19th century feminists were opposed to abortion (FT, 6&7/94).

*In 1871, the American Medical Association pronounced that abortionists were "as hideous a view of moral deformity as the evil spirit could present" (Life Advocate, 11/94).

*In reference to compulsory vs. voluntary sterilization, a eugenicist reported in the 10/1932 issue of Birth Control View that "experience in California shows that 80% of the compulsory cases are voluntary" (Life Advocate, 10/1994). Apparently, this was a forerunner to referring to de facto compulsory abortions on some teenage girls as voluntary.
*In February 1942, the Nazis issued a decree in occupied Poland that outlawed pregnancy for Jewish women. If a Jewish woman had a baby, she was to be killed, along with her child. But rather than aborting their unborn children, the religious Jewish women chose to have their babies and tried to hide them from the Nazis (Celebrate Life, 1&2/1995, p. 30).

*Before Planned Parenthood had its present name, it was the American Birth Control League. It changed its name in order to acquire a more positive image. One of its earliest chapters was founded in 1924 in Syracuse, NY. In 1970, it became the first free-standing abortion clinic in the US—one day after New York’s new liberal abortion law took effect, and in 1971, it became the country’s first affiliate to offer on-site vasectomies. As recently as 1963, a Planned Parenthood pamphlet said that "abortion kills the life of a baby after it has begun" (LA, 5/95), and the organization still warned that birth control pills had an abortifacient effect, and described them as "killing a baby" (LA, 9/91).

*In 1863, the Emancipation Proclamation by President Lincoln gave legal status to people who had been slaves. In 1879, a US District Court in Omaha, Nebraska, ruled that American Indians were human persons, entitled to all the protections of the constitution and the laws of the land. This was the first time that the US Court system ruled in favor of American Indians. In 1973, the US Supreme Court's decision on abortion put the unborn on a status below any ever held by Indians and Negroes. Canadian women gained personhood before the law in 1929. In 1991, the Canadian Supreme Court unanimously took personhood away from the unborn.

*At the Nuremberg medical war crime trials, a 1943 document was put in evidence in which a Nazi complained in effect that a minority of Catholic physicians were trying to impose their morality on the Nazi majority by opposing the performance of abortions on pregnant Russian and Polish women laborers in Germany (FL, 10/92).

*As recently as 1986, Bill Clinton said, "I am opposed to abortion and to government funding of abortion." Since then, he has become the most vehemently pro-abortion of all presidents. Remember: violence is always attended by deception.

**Abortion Statistics**

*In the discourse relevant to deathmaking, it has been barely possible to estimate the number of medical abortions being performed, at least in the US. Vastly more difficult has been to ascertain the number of abortions effected by birth control devices, such as either mechanical intra-uterine devices or chemical contraceptives ingested by women, such as so-called contraceptive pills. One estimate is that the sum total of US abortions from medical-surgical, birth control pills and IUDs is 14.3 million a year (LA, 7/95). An additional question is just how many human embryos are being killed in connection with the artificial insemination industry. When such fertilization takes place in vitro, i.e., outside the womb, it is common practice to fertilize more female ova than "needed," to freeze embryos that are not "needed" at the moment, and then often to destroy them later on. We will come back to some of these issues later.

Actually, abortion rates are more important than numbers, because one can relate rates to the proportion of women of childbearing age, and of those early in their childbearing period, as well as the number of women who get pregnant—all of which keep changing due to demographic and other factors.
*An analysis of surgical abortion trends in the US since 1973 has concluded that the raw number of abortions levelled off around 1981 at close to 1.6 million a year, and has remained roughly the same since or declined slightly. This occurred despite a decline in the number of abortionists since 1982, which means that a smaller number of abortion facilities perform a higher number of abortions. However, this also means that there has been a slightly declining rate of abortion per women of child-bearing age because of the increase in population. It was 38 per 100 live births in 1992. Furthermore, even numerically, fewer women are getting abortions, but more women are getting repeat abortions, and the rate of very young girls has been increasing while teen rates overall decreased. In other words, while US women have slightly retreated from the abortion option overall, a small percentage has made abortion a life habit. "Black" women have aborted at more than twice the rate of "white" ones during all these years (e.g., NRLN, 30/3/94). Among women of child-bearing age, unmarried ones have almost five-fold the rate of abortion as married ones, and of course this is highly correlated with being in one’s teens (14/4/94).

Another way to interpret the abortion rate is in terms of the rate of abortions per pregnancies. This particular rate has fluctuated only slightly since 1980, and is slightly above the level of one abortion for every four pregnancies. However, these rates vary dramatically among states, with DC having the highest rate of 75% for people who actually live within its boundaries (14/4/94). Utah has the lowest abortion rate and the highest adoption rate of all the states, mostly because of Mormon religious beliefs (AP, in SHI, 4 Nov. 89). College women have the highest abortion rates—at some universities, 96%.

*The US has had one of the most permissive abortion policies in the world. This probably accounts in part for the US also having had one of the highest abortion rates among developed nations—e.g., 5 times that of the Netherlands.

*If one takes into account the life expectancies of all the babies that are now being aborted in the US, then the average life expectancy in the US has dropped from somewhere above 75 to about 43 years (BRMM, 1/94).

*It is shocking to consider that as of 1990, 55% of all pregnancies in women age 15-44 were "unintended," which is a new euphemism, and which also strongly suggests that a good number of these children were unwanted, which is of course why so many of them got aborted. Amazingly, that is actually an improvement over 1987 when 82% of pregnancies in the age range 15-19 were "unintended," and 61% in the 20-24 range (Discover, 4/96).

*Because of prenatal testing and abortions, the incidence of new cases of Down’s syndrome is now probably one-third what it would be otherwise.

*According to some polls, Americans grossly underestimate the number of abortions performed in the country every year, and also believe that about 20% of them are performed after rape or incest (Life Insight, 11/90). This just goes to show how, in the contemporary context, and despite an absolute avalanche of information through multiple media, a whole population can delude itself about some of the most basic deathmaking facts all around it. This is "I never knew that the Jews were being killed" all over again.

*The abortion business in the US turns over $500 billion annually (First Things, 11/92).

*Under the stresses of war and persecution, the abortion rate among Bosnian women increased six-fold, from one for every three births to two for every one birth (SHI, 7 June 93).
*In the US, abortion has long been the only medical procedure on which no official statistics were kept. In the Australian state of South Australia, statistics have been kept and show an interesting pattern. Of the nearly 4500 abortions in 1990 (a low overall rate), all but about 160 were performed because of claimed mental stress on the woman. Of course, this category can include almost anything, including whimsy. Only 3 were performed because of rape, which is well below 1 per 1000, and 131 were performed because of potential (not certain) damage to the unborn. A mere 29 were performed because the woman’s physical health was deemed jeopardized by the pregnancy. (The Advertiser, 20/2/92; source item from Ross Wommersley.)

*Abortion laws in Canada were liberalized in 1969, and the number of abortions increased steadily until, by 1989, it had reached 80,000 a year, 22,000 in Toronto alone. By 1993, overall Canadian rates were at a record high of 27 per 100 births (104,000 in total), up from 3 per 100 in 1970. Government regulation of abortion has either been abandoned, or defeated in the courts, and opponents to abortion appear to have very few legal recourses left. Legal opinion is that the separate provinces are not empowered to criminalize abortion. (Source clipping from Beth French).

Who Gets Abortions?

*Apparently, having had an abortion either desensitizes women about having more abortions, or is pursued by women with few scruples to begin with, because women who have had one abortion are more likely to undergo prenatal testing for birth defects in subsequent pregnancies, apparently with the intent to abort again if the tests show up anything suspicious (Communiqué, 7 April 95). At any rate, there is evidence coming in that women who abort at least one baby are much more likely than other women to be of a maladaptive reproductive identity. Many such women do things that are bad for even those of their babies that they wish to carry to term, such as drinking, smoking or using other drugs (source information from Christina Dunigan). According to some research studies, women who abort are nearly 4 times more likely to abuse drugs or alcohol (Post-Abortion Review, Fall 93). Also, according to at least one survey, 28% of all women who have an abortion have already had at least one other one (SHJ, 6 Oct. 94).

*With the incredible amount of publicity about Susan Smith who drove her two small children into the water to drown, hardly ever has it been mentioned that she had once aborted a child when she was 16. First of all, a woman who hardens her heart to kill her unborn child should be fully expected to be more prepared to kill her born child. This is consistent with the well-known psychological process called "desensitization," widely used in psychotherapy and behavior modification. Secondly, while the world was enraged by her killing her two ex-utero children, hardly anyone thought much wrong with her killing her in-utero child.

*Women who find out that they are carrying more than one baby these days often opt for abortion of all but one of these babies. Very often, it was women who pursued either fertility drugs or artificial insemination who found themselves with multiple babies, and of course the kind of woman who takes recourse to artificial fertility technology is also the kind of person who is more apt to take recourse to other technologies for being in control of her life and reproduction, such as pregnancy testing, testing for multiple babies, and use of abortion. This kind of abortion used to be called "selective fetal reduction," which was bad enough as euphemisms go. Even worse, it was discovered that the term "selective" was guilt-inducing to the mother, making her feel that she was responsible for the killing of one or more of her unborn. Accordingly, this has now been renamed "fetal reduction" (FL, 6/91).
*The Asian preference for male children, and the wholesale slaughter of unborn girls, has been carried by many immigrant cultures to North America. For instance, in certain immigrant communities in Canada, there is much prenatal testing for the gender of babies, and females are often aborted (Globe & Mail, 6/11/90).

Who Does the Aborting?

*Apparently, a very large proportion of physicians who perform abortion as an occupation or career are not very nice people, and for entirely other reasons alone would probably be on the margins of their professions, the law, or moral life conduct. As of the date of this report, there were only about 1800 full-time abortionists in the US, but an amazingly large proportion of them have at various times been charged or convicted of child pornography or sexual misconduct with patients or minors. Also among them are a large proportion of physicians who have had trouble being licensed for medical practice, either because of malpractice or drug addiction (LA, 11/94). Perhaps all this should not have been surprising. Some abortionists who are butchers of women have their licenses revoked in one state after another, but simply keep hopping from one state to another. One such butcher abortionist had his license revoked first in Pennsylvania, then in New Jersey and New York, and finally in Florida (Communique, 24/2/95). Another abortionist who had been investigated or charged in 6 states for gross incompetence, false advertising, malpractice, misconduct, etc., was still free to practice in NJ in 4/96 (NRLN, 7 May 96). A grossly disproportionate number of abortionists in the US are foreign-born, many from the Third World. This reminds us very much of the situation in institutions and asylums prior to ca. 1975. In some such institutions, not a single one of the physicians might be a native-born American, and many of them were virtually unintelligible to fellow workers. The reason so many foreign-born physicians would be congregated in institutions was that they could not meet community practice standards, tests, expectations, or licensing, and could only take jobs "under supervision," which commonly meant in asylums of various kinds. Even the native-born physicians in such institutions were often there not so much by choice as by necessity. Many had histories of mental problems, alcoholism, or had "retired" to institutions after having had health problems.

*Christina Dunigan sent us a number of vignettes of bizarre behaviors by all sorts of abortionists. Several engaged in pornography and rather aggressive sexual harassment of their colleagues. One told one of his patients to abstain from sex for seven days after the abortion—and then on the fourth day went to her apartment and had sex with her. One raped a sedated patient and kept adding sedation every time she began to come out of it. One had his dog in the operating room licking up his patient's blood on the floor. One physician who knew he had AIDS continued to perform a very large number of abortions for at least two more years. Health officials decided not to inform any of the women on whom he performed abortions, claiming there was no danger (Tri-City Herald, 7 March 92). An obstetrician whose license had been revoked in New York State because of medical misconduct moved to Connecticut where, among other things, he performed an abortion on a woman without either her knowledge or consent, and in the process inflicted serious injury on her (source clipping from Christina Dunigan).

*All the same to me. There is an obstetrician in Syracuse who is also one of the leading abortionists in town, and who was featured in a very long sympathetic article in the Syracuse Herald American (31/10/93). In it he was quoted as saying that he gained about as much satisfaction from performing an abortion as from delivering a baby or helping an infertile couple to have a baby.
*It is amazing to contemplate that one of America's leading pediatricians, R. S. Mendelsohn, is a part owner of Oregon's largest abortion facility (LA, 3/96).

*Police in California begged anti-abortionists not to picket a certain abortionist physician because he not only had a license to carry a handgun but was considered to be of unstable mentality (LA, 1/96).

*In the pro-abortion media, one hears hardly anything about the fact that a lot of abortionists are in that business strictly for money. One abortionist charges only $260 for each abortion, but performs 3,000 each year, which is $780,000 a year (Time, 9 Jan. 95).

*A woman who had been working for Family Planning Associates, a large abortion chain, decided to free-lance it in California, even though she was not a physician, and opened her own abortion clinic masquerading as a weight-loss clinic. Of course, the irony is that any woman who is having an abortion will also lose some weight. Her enterprise came to an end when she was arrested and convicted after she had botched an abortion, and the woman had died (LA, 1/95).

*Planned Parenthood is one of the leading abortion performers and promoters in the US. Even while it received over $140 million in public tax funds, at the same time it apparently made vast financial profits—reportedly $64 million a year—from the sale of contraceptives that it promotes (LA, 12/93).

*In Italy, abortions have now been performed for years in hospitals that at least at one time were Catholic hospitals, and that still carry the name of saints. Some are not far from the Vatican (Wanderer, 14/12/89).

**Promotion/Advocacy For Abortion**

*Be it known that if one supports UNICEF, one also supports not only large-scale promotion of contraception in the Third World, but also an abortion promotion policy. UNICEF has promoted "family planning" since the 1960s, and abortion more recently, under its "Safe Motherhood Initiative." UNICEF has blatantly lied in denying these realities (NC Register, 23/1/93).

*In different countries, the pro-abortion forces use different arguments, depending at what stage the legalization of abortion is. In West Germany, abortion had been severely restricted by the law since WW II, in good part because of the horror of the Nazi atrocities. Accordingly, the Socialist party that has been trying to liberalize abortion in Germany has argued that the unborn have a "high value" that is equal to the self-determination of women, which is a far cry from arguments in most other western societies that the pre-born are valueless, have no standing, are not human or persons, and that women's self-determination over their unborn is absolute (AW, 11 June 94).

*In 3/94, the US State Department sent out a cable to all of its overseas diplomatic and consular posts, instructing them that "assuring access to safe abortion" to people in the world was one of the "priority issues for the US," and that they were to act in support of this position particularly in the light of the International Conference on Population and Development in Cairo (EI, 11/94).
*The Canadian government took away the charitable organization status from a major Canadian anti-abortion group, Human Life International. This makes contributions to the organization no longer tax deductible (Globe & Mail, 29/6/94; source item from Barry Wever). There is strong reason to believe that this move was politically inspired.

*Only days after Mandela was installed as the new president of South Africa, the new government announced a policy of state-paid abortion on demand, contrary to severely restrictive abortion laws before (LA, 7/94). This should give us a clue as to what will happen in/to South Africa!

*Very revealing of the peculiar paths that "advocacy and protection" may take is a 1990 four-page policy statement on abortion of the Indiana Protection and Advocacy Services Commission. In essence, no humanhood or personhood is accorded to the unborn, and an abortion is defined as a "medical service" which handicapped people are entitled to have the same opportunities to receive or refuse as other people. The statement has a great deal to say about advocacy on behalf of abortions by the clients of its service, and hardly anything about supporting their clients when others are trying to urge abortions on them. By abrogating the humanity of the unborn, the Commission of course totally negates one of the most fundamental axioms of advocacy, namely, to be on the side of the weakest party. This is the first such explicit policy by such a body that we have seen. (Source documentation from Joe Osburn.)

*PC novelists have begun to write novels around tendentious pro-abortion themes, in which abortion opponents are depicted in gruesome ways, and sometimes as criminal types for other reasons and for whom opposition to abortion is just one of several aspects of their criminality. Naturally, the next thing that happened is that such books have been receiving very favorable reviews in the PC media.

*The 11/91 issue of Mademoiselle carried an article entitled "How to Tell if You are Pregnant and What You Can Do About It." Two paragraphs were devoted to "how to tell," and the entire rest to "what you can do about it"—which consisted of abortion information. What an utterly sad state of affairs!

*One of the most brazen bits of truth-distorting abortion propaganda that we have seen occurred in Time (12 July 93). It published a list of descriptions of eight "psychopaths," of which the first six were gruesome mass murderers, one of whom had killed scores of prostitutes, another had killed 25 itinerant workers, another had dismembered 17 people, one had kidnapped, raped and murdered three boys, and so-on—but the seventh one was Michael Griffin who had assassinated one physician-abortionist. First of all, unlike the others, he simply is not a psychopath, premeditated murderer though he is. And secondly, the list did not include a single mass-murdering conscienceless abortionist. In this fashion, Time has equated a single killing by a morally confused person with conscienceless, cruel and predatory killing by mass murderers.

*Time (13/3/95) said the "biggest plus" in Senator Arlen Specter’s candidacy for the US presidency was that he was "pro-choice."

*In pro-abortion circles, anybody who is opposed to abortion is not merely anti-abortion, but awful, mean, dangerous, irrational, unmerciful, etc. For instance, a 1995 journalistic biography of Mother Teresa—salaciously and gratuitously entitled The Missionary Position—called her an "anti-
abortion demagogue" (Newsweek, 13/11/95). Would Newsweek grant that one can be an anti-abortion anything-else?

*In a list of political action committees that donated the most amount of money to political parties and legislators in the US in 1991-92, the Teamsters union came out far on top, with close to $12 million, followed by the American Medical Association and a number of other groups. But who would have thought that the National Abortion Rights Action League would be as high as tenth, giving $3.8 million, not far behind the United Auto Workers? (Newsweek, 24/5/93).

*One should have known it when the clowns started appearing! (Clownery has thousands of years of association with the demonic, sexual debauchery and death.) The McDonald Foundation has been a donor to Planned Parenthood (SHA, 31/12/95), at least in Syracuse.

*We discovered in 1992 that many hotel chains in North America and Hawaii including some of the large ones (Quality Inns, Rodeway, Friendship, Econolodges, Comfort Inns, and Clarion) share a common international hotel reservation service that can be reached by dialing 800 4 CHOICE!!!! We suspect that the executives of those hotel chains that participate in this reservation service are in favor of abortion (get it: "four/for choice"), and that this is a subliminal way in which they promote abortion through the euphemism of "choice." We have avoided making reservations via this service.

*Dr. Jocelyn Elders, US Surgeon General appointed by President Clinton, said that "pro-lifers" need to get over their "love affair with the fetus" (Syracuse Herald-Journal, 15/7/1993, A9).

*On 21/1/90, there appeared in the Syracuse Herald-Journal a full-page ad signed by several hundred residents of the Greater Syracuse area, endorsing legalized abortion on demand. The signatories seem to be primarily well-placed middle and upper middle class people. This included a great many people known to the TI, including a surprisingly large number of professional people, including Syracuse University faculty members, people who work with handicapped people, and parents of handicapped children, most of these latter being in leadership positions. It is simply impossible for us to avoid the conclusion that many of these people, regardless of what they otherwise may say, do in fact harbor a death wish towards handicapped people and, in the case of parents of handicapped children, towards these children of theirs. This should not surprise us at all insofar as study after study, or historical evidence such as during the killing of handicapped people in Nazi Germany, has shown that a significant proportion of such parents do, in fact, harbor such death wishes.

*Some of the responses of the pro-abortion people to the anti-abortion people reveal both that the pro-abortion people have not reconciled themselves to the inevitability of suffering in the world, and that they are ridiculing the moral position of anti-abortion advocates. For instance, a cartoon promoted a "pro-life adoption card," which said, "Please send first available unwanted child (regardless of race, sex, health, or economic background)," and "I promise to feed, clothe, and support this child for the rest of my natural life." The anti-abortion advocate was challenged to fill in his/her name and send it to the nearest abortion clinic, as if every anti-abortion activist should and could adopt one or more children, and as if any who did not did not have legitimacy to protest abortion, and as if abortion clinics that received such cards would actually stop killing babies and urge mothers to change their minds about abortion and give up their babies to the willing adoptive parents instead. What hypocrisy!
In preparation for any eventual restriction on access to abortion, US women's groups increasingly have begun to teach (and demonstrate) how to conduct do-it-yourself home abortions with extremely low-tech equipment. A book entitled *A Woman's Book of Choice* instructs readers how to perform a "do-it-yourself" abortion at home (*LA*, 4/93). Similarly, a private high school in Sonoma County, California, has been teaching its teenage girls how to induce abortion with various herb concoctions, did this as part of its sex education and birth control teaching, and said that none of the parents had ever complained (*Newsweek*, 23/8/93).

*A Christian has come up with a new rationale for the morality of abortion. It is that the soul enters the human body only with the first breath of air. This rationale appears to be derived at least in part from the Greek language of the Christian Bible, in which the word *pneuma* was often used to mean both wind and spirit, and in part from the creation story in Genesis in which God "breathed life" into Adam (e.g., *First Things*, 3/93). Such a position would justify killing a baby up to the very moment of birth before it has drawn its first breath. Aside from being a peculiar and highly forced argument, it ignores the Christian argument that it would be wrong to kill an unborn human even if it was not yet ensouled. For one thing, Christians would consider sinful even the killing of animals under certain conditions, and Judaism specifically prescribed that the killing of animals had to be done in the most merciful fashion then possible, and that blood was sacred even if it was the blood of animals. Furthermore, even if a human unborn did not have a soul, it is not the same as an animal, but is certainly biologically a human being that is biologically distinct from either of its parents.

*We recently ran across one of the most bizarre arguments in support of abortion we ever heard. It has been advanced by people who identify themselves as Christians who say that because the human being is given a soul at conception, it is really not so bad if the body dies through abortion, euthanasia or whatever, because the soul will live forever, and therefore the death of the body is not of great significance—and at any rate cannot override the principle of "free choice" which "encourages the development of judgment."

*A North Carolina woman who sued because she was denied state funding for her abortion argued that "Beneficent provision for the poor, the unfortunate, and the orphan is one of the first duties of a civilized and Christian state" (*LA*, 1/96).

*Another novel rationale for abortion by pop musician John Densmore was that he believed in reincarnation, and souls choose their parents, and therefore willingly take the risk of being aborted (*LA*, 6/93).

*Biologically, there is no question whatever but that a distinct biological entity takes on its identity upon the moment of fertilization, since that is when approximately half of the genetic material of the female cell is conjoined with approximately half of the genetic material of a male cell so as to launch a new organism that is not identical with either its maternal nor paternal contributors. Yet in the English parliament, a major governmental figure (Kenneth Clarke) said, in a typically British blase fashion, "I cannot see that this is a very important stage of human development." (Summer 1990 Newsletter of the Handicap Division of the Society for the Protection of Unborn Children; Source item from Jack Yates.)

*Brave New World. Just what genetic engineering in humans is leading to was illustrated by the case of a woman who was discovered to carry a baby with a gene for cystic fibrosis. Her
insurance firm found out about it and pressured her to abort, threatening not to pay for the child’s treatment after birth (Time, 17/1/94).

*The liberal quarters are no longer merely talking about a woman’s right to "choose" an abortion, but are beginning to deny the legitimacy of anybody trying to even influence anyone in regard to abortion, as exemplified in a passage in Time (9 Oct 95, p. 69) which asked, "Who has a right to influence a pregnant woman’s decision to get an abortion?" Related rhetoric refers to the right to "interfere" with a woman’s decision. By the way, the "woman" at issue in this particular coverage consisted of a 15-year-old high school student.

*Martin Klein fought all the way to the US Supreme Court to gain an authorization to have an abortion performed on his comatose wife. The 1991 TV movie "Absolute Strangers" portrayed his quest in the most positive light. Abortion obtained, film made, and propaganda completed, he divorced his wife despite the fact that she has slowly come out of her coma and regained all sorts of functions (IAETF Update, 3&4/92).

*Yet another example of how the lust for political power corrupts people, we note that as recently as 1989, Rudolf Giuliani had still opposed abortion, but when he ran for mayor of New York City in 1993, he came out in support of abortion, and even accused his pro-abortion opponent David Dinkins of having made abortion less available to the poor. However, Catholics divided along ethnic rather than religious lines in their support of candidates (NCR, 21/11/93).

*The Presbyterian Church (USA) is apparently the only denomination that makes it mandatory that all installed pastors participate in its pension and medical benefits plan which will pay for abortion on demand. This means that every church member who makes contributions to Sunday collections is subsidizing abortion (NRLN, 15/3/96). The health care insurance provided by the Lutheran Church of America will also fund abortions performed for any reason whatever by members of the families of anyone it covers, such as pastors and professional church workers (NRLN, 16/3/95).

*When the US Supreme Court ruled in 1992 that the states were allowed some leeway in legislating about abortion, Quakers began to organize an "underground railroad" to enable women from Pennsylvania to get abortions more easily in New York State. This just underlines how much modernism and the abortion issue confuses people’s minds and renders them incoherent. For hundreds of years, Quakers had stood for nonviolence, but now, their minds have become so scrambled that they can no longer see that abortion involves violence against human life (Syracuse Herald-Journal, 30/6/92).

*Dr. Mary S. Calderone, co-founder of the infamous Sex Information and Education Council of the United States (SIECUS), has claimed that she is a Quaker. Quakers are traditionally non-violent, but she has argued that "damaged fetuses" have a "right not to be born," i.e., a "right to be aborted," particularly since they are what she describes as "innocent" on the one hand and, on the other hand, are "maimed and distorted humans-without-a-future" (New York Times, 16/9/89). Note here that the argument is not that the mother has a right to abort her child, but that the child has a right to be aborted.

*A Milwaukee abortion clinic has been run by a minister of the United Church of Christ (EI, 1/95).
*A former Unitarian minister who became an abortion doctor in Texas said, "I perform abortions because of my religion" (Newsweek, 17/10/94).

*The Salvation Army has come out in support of abortion for what we call the "big four": threat of health to the mother, rape, incest and impairment of the unborn. It also swallowed the "brain death" criterion, and therefore withdrawal of life supports when someone has been interpreted to be brain dead (LA, 7/93).

*In 1988, 47% of the freshmen at Jesuit Colleges in the US favored legalized abortion, but by 1992, 60% did (USN&WR, 4 Oct. 93).

*It is very distressing that a synagogue in Syracuse held a Jewish religious service celebrating the 19th anniversary of the US Supreme Court ruling permitting legalized abortion on demand (SHJ, 13/1/92). Traditionally, Judaism has been one of the most pro-life and pro-reproduction religions. Now, about 90% of Jews in the US support abortion on demand (FT, 96).

*We may soon see a shift in the pro-abortion argument paradigm. From denying that there is a killing, that it is children who are being killed, or that there is anything bad about it, we may see a shift to the Japanese model of abortion, which acknowledges that a child is being killed, and that this is a very bad thing, but—that it is a "necessary evil." A number of feminists and abortion advocates have already begun to emanate rhetoric along these lines (LA, 2/96). Actually, we think that this is progress, and that it would be killing with fewer lies, or what we call "honest killings." (More on this later.)

Advocacy Against Abortion

*Senator Bob Smith (R-NH) gave the following version of Lincoln’s Gettysburg Address in 1/1995 in DC (Nat. Right to Life News, 3 Feb. 95, p. 16).

"Ten score and nineteen years ago, our fathers brought forth on this continent a new nation, conceived in liberty and dedicated to the proposition that all men are created equal. All children of our fathers—and all children of the future—were and are conceived in that same liberty, with an inherent right to life—to be born and to pursue their dreams in a free society.

"Now we are engaged in a great and epic war—the war of abortion—testing whether that nation, or any nation, and its children, so conceived, and so dedicated, can long endure."

"We are met here today to remember the worst battle of that war, Roe v. Wade—fought 22 years ago—to remind our leaders that millions of innocent children have given their lives since that terrible decision.

"We have come here today—in the shadow of the Supreme Court, the White House, and the Capitol—to remind them that the final resting place of those children is in the arms of God. It is altogether fitting and proper that we do so because our nation has strayed from its moral foundation, and has discarded these children in dumpsters and wastebaskets across our land.

"But in a larger sense, we cannot dedicate—we cannot consecrate—we cannot hallow—the thousands of battlefields where these children died. Those brave little boys and girls have consecrated them far above our poor power to add or subtract.

"The world will little note nor long remember what we say here, but it can never forget the way our children died here. It is for us the living to be dedicated here to the unfinished work of ending abortion—the scourge that took so many lives, dreams, and ambitions. Millions of unborn voices beg for us to do so.
"It is for us to be here dedicated to the great task remaining before us—that, from these honored dead children, we take increased devotion to that cause for which they gave their last full measure of devotion—that those little children shall not have died in vain—that this nation, under God, shall have a new birth of freedom, and a new commitment to life—and that government of the people, by the people, and for the people—including the unborn—shall not perish from the Earth."

*Good news is that four major orthodox Jewish organizations issued a joint declaration mourning 20 years of abortion on demand in the US, calling it "a generation of unspeakable immorality and disrespect for human life" (Life Advocate, 4/93).

*For 67 years, the Salvation Army ran a hospital in Vancouver, Canada, but under pressure to initiate abortions and to get into reproductive technology, it decided to withdraw from connections with the hospital (Interim, 4/94).

*Amazingly, a number of physicians who had been performing abortions, including several activists and leaders, have made a turnaround and renounced abortion upon gaining some experience with ultrasound sonograms of unborn babies, and of sonogram pictures of abortions being performed on them (NRLN, 12 May 93). On the one hand, this is good news, but on the other, it bespeaks a concretism that one would not have expected in physicians. Why would they have to see before believing what they already knew?

*An amazing thing happened: all physicians, nurses and "corpsmen" in US military hospitals abroad have refused to assist with abortions after President Clinton, in office only three days, lifted the ban on abortions in such facilities. Some personnel even went one step further and said that if abortions were performed in their hospitals, they might cease providing other services. Even though the military has a "conscience clause" which states that military personnel cannot be forced to participate in abortions, pro-abortion forces were outraged (NRLN, 12 May 93).

Perhaps the nature of military medicine, which must attend almost entirely to young adults in the bloom of life, and which is oriented to tending to them when they are mangled by the violence of war, supports and elicits a greater appreciation for human life, and particularly so innocent and helpless human life.

*There is an organization with the name Women Entrusted that is dedicated to encouraging respect for women expecting handicapped children (NCR, 4 July 93).

*During 1994, Mother Teresa told a Washington group that included the President, vice president and their wives, that if people accepted that a mother can kill her own child, then how can they be convinced not to kill each other. She also said that any country that accepts abortion is teaching that one can use violence to get what one wants. She said that abortion destroys peace and causes people to become blind toward the sick, hungry and poor. While we agree with all the above, we doubt that a single hardened heart was turned.

*A survey of physicians who refused to do abortions leaves one rather unsatisfied because of the often very poor rationales cited. Some were in the category of a "choice" or a modernistic "I don’t feel like it," such as the following. (a) I prefer not to take a life. I don’t like the feeling it gives me. (b) I quit doing them. I don’t like killing babies. Personal feeling. Cannot end a pregnancy. Makes no sense. It’s just not something I felt I wanted to get involved with. I don’t care to do them. Somewhat distasteful to do abortions. It’s not the most fun thing you can do in your life.
Other physicians obviously had moral reasons, but poorly rationalized ones, such as the following. I don’t believe in abortion. Our attitude is pro-life. I strongly object to taking human life. Religious and moral reasons; I don’t believe abortions should be used as birth control. Very much opposed to ACOG’s stand on abortion. Most of us are pro-life and do not wish to support this. I’m pro-life, I’m against ACOG. It cheapens the life of a female. I became a physician to save every life I can. It’s not religious, it’s personal.

Only a few physicians seemed to be clear, as indicated by the following rationales. Because I am a Christian and because people are created in God’s image and it’s wrong to destroy them; I don’t do murders either. Because I don’t believe in killing a human being; I also don’t do euthanasia. It’s taking an innocent life. It is murder. Because I’m morally opposed; I think abortion is taking someone’s life. I don’t believe it is the right thing to do; morally, religiously and everything else.

**Mixed News on Advocacy For or Against Abortion**

*While a 1995 Gallup poll found that 51% of Americans thought that abortion was morally wrong, and only 34%(!) said it was not wrong, only 15% said that abortion should be illegal under all circumstances. As we have pointed out before, even among so-called "pro-life" people, a significant proportion believe in abortion for certain reasons (Communique, 17/11/95).*

*While 81% of Canadians are not opposed to abortion per se, 66% are opposed to abortion on demand (Interim, 8/93). This is pretty much the pattern in the US as well and perhaps other Western countries.*

*While most South Africans oppose abortion, the South African parliament voted 2:1 to legalize it (Communique, 17/11/95).*

*In 8/92, the American Bar Association endorsed "abortion rights," and resolved to oppose all state and federal regulations of abortion. It did so by an overwhelming vote, after having rejected a similar effort in 1990. It was our belief that anyone morally opposed to abortion should withdraw membership from the ABA, and gratifyingly, many did, and began to organize the National Lawyers Association which has grown in leaps and bounds, with members in all states. It can be reached at 800/471-2994.*

*At the California State University at Northridge, a fast-food chain was not allowed to install a branch on campus after student and faculty protested because the chain owner had financially supported anti-abortion groups (Time, 12 Aug. 91).*

*An unpedigreed stallion broke in on a pure-bred mare and sired a baby horse. The owner was going to have the baby horse aborted because it would be worthless on the horse market--but an animal rights group jumped in, opposing abortion for horses (Interim, 2/94).*

**Attempts to Compel Health Workers to Participate in Abortions in Violation of Their Conscience**

In the past, at least in the US, medical personnel opposed in conscience to abortions had not been forced to participate in them, but there have already been a number of very troublesome exceptions, and attempts to compel people to participate in abortions have increased.
*Not only did Maryland (which used to be considered the most Catholic of American states) pass one of the most permissive abortion laws in the US in 1991, but this law also abolished an earlier law under which health personnel could refuse to contribute to abortions on religious or moral grounds. This could lead to the persecution of health workers who refuse to participate in the abortion culture (CM, 28/2/91). Also, a federal court ruled in Maryland that a Catholic hospital could lose its accreditation as an OB and GYN teaching facility if it did not allow its residents to learn sterilization and abortion procedures (NCR, 3 Feb. 91).

*We understand that in certain medical schools or locales, it is not possible for a medical student to become certified as an obstetrician/gynecologist unless that person learns how to perform an abortion, even if that person is totally opposed to abortion and would never perform one. We have commented how these types of rules confront people opposed to deathmaking with the most wrenching types of decisions. Also, the 23 members of the Accreditation Council for graduate medical education unanimously approved a policy in 2/95 that would require all obstetrical residents to undergo abortion training, and all obstetrics and gynecology residency programs to provide such training on site or at some other site, effective 1/1/96. While individual residents may opt out under a conscience clause, training programs apparently could not (NRLN, 22/2/95). If this policy is allowed to stand, it will not be long before all hospitals, in order to be accredited, will have to provide euthanasia training, and every physician will be required to go through such training or face serious discrimination. In support of the above, a new organization of medical students called Medical Students For Choice has demanded that all OB/GYN residency programs in the US give their residents no choice whatsoever about performing abortions unless they invoke a conscience clause, which in today's climate will take a great deal of courage. After all, teaching staff are apt to have performed abortions, and will be the ones who will make evaluations and recommendations about the residents that will affect their entire future careers. Relatedly, a teacher who has performed abortions will feel insulted when a student in essence proclaims abortions immoral by refusing to learn them. It is mighty peculiar how the entire history of "choice" has been marked by coercion (Life Insight, 1/95). The good news is that while two-thirds of such programs already offer optional abortion training, hardly anyone takes advantage of the option at some of them.

*In 7/93, the Department of Obstetrics and Gynecology of the University of North Carolina School of Medicine reinstated a policy, which it had dropped in 1982, that all applicants for its residency program had to promise to perform abortions. A car dealer, of all persons, initiated a protest to the university which so embarrassed it that it rescinded the condition for admission. The reason the university had attempted to reinstate its earlier policy was that too many of its residents had been opposed to abortion and there were not enough of them around to meet the demand for abortions (NRLN, 5 Nov. 93).

*Canada is one of the few Western countries that does not permit nurses to opt out of an abortion on the basis of conscience. This means that a nurse may be confronted with a choice of either in some way participating in, or assisting at, in abortion, or losing one's job.

*It is amazing that in 1994, the American College of Obstetricians and Gynecologists recommended that governments mandate that all practicing physicians offer the so-called "triple screen for Down syndrome" to all their pregnant patients. This procedure requires a battery of three tests that even in combination only identify about 65% of unborn babies who have Down's syndrome. This is another search and destroy mission that on the one hand would intimidate physicians who are opposed to abortion, and on the other hand would cost somewhere between $106,000 and $195,000 per pre-born baby with Down's syndrome identified.
News (11/94) recommended that instead, physicians say some positive things about people with Down’s syndrome” to their patients and the public.

Issues of Coherency in Abortion Positions

*We have been warning repeatedly that incoherence about any form of deathmaking inevitably sets one onto a slippery slope where, at least eventually, the slope becomes very steep and very slippery indeed, and the arguments marshalled to defend or justify one form of deathmaking end up being used to defend and justify other forms as well. One example of this happening occurred recently with the "just war" criteria. Leaving aside for the moment the fact that the criteria are invalid because they require one to know before one engages in a war such things as whether it will be won, what the consequences of either side winning or losing will be, etc., it has now happened that someone has come up with a theory of "just abortion" (Steffen, L. (1994). Life choice: The theory of just abortion. Cleveland, OH: Pilgrim Press). Much as just about every war that has ever been fought since the "just war" criteria were established has been declared by some party to be "just," so now, just about any abortion could be termed "just" according to its six criteria of "justness." We say again, all forms of deathmaking must be rejected as wrong, no matter how awful the suffering that they are claimed to address.

*We remind our readers once again that the vast majority of politicians who declare that they are "pro-life" actually support abortion in some way or other, such as hardship cases. Some are even "pro-choice" while claiming to be personally opposed to abortion.

*Anti-abortion groups virtually adulated Richard Nixon because of his opposition to liberalization of abortion, and adulated Reagan even more so for the same reason. Yet both these people were evil men deeply allied to deathmaking. How foolish the anti-abortion parties were in their alliance with Nixon has become even more apparent with the appearance of Nixon’s posthumous book in Spring 1994, Beyond Peace, in which he scorned the religious right for "their vehement stand against abortion."

*Nancy Reagan revealed in late 1994 that she was actually in support of abortion. We suspect that she had been all along and that her earlier voiced opposition had been an act (Time, 3 Oct. 94). This once again underlines the irrationality and moral incoherency of the so-called pro-life people in uncritically endorsing anybody who voices some opposition to abortion, and vigorously promoting them for public office.

*Few people are aware that evangelist Billy Graham has been relatively silent on the topic of abortion. One reason may be that he thinks that the most important social issue of our time is "the ecology" (LA, 5/95). Some people have called Graham a "court prophet" for being so close to the high and mighty.

*In 8/95, Norma McCorvey--the pseudonymous "Jane Roe" of Roe v. Wade, the court case that legalized abortion on demand in the US--was baptized by a leader of Operation Rescue, one of the anti-abortion movements in the US. This was played up by anti-abortion parties as a major victory--despite the fact that she still endorses abortion up through the third trimester of pregnancy. She was said to have been disturbed by the fact that some women’s centers she had worked with pushed abortion as the only "alternative." This baptism sure doesn’t sound to us like a convincingly true conversion, and we have visions of her participating in an Operation Rescue demonstration, and
saying to the woman going into a "clinic" to have an abortion, "Please don’t kill your baby! But wait—how many months along are you? Oh, okay, you can kill your baby as long as you hurry." Many of the "pro-life" media also failed to report that McCorvey said (after her baptism) in connection with her "conversion": "I might walk away from Jesus before I’d walk away from Connie." The latter is a woman with whom McCorvey had had a lesbian relationship for 26 years (e.g., LA, 9/95). Jane Roe may have a few more surprises in store for her anti-abortion friends.

*Christian Brothers Investment Service assists more than 800 Catholic organizations with their investments, and invests approximately $1 billion dollars a year for them. It claims to uphold a "consistent life ethic" in choosing its investments, stays away from the nuclear weapons industry, and has boycotted South African businesses—i.e., things that are politically correct—but has participated lavishly in investing in medical facilities that perform abortions, insurance companies that profit from them, and in manufacturers of abortifacients and contraceptives (LA, 4/93).

*A Catholic parish in Connecticut returned a $5000 gift to Connecticut Senator Dodd because he supports legal abortion and even voted in support of partial birth abortion (NC Register, 26/5/96), discussed further below.

*Connors, J. M. (1991). The consistent consecutive ethic of life: A vision for triage. Silver Springs, FL: Wordlife. This little booklet by a priest-author is an attempt to let off the hook the abortion activists who are disturbed by the recent call of some US bishops for a consistent ethic of life. He does this by stating that the defense of life should be "consecutive," i.e., one thing at a time, which he calls a "consistent consecutive ethic of life." Since abortion is the major threat to life in the US at this time, he agrees that it requires prime address. However, this could mean that an abortion opponent could avoid forever coming to coherency on all the other life issues, since mass abortion is apt to outlast all of its current opponents. The author himself seems to appreciate the need to oppose all the major deathmakings—abortion, "euthanasia," suicide, war—but it is not clear where he stands on violence, self-defense, and some specific kinds of wars. Also, instead of letting the discomfited anti-abortion activists off the hook, they should have been challenged to at least embrace a consistent opposition to all deathmaking in their minds, even if they only act in certain areas because of a particular calling or affinity.

*Spokespersons for the Pro-Life Alliance of Gays & Lesbians have come up with a peculiar rationale as to why homosexuals should be opposed to abortion on demand. The rationale is that soon, scientists will discover the gene for homosexuality, and develop tests to determine whether a fetus—conceived or possibly not yet conceived—is likely to be homosexual. Then the majority of people, including some whose best friends are homosexual, will decide that it would be better for a child to be heterosexual than homosexual, and will abort any likely to be homosexual (FT, 12/94, p. 81).

*Whereas individuals and organizations who claim that they are pro-life are habitually and normatively incoherent, Planned Parenthood in the US has been highly coherent in turning down funds that would in any way restrict their abortion activities.

Abortion Protests & Abortion Clinic Confrontations

*The leading abortionist in Canada, Dr. Henry Morgentaler, said that the murder of Florida abortionist Dr. David Gunn was an isolated incident, and that "in 20 years of confrontations, no one has ever been killed" (Globe & Mail, 12 March 93; source item from Barry Wever).
*A woman was about to enter an abortion clinic when she beheld abortion protestors in front of it—and at that very moment, the baby in her womb stirred. The combination of events prompted her to turn around and bear her baby (Interim, 7/93).

*When the TV media deal with violence at abortion clinics, they often show video footage of someone attacking someone else, implying that the attacker is an abortion protestor and the person attacked is an abortion clinic staff member or someone trying to get into an abortion clinic. One such hit of TV footage that has gotten shown over and over shows a man throwing a woman to the ground. Apparently never when this footage is shown is it stated that the male attacker is actually the abortion clinic administrator who is throwing a female "rescuer" to the ground, nor do they show that shortly after, the male attacker tried to bite another "rescuer," nor do they mention that the attacker was known to be HIV-positive (e.g., LA, 7/93. This kind of deceptive propaganda ranks equal with the worst kind of war propaganda with which the world has been so familiar this century. It speaks to the depth of corruption of the liberal media culture. Actually so far, about 99% of the violence (other than the abortions themselves) at abortion protests has been directed at abortion protesters—which is never reported. Also, when abortion protesters get badly hurt, they rarely receive redress.

*An anti-abortion college professor in St. Paul, Minn., had her office repeatedly vandalized, after having been physically assaulted at the 1992 Democratic National Convention, incurring black and blue marks all over her legs (NRLN, 5 Nov. 93).

*In Houston, Texas, a 15-year-old girl had participated in several abortion protests. In response, the authorities ordered a hearing to determine whether she was a "juvenile delinquent, habitual offender," who should be taken away from her mother and possibly put in a state institution until she was 21 (LA, 4/93).

*Pro-abortion people have found a clever new way to disable anti-abortion public events, as exemplified by one such event at Cornell University. At one of the Ivy League Coalition for Life Conferences there, pro-abortion people from several states showed up, seized control of the auditorium, damaged the sound system, smashed furniture, and injured three university security officers. Yet it was the Coalition for Life which was presented by the university with a bill of $3000 for damages and told that they could only hold such conferences again if they paid $525 each time to hire extra police, and imposed this rule on all groups holding "controversial events" on campus. This means that groups who do not have a lot of money could never hold "controversial events" at the university. It remains to be seen how common such an arrangement will become, and whether this will be yet another nail in the coffin of free speech at universities (Cornell Coalition for Life News, 11/93).

*Demonstrators who had blocked abortion clinic doors have on occasion been sentenced to attend so many hours of "education" from Planned Parenthood officials, which sounds to us like a rather unconstitutional sentence, among other things being cruel and unusual punishment. Some of the convicts did in fact refuse to attend such lectures and accepted prison instead. One of the convicts said that it was equivalent to sentencing Gandhi to a course on British imperialism taught by British colonists (NC Register, 5 Dec. 93).

*When an abortionist in Colorado swore out a warrant against an abortion protestor, the protestor was arrested and taken to a community hospital in order to be "psychologically evaluated." One psychiatrist deemed him normal, but another one stated that he was "gravely disabled" and "a
danger to himself and others," upon which he was incarcerated at the Fort Logan mental institution. The county attorney filed a motion to have the commitment last for 6 months and that psychiatric drugs be forced upon him. This all sounds like how things used to be in the Soviet Union where political prisoners had their brains fried away by the shrink system collaborating with the state (LA, 3/96).

*When John Salvi attacked three abortion clinics in late 1994 and early 1995, Time magazine (9 Jan. 95) ran a headline which featured the phrase "unchecked antiabortion terrorism."

*One of the women workers at an abortion clinic in Boston who was shot by Salvi was eulogized after her death as never having believed in violence and never feeling malice toward anyone, and having been a strong supporter of children's rights (AP in SHJ, 1 Jan. 95).


*The Syracuse Herald-Journal editorially pronounced that Operation Rescue was an "extremist" organization (SHJ, 9 Nov. 91).

*A passel of IRS employees, in collaboration with at least one abortion clinic, launched an unauthorized harassment campaign against abortion protesters, threatening them with IRS investigation (LA, 7/93).

*For years, efforts were made to subject anti-abortion protesters to rules and laws different than those for any other kind of protest. For instance, courts and police have ordered them to give up their protest or demonstration positions and move to so-called "free-speech areas," which are often out in nowhere, thus defeating the purpose of a public demonstration and of speaking publicly to an issue. Perhaps one day not long hence, prisons will be the only free-speech areas left for abortion opponents.

*Movements have been underfoot in the US to pass laws making it illegal to interfere with people "receiving medical attention," by which is meant not only the blockading--but even the protesting in front of--abortion centers (SHJ, 24/3/93).

*The abortion lobby succeeded in getting the US Supreme Court to rule in early 1994 that abortion protests could be prosecuted under a "racketeering" law passed in the 1970s against organized crime.

*At abortion protests these days, the anti-abortion and pro-abortion parties are usually videotaping each other, with the police on the side taping both groups, and news teams yet further on the side taping all three of them (Time, 19/7/93).

*On the 25 January 1995 episode of NBC-TV's "Law and Order," the story was about an abortionist who was shot to death by an anti-abortion activist. The program was unique in presenting at least some of the arguments of the anti-abortionists in a reasonable light, when most programs these days interpret them as totally insane zealots. However, as usual, the program focussed on how awful was the death of the abortionist, and not on how awful were the deaths of the many babies killed every day by such people. Further, the abortionist and others like her were
all depicted as brave people standing up at great risks for a principle they believed in—yet the anti-abortion people were not at all interpreted that way, but as duplicitous and sometimes outright deceitful. As would be expected on such a program, the question of the legality of things was presented as the determining factor, not their morality. (Source item from Susan Thomas.)

*Unfortunately, the attempts by Christians to kill abortionists may become more systematic. One reason is that a number of people in Christian leadership positions have begun to develop systematic rational arguments on behalf of such killings, extensively citing sacred scripture, and invoking the argument that such killings constitute defensive actions such as ostensibly would be permissible in any number of other situations where somebody’s life is under attack. (A very good example of this is a 3.5 page article in the 8/93 issue of Life Advocate.) Of course, all of these arguments pre-suppose that Christians are not called to non-violence, and are justified—and in some cases even required—to take violent actions. Also, the image of Rescue America, an anti-abortion rescue group, is not enhanced by its regional director in Florida being a former Klansman (Newsweek, 22/3/93). In fact, it would be a bad image even if he were a repentant former Klansman.

*O.J. Simpson was lucky that the two people he was accused of killing were not abortionists, or the prosecution might have sought the death penalty.

*A leading demonstrator before the Planned Parenthood abortion clinic in Syracuse said that this clinic had killed "more Christian American babies" than most or all others in the US (SHJ, 18/10/93). If only the clinic had restricted itself to pagan foreign babies!

*The leader of Operation Rescue presented Clinton (in 7/92, before he was elected president) with an unborn baby, presumably one that had gotten aborted. For this, the presenter was sentenced in federal court to 5 months of prison. The judge said, "Unfortunately, when the defendant spoke, he demonstrated no remorse, no contrition, no respect for the law...." "He has not acknowledged responsibility" (AP in SHJ, 12 June 93).

*A man in California was arrested on the streets on charges of display of child pornography and nudity. It turned out that he was an abortion protestor who was displaying photos and placards showing aborted children, and these of course without any clothes on. Interestingly, while the pro-abortion parties are fanatical about never referring to an unborn child as a child (but usually as a fetus), in this case, there were no compunctions about referring to the display of an undressed unborn child as "child" pornography (LA, 11/93).

Prenatal Tests & Abortion

As is to be expected, as much deception has surrounded prenatal tests (for fetal damage, genetic anomalies, or the baby’s sex) as it has abortion itself, insofar as the promotion of abortion is virtually the only rationale for such tests.

*We continue to receive reports (this time from Manitoba) that the medical establishment there rabidly promotes prenatal testing and exerts extremely strong pressure on behalf of abortion when tests are positive, even though the testing error rate is very high, and healthy babies end up being aborted because of that. Also, this practice is accompanied by a virtual embargo on valid information to expectant parents, including the error rates of tests, the risk factors in prenatal tests, and the maternal risks in abortion.
*Physicians commonly claim that it is the parents who demand these prenatal tests when, in actuality, it is they who put extreme pressure on mothers to have these tests done.

*In total unconsciousness, medical parties commonly claim that they are quite objective in conveying mere information to couples or mothers where tests have shown that a child is likely to be impaired, and that they do not pressure for abortion, but we have been overwhelmed with information that this is simply untrue. A study compared the kind of information that couples get when it has been learned from prenatal testing that they will have an impaired child. Before the child is born, such parents get information that is predominantly pessimistic, while those who resist abortion and bear a child are then given information that is much more optimistic (e.g., NC Register, 20/6/93).

*Since the early 1970s, an increased percentage of pregnant women have gotten an amniocentesis test, and the older the pregnant women are, the more likely they are to have the test. When a pregnant woman decides to have amniocentesis, this means with near-certainty that she is prepared to have an abortion if the results are unfavorable, and this is pretty much what the studies have found so far.

*Many organizations on behalf of handicapped people have become confronted by the fact that some parties, including all kinds of scientists, wish to promote "prevention" by developing prenatal diagnosis that would enable people to abort infants that might have a certain affliction. Many such organizations have capitulated and explicitly or implicitly thrown in with "preventive" efforts that inevitably imply abortion. Other organizations have sat on the fence. One that so far at least appears to have been quite unequivocal in refusing to support preventive efforts if they had something to do with abortion has been the Cystic Fibrosis Foundation. This was particularly commendable in light of the facts that scientists have claimed since 1989 to have discovered the cystic fibrosis gene, that prenatal tests for CF are becoming ever more accurate, and that there has been intensive lobbying for projects that would eventuate in prenatal tests (Science, 23/11/90). What remains to be seen is how long the CF Foundation will hold out.

*We have reported before that amniocentesis is a dangerous procedure, and in fact, that the chances that it will damage the baby or induce miscarriage are higher than the chances that a woman who undergoes it is carrying a handicapped child. We thought readers might like to know what the discrepancy of the statistical probabilities are. For women in general, the chance of having a child with Down's syndrome is about one in 700--but in at least some locales, amniocentesis causes a miscarriage in about one of 150 procedures! (Source material from Ruth Abrahams.)

*British researchers have proposed that non-invasive ultrasound scanning of unborn babies could identify abnormalities, and thereby "lessen the need for amniocentesis tests." We wonder where this "need" falls on Maslow's continuum (The Independent, 17/12/91; source item from Kristjana Kristiansen).

*Nowadays, people should never believe any positive claims about anything having to do with mucking around the reproductive process, and of course especially not anything having to do with abortion. For years, we have been told that chorion villus sampling (or biopsy) (CVS) was safer than amniocentesis, which itself has always been infinitely more dangerous than was generally admitted and which, of course, gets performed primarily for search-and-destroy purposes. But with either amniocentesis or chorionic villi sampling, an abortion may be induced, or the unborn baby may be damaged, and be born with brain abnormalities, malformed mouths, and missing or
shortened digits or extremities. Also, it may be damaged in invisible or untraceable ways that never get linked to the test. In 3/91, an alert went out in England that CVS may cause even more miscarriages than amniocentesis—plus, on top, it may cause congenital deformities (Guardian, 15/3/91). Slowly, evidence keeps coming in that CVS during pregnancy damages (with birth defects) about 1 unborn baby per 1000. Of course, the tests had been advertised as being very safe, and therefore one can expect some resistance to acknowledging the risks even if the risks are for real (Interim, 4/95). Women are generally not told these risks. One reason physicians do not tell the women is that they do not want to "cause unnecessary anxiety" because the risk level is "relatively low," but those women whose babies then are damaged by the test are furious that these risks to them had been ignored, denied, or withheld from them (Communique, 7 April 95). And of course, a 1 per 1000 risk is higher than some of the anomalies being fished for.

*In 10/91, it was announced that a new method was being perfected that would result in a "simple" and "inexpensive" blood sample test for fetal abnormalities in pregnant women. Hard to believe as it may be, one of the scientists working on this test said that "there is no risk to the fetus" (AP in SHJ, 9 Oct. 91), though the almost exclusive motive is to identify defective babies to abort.

*An increasing number of pregnant women have decided to take the new blood test that gives an early indicator whether their baby may have Down's syndrome. If the test is positive, amniocentesis is then urged to confirm the blood test. As a result, there has been a dramatic increase in the rate of abortion for children with Down's syndrome. In 1991, 2 million pregnant women in the US took the blood test. (Source clipping from John Morris.)

*We were amazed to read a news item (Fort Wayne Journal-Gazette, 23/9/94; source item from Joe Osburn) that announced clinical trials of yet another "revolutionary technique that could result in all fetuses being screened for Down syndrome without any risk to either mother or baby." After all, the whole idea of this screening is to identify babies with Down's syndrome so as to abort them.

*Despite all of its horrors, we must expect prenatal screening to keep increasing.

*An Ontario couple were expecting a baby and had an ultrasound test done which showed nothing abnormal. Nonetheless, the child was born with only partial limbs on one side and a rash down one side of her body, upon which the parents promptly sued the hospital and the doctors in a so-called "wrongful life" suit for allowing her to be born, seeking a $21 million award. The court dismissed the suit (Toronto Star, 25/1/96; source item from Joe Cawthorpe).

*World-wide and in the US as well, there has been a dramatic rise in abortion for purposes of "sex selection," and overwhelmingly in favor of boys. In some countries, almost 100% of sex selection abortion targets females (NRLN, 30/3/94).

*An Australian-born obstetrician, John Stephens, has been opening clinics across the US that determine the sex of unborn babies. He has been particularly forward in promoting his business to Asian subpopulations, obviously so that they would get the test in order to abort their female babies who are much less desired in such populations (NRLN, 11 Feb. 91).
*In 1994, India banned gender determination tests, but it remains to be seen how effective the ban will be (LA, 10/94). India has also banned abortion of healthy females because it was running out of baby girls (LA, 3/96).

*British physicians voted that sex selection should not be a sufficient reason for abortion, which is a rather schizophrenic position to hold if one is "pro-choice" (LA, 8/93).

*At a homosexual conference, fears have begun to be expressed that someone may come along and announce that they have a prenatal test for homosexuality. (Source item from Christina Dunigan.)

The Interpretation of Abortifacients as Contraceptives, & Their Injuries to Women

*Already in the 2nd century AD, antiquity's foremost authority on gynecology explained the difference between contraceptives and abortifacients: one "does not let conception take place while the (other) destroys what has been conceived" (American Scientist, 80, p. 230).

*It was around 1963 that the American Medical Association changed the definition of conception from the joining of sperm with egg to the implantation of the fertilized egg in the uterine wall. Thereby, it became legitimate overnight to refer to those abortifacients that prevented implantation as "contraceptives" (ALL, 1&2/92, LA, 9/91). This happened as the "sexual revolution" was Taking place in consequence of birth control pills. Undoubtedly, the relabelling of an early abortion as contraception was motivated by the desire to promote use of the birth control pills.

We were amazed but not surprised to read a science reportage article (Science, 2 Dec. 94) that said that "while the medical definition rules that pregnancy begins only after implantation, many lay people believe the key moment is fertilization" (CommuQue, 24/2/95). So we propose in jest that drugs that cause an abortion after conception should be called "post-conception contraceptives."

*Birth control pills have up to 4 modes of action: inhibition of ovulation, inhibition of sperm and ovum transport, increased resistance of ovum to sperm penetration, and prevention of the implantation of the fertilized ovum by sloughing off the latter.

As of the 1993 Physicians' Desk Reference, there were 44 different types of birth control pills on the US market, but according to some authorities, every single one contains drugs that function as a "backup" to ovulation prevention, i.e., as an abortifacient. In other words, if ovulation and fertilization should occur despite the woman taking the pill, then the abortifacient drug effect is expected to take over. Surprisingly, this can happen quite frequently, between 4-60% of fertilizations, depending on the kind of pill (LA, 3/94).

More recently, the number of birth control pills on the US market has increased to 51. Of these, 4 consist only of a single abortifacient, and 6 will almost certainly cause an abortion (if conception had taken place) if taken in high doses within 3 days after intercourse (SHI, 30/11/90). In fact, Planned Parenthood and others are even trying to have these self-same "contraceptives" labelled as effective "morning-after" pills. Further, drugs which in countries such as the US are marketed as contraceptives are actually used as abortifacients in other countries, misoprostil (cytotec), which is a prostaglandin, being a prime example (LA, 7/93). A pharmacy reference publication also states that "a pre-viable fetus aborted by these agents (meaning prostaglandins) could exhibit transient life signs," meaning that they are talking about a live abortion which is commonly handled by bringing about the expelled baby's death through neglect or outright direct killing.
All the other (i.e., about 90% +) birth control drugs on the US market contain two active agents. The first line of defense is an estrogen that suppresses ovulation. The second one is a back-up in case the first one fails. The back-up is a progestin that makes the uterus hostile to the implantation of any egg that may have "gotten away" and been fertilized; it is thus a deadly abortifacient. Decades ago, pills with both substances contained a much larger dose of estrogen, but it caused too many problems, so that today, so-called birth control pills are much more likely to cause abortions than they used to do.

As we have reported several times, these facts are almost totally covered up in the media, and even to some degree in the medical literature, because even some physicians either are ignorant of this, or pretend they are. Also, people now are probably much less concerned about causing early abortions than they once were. While we have long warned that so-called contraceptives also have abortifacient effects as back-ups, most women who use the pill, or are prepared to use it, apparently do not want to know or believe it.

So-called "morning-after" pills are of course ipso-facto abortifacients, although—again, as must be expected—this is surrounded by lies and other deceptions. They are said to "prevent pregnancies" (e.g., Communiqué, 23/12/94), serve as "emergency contraceptive pills" (ibid, 5/5/95), and in Britain, the Family Planning Association said: "It is not abortifacient...it makes the lining of the womb disorganized and chaotic and unsuitable for a fertilized egg"! (Human Concern, No. 42, Summer 1995.)

*Also used for "birth control" is the drug Depo-Provera, the Norplant (implant), and the "intrauterine device" (IUD). All are abortifacient: IUDs apparently 100%, Norplant and Depo-Provera predominantly so.

Apparently, IUDs work by irritating the endometrial tissue, thereby preventing the implantation of a fertilized ovum. Since the contraceptive and abortion culture likes to pretend that IUDs are contraceptive rather than abortive, they have little incentive in either discovering or disseminating the truth because then, more people would have scruples about using them. In fact, even a recent manufacturer's brochure still claimed deceptively that the IUD is "a highly effective contraceptive and is thought to work by preventing sperm from reaching or fertilizing the egg" (LA, 7/93). However, according to conservative estimates, contraceptive pills alone cause 834,000 chemical abortions a year in the US, though the figure may be much higher. IUDs are estimated to cause at least 3.8 million a year, Norplant 2.25 million and Depo-Provera 1.2 million.

Depo-Provera has long been known to be an exceedingly dangerous drug, with multiple deathmaking actions—not just on the unborn but on anyone of any sex who is on the drug. It has been described as "birth control for stupid women" because it is injected periodically, so no one has "to do anything"; unintelligent or poorly-together adults are notorious for not using other birth control means, or not using them competently. Even though the drug was not approved as a "contraceptive," it has often been injected into poor, handicapped or dissocial females. For instance, this was done between 1989-91 to about 100 poor (mostly "black") women presumed to be promiscuous at the university hospital in Syracuse that is part of the state's medical school system—often without informed consent, with devastating health effects on the women, but on government money (SHJ, 21/7/91).

*On Norplant, we have much information. In 24/12/90, a 6-page article on it in US News & World Report called it a "contraceptive," and said not one word about its abortifacient mechanisms, although anti-abortion groups said early on that it worked mostly as an abortifacient (ALLAI, Winter 91). One bit of evidence to this effect is that the women who take it have an average ovulation rate of between 44-50 percent over the life of the implant (LA, 6/93).
Norplant was also interpreted as a "breakthrough" (US News & World Report, 18/3/91), a "dream method of birth control" (New York Times, 10 Jan. 91) and "sure-fire for five years" (US News & World Report, 12 Nov. 90). In short order, one million women in the US had Norplant installed in them.

Quickly, Norplant was also interpreted as "birth control for the stupid" because it is implanted into an arm muscle where it works for up to five years. Right away, there were first fears that Norplant would be forced onto some women (Time, 24/12/90), and vehement denials that this could happen. But sure enough, right away, polls quickly showed strong support in the US population for legislation that would give certain women the "choice" to either accept surgical Norplant implantation or be put in prison (Time, 14/10/91); and barely on the market, a 12/12/90 editorial in the Philadelphia Enquirer advocated that "poor black women" be given "incentives" to use the new implants (NCR, 13/1/91), a California judge ordered a woman convicted of child abuse to have it implanted in her (FI, 3/91), and legislators in several states introduced bills that would require convicted female drug addicts to "choose" Norplant or jail time (Time, 14/10/91). Also, the Baltimore schools began to add Norplant to the condoms and birth control pills that it equipped its pupils with (Time, 13/7/92)—even though the schools were not doing so good teaching them to read and cipher.

As is always the case with these technologies, they are at first trumpeted as very effective, safe and harmless, and only after years or decades does the truth come out. That should surprise no one, considering the large number of drugs that have been released, and only much later found to be anything but safe (AAI, Fall 91), and perhaps not even effective. Norplant had been tested in Brazil in 1984, and got banned 2 years later because of its adverse effects—but in a subsequent 8-university research project, no adverse effects were "recorded." As recently as 1991, Norplant was still said to have few problems (ALLAI, Spring 91). But like in most such cases, the harm became apparent later, and even faster than is often the case. By 1994, about 70 types of adverse effects had been reported. By mid-1995, the US Food & Drug Administration had received more than 6,500 reports of adverse effects from Norplant, and 160 lawsuits involving it had been filed (Communique, 8 Sept. 95). Newsweek (18/7/94) tried to detoxify Norplant by emphasizing that "nearly a million American women" had been "helped... avoid pregnancy," only "several hundred unhappy customers" were suing, and "their injuries were generally minor."

But lo and behold, soon clinics that used to insert Norplant into scores of women every week were removing it from more than 20 women a week, and hardly ever inserted any anymore, in part because 50,000 women were lined up suing the manufacturer. One of the lawyers said that the warnings put out by the manufacturer were abominable and that the over-promotion was fraudulent (Newsweek, 27/11/95). (Why should they have been surprised?)

And finally, it turned out that people had spared no amount of money (e.g., $500 each) to put poor women on Norplant—many of these suddenly discovered that there was no money available to take it out of them again! In the Third World, women who have Norplant installed and then later change their minds have also had great difficulty finding a physician who will remove it (LA, 6/93). This once more reflects the semi-coercive nature of the contraceptive and abortion culture.

Also, once the horrors of Norplant became no long concealable, it turned out that the implant was not as easy to remove in a simple 15-minute procedure under local anesthesia as had been promised. Instead, it often entailed hour-long hunt-and-pick procedures that made hamburger of the surrounding tissue—and often was unsuccessful. All these problems had been predicted by anti-abortion people, but not been disseminated by the experts and the media, in part because they considered it propaganda (LA, 9/94).

*Before we go on to another topic, be it noted that quite aside from their abortifacient effects, birth control drugs involve a massive hormonal assault on the female body. Even in the
absence of any or conclusive evidence, one must expect this to have very serious health impacts on women, particularly those who take these chemicals for a long period during their lives (LA, 7/95). As with the facts of breast cancer risks from abortions, these facts are also being concealed, and often with the same argument that one does not want to "disturb," "upset" or "confuse" women (e.g., Spiegel, 4/4/95).

*The next wave of lie-enwebbed anti-precreation technology seems to be so-called contraceptive vaccines which rely mostly on abortifacient actions. Even the world's most circulated science periodical (Science) has repeatedly violated both morality and scientific integrity by pretending that abortions are contraceptions, as in reporting on work to develop an "anti-pregnancy vaccine" that prevents implantation of the embryo, but the headline of the article said, "Using Immunity to Block Conception" (1 March 91). Since such vaccines muck around with the human autoimmune system, we predict that they will cause very serious health effects (Science, 2 Dec. 94).

*The leaders of Planned Parenthood changed their policy and began to admit recently that all sorts of contraceptive measures (contraceptive pills, Norplant, Depo-Provera, IUDs, etc.) will prevent the implantation of an embryo--but they have also a policy to declare that this does not constitute an abortion (LA, 5/96).

The RU 486 Abortion Method

A method of inducing an abortion by means of several drugs administered over several days was announced in France in 1982 and named after one of these drugs which, in turn, was named RU 486, after the manufacturer's initials. As always, there was the inevitable hype about its safety and effectiveness. It was reported that 80,000 RU 486 abortions had been performed in France with "no major side-effects" (Science, 19/7/91). Once again, the phrases "miracle drug" and "wonder drug" started popping up here and there. In 1989, the "inventor" of RU 486 was given the prestigious Lasker award; 46 previous Lasker award winners subsequently got a Nobel Prize. A prime example of RU 486 hype was a Time cover story (14/7/93) where the cover showed the pill and the huge caption: "The Pill That Changes Everything." The story, and the letter response to it, made very obvious that a lot of people--particularly women--were looking upon RU 486 as the answer to abortion issues. They looked to it as a private way to get rid of one's baby, thereby avoiding all public controversies, unpleasant discussions, confrontations or restrictions. Because they saw (or see) the drug as a form of feminist salvation, they seem(ed) unwilling to perceive or to concede truths that attend this drug, such as its danger, the deception that has surrounded it, the unlikelihood that such a private drug harmless to the mother will actually ever arrive, etc.

Similarly, a TV news program of 22/6/91 exalted RU 486. It claimed that the drug was used for 25% of all abortions in France, including in hospitals with names such as La Charite. One doctor who performed such abortions testified that he was really "against abortions," which struck us a little bit like killing Jews and saying that one does not really approve of such killings. One physician testified that the drug was "one of the safest drugs devised," but also used expressions such as "collection of cells" to refer to the unborn, and dismissed abortion opponents as simply being "ignorant of modern biology" and "opposed to progress."

Syndicated columnist Otis Pike also said (e.g., in Syracuse Herald-Journal, 22/7/93) that the abortion controversy will go away ("time will cure this one") because--get this--"where French science has invented a pill that induces abortion, none of the dogma in the world will keep that scientific knowledge from spreading." Here we had yet again that deplorable primitive modernistic idea that even the most fundamental moral issues can be finessed away by scientific or technical
tricks. At a US convention of obstetricians and gynecologists, 85% said they would prescribe RU 486 for abortions (LA, 8/93).

But the more time went by, the more problems became evident, as is invariably the case with new drugs, products or methods in this area--and, in fact, in medicine generally. RU 486 was known from the first to have some very serious negative health impacts on the women who would take it; and, as is the case with virtually all newly-released drugs, the negative health impacts on the women start looking even worse as time goes by. Also, as is usually the case, it comes to light that adverse elements have been under-reported--usually a euphemism for covered-up (NRLN, 19/11/90 and others since). For instance, concerns have been expressed that when Planned Parenthood affiliates participate in trials of RU 486, they do not report all the negative effects that they observe because they want to see the drug legalized. An example is a woman who lost more than half of her blood shortly after taking the drug, but this may not have been reported (Communique, 17/11/95).

The web of deception surrounding RU 486 further cracked as one report came in of a French woman dying from the complications of an abortion induced by RU 486 or the drugs that are given in association with it, which in turn triggered the revelation that other women before her had already had close calls and/or died (NRLN, 23/4/91).

Further evidence has been accumulating that RU 486 sometimes fails to produce the desired abortion, and then may result in deformities in the child unless the child is surgically aborted. However, some women who might agree to a drug-induced abortion might balk at escalating to a surgical one, and apparently this has already happened (NRLN, 10/91).

A group of Massachusetts feminists who were in support of abortion issued a scathing critique of RU 486 in a 115-page book. This was the first significant critique of the abortion drug from within the abortion movement itself (NRLN, 24/9/91). Not surprisingly, the book received very little publicity in the media, since these are generally pro-abortion, and press conferences held by the authors have been poorly attended.

A major counter-offensive began to claim that RU 486 should be admitted to the US because of all its other beneficial uses: against tumors, cancer, endometriosis, endocrine disorders (all claimed in 1991), ovarian cancer and even AIDS (both claimed in 1995). The executive director of Americans for Religious Liberty claimed that not to permit import and/or use of the drug was a "limitation of science" (Discover, 3/91). One medical professor claimed RU 486 would "prevent abortion rather than cause abortion" (AP, in Honolulu Star Bulletin, 8 Oct. 92).

Ominous elements in the RU 486 affair include the fact that RU 486 was developed by Roussel-Uclaf, a French firm that is a subsidiary of the German pharmaceutical firm Hoechst, which in turn is one of the firms spun off after WW II by I. G. Farben--that made the Zyklon B gas used to kill first handicapped people, and then the Jews (source information from Paul de Parrie). Also, somewhere in the US, the code number 86 is apparently used to refer to an eviction, and thence derived the slang verb "to 86" for discarding or exterminating something or someone. Based on this, somebody noted how appropriate the code RU 486 is for an abortifacient (AAI, 1&2/92). We would add that just as "for choice" has been used to construct "4-CHOICE" phone numbers (see elsewhere in this TIPS issue), so 486 could be invoked as "for 86"

Other Toxic Drug Cocktail Abortion Methods

*Apparelently both inspired and chastened by the RU 486 affair, a group of San Francisco physicians have come up with a new toxic drug cocktail that induces abortion when used as a vaginal suppository. As with RU 486, the abortion does not always take place, and there are high risks of fetal damage to surviving babies, and to the mother as well. Even Planned Parenthood of New York City said that the drug was too dangerous (NRLN, 5 Nov. 93).
*Yet another new way of performing abortions (promoted by Dr. Hausknecht) has been widely hyped and hailed as safe, easy, almost painless, and "successful" in 96% of women. The pro-abortion lobby has already begun to interpret this method the way shortly before it had interpreted RU 486 as promising a discrete, virtually "do-it-yourself" method, or at least one that greatly privatizes abortion. It consists of the injection of a highly toxic but cheap anti-metabolite commonly used in cancer therapy, and of a drug that stimulates uterine contractions. Together, these drugs expel an embryo from the mother's womb. However, once again it has become apparent that this form of deathmaking is drenched in deception, and as with all the other methods, it may take years or even decades for the full truth to come out (NRLN, 7 Sept. 95). One problem with this two-shot abortion process is that the first drug is so toxic that it is apt to do damage to the unborn child, and a woman who changes her mind between the first and the second shot may then go on to have a malformed child. Furthermore, because of its toxicity and interference with DNA synthesis, the first shot might detrimentally affect the woman's future reproductive capacity. In those cases where an abortion occurs, it may also contribute to an increase in breast cancer because these are more common in women who have had abortions (LA, 11/9/95). Also, among the "side effects" of the cancer drug are many, some life-endangering ones, including kidney damage, liver damage, blood disorders and even cancer itself; others include infertility and chromosomal damage (Communique, 22/9/95). Who would accept all these risks if they knew about them?

Partial Birth Abortion--and Soon After it, a Reckoning!

Mike Guglielmo shared with us the horrible thought that suddenly occurred to him that one of these days, the radical feminists will wake up to the fact that abortion is a very unhealthy thing for a mother, and they will therefore decide that women should carry a baby to term and only kill it after it emerges from the womb. We said that we would not be in the least bit surprised if this ideology developed soon and as it turned out, one such baby-killing was being developed even as we speculated about it. It was called (by its opponents) "partial birth abortion," and by its enraged proponents "dilation and extraction," "intact dilation and evacuation" and "intrauterine cranial decompression" (NRLN, 15/6/95). As readers probably know by now, it consists of extracting the viable baby—at full-term or close to it—partially from the womb, rotating it so that only the head remains connected to the mother, puncturing its skull, squirting its brains like an egg with an instrument, and then vacuuming the brains out. Then the rest of the "abortion" is performed. Throughout this entire gruesome procedure, the baby ordinarily remains alive until it is stabbed through the skull, to which the abortionists refer as "doing the instrumentation on the skull" (NRLN, 14/7/93). And by the way, since the baby’s head by that time is probably beyond the uterus, this would make it a vaginal—not intrauterine—"cranial decompression."

Unbeknownst to the aborting women, the intra-uterine rotation of the baby during a partial birth abortion carries a very high risk to her health and future fertility, and is vastly more dangerous in those respects than a Caesarean (LL, 5/96).

When anti-abortion periodicals first revealed the advent of the new abortion technique, pro-abortion groups vehemently denied the validity of these reports, which is itself a perversion because surely, they would not change their minds about abortion even if this became the only prevalent abortion method. The American Medical News, the official newspaper of the American Medical Association, then investigated these reports in its 5 July 93 edition and found them to be valid, including that this method was being used up to the last week of pregnancy (NRLN, 14/7/93).

This kind of killing is legal wherever courts have ruled that a baby is not a person or human being under law until it has emerged completely from its mother (as was ruled in Canada in early 1991).
Only about a year after we first learned of these "partial-birth abortions" did we also learn the startling fact that about 15,000 such gruesome abortions were already being performed in the US every year (NC Register, 22/10/95). One physician admitted having done such abortions "routinely" since 1979 (Li, 5/96).

This has been the only abortion method so far that repulses a lot of people, even some pro-abortion ones. The abortion lobby went all out to prevent the passage of a federal law that would prohibit this kind of abortion, marshalling the following multiple, deceptive and despicable arguments: it is not done very often anyway; it is usually only done to the severely damaged unborn; the law would discourage physicians from performing late-term abortions that will save the life of a mother; the unborn is already dead when this kind of abortion takes place; if an unborn is not yet dead, it feels no pain from the procedure; the law would be an "unprecedented intrusion by the Congress into the practice of medicine and the private lives of families"; and it is not constitutional (Life Insight, 11/95). Also, upon learning that Congress was considering a bill to outlaw partial birth abortions, a democratic Congress woman from Connecticut exclaimed, "Is nothing sacred for the individual from the interference of government?" (LA, 2/96).

Let us note that President Clinton’s veto of the subsequent congressional ban of partial birth abortions, the two recent US Appeals Court rulings in support of assisted suicide, and many efforts at legalizing same-sex marriages, all occurred within a few months. Furthermore, President Clinton explained his partial birth abortion ban veto with a bunch of lies, informing us louder than anything where his presidency stands.

This new method of abortion opens up whole new vistas for use of fresh parts from the bodies of healthy babies, and it is therefore quite possible that we will see not only a sharp increase in the use of baby body parts for transplant-related purposes, but also a sharp increase in women bearing babies to very late terms entirely for the purposes of transplant butchery.

What has happened to women?? What will become of all of us??

The Damages Abortion Does to Women

*A major propaganda line of the abortion lobby has long been that prior to the advent of legal abortions, vast numbers of women got illegal ones, and that these were very unsafe, and hurt and killed a significant proportion of women because the abortions were botched by unskilled people--the wire clothes hanger image is often invoked here. All three claims have since been well debunked. For instance, most illegal abortions in those days were performed by physicians; and according to US government data, the number of women who died were only somewhere between 50 and 160 a year, instead of the many thousands claimed (ALLAI, Spring 91). Furthermore, Ireland, which has had no legal abortions, has also had the lowest maternal mortality rate of 17 industrialized nations, at 2 per 100,000. Austria, Britain and the US (which has one of the highest abortion rates in the industrialized world) are in roughly 14th place with 8 per 100,000 (Doctors & Ethics, Autumn, 1993; source item from Ruth Abrahams).

*There have been an increasing number of reports that women who go for an abortion to an abortion clinic in the US incur a significant risk of ending up dead, mutilated, sexually assaulted or raped. For instance, while the murder rate in the US is around 10 per 100,000, the death rate of women during legal abortions is reportedly close to four times as high (source information from Christina Dunigan). Apparently, a major reason for all this is that some of the people who go into the abortion business are marginal in their profession. In former years, they might have taken jobs in institutions. Thus, the legal abortion industry is anything but the safe alternative that the pro-abortion lobby keeps interpreting it to be.
A new video, entitled "Line 5," has documented this side of the abortion industry, but a lot of periodicals and newspapers have refused to run an ad for it, even though $125,000 would have been paid for running it. Even some Christian anti-abortion periodicals have refused to run the ad (Life Activist News, Winter '96).

*At an abortion clinic in Maryland, at least four women have been killed or severely damaged. The state is unable to shut the clinic down for the simple reason that Maryland law does not provide for the regulation of abortion clinics. Maryland is considered the "most progressive" state in abortion legislation, and this is part of the progress (NLRN, 7 May 91).

*We have run across yet another most astonishing media manipulation of abortion news. Parade Magazine of 14/4/96 had a 3-page cover story on medical mishaps and malpractice, in which was prominently featured the vignette of one physician whose woman patient bled to death when he accidentally perforated her uterus during an operation. Not a word was said that this was a botched abortion, as we had learned from anti-abortion news media.

*An interesting jeopardy arises to parents of pregnant minors who are legally allowed to pursue an abortion without their parents’ knowledge or consent. If the abortion gets botched and the minor becomes incapacitated or comatose, as has occasionally happened, then the parents are supposed to take care of the minor, with all the tremendous stresses and expenses that this may entail for many years. In one case, parents of a 13-year-old received a call that their daughter was in a coma from a botched abortion, and this was the first they even learned that she had been pregnant. In this case, the girl died after several weeks without regaining consciousness (Advocate, 3/91), but in other instances, girls remained incapacitated.

*There is great irony in the abortion lobby having succeeded for many years now in passing or upholding laws and rules that prohibit a woman seeking an abortion from being informed of the risks of the procedure. Now, a woman who lost part of her colon during an abortion has sued the abortionist for failing to inform her of the risks (Communique, 11 Aug. 95). It seems to us that a very simple and solomonic solution would be to ask a woman whether she does or does not want to know the risks, and then tell her the risks if she wants to know, and not tell if she does not--but in the latter case, she should forfeit all rights to sue for lack of information.

*One of the after-effects of abortions that women are often not told about is Asherman’s syndrome, which consists of tissue adhesions within the uterus that can produce menstrual abnormalities, pelvic pain, infertility, habitual miscarriage, and ectopic pregnancy. Treatment is possible but not exactly pleasant, and not always successful. An increase in cervical pregnancy, formerly rare, may also be due to an earlier abortion. The condition may also end with a total hysterectomy (LA, 9/94).

*As we reported before, previous abortions and what used to be called venereal diseases are believed to be major contributors to the decline of child-carrying capacity in women.

*One of several deathmaking effects of IUDs is that they dramatically increase the rate of ectopic pregnancies (Communique, 7/11/95). This also reduces later fertility.

*Many researchers have shied away from studying how women who have had abortions fare mentally thereafter, because of the controversial nature of the issue and because a finding of post-abortion mental trauma would cast a bad light on abortion policy. Also, it is almost impossible to
conduct this kind of a study impartially at this time. One California psychologist who specializes in working with women who have had abortions claims that about 20% suffer from mental trauma triggered by having had an abortion (Interim, 10/93).

*Shrinkery has coined yet another mental condition called post-abortion syndrome or post-abortion distress (take your choice from PAS or PAD), which may very well be real enough but which is probably merely another reflection of the craziness that either goes with, or is precipitated by, wanting to kill your baby in the first place. It is also bizarre that the shrinks are claiming that this is not a moral, spiritual or religious problem, but a "grief problem"! One of the shrink mythologies here is that "women who are psychologically healthy have no difficulty dealing with an abortion." Apparently, people with a moral or religious conscience against baby-killing cannot possibly be psychologically healthy. In Denver, there is such a thing as an Alternative Pregnancy Center which helps women who suffer from PAD, but its name almost sounds as if abortion is just simply another alternative to pregnancy (Denver Post, 25/3/90; source item from Zana Lutfiyya).

*As findings began to trickle out that aborting increases a woman’s risk for breast cancer, there was at first vast cover-up and denial. For instance, one physician tried to explain this correlation as follows: "It is probably not the abortion itself, but the fact that a woman is going through pregnancy, but not completing it" (LA, 7/93). But in 10/94, it was finally officially announced that having an induced abortion raises a woman’s risk of getting breast cancer before age 45 by 50%. What is amazing is that studies have reported findings along these lines since 1957! Just about the only thing that is truly new is that if a woman has an abortion before age 18, her risk goes up 150%, and if she has a first abortion after age 30, it goes up 110%. With additional abortions, risks increase even further. For aborting women with a family history of breast cancer, the risk goes up astronomically. For instance, all those who participated in the particular study announced in 10/94 with an abortion before age 18 got breast cancer. Interestingly, spontaneous abortions did not confer increased risk. Naturally, all this was a severe blow for the pro-abortion lobby, which quickly went to work trying to prettify and reinterpret the results, as by interpreting them as "very preliminary," "far from conclusive," and "not yet confirmed" (e.g., AP in SHJ, 27/10/94). Another interpretation was that women who had breast cancer were more likely to disclose that they earlier had had an abortion (NRLN, 18/11/94). The primary author of a 7-year study on one of the largest samples ever buried one of the most significant findings in the fine print of a table, and did not report it in the text, namely, an 800% risk increase for abortions after the 8th week of pregnancy. Being pro-abortion herself, she defended herself afterwards by saying, "we didn’t want to alarm anyone" (Time, 7 Nov. 94). However, she was "appalled" at reporters trying to discredit the methodology of her study. Time also downplayed the significance of the findings by pointing out that smoking increased the risk of lung cancer 3000%!

*One of the world’s most prestigious hospitals is Johns Hopkins in Baltimore, and that is where Dr. Hugh Davis created the Dalkon Shield, promoted as an intrauterine contraceptive device which has injured hundreds of thousands of women around the world. Several ten thousands of women could not prove that they were injured by the shield, and among the reasons is that their request for medical records were sabotaged. One of the institutions that erected a bureaucratic stonewall against seekers of relevant medical records has been—Johns Hopkins University. One of the injured women referred to the whole episode as "corporate rape" (Sojourners, 6/90). We would put into the category of betrayal by an idol, teaching (as we do) that idols, if they have enough time, always demand human sacrifice (in this case, the aborted embryos), and ultimately always betray their worshippers (in this case, this includes the women at issue).
*About half the married couples who abort a child later separate or divorce (LJ, 5/96). So contrary to propaganda, abortion is not likely to help a marriage along.

*In 1993, a new periodical, Post-Abortion Review, was launched aimed at women who have had an abortion and feel wounded or betrayed thereby. It can be had from P.O. Box 9079, Springfield, IL 62791-9079. A donation of $20 would be appreciated. Among the topics covered are the risks of abortion to body and mind, the denial and cover-up of these risks, the likely subsequent mental trauma, and stories told by abortion victims, about young women who were subjected to an abortion against their will, and by parents whose daughters had abortions.

**Utilitarianism in Abortion**

Utilitarianism and abortion have two links: most people abort for utilitarian reasons, and some want to extract a utilitarian advantage out of performed abortions, regardless of what motivated them.

*More and more, people are coming out openly with the argument that public funding of abortion should be supported because of the vast amounts of monies that will be saved: paying for further medical care of the mother and later the child, so many children that would have been aborted being children high at risk of poor health and therefore great expense, and such a disproportionate percentage of these children ending up on public welfare even if they are of sound health (e.g., NRLN, 7 Sept. 94).

*In 1995, the US Food and Drug Administration licensed a new chicken pox vaccine, named Varivax, produced by Merck. It is planned to give the vaccine together with the measles, mumps and rubella vaccine, and to make it mandatory. Unfortunately, the new vaccine was grown from the cell lines of aborted babies. In addition, nobody knows whether the vaccination will provide the same permanent immunity that one acquires from actually having had the disease. Furthermore, once women who never had the disease but only the vaccine are having babies, they may not pass their antibodies onto their babies who may be at higher risk of possibly very virulent cases of chicken pox earlier in life than the typical child is now (LA, 1/96).

*People who want to be coherent in the defense of life cannot support the American Heart Association which, in 1988, called for use of tissue from aborted babies in research. While the AHA has somewhat back-pedaled from this endorsement, it has not rejected it (ALL, 3/95).

*Only three months after the US Supreme Court approved of abortion on demand in 1973, an advisory council of the US National Institute of Health already recommended that aborted babies should be used for research.

*Scientists who support abortion because they want to capitalize upon it scientifically have been making the most fantastic promises of what they could do if only they were freed from all restrictions in using fetal cells from abortions for medical research purposes. In Spring 1992, CBS "60 Minutes" said that the Bush administration was standing in the way of "cures of Alzheimer's and Parkinsonism" because of its opposition to abortion, and to the medical use of tissues of aborted babies. "60 Minutes" said that after all, these tissues "would otherwise just be thrown away anyway." The program also brought on a Baptist minister who claimed that using "abortion tissue" would result in a reduction of abortions. However, the first clinical study of fetal tissue transplant to the brain reported as a "breakthrough," and published in 1992 in the New England Journal of
Medicine, turned out to be a dud, and not one clinical study since has come up with anything positive, at least not in any peer-reviewed and peer-reviewable form, though there have been scientifically unsubstantiated press releases announcing successes, such as by researchers at Dalhousie University in Halifax, Nova Scotia, unaccompanied by publicly available data (NRLN, 1/95). Now, even specialists in the area admit that the benefits of transplanting tissues from aborted babies into the brains of people with Parkinsonism were vastly exaggerated "in order to muster the political power" to overturn the ban against such use of fetal tissue by the Reagan and Bush presidencies (Discover, 7/95, p. 89). Belatedly, it has also been admitted that there is about a 3% chance that the operation will cause a stroke in the patient, which could also kill the patient. Also, it was admitted that the observed improvements in some patients may have been due to the placebo effect, particularly since 30% of people with Parkinson's disease are known to improve with placebo in drug form. Relatedly, it was only in the late 1980s that adrenal transplants were the craze treatment for Parkinson's disease, and were reported to have startling successes which turned out to be at best short-lived, or to have been placebo effects.

*It is because they want to promote abortion and unfettered science that scientists normatively (and often deceptively) have extolled the advantages of using fetal tissues. But one study owned up to the fact that tissue from ectopic and miscarried pregnancies is rarely suitable for transplants (Time, 16/1/95).

*Already in 1986, the International Institute for the Advancement of Medicine founded in Exton, Pennsylvania, employed "anatomy specialists" to make the rounds of about 18 abortion clinics searching for fetal parts and tissues for transplants or experimentation. The institute procured more than 8,000 fetal parts each year, selling them for close to $1 million (LA, 8/94).

*In 9/94, the question came before a federal district judge in Baltimore whether experimentation on human embryos was permissible. By then, there were already about 20,000 frozen human embryos as part of research programs of the US National Institutes of Health. Rather alarmingly, the judge kept raising the question over and over whether there even existed any party in a position to have "standing" to "speak for an embryo." This brought to mind images of a similar scenario under the Nazis, where the Nazi judge might very well declare that nobody had any standing to represent and defend Jews in court (NC Register, 2 Aug. 94).

*In Britain, by law, frozen embryos have "expiration dates" attached to them upon which they are killed. Rather than to eliminate the expiration date, the freezing of embryos should be outlawed (Communique, 7 April 95).

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

*Many of the parties involved in fetal tissue traffic and use are quite secretive about it. However, if the trade became unrestricted, some people foresee an industry with a $48 billion turnover a year (LA, 8/94).
*The vast number of abortions in Russia have been fueling the cosmetics industry of the West. Often, there is a pretense that placental tissue comes from animals. In Switzerland, a truckload of baby tissue got spilled on the highway when the vehicle capsized on its way from the former Yugoslavia. One French firm alone buys an average of 19 tons of placenta a day for resale to medical institutes and cosmetics firms (Interim, 8/92).

*About 200 years ago, Swift wrote his famous satirical essay, "A Modest Proposal..." in which he suggested that the children of the poor should be fattened up and then eaten, spelling out all the advantages of the scheme. Now that the pro-abortion lobby has been claiming that the unborn are not human, another writer has made the modest proposal that the aborted unborn also be eaten, since there are so many of them, their mothers often do not want them, their families are often impoverished, and they can be expected to be particularly tender (LA, 10/94). But reality overtook fiction. In China, the idea has spread that unborn babies are a health food. Physicians reportedly have begun to take the babies that they have aborted home to eat them, and aborted babies have also been made into health food tonics that are taken by women (Communique, 5/5/95). One physician who ate more than 100 babies in 6 months said that "making soup is best" (LA, 7/95). It is at the very state-run health centers that the fresh unborn humans are sold, tiny ones going for little more than a dollar and larger ones for $38. Full-term babies are the most preferred because they are said to have the highest healing qualities. Some people have interpreted the story as an elaborate hoax, but a country that systematically arranges its execution of offenders to maximize the sale of organs, and the transplant of organs to high government and party officials, and that sometimes removes organs before an execution can hardly be expected to be beyond eating aborted babies, or selling them for food or medicine. Furthermore, there is actually a tradition in China of eating human body parts as tonics (NC Register, 25/6/95).

*The more the abortion culture is spreading across the world, the more abortion atrocities emerge. This should be a very clear sign to anybody with moral insight as to what moral force is behind the efforts to moralize abortion.

*Ultimately, the teenager who killed a woman teacher in early 1996 because he wanted her new car is as much controlled by the materialistic utilitarian and self-centered values of modernism as a parent who decides to abort a child because the child would be an impediment to material or other self-centered aspirations. The difference is that the one kind of killing is sanctioned and the other one is not.

Abortion as Part of the New Eugenics

*Many observers have been speaking of a "new eugenics" that pursues much of the same goals as the eugenics in the first half of this century, but without explicating its rationales. For instance, a survey of pro-abortion demonstrators found that 78% were female, 79% described themselves as "liberal" or "very liberal," 94% were Caucasian and overwhelmingly middle and upper-class (CNS, in CS, 23/4/92). All this reflects the "new eugenics" in that abortion takes place very disproportionately among the poor and "blacks."

*Even the Ottawa Citizen (31/12/95) featured a prominent headline "Research Reveals Subtle Trend Toward Eugenics in Canada." The article said that medical advice to parents increasingly promotes aborting children who seem likely to have only minor deformities. One-third of Canadian geneticists who were surveyed even said that they would encourage abortion if the child was not the desired sex. The surveyor also concluded that genetic advice is being molded by
economic pressures on the medical system to get rid of babies who might be costly. Genetic counselors have long claimed to merely provide people with the genetic facts, and that they do not try to influence them one way or the other, but this survey also revealed that these counselors are in fact highly judgmental, and exert a great deal of direct or indirect influence on their counselees.

*CBS TV program "60 Minutes" of 31/1/92 showed an episode about a married couple that was supposedly retarded, but it was very apparent to the TIPS editor that only the Caucasian wife was, while the "black" husband, despite his measured IQ of 67, was not. They had a guardian who was a professional social worker, which was amazing to learn. When the wife became pregnant, she was pressured into getting tests which suggested that the baby would have spina bifida, and abortion was suggested to her. She replied that she wanted to go through God's plan, and was able to be delivered, five weeks prematurely via a Caesarean, of a healthy though quite underweight baby. One wonders whether a couple like this would be very likely to be fed false information about a pregnancy test so as to get them to abort.

*On the one hand, China has passed a new eugenics law that prohibits couples carrying serious genetic disorders from having children, while on the other hand it has forbidden sex screening of the unborn because parents have been aborting female babies (NYT, 15/11/94; source item from Peter King).

The Links Among Artificial Baby-Making, Abortion, & Other Deathmaking

That there should be strong links between deathmaking and artificial baby-making may be surprising because that field has interpreted itself, and been interpreted by the media, as life-giving, since it can assist infertile couples to conceive.

The connection to deathmaking was made clear as early as 1970 by the geneticist Bentley Glass in a presidential speech to the American Association for the Advancement of Science, in which he said that "no parents will in that future time have the right to burden society with a malformed or mentally incompetent child" (Glass, 1971). Apparently, drawing on Glass' speech, in 1984 Robert Winston, a pioneer of in-vitro fertilization techniques, is reported to have said (All People, 7/90, in Speak Out, 7/91), "In 50 years time, all human embryos will be examined in the laboratory, and no parents will in that future time have the right to burden society with a malformed or mentally incompetent child." Thus, leading promoters of these techniques have been endorsing abortion, and possibly infanticide as well.

One major link between artificial baby-making and deathmaking, and particularly abortion, is that they both spring from the desire--indeed, the prideful demand--of contemporary people to be in total control of human life, and especially of the reproductive process. We hear this demand most strongly from the scientific community, whose members claim in effect to be the new priesthood or even godhood, to be able to master the universe and to handle every problem, including the life processes. Thus, the arrogant entrance of science into artificial baby-making is its effort to play God by controlling reproduction.

But we also see this demand to be in total control in other domains of society. Thus, the pro-abortion cry of the women's movement is "the right to control over our (i.e., women's) bodies." People are also demanding such control over every aspect of their life cycle, including their own deaths. We see this expressed in the recent craze that promises that people can escape death permanently--in effect, become immortal--by having their body parts systematically replaced, and their bodies frozen until science comes up with a cure for whatever ails them. And we see this demand in the growing movement for the legalization of so-called "euthanasia," suicide, and assisted suicide, so as to enable people to control how and when they die. All this has its counterpart among
infertile couples, or couples who have delayed childbearing so long that they have a very low chance to conceive, and who now demand control over their failing capacity at reproduction.

A second link is that most forms of artificial baby-making entail the production of fertilized ova that are later discarded.

A third link is that in some artificial inseminations, multiple embryos result, and then the parents are encouraged to abort one or more of them—or encouraged or not, they do it.

Fourthly, in artificial pregnancies, there is a high rate of premature birth, and what goes with it (Newsweek, 4 March 96).

A fifth link is that the artificial baby-making industry, in its idolatry of its god-like powers, has no respect for the sanctity of marriage, and produces all sorts of conceptions between couples who are not married to each other. And any attack on the family is an attack on life.

That there is a link between artificial baby-making and deathmaking should also be apparent from the fact that the artificial baby-making "industry" is drenched in lies and cheating. This includes false claims galore, and fertility doctors using their own sperm, or that of other men, to impregnate women who thought they were getting their husband’s sperm.

We should also not be surprised when we find that leaders and promoters of artificial baby-making are in favor of yet other forms of deathmaking besides abortion and infanticide, namely, "euthanasia" of the impaired and the elderly, since these too could be argued as being issues of "control" over one’s body and one’s life.

Thus, even if one is not guilty of this, one nonetheless contributes to a deathmaking subculture if one seeks this kind of technological solution for oneself.

*Evans, D. (1989). Without moral limits: Women, reproduction, and the new medical technology. Westchester, IL: Crossway Books. This book details the threats to the identity and health of women as a result of the new medical technology that both separates out reproduction from natural sexual intercourse within marriage, and that also legitimizes, and participates in, abortion. The book especially highlights how such technology interprets people, and especially women, as machines composed of parts that may be used in producing babies. She gives special attention to the technology that is enabling the production of human embryos in a laboratory for transplant into a woman’s womb, and the various forms of artificial insemination and of so-called surrogate mothering (i.e., one woman carrying a child through pregnancy for another, then to supposedly give the child over after birth to the woman who did not bear it). She also explains that the entire field of infertility treatment is one big lie: contrary to their claims and to common belief, the success rates are abysmally low; there is both tremendous expense and negative "side effects" to many of the treatments; and the treatments are very high-tech, while the lower-tech and often more relevant strategies are not even tried, such as adopting a more rational lifestyle, reducing the stress in one’s life, and adopting a better diet and a regular schedule.

The little-known and even less acknowledged connection between deathmaking and artificial contraception is also brought out when the author reveals the history of the development of "the pill." Although its inventor (John Rook) was a professed Roman Catholic, he and his associates engaged in experimentation on embryos removed from their mothers (but unbeknownst to them) while the mothers were undergoing hysterectomies and similar operations. In fact, such operations were deliberately scheduled at a point during the women’s menstrual cycles so as to increase the likelihood that an embryo would be found in the uterus.

Similarly, a great deal of deathmaking was involved in the development of the so-called "test-tube" babies. For instance, unbeknownst to women who were being operated on for such things as ovarian cysts or hysterectomies, the operating surgeon invited the researchers to enter the operating theater and extract eggs from the patients’ ovaries, and then these researchers would sometimes impregnate these eggs themselves and experiment with them.
The book is an indictment of our society’s idolatry of technology, and gives many quotes of people’s absolute faith in the power of medical science to give them perfect children, to cure their infertility, etc. It also shows at least the beginnings of the betrayal by the idol, in that this technology is now creating practically insoluble, and in any case tragic, "moral dilemmas," such as what to do with "excess" frozen embryos that no one wants, whether the natural father/natural-surrogate mother/adoptive mother should have custody of an artificially conceived child, and how children are to relate to the 3, 4, or more sets of "parents" that had something to do with their conception and birth.

*In 6/90, seven couples were claiming custody of a child that was conceived from an artificially inseminated ovum, remained a frozen embryo through four divorces, and was incubated in two separate surrogate mothers. The judge ruled that the child should be raised by wolves. As you read the above, you probably believed it, even though it is only a satire on the kinds of things that will undoubtedly be coming true enough soon enough.

*A British pregnancy advisory service clinic artificially inseminated a virgin, which some punsters called a maculate conception. In case the pregnant virgin changed her mind, the self-same pregnancy advisory service could have helped her again, because it operates Britain’s largest abortion clinic (FI, 5/91).

The Link Between Abortion, Sexual Immorality & Pornography

It is a peculiar fact that deathmaking and sexual vices have a strong tendency to go together. Consider, for example, how regularly war and rape go together, child killing and sexual decadence (e.g., pedophilia), etc.

An interesting--but not surprising--phenomenon is therefore that so many parties that are pro-abortion also endorse pornography, and many parties that want pornography legalized endorse abortion. One of our friends said something to this effect: "For me, a simple uneducated woman, that's all I need to know who they are and what they stand for."

*It is probably no coincidence that the whole idea that women own their bodies had one of its roots in the Playboy pornography culture during the 1950s, when founder Hugh Hefner started going around saying that "You own your own body. Share it when you want to and in whatever way you want to" (Syracuse Herald-Journal, 2 April 92).

*Catholics for Free Choice also admitted that it had been receiving funds from Playboy and Hugh Hefner (NC Register, 19/9/93).

*The prominent British medical journal, The Lancet, came out in favor of masturbation, abortion, and condom distribution in schools (24/12/94). (Our simple uneducated friend would have no trouble figuring this one out either.) It also implied that the reason maternal mortality had been high in communist Romania was because of a lack of access to abortion (21/1/95).

Links Among Abortion & Yet Other Deathmaking

*For decades, opponents of abortion have scoffed at the suggestion that there might be a slippery slope through which abortion could open the door to other forms of deathmaking. Now, they apparently have deemed the time right to argue that the legalization of abortion is a constitutional precedent for the definition of a right to rational (assisted) suicide. Furthermore, many
of the people who are promoting assisted suicide have also been active in the promotion of abortion, which is just another form of the slippery slope (Life at Risk, 3/94). This connection between the legalization of abortion and other forms of deathmaking was, for once, made totally explicit when a Michigan court ruled in late 1993, and in a case involving Dr. Kevorkian, that "rational suicide" was constitutional, and invoked the 1973 US Supreme Court decision of Roe v. Wade and another federal pro-abortion ruling as relevant precedents.

*The Beatles did their part for abortion and infanticide a long time ago when they sold a record on the cover of which they were depicted together with carved-up babies and chunks of butcher meat (Time, 19/8/91).

*A survey of French women found that if they knew that their unborn baby would be handicapped, 90% would abort in the first trimester, 65% in the second and 47% in the third, and 42% favored killing any newborn baby found to be handicapped at that time (Life Advocate, 11/93).

*One of the most fundamental moral wisdoms about violence is that it begets more violence, but sometimes in ways that are so roundabout and long-term that the roots of a currently-observed violence in a past violence may not be apparent, at least not to most people. This is relevant to the fact that one observer recently said (LA, 7/94) that some of the societal violence we currently observe is "the aborted generation striking back." By this he meant that we now have had more than 20 years of abortion on demand, and even before that very liberal abortion in certain states such as New York--and now, we face a young generation that grew up during the era in which it might have been aborted by its mothers, and this generation is a very violent one. Examples are the many teenagers who commit random violence and murder, often directed toward parents, elderly people, or their own peers. Should people not consider the possibility that Mother Teresa is right when she said that "the greatest destroyer of peace today is abortion"?

*An 18-year-old youth in Houston appeared on a local TV program about gangs, and guzzling a beer, he boasted that "human life means nothing." The next day he and some companions cold-bloodedly raped and murdered two younger girls. We would say that his pronouncement showed that he had well learned the lesson of our society with its ca. 1.5 million abortions every year (Newsweek, 19/7/93).

Deceptions & Detoxification of/About Abortion, Mostly Via Language/Idiom Manipulation

It is really absolutely essential that one comes to believe that violence is always attended by deception. It is an iron rule, and a true universal. Those who do not know this rule, or know of it but refuse to believe it, will function on a much less mature level, and are bound to make serious errors of moral judgment in their lives.

Above, we have already documented plenty of deception attending abortion. Here, we elaborate this, mostly with how language and idiom about abortion are manipulated deceptively.

*Only with the advent of a contraceptive mentality and the ideology that humans are and should be in control of everything did people begin to speak of pregnancies as "planned" and "unplanned." Now, the anti-reproduction people have coined a new phrase, "unintended pregnancy," which is an even stronger term than the older "unplanned pregnancy." The implication is that any pregnancy that is not controlled by one's previous planning or intentional behavior is a bad pregnancy. In essence, this gives a bad image to any pregnancy that one might call traditional, where people generally neither tried to prevent conception nor went out of their way trying to bring
it about, but simply let things happen naturally. In fact, pregnancies defined as falling under the
new definition do include the category of pregnancies that come about in consequence of lack of
contraceptive use. We are also being given the statistic—meant to be alarming—that 60% of
pregnancies in the US are "unintended," and that this percentage is up from a mere 37% in 1982.
One can see where all of this could possibly lead to a Chinese-type situation in which every
pregnancy beyond the first one may be interpreted as "unintended" (Communique, 6 Oct. 95).

*Here are all sorts of ways to deny that an unborn child is (a) human, and (b) a child. We
have identified about 30 terms that would deny one or the other.
The term "pre-embryo" was coined in 1986 to refer to an unborn human in the first 14 days
of life. This definition was crafted in order to allow all sorts of scientific experimentation on
fertilized ova (Fl, 7&8/91).
An "old" euphemism for unborn babies is "products of conception," but a new practice is
to call them POCs.
At one time, the moment a woman was known to be pregnant she was said to be "with
child." Many circles, in order to be consistent, would now have to say that she is "with uterine
material" or "with protoplasmic rubbish." Perhaps she would even be said to be "diagnosed with
protoplasmic rubbish."
In a remarkably brief period of time, the abortion lobby has succeeded in its campaign to
get people to refer to unborn children exclusively as "fetuses." This results in some standing-on-
one's-head-type of verbal formulations. For instance, an Associated Press news report (in Syracuse
Herald-Journal, 4 May 93) of an apartment fire in Los Angeles said that 7 children and 2 pregnant
women died in the fire, and "neither woman’s fetus survived." Survived? Were they ever alive?
Actually, that phrase was a compromise, because the pro-abortion people like to pretend that a fetus
is not alive, and/or is "a nothing."
A contributing editor of the women’s Glamour magazine said "the fetus is an alien, not
quite here on earth" (Fl, 11/90).
The head of Republicans For Choice said that just because an unborn child looks human
does not mean that it is human. "Just because something is formed in that shape does not necessarily
mean that’s what it is." "What about natural rock formations that look like people?" (Fl, 3/92).
An abortionist who uses chemical means of abortion shows pregnant women the fetal
monitor scan and tells them, "in a few days, you would not see on the monitor what we call the
heartbeat" (Newsweek, 11 Dec. 95). Presumably, this is the heartbeat of what they will never ever
call a baby.
An anti-alcoholism TV ad (CBS, 14/8/93) showed a picture of a unborn baby in a womb
accompanied by the message, "Drinking is Pleasure, to Your Baby it is Poison." Note the
inconsistency: to keep women from drinking, the unborn is a baby, and for most other discourse
purposes, it is a fetus or a nothing.
The Syracuse Herald-Journal (19/5/95) reported the sentencing (for murder) of a woman
whose drunk driving had caused the death of "an 8-1/2-month-old fetus." Might we next hear of
a 8.9999-month-old fetus?
When a pregnant woman in Syracuse was hit by a car, the newspaper reported that she "lost
her unborn child," which is an unusual verbal construction these days in the media, and is used
almost exclusively when a woman loses a wanted pregnancy (Syracuse Herald-Journal, 7/7/90).

*Teenagers—even those who approve of abortions and have them—are very straight-forward
in interpreting abortion as the killing of a baby. They are also aware that an abortion is a threat to
the health and well-being of the aborting woman. It is only when they become older that they
embrace the PC jargon that detoxifies the realities (NRL News, 2 June 92).
Pregnant women are normatively being given false information, have important information withheld from them, or are subtly pressured toward abortions. For example, pregnant women have reported that it takes the strongest fortitude to resist pressures for prenatal testing of the baby.

When pregnant teenagers make contact with so-called pregnancy counselors, they are either given no information about adoption, or the information is skewed, inaccurate, or negative (ALLAI, Spring 91).

Michigan voters passed a law intended to limit the number of abortions, but discovered that (a) the law also requires schools to tell pupils where they can get an abortion, while (b) another Michigan law forbids educators to tell pupils what an abortion is (USA Today, 21/3/91; source item from Joe Osburn).

Giving women who are contemplating an abortion objective rather than death-biased information apparently reduces abortion decisions dramatically. A study of the impact of objective counseling in New Zealand Medical Journal (1/92) showed that the percentage of women choosing birth increased tenfold. Since Mississippi instituted an informed consent law in 8/92, abortions fell by 50%, which has made abortionists very unhappy. (Source information from Christina Dunigan.)

A social worker at Michigan State University wrote a booklet now widely used for detoxifying the abortion process, entitled "A Time to Decide, A Time to Heal." The booklet includes a vignette in which one couple who aborted reported that they had first discussed this with their priest—but nowhere was it revealed that the priest almost certainly informed them of the immorality of the abortion. However, several passages in the booklet warn parents against contact with "unsupportive people" (NC Register, 19/1/92).

Despite the fact that the deceptions and pressures are heavily in favor of abortion, the media erupted into a frenzy when the US Supreme Court ruled in 1991 that it was legitimate for the US government to forbid the dissemination of abortion information in federally funded "family planning" clinics. There was a tremendous outcry in the media and among feminist and liberal circles that the government was imposing a "gag order" ("a defeat for freedom of speech") on clinicians and physicians, forbidding them to make abortion referrals or hand out similar information. Not one single one of these outcries ever mentioned that the pro-abortion people had been successful for close to twenty years in striking down virtually every law or regulation on any level of government that required that parents of female children be involved when such children considered aborting, or that women be given truthful and complete information about the risks of abortions, or the availability of alternatives. This is truly an instance of the world being stood upside down on its head.

Some abortion services have amusingly deceptive names. One abortion clinic goes under the name of WELLNESS (Indianapolis Star, 9/90; source item from Joe Osburn). Rather cleverly, an abortion clinic in California masqueraded as a "family health and weight control clinic" (LA, 1/92). And one would think that even pro-abortion people would admit that a place named the Birth Place Unit is hardly a place where one expects abortions to be performed—as is the case in Ontario, Canada.

To do justice to the euphemism "choice" for abortion would take much of a whole TIPS issue.

A 2-page advertisement for pizza, in Newsweek no less (7 Aug. 95), said, "We like choices...that's really what it's all about. Freedom of choice," referring to the many different kinds of pizza one might be able to buy. It is very obvious that advertisements such as this are probably quite consciously exalting the slogan "freedom of choice" in order to also promote abortion. The idea thus gets propagated that the freedom of choice for abortion is somewhat comparable to whether or not to buy a pizza, and what kind.
An Alaska Superior Court judge ruled that "If a high school student in this state has a fundamental right to choose his or her hairstyle," then such a student, if female, "must certainly have a fundamental right to choose whether or not to terminate a pregnancy" (Fidelity, 4/93, p. 29). We kid you not! But this is "choice": killing the baby of one's womb is on the same level of "choice" as "choosing" one's hairstyle, or the flavor of an ice cream cone at an ice cream stand. One could call this the place where you can get "a trim, an ice cream and an abortion."

*During his presidential campaign, Clinton said that his policy would be "pro-choice" but not "pro-abortion," and that he would work to make abortions "safe, legal, and rare" (NRLN, 12 May 93). Instead, what appears to be happening is that abortions are becoming more legal, no less rare, with safety being neither better nor worse.

A woman said that she was "pro-choice" because she remembered that somewhere, the Bible had said that God had given humans a choice. It turned out that she was referring to Deuteronomy 30:19, which rather embarrassingly said the following: "I call heaven and earth today to witness against you: I have set before you life and death, the blessing and the curse. Choose life, then, that you and your descendants may live" (LA, 7/93).

In light of the fact that the pro-abortion parties endlessly play on the word "choice," it is interesting that the overwhelming majority of women who have had abortions say later that they felt that they "had no choice" (FT, 2/95).

*Then there are scores of euphemisms for abortion itself.

Statistics Canada, a Canadian government arm, has begun to refer to abortion as "events," dividing them into "hospital events" and "clinic events" (CLC News, 5/91).

Some abortion people use the expression of the "fetus undergoing demise" (Newsweek, 11 Dec. 95).

When a Soviet commando butchered the Russian Czar, his family and his retainers in 1918, the commissar in charge reported that "the procedure" took 20 minutes, thereby anticipating the grotesque use of this term as the mainline descriptive one for an abortion in the abortion culture (Time, 9 Oct. 95).

One woman talked about her abortion in the following terms: "As soon as I was pregnant, I separated from it immediately" (Life Advocate, 12/95).

The March of Dimes began to use the expression "nonroutine decision" to refer to a woman's decision not to abort her unborn child after the child has been identified as likely impaired (FT, 4/93, p.22). By inference, aborting would be "the routine decision.

*Denying that an abortion is an abortion goes beyond "mere" euphemisms. But we are not surprised to learn that some physicians who decide to perform abortions of an advanced pregnancy will report that they examined the pregnant mother and found that the "fetus" was already dead--so that the abortion would not be interpreted and reported as an abortion (Celebrate Life, 1/96). Also, in a number of university hospitals in the US, procedures have been established that interpret second trimester abortions of children suspected to be handicapped as if they were stillbirths, so as to assuage any parental guilt feelings. For instance, the aborted babies are to be baptized, dressed and photographed, the aborting parents are encouraged to hold the corpse of their aborted baby, and are given a package of mementos to take home, such as an ID band, footprint sheet picture, etc. At Michigan State University, parents are encouraged to name their babies and make funeral arrangements. Social workers who deal with this process are referred to as "genetic social workers" (how do they come up with such phrases?) (NC Register, 19/1/92).
We have been told in 6/96 that in some jurisdictions, the definition of the term "abortion" has been changed to include such things as accidental and regretted miscarriages. On reporting forms, the distinction between these types of pregnancy outcomes then no longer shows up. This means that to the degree abortions are reported, one will not know exactly whether these were intended abortions or unintended losses of a pregnancy. A further implication is that a woman can be reported as having had an abortion who only had a miscarriage, but there is nothing she can do to have the facts correctly recorded.

Another deathmaking ploy is to interpret a pro-abortion or "pro-choice" position as a "middle ground" to which the two "extremes" should sensibly converge. For instance, a United Church of Christ minister in Syracuse said that the "pro-choice stance is not the complete opposite of the anti-abortion one. It is really the middle of the road" (Syracuse Herald-Journal, 10 Jan. 92). We suppose that Hitler's quest to kill all the Jews would also be middle-of-the-road compared to any ideas to kill all human beings. Or maybe killing only half the Jews would be middle-of-the-road.

The CBS TV program called "60 Minutes" of 30/5/91 suggested that the two sides in the abortion war come together on a "common ground" or a "middle ground" which was defined as "making abortions less necessary." Representatives of both groups got together for a dialogue where each agreed to call the other by the terminology it wanted to be called, i.e., "Pro-Choice" and "Pro-Life," which of course to us is quite incoherent. It would be like agreeing to address Hitler as a good Christian--after all, that is what he told the bishops he was, a believer in "positive Christianity."

Here are miscellaneous deceptions.

a. Whenever the slogan, "the right to control what happens to my (your) body" is used, an implicit pro-abortion argument is involved. As far as we know, this phrase was never used until the abortionists and pro-abortion feminists started to do so, roughly in the early 1970s.

In this respect, it is also significant to contemplate that many languages did not even have a word for "body" in the sense that we do today. For instance, in ancient Hebrew, there was no such word because the thinking that would have supported a segmentation of body and soul, or body and even self and person, simply did not exist. Instead, the early Hebrew writings (e.g., the Jewish Bible) used the word "flesh" in certain contexts where we might speak of the body. There was also a word for a corpse, and we would be amused to hear people talk about the right to control their carrion.

A 1979 history of the New Harmony utopian Christian community in Indiana (Pitzer & Elliott, 1979) spoke of the women of the community in the 1820s having "control over their bodies" (p. 249) because they were celibate, the same as the men. Not in their wildest imagination could the Harmonists have conceived of a construct of "having control over one's body," except in the sense of not being overcome by any of one's bodily appetites or passions.

Because "control over one's body" has become such a mindless watch word of abortionist modernism, we were rather scandalized that the G. Allan Roeher Institute in Toronto published a 1991 book on sex and sex abuse, aimed at retarded people, entitled The Right to Control What Happens to Your Body. Obviously, this was an attempt to link the right to abortion to a right not to be sexually abused.

b. Every once in a while, we run across the phrasing that someone "needs" an abortion. For instance, the World Watch Institute has used that language in relation to population control (Utne Reader, 3/91).

c. We talk about people having "their" meals, or "their" this or that, but we do not normatively speak of people having "their brain operations" or "their amputations." Instead, we speak in terms of people having "an operation." Thus, we were a bit taken aback to read abortion
proponents complaining that after a strict anti-abortion law was passed in Louisiana in 6/91, "women are frantic about not being able to have their abortions" (our emphasis) (SHJ, 20/6/91).

d. The limitless amount and variety of deception that accompanies violence, deathmaking and therefore also abortion, is illustrated once again by the so-called Becky Bell case that became nationally prominent in the US. A 17-year-old girl died in Indianapolis in 1988 from pneumonia which apparently was secondary to having previously taken drugs. (She had previously been in a detoxification program which apparently did not wean her off drugs.) However, the girl’s parents started travelling all over the US claiming that she died from an abortion that she had sought secretly behind their backs because of parental consent laws, and if only such laws were made illegal, teenage girls could get abortions without parental consent and thus more safely and with lower death rates. Despite apparently incontrovertible evidence as to the real cause of death, abortion rights groups latched on to this case with great fanfare (multiple sources during Fall 1990).

e. The New York State League of Women Voters stated that it was pro-abortion on demand because it was pro-family (Syracuse Herald-Journal, 13 July 92).

f. From antiquity, adults have made dolls for children to play with. During the Victorian age, these dolls were made ever more lifelike in appearance, eventually got eyes that would close when they were laid down, or were enabled to emit baby-like noises. In the mid-twentieth century, dolls were given the capability of simulating the ingestion and excretion of liquid. Now has come along a variety of pregnant dolls, several with a baby doll placed in the mother doll’s tummy in ways that make this baby doll visible, or even enable the child to take the baby in or out. These dolls have precipitated the most incredibly fanatic insanity on the part of feminists. One of them went so far as to call this "the most evil toy on the planet," this being merely the most extreme of the reactions, which certainly should reveal to any people who are not yet clear on the subject what kind of mentality and morality one is dealing with here (LA, 2/93).

g. In the legal and litigative language of abortion, the phrase "health of the mother" now is a code word, much like "choice" became. This is so because the US Supreme Court had ruled that health of the mother refers to "emotional, psychological, social and family issues relevant to the age of the woman." In other words, as little as a sentiment by the mother that she does not want the baby qualifies as a "health of mother" issue that makes her eligible for an abortion. Therefore, when members of the public are asked to approve of legal measures that would "restrict" abortion but permit it for the health of the mother, then unless the restrictions are stringently spelled out in addition, they may be phony, and the measure may be merely a ploy to gain popular support for a de facto abortion-on-demand (LA, 7/93).

h. The Continuum Publishing Group in NY City is one of innumerable publishers that now have a women studies publication division. In their Spring 1995 catalog, they advertised a one-hour audio cassette entitled, "The Sacrament of Abortion," in which a feminist psychologist argues that abortion is "one of the most sacred acts a woman can do today" (source material from Michael Shields).

i. Someone sent us a copy of a 1991 brochure (partially published in various other versions since 1989), entitled Words of Choice, by the Religious Coalition For Abortion Rights. This is an annotated glossary of 26 phrases or arguments commonly used by opponents of abortion, and an attempted explanation why either the phrase or the argument is defective. Rarely before have we ever seen so many untruths or deceptive half-truths put together in one little 24-page brochure. This is all the more remarkable because the brochure claims to unmask the "dishonest language of abortion rights opponents and to reveal the false impressions these words convey," also applying the term "deceptive phrases" to these terms.

j. A founding member of Catholics for Free Choice experienced a conversion in 1995. Among other things, she said that she was not aware that any leaders of that organization ever attended mass or "had even a casual relation to the rituals and practices of the faith" (Communiqué,
In fact, Catholics for Free Choice, which has purported to be a Catholic pro-abortion organization, has admitted that it not only has no Catholic members, but has no members whatsoever, though it had previously claimed to have thousands (NC Register, 19/9/93). It is thus equivalent to many human service providers where the corporate entity consists entirely of its own board of directors.

*Here are our concluding remarks on the verbal deceptions.

a. We absolutely detest those pro-abortion people who argue that the unborn are not alive, are not human, are not persons, and so on. We have grudging respect for those people who say that the unborn are human persons, but may be killed anyway for any number of reasons, as argued by a small minority of pro-abortion leaders and thinkers. One of these is a New York University professor, F. M. Kamm, who argues that even if they are persons, the unborn may be aborted as part of a broader morality of "creating new people responsibly," as one reviewer put it (Creation and Abortion, 1992). We also wished that more abortion proponents would abandon all language manipulations and euphemisms, and adopt the slogan "Abortion on Demand and Without Apology" (Time, 6 March 95). Also related to this issue is a one-page Time guest essay which proposed that abortion be interpreted as "justifiable homicide" (Time, 6 March 95). More accurately, it should be called "legalized premeditated homicide."

b. As the editor was peacefully driving along the countryside, he was suddenly startled wide awake by a huge sign that advertised "custom killing." Obviously, this honest and straightforward sign was announcing the services of a local butcher or meat packer, but one cannot help wonder how applicable it might be in certain human services, and most certainly in settings such as abortion clinics where the killing is indeed exquisitely custom, but wrapped in endless deceptions.

**Abortion & the Law**

*The US Supreme Court decision in 1973 that legalized abortion on demand contained an inherent error of logic. On the one hand, it said that abortion is "inherently, and primarily, a medical decision," and therefore the abortionist must have a medical reason why a "patient's pregnancy should be terminated." On the other hand, it permitted abortion on demand, which would therefore appear to be a form of medical negligence since there would be no verification that there is any kind of medical reason for an abortion, unless the very act of making a request were construed as constituting a medical reason (FT, 2/95).

*In 5/91, the US Supreme Court ruled that the federal government could prohibit "family planning" clinics that receive federal funds from counseling clients to get abortions as a means of birth control. As was expected, pro-abortion forces decried the decision, and vowed to do everything possible to overturn it. (The anti-abortion forces prematurely and naively interpreted this as a major victory.) We have been struck by the deception from the pro-abortion forces in response to this decision, namely, their claim that this prevents professionals, and especially physicians, from providing their clients with all available information, which the pro-abortion forces claim is a physician's right and duty. Yet, as we have noted before, abortion is the only medical procedure in the US about which physicians are not only not required to provide all the facts to potential recipients of the operation, but are not even allowed to. They are not supposed to tell pregnant women about the state of the developing unborn child, about the nature of the procedure itself (i.e., that it kills the child, and the means by which this happens), nor what the possible and even likely consequences and "side effects" on the mother are. Thus, physicians who perform and promote abortion did not before this decision practice full honesty or full disclosure—yet the pro-abortion forces claim that a limitation on full honesty was being newly imposed.
*When the parliament of the newly united Germany discussed changes in its abortion laws in 1992, one of the delegates proposed that only the 136 women members should be allowed to vote on the issue, but the motion did not carry (Weekend Australian, 27/6/92; source item from Peter Millier).

*The Nevada Supreme Court rendered an interesting pro-death ruling. It said that a baby born with severe impairments is "necessarily an unpleasant and aversive event and the cause of inordinate financial burden," all of which the mother could have avoided if only her doctor had properly diagnosed the impairment before birth. His failure to do so made this a "wrongful birth" for which the mother may sue for zillions (DAB, 1 June 95; source item from Jan Doody).

*An Omaha judge rendered a peculiarly schizophrenic ruling: while women may abort their unborn children at will, once they have made a decision not to abort, they "incur a responsibility" and can be charged with "fetus abuse" if they drink. However, not surprisingly, the American Civil Liberties Union and a reproductive law center asserted the right of a woman to do anything she wants while pregnant regardless of consequences to her unborn child (AP in SHI, 14/7/92).

*In 3/94, a Florida woman discharged a bullet into her own abdomen in order to kill her unborn child, and was promptly charged with murder. There would have been no crime if she only had let a physician do it for her (LA, 3/96). Her defense attorney said, "this is an attempt to punish a woman for her conduct during her pregnancy" (Communique, 23/12/94).

*Courts in a number of US states have ruled that an unborn child that is viable is a human being, and thus does not have to be "born alive" to be so deemed. At the same time, these rulings have not been applied to cases of legal abortion, but only to cases where someone caused the death of an unborn child without the mother's consent. Under ordinary rules of logic, this would imply that it is legal to kill unborn children (not get rid of fetuses) with maternal consent, and illegal to do so without it (ET, 5/94). An example of the above is that the California Supreme Court ruled in 5/94 that a fetus is human, that killing it is homicide—but that the only legal such homicide is when a mother decides to abort her baby, in which case her "right to privacy" completely sets aside any "right to life" that the fetus might have. Someone else who assaults the mother, and as a result of that assault, the fetus dies, has committed a homicide and may be liable to the death penalty.

*Few people seem aware of the reasoning in the 1992 US Supreme Court decision that struck down obstacles to abortion that the Pennsylvania legislature had voted. Namely, since men are not "compelled" to bear children, then women should not be either, and women should have the equal right to be as free from childbearing as men are (EI, 1/96).

*The US Supreme Court handed down another important deathmaking decision in early 1993. When there is a dispute between a man and a woman over whether to procreate, abort their joint baby, or kill their jointly produced in vitro baby, the party that is opposed to reproduction and in favor of offspring-killing prevails legally: "ordinarily the party wishing to avoid procreation should prevail." This ruling terminated a dispute between a woman and her divorced husband about the fate of the seven embryos resulting from artificial insemination that they had kept in deep freeze, with the husband wanting them destroyed and the woman wanting them for her own later pregnancies or to donate to others (NC Register, 14/3/93).

*In 1992, 3 US Supreme Court justices argued that its 1973 ruling allowing abortion on demand should not be overturned even if the ruling had been in error because a reversal of this
ruling would incur a "cost of both profound and unnecessary damage to the court’s legitimacy" (Syracuse Herald-Journal, 7/7/92). Again, a human sacrifice to an idol.

*A local Planned Parenthood office in Oregon sued 16 pro-life parties or individuals for a total of $1.4 billion, in what is called a SLAPP suit, i.e., a "strategic lawsuit against public participation," intended to intimidate people. What puzzles us is why they did not sue for $1.4 trillion (Life Advocate, 12/95).

Miscellaneous Abortion News

*In Buffalo, NY, there is a Children's Hospital which said that it performed "only" about 200 abortions a year (LA, 5/96). First, it is jarring to learn that babies are aborted at a children's hospital, and secondly, 200 abortions a year amounts to close to four a week, or one every week Monday through Thursday.

*A number of women have reported a new rationale for aborting their unborn children even as late as in the third trimester when they were told that the children would probably be impaired. Namely, the women said that they were afraid of what would happen if they handed their handicapped babies over to the neonatologists. In essence, the women fear that they will lose control to high-tech medicine. Apparently, one of two extremes are indeed apt to happen these days: parents with impaired newborns either encounter the deathmakers, or they encounter the high-tech fanatics who virtually take the babies away from the parents and tell the parents they should get a lawyer if the parents want anything different than what the high-tech priests want (Indianapolis Star, 31/1/92; source item from Joe Osburn). Unfortunately, all this gives the deathmakers splendid ammunition, and they are beginning to talk about intensive treatment of newborns being a form of child abuse.

*In the Baltimore area, a sewer started backing up—and suddenly, the street was running with blood and baby body parts. It turned out that an adjacent abortion clinic had been flushing baby parts down the drain. The bloody flood ran across a parking lot and along the front of a nearby pancake house in which people were eating. This is merely yet another instance of the streets of modernism running with blood (LA, 5/94).

*An article in the 10/91 issue of Obstetrical & Gynecological Survey had the insight that "The usual outcome of congenital heart disease diagnosed in utero is poor. One of the main reasons for this is the high rate of termination of pregnancy after the detection of severe cardiac abnormality." To which Christina Dunigan, who sent us this item, noted that the prognosis "isn’t bloody likely to get better if they keep killing their patients instead of treating them."

*Here is a good identification of what the pro-abortion lobby wants. In Ontario, a Task Group on Abortion Services, appointed by the Ontario government, issued 46 abortion demands, including compulsory abortion education in all schools, legal requirements that all nurses and physicians must make abortion referrals, and a legal requirement that all hospitals with gynecological and obstetrical services perform abortions.

*Here are verbatim excerpts from a St. Louis County (MO) brochure on teen clinics. "Key elements of comprehensive health education programs for students K-12 include skills needed to avoid unintended pregnancies." "...It would be inappropriate to list any service, particularly with any procedure for parents to 'check off' or refuse consent for the service, if it will ever be provided
based on the minor student’s own consent." For Teens (age 12-18): "...a parent is not required to consent for services such as family planning but IS required to come for visits for general medical concerns such as physical exams, colds, asthma, etc."

*In Spring 1992, the government of the Canadian province of British Columbia mandated that all non-Catholic hospitals in the province perform abortions regardless of the convictions of their boards of trustees (LA, 4/93).

*Some of the abortion clinics now have "marketing directors." In fact, "Jane Roe" (Norma McCorvey, who falsely claimed to have been raped, and demanded an abortion in the 1973 Roe vs. Wade Supreme Court ruling that legalized abortion on demand in the US) was a marketing director for a Dallas abortion clinic in 1995 (AP in SHJ, 1 April 95). We wonder if marketing directors go out and promote abortions the way a firm would promote its commercial products.

*Even though the Romanians overthrew their Stalinist overlords, it was too late. The culture had been totally corrupted and demoralized, and turned against procreation and children. One of the first things that the revolutionary regime did in 1/90 was to open abortion clinics, and just a single one of these carried out 6,000 abortions in less than 3 months! One physician performed an abortion every 15 minutes all day long, and said that after a few of them, one’s "hands get tired and there are some mistakes." Women were run through these clinics like an assembly line, and were sent home after only 2-3 hours of recuperation (Daily Mail, 3/3/90; in Speak-Out, 1/91). Soon, Romania had the highest abortion rate in the world, with 98%(!) of pregnancies being aborted according to the Romanian Department of Health (LA, 8/93). At the same time, Romanians were getting rid of their live children, selling them to foreigners or putting them into orphanages that were actually deathmaking machines, with mortality rates said to be 50% a year (AW, 10 Nov. 90; NY Times, 24/6/90). Numerous media relentlessly and unidimensionally blamed the previous non-abortion and pro-birth policies. That this must be yet another lie is underlined by the fact that prior to mass contraception and mass abortion, and even today in Africa, having a lot of children the natural way did not lead to what happened in Romania. So what happened there was the result of a profound assault upon spirituality and culture (e.g., the razing of thousands of villages and putting people into tiny apartments in cement high-rises in cities, and other such atrocities) that demoralized people, and turned them against their own flesh.

*In Britain, it has been common since 1970 for the bodies of aborted babies to be put in a machine that crushed, minced and pulped them (a process called "maceration"), and then to flush them into the sewers and drains, the same as toilet waste. More recently, the bodies of such babies have been put into sacks and sent via a commercial waste disposal company (at 50 pennies a sack) to an incinerator, there to be burned together with debris and rubbish (Universe, 17/11/91; source item from Celeste Hinds).

*In Las Vegas, yet another instance occurred of a baby being delivered live and possibly viable after what was supposed to have been an abortion. When nurses tried to save the baby, they were ordered to put the baby aside without treatment, upon which it eventually died. Unlike in other such instances where no live birth is ever recorded, this baby was issued a birth and death certificate (NRLN, 19/11/90), and of course would not count as an abortion death.

*A very bizarre case of psychiatric hubris occurred in Florida where a psychiatrist had put a woman on psychoactive drugs. When the woman discovered she was pregnant, fearing for the health of her baby, she stopped taking the drugs. The psychiatrist sought a court-ordered abortion
for her—apparently so that she would get back on the drugs (SHJ, 26/8/90). The woman prevailed, and gave birth to a healthy baby.

*Cassidy, E. (1993). Single women having children: Agency perceptions of the decision to parent. Perspectives (Human Life Research Institute newsletter), 10(2), 1-2. This is a report of a study of 8225 Canadian women who had "crisis pregnancies" but kept their children, rather than aborting them or putting them up for adoption. She found that, at least in the judgment of agencies that provided support to such women and to single mothers, the women who decided to abort were least satisfied with their decision, while those who decided to parent the child were most satisfied, even though this mostly meant single-parenting. She also found that when a woman came to such an agency having already decided to abort, only rarely did she change her mind in favor of bearing her child and putting it up for adoption, but more than half the time she would decide to bear and raise the child herself instead. Similarly, when a woman came having already decided to place her child for adoption, only rarely would she change her mind to abort instead, but more than half the time she would decide to raise the child herself. And when a woman came having already decided to raise the child herself, hardly ever would she decide instead to abort, nor would she often decide to place the child for adoption. If these findings are valid and hold up, they would suggest, among other things, that women tend to move toward parenting if they move at all from their original decision, and that presenting a pregnant woman who wants to abort with the news that "there are many couples out there who would love to adopt your baby" may not be as successful in saving the life of the child as offering to the woman the option and the supports to keep and raise her child herself.

*There is an abortion mill in Philadelphia in which smoking is banned as "harmful to health." Ironically, one woman waiting inside for an abortion could no longer postpone smoking, and went outside to do it where she encountered "sidewalk counselors" who persuaded her in about 25 minutes to let her baby live (Life Advocate, 9/91).

*In late 1990, students in a sixth grade class in a Catholic school were told to examine the newspapers for items on people doing something that would be considered to be against the Ten Commandments. One child in the class identified abortion advertisements as being killing, while almost all the other children in the class focused on car theft. (Story from Denise Shaw.)

*A new method for dealing with ectopic (tubal) pregnancies is to try to transfer the embryo from the mother’s fallopian tubes to her uterus (Communique, 24/2/95).

*Some women who have their babies aborted have asked the abortionist to baptize them. It appears to us that any woman who would want to have her aborted baby baptized knows that the baby is a living human baby, and that she had sought its death.

*Native American women sometimes also ask abortionists to bless their aborted babies. It has even been proposed that schools of theology develop special ceremonies and prayers to attend an abortion. Insofar as hardly anyone in theology school seems to believe in God anymore, there should not be too many compunctions about this.

*The former Crozer theological seminary in Philadelphia is now an abortion mill (LA, 12/91).
*If one believes that God has any part in the creation of new human beings, then those parties have a point who say that abortion is an attempt at deicide, because it strikes as closely in time as it can at God's creation of the human.

*In 19th century satanic rites in Paris, Satan was often invoked in litanies as "lord of abortion" (CFN, 1/95).

*Amazingly, an injectable contraceptive for women has been developed by the Concept Foundation and will be marketed by Upjohn.

*When we received a catalog of products from Conceptions Abbey in Missouri, it suddenly occurred to us that nowadays, one should not be surprised to receive catalogs from either Contraception Abbey or Abortion Abbey.

Resources About Abortion

In addition to resources cited in connection with specific items, we can point to 3 major ones.

Clowes, B. (1994). The pro-life activist's encyclopedia. Stafford, VA: American Life League. This costs $99, but has 1670 pages on just about everything having to do with abortion. Roberge, L F. (1995). The cost of abortion. LaGrange, GA: Four Winds Publications. $6.95 & $3.50 S&H. Examines social, economic, health, personal and other costs in the US. Crutcher, M. (1996). Lime 5: Exploited by choice. Denton, TX: Life Dynamics. This is a self-published book on the dangers of abortion by the head of an abortion malpractice legal foundation. It contains 8 chapters on the following topics: documentation of complications, injuries, and deaths sustained by women as a result of abortion; documentation of rape and sexual assault by abortionists against women on whom they perform abortion and others, such as abortion clinic nurses; the secrecy of the abortion industry, and its refusal to police the quality of abortion clinics and abortion practice; the deception in the documentation of abortion-related injuries and death; the effect on the abortionists and nurses of performing abortions; the possible connection between breast cancer and abortion; the difficulty women have using the judicial system for redress when they have suffered injury as a result of abortion; and proposed changes in the legal system that would make legal remedies for abortion injuries easier to obtain. The title refers to a pseudonym a young woman was given by an abortion clinic so that she could mentally distantiate herself from the abortion she was procuring. The book is filled with one horror story after another of abortion, the terrible conditions of abortion clinics (despite claims that legal abortion is now also safe), the serious injuries and even deaths sustained by women who have abortions, the lies and cover-ups about these realities in order to protect a political agenda of keeping abortion very easily accessible, and the immoral depths to which abortionists fall. Regarding secrecy, and the cover-up of the very harmful effects that can be suffered by a woman as a result of abortion, British physicians warned as early as 1971 that "the public is misled into believing that legal abortion is a trivial incident... There has been...a conspiracy of silence in declaring its risks..." (p. 134). Unfortunately, there is a bit of the aura of a self-published book about it, which will serve to discredit its arguments. For instance, it totally garbles the name of a CBS-TV "60 Minutes" correspondent (p. 107), an error that could have been easily corrected. Also, by advancing legal solutions for "as long as abortion remains legal" in the last chapter, it falls into the trap of trying to address on the technological level what can only be addressed and resolved on the moral level. (Source review from Susan Thomas.)

Deathmaking of Children
There are links between abortion of pre-born children and deathmaking of born ones, namely, hatred of reproduction, of childbearing, of children and of the family as the natural locus of propagation. We remind readers again of the German word for the current cultural hostility toward children, namely, Kinderfeindlichkeit (FKK).

Enmity Toward Reproduction

*One thing that is astonishing about some of the trends of modernism is how dramatically they can accelerate in a short period of time. One example is one of the indices of FKK in Britain. In 1981, 2% of British adults favored the idea of having only one child, while by 1991, 10% did so, which is a 500% increase in just 10 years. Simultaneously, the number of people favoring families of 3 or more children fell from 25% to 20% (Guardian, 29/7/91).

*A 1993 book, For Better, For Worse, is not a work of fiction though it may sound like one to many people. It documents the lives of five modernistic couples and how having a child affects them. By and large, these parents see having even merely one child as a severe assault either on their marriage or their individual identity quite aside from marriage. It is bad enough to want to write a book about it! This book is a profoundly sad commentary on the modernistic attitude toward procreation and children, consistent with FKK.

*The Syracuse Herald American (9 June 91) published an article extending over several pages that said in every "conceivable" way that most people would no longer be able to afford to have a baby and rear it to maturity. It reminded people that it would cost them about $10,000 merely to get their baby home from the hospital, and that it would cost about $170,000 to rear a child to age 18 in families with incomes above $48,000. This went on and on, including a detailed table of costs in all kinds of categories at each stage of the child. Almost half of a page was taken up with a picture of a baby shown eating and tearing up dollar bills. We interpret all of this as yet another manifestation of FKK.

*The fact that the widow of Robert F. Kennedy sees President Clinton as in effect having inherited Bobby's mantle (Newsweek, 31/5/93) tells us volumes about the moral incoherency of our day. Robert and Ethel had a lot of children in accordance with their Catholic faith, but now the widow hails an archenemy of family life and reproduction as Robert's heir.

Private Infanticide & Infant Junking

The killing of infants by their families or others, and the killing of impaired infants by health workers, are merely different expressions of the same underlying attitude.

Child killing by parents has much to do with the growing reproductive incompetency, which also expresses itself in declines in fertility, incompetent parenting, and child abuse. Whenever animals find themselves incapable of rearing their young, for whatever reason (shortage of food, too much environmental stress, lack of a sense of safety, etc.), they will often kill or abandon one or more of their offspring. In some instances, they will sacrifice some offspring in order to salvage others.

Some of the phenomena of reproductive incompetency that we are currently seeing in our population, and particularly its lower classes, may be similarly motivated. For instance, an incompetent mother with several children may beat one or two children to death but somehow manage to rear another—usually older—one. We can also easily see how intolerable slum conditions
might induce into parents a poorly expressable sentiment that they cannot raise some or all of their children.

One very good and probably evolutionary reason while infanticide and child-killing have been on the increase is that on the one hand, it has been established that children in families in which a stepparent ("a revolving parent") has arrived are infinitely more likely to be killed than in intact families, and that on the other hand, the family breakdown in our society has vastly decreased the number of family arrangements that are stable. For instance, the likelihood that children between the ages of 0 and 2 will be killed in a family with a stepparent is 70 times higher than the likelihood with genetic parents. During the ages 3-5, the killing likelihood is 24 times as high. At higher ages, the discrepancy declines, but is rarely less than 5:1. These effects have held up even when variables such as poverty were held constant (Science, 20/8/93). Of course, sociobiologists have long said as much, and that it is particularly likely to be the males who kill the offspring of the previous males on the scene in order to create more favorable conditions for their own offspring. Thus, a classical scenario these days—especially among the lower social classes—is for a woman with one or more infants from one or more previous men to start consorting with a new man. Because of very primitive genetic impulses, her children then become vastly more at risk of being made dead both by this new man and their mother (usually through abusive action) than they would be otherwise. This is a phenomenon that has also been well established in many parts of the animal kingdom. Therefore, a society in which women are more apt to change male consorts after begetting children from them is vastly more likely to experience a higher rate of child abuse and child-killing on this account alone. As the psychobiologists have pointed out, this has several advantages to the male in terms of reproductive strategy, and selective advantages to the female in certain situations, especially where the new male gives the appearance of being a good provider, or where getting rid of the child/children will make her more attractive to a suitor, as exemplified by Susan Smith in South Carolina who killed her two children for this reason. Of course, the genetic impulses are so primitive that the involved actors can rarely explain their behavior.

Another, related, deathmaking "set-up" exists where one parent identifies a child with the child's detested other parent. A third "set-up" is when there is a custody battle, and a parent is motivated to kill the child rather than losing it to the other parent. Such things have probably always happened, but by the same token must be expected to happen more frequently the more parents separate from each other.

A related finding (reported in a review article in Science (28/10/88) indicates that homicide is particularly high among people who live together, but many times more common among relatives related by marriage than by blood. Old folk tales about stepchildren being mistreated are true in that child abuse or child-killing in many countries is astronomically higher for stepchildren. In fact, in the US, substitute parents generally are about 100 times more likely to fatally abuse such a child than a child of their own.

*A Chicago mother broke 13 of her 3-month-old girl's bones, and scalped 30% of her body. After serving 2 years in prison for child abuse, the child was given back to her (SHJ, 29/10/88). More on such agency practices later.

*In Albany, NY, a 33-year-old woman's baby was ailing and would not stop crying. The frustrated mother simply picked up the baby and dipped her repeatedly into scalding water. The baby survived and the mother was charged (AP in SHJ, 15/1/95). It seems to us that if one were intellectually honest, one would have to admit that permitting mothers to abort their unborn babies, and even aggrandizing it, is bound to lead to an attitude that one has equal disposal rights over a born baby, and that events such as these, which are increasingly common, should be fully expected.
the parents’ handicapped newborn baby, such a concurrence has now come to be perceived as a legitimation, and they are almost certain not to be prosecuted (Colorado Lifewatch, 10/95).

*There have been instances where unborn children were diagnosed as being anencephalic or having spina bifida, and where in response, premature labor was induced in the hope that the child would die during labor or soon after delivery. In several such cases, the premature babies were discovered to be actually perfectly normal but too premature to live (CRTI, Fall 94). We will deal with the issue of butchering "anencephalic" babies for their organs under "utilitarianism."

*Ryan Nguyen was born in 10/94 in Washington State, and was quickly interpreted to have brain damage, partial paralysis, and kidney failure. His (Catholic) hospital decided to stop treatment but the parents fought heroically to have the decision countermanded, and eventually found a hospital in Oregon that would treat him. Only a year later, it turned out that all these diagnoses had been false, and that the baby thrived. Some of his current health problems may actually be the result of the removal of treatment early in his life.

*CBS TV’s "60 Minutes" relentlessly turns out pro-death propaganda episodes, including one on severely impaired infants on 15/9/91. It showed a mother caring heroically for such an infant, and a physician who wanted to "educate" mothers like her to let such babies die. The program emphasized the high cost of such infants as one of its propaganda ploys.

*A classical case of deathmaking by omission is a situation in Britain where of nine pediatric cardiology departments, only one has been prepared to perform routine operations in children with Down’s syndrome. As a result, 300 children with this condition are estimated to die needlessly every year (Safeguards Letter, Spring 94).

Child-Killing & Junking

While some motives for killing children out of infancy are the same as those for killing unborn or very young children, additional motives enter in, such as perverted sexuality. Also, as children get older, they are more likely to kill other children.

*Children have become so worthless in US social policy that it is hard to get data on missing, abducted, runaway and throw-away children, in part because of the lack of a centralized record-keeping authority and relevant reporting procedures and mandates. Also very revealing of the concealment efforts of the imperial powers is that a fact sheet on the issue put out by the US Department of Justice for the year 1988 estimated a total of almost 1.5 million incidences in the above categories, but did not report any fatality figures whatsoever. The closest it came was to note that in the "lost, injured or otherwise missing" category, 21% of the children "experienced some physical harm," and "14% were physically assaulted or abused." Also revealing is that as of Spring 1993, the most up-to-date US government figures were for 1988!

Similarly, the (private) National Center for Missing & Exploited Children sent out a 3/93 fact sheet that contained all sorts of similar statistics on run-away or missing children never found. They knew of 32,769 such children between 13/6/1984-31/3/1993, and that 332 of these were found dead. What they did not report was the number of children never found, which we had to reconstruct from their raw data as being 10,844! Many of these are apt to be dead. However, the center had only data on children listed voluntarily with it, and the real figures are much higher, as the Justice Department data show.
*The Guardian Weekly in Britain (30/7/95) ran a very sympathetic article on a couple who want to put to death their dearly beloved two-year-old "damaged child" whose life they described as one of "living death" and a "living corpse." Quite logically, the mother also said "Why, when abortion is legal, when a mother has the right to end a perfect life, can I... not end this damaged one?" (Source item from Michael Steer.)

*The dermatologist who disconnected his premature son's life supports in Michigan in 2/94 because he had been informed that his child was congenitally impaired was charged with manslaughter—and acquitted. Ironically, the pathologist who performed an autopsy on the baby found no abnormalities. People who kill their newborns usually get off free, or nearly so, and especially if the victim was impaired.

*It is not uncommon for one or both parents to kill an infant and then report the child kidnapped, the way Susan Smith in South Carolina did. Perhaps she had learned of the ploy from media coverage of similar such episodes.

*What is this world coming to! In Cincinnati, a pediatrician was charged with suffocating to death her own 7-week-old daughter (AP in SHJ, 15/6/89).

*We are certain that the US statistics on infant killings are grossly inaccurate, that infant killing is vastly more prevalent than the statistics reflect, and that at least some of that is due to some form of cover-up. According to the FBI, only 264 infants below the age of one were slain in the US in 1990, even though we constantly (almost daily) run across newspaper clippings of infant killings, even just in the tiny sector of printed news that comes to our attention (USA Today, 24/1/92; source item from Tim Sager).

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

*The younger the child, the more likely does it seem to be that upon being slain, the child will be put into a trash garbage bag, compactor, dumpster, garbage dump, or similar discard receptacle. According to some estimates, about 800 babies are tossed into the garbage in the District of Columbia every year, but few are ever found (USN&WR, 19/12/94).

*Foundling homes used to have a revolving window through which a baby could be anonymously deposited by a distressed or unwed mother. This device as called a turno. We learned of a 1996 version in Budapest, where a hospital had installed an incubator near its entrance into which parents can anonymously deposit babies that they want to abandon or might otherwise have killed. The hospital hoped to prevent infanticide thereby, which has begun to increase across the country (Syracuse Post-Standard, 20 May 96).

*We will report on child killing under the guise of "sudden infant death syndrome" some other time.

Medical Infant Deathmaking

*Here is an interesting observation. A physician who unilaterally kills a handicapped newborn child would be violating the law and is liable to be prosecuted. A parent who does the same would be in the same situation. However, if parents and doctors agree with each other to kill
Obviously, there is great reluctance by the most responsible organizations to own up to the number of children in the above categories who are either dead, or never found and likely dead. One datum that appears to have considerable validity is that an extremely disproportionate number of the children in any of the above categories came from situations other than two-parent families. This certainly underlines how poorly one-parent families perform in regard to their children in comparison to two-parent families--contrary to the PC propaganda on behalf of the destruction of the traditional family.

*National Clearinghouse on Child Abuse & Neglect Information. (1993). A report on the maltreatment of children with disabilities. Washington, DC: Author, U.S. Department of Health & Human Services. Most of this material was selected from a national sample of 35 child protective service agencies, based on 1991 data. Based on this sample, it was calculated that handicapped children had a 70% higher chance of being maltreated than other children, and that the handicap had something specific to do with the child being maltreated in 47% of the cases. Most at risk were children with physical health problems, secondly with emotional disturbance and thirdly those who were hyperactive, which might surprise us. In about 15% of the cases, the impairment had been caused by the maltreatment. Not surprisingly, emotional disturbance was the most common impairment resulting from maltreatment. However, we detect a strong ideological undercurrent in the conduct and reporting of the study which makes it a bit suspect in our eyes. Also, neither in this voluminous report nor in the literature that it cites does one find anything about the number of deaths that must certainly have occurred, considering that we read vignettes about such in the news media all the time. This is consistent with similar studies that make much of abuse, especially sexual abuse, but that never mention that children are being killed.

*Crosse, S. B., Kaye, E., & Ratnofsky, A. C. (1994). A report on the maltreatment of children with disabilities. Washington, DC: National Center on Child Abuse and Neglect. Another version of the above. We had been puzzled for some years as to why all sorts of organizations dealing with child abuse, and their publications, hardly ever report any mortality figures due to abuse. One reason is that they simply cannot cope with the implications, i.e., that society is collapsing. Another reason could be that such organizations only see live abused children, but not children who died from abuse.

*A nationwide study of runaway youths found that the average age was 15, and over 20% of those who had run away had run away from a foster or group home, and 38% had been in a foster home some time during the previous year. Many of the runaways had been victims of various kinds of abuse, and a disproportionate number had fathers in prison. Physical or sexual abuse by a parent appears to have played a role in two-thirds of all cases. About 20% had experienced violence from other family members. Fewer runaways than formerly are electing to return back home (3/92 clipping from Michael Kendrick).

*Peak times for teenagers to run away from home are during spring school break, New Year’s Eve, the end of the school year just before final exams and report cards—and when the fair is in town. Particularly during spring break, they go off to do what they want when they want it. However, typical runaway teens last only about an average 3 days on the streets, and come home on their own accord. Once a teenager has run away and come home, chances are extremely high he or she will run away again. Surprisingly, the majority are girls, and their average age is 14. In Central New York, about 7% never come back home and remain missing (SHJ, 20/4/95).
Abduction by a parent in a custody dispute is relatively harmless as these things go. What is very serious is when a child is abducted by someone other than a family member. Close to a quarter of such children are found dead, and how many more end up dead is unknown because of the large number who are never found. The private National Center for Missing and Exploited Children that runs with a great deal of volunteer help, many of them former law enforcement officers, investigated 15,194 child disappearances between 1/90 and 3/95. Of these, 78% were recovered, 233 were found dead, and the rest, about 20%, could not be found (Smithsonian, 10/95). For some mysterious reason, one of the places to which children commonly run away to is Seattle. Also, the investigators have often scouted the sites of Grateful Dead concerts, because a large number of runaways become "Deadheads," i.e., groupies who follow the rock group around.

The president of the National Center for Missing and Exploited Children in the US boasted that "we use computer technology to solve social problems," meaning that the center uses computer technology in its searches for missing and runaway children. Actually, the center and its technology does not solve any social problems but merely helps to "recover" some of the missing children (Smithsonian, 10/95).

In Los Angeles County alone, 40,000 children do not live at home because they have been removed from violent, neglectful or drug-addicted families. Many of these children are put into abusive foster homes, which is of course like falling from the kettle into the fire. The county keeps paying big money in legal settlements to children who are abused while in its custody (Time, 11 Dec. 95).

A major story in Time (11 Dec. 95) informs us that half of the state child protection systems in the US have been deemed so inadequate as to have been placed under some kind of judicial supervision. One reason is that a lot of them simply lie and deceive, and report that everything is fine in a family despite overwhelming evidence of child abuse and repeated reports thereof from neighbors. One might also contemplate how swiftly a child can be taken away from an intact family on the vaguest of accusations of sex abuse, while another child can be slowly beaten to death over a period of years without anything being done. Often, federal law to make "reasonable efforts" to keep families together is interpreted as a virtual absolute mandate that becomes utterly unreasonable in the face of child abuse evidence.

One reason why child welfare is not working is that welfare programs have become a public works program for people who are themselves marginal, and without casework jobs might be on the receiving end of casework. In big cities, they can expect to earn relatively good money (about $37,000 in 1995). But a lot of caseworkers dealing with families are divorced themselves and/or are single mothers. Many of them take prescription mind drugs. Turnover in many casework agencies is about 2/3rds a year, though it is not clear where it is the workers are running to.

Amazingly, despite the outcry about child abuse, official statistics admit of only 1,028 children dying from maltreatment in 1993 (Time, 11 Dec. 95). This is a ridiculously inaccurate low figure which could be disproven merely by even reading newspaper clippings of child killings.

The Chicago Tribune newspaper has issued two documents on the known killings of all children aged 14 and under in Chicago in 1993. The volumes are entitled Killing Our Children (Chicago Tribune, 25 January 1994) and Saving Our Children: The Search for Solutions (Chicago Tribune, 18 Jan. 95), and are available to the public for $1.10 from: Chicago Tribune, Tribune Publishing, 435 N. Michigan Ave., Chicago, IL 60611. Each volume is almost 100 pages.
In the first volume, there is a full-page story on the death of each of the 61 children from the Chicago area killed in 1993, as well as several editorials published by the newspaper on the topic, and several longer stories about the themes that some of the deaths had in common: abuse by parents, killing of children by children, the dangers of living in Chicago's segregated housing projects for the poor, gang violence, the ease of access to guns, and killings by the mother's new lover. In 1994, the (known) number of children killed was 67. In both years, this is an average of one every 6 days.

The volume makes devastating reading, though after a while, reading story after story can be numbing, since the same themes surface over and over: random violence, hideous abuse of infants, the siege-like conditions in some city neighborhoods. The two most recurring elements in these deaths are: the easy availability of guns, and the ready recourse to them; and abuse of very young children by either the parent or, more often, by the mother’s new lover. As regards guns, there are approximately 4 guns for every 5 US citizens, and many of those now available and in use on the streets are automatic and semi-automatic weapons designed for no other purpose than to kill human beings. Further, they are more powerful, and therefore more deadly, than earlier generations of guns. Somewhat surprisingly, the US homicide rate has declined since the early 1980s, but the homicide rate for children is now the highest it has been in this century. Many people seem to be living under conditions that are not dissimilar from those that prevailed in the former Yugoslavia, when mortar shells and snipers would unpredictably kill singly or en masse. Much of the gun violence is due to drug and gang activity, but some is just “for fun” (e.g., guns were used to celebrate a Chicago Bulls team victory), for protection, for power and prestige, and of course, many children are playing with guns.

As regards abuse, this has definitely been on the rise, as more and more women have children by several different men, as they leave their children in the charge of men who are not their fathers, and who are often very troubled themselves, thoroughly self-centered and with little patience; and as unsupervised children (sometimes in groups) are left in charge of other children. For instance, one mentally handicapped 10-year-old boy was left by his mother in charge of 8 young children, some of whom the mother was being paid to babysit each day.

Unfortunately, in its second volume on "solutions," the root causes of these problems are hardly noted or addressed—a common phenomenon. For instance, there is a great deal of emphasis in the second volume on making contraception more easily available to teenagers, parenting classes and homemaking help for teenage parents (especially mothers), and helping teenage boys who father children to accept greater responsibility for the expense and care of their children. Commendable and helpful as some such intentions or strategies may be, they do not address the reality that children, and especially unmarried children, should not be sexually amoral, and have sex and bear children. Similarly, various neighborhood, community, church, and family efforts to protect children were noted which, again, are commendable and probably will help save some children. But the high-level sources of such problems as gang violence, the drug business, and incompetent parenting were hardly noted.

One of the most useful, but also most devastating, sections of the second volume was on the Illinois Department of Children and Family Services which is in charge of determining abuse and neglect, removing abused children from dangerous situations, placing children in foster care, and reuniting removed children with their families. This section is a terrible indictment of the disfunctionality—even bankruptcy—of a human service system that is supposed to protect some of the most vulnerable people (babies and young children) in our society.

*News of people killing their children—and not just one child at a time but several or all of them—is not only becoming more frequent, but sometimes we find several such news items in a single day's newspaper. For instance, the Associated Press reported in the Syracuse Herald-Journal
of 20/2/95 on a Philadelphia mother who set fire to her home killing her own 4 children plus 2 guest children, and on a North Carolina man who killed and burnt his 3 children and then committed suicide. He is believed to have done this as a copy-cat act of a Delaware man who only 9 days earlier killed and burnt his 3 children and then shot himself. A Michigan mother threw her three young children off a bridge, and a father--on the same day--drove a car with his four children in it into a river (SHA, 13/8/89). But still, there are people who keep saying that they simply don't see things like that happening.

*A couple in the Bronx who are believed to have killed three of their children have been charged with raping all 9 of their surviving children (AP in SHI, 22/8/89).

*A former DC bank teller smoked some crack, then strangled 2 of her children with a clothesline, and almost strangled the third. When asked why she did this, she said, "I don't know; I hadn't planned on it," and that she loved her children (Time, 10 June 91). This illustrates the profound unconsciousness about child-killing that seems particularly prevalent in the lower social strata.

*Susan Smith, the South Carolina mother who drowned her two young sons in her car, apparently made one gigantic error. Namely, she should have beaten her two children to death, in which case she probably would have gotten off free or nearly so, because not too much gets done when parents beat their children to death these days in the US. But (a) drowning them, and (b) drowning both at the same time, and (c) getting so much publicity out of it by telling a false story, has drawn the ire of her home county and the whole country. People have been so furious at her that they have sent money to her home county to help prosecute her, and many people all over the country (including her husband) also thought that she should be put to death. And yet she is no more confused, externalistic, immature and messed up in her head than several tens of thousands of child-junkers in the US every year who get away with it.

*In 11/91, a 13-year-old boy was found in his home in Texas who had been chained out of reach from food for six months, and who died 2 weeks after he was found from the results of starvation. It was on this occasion that we discovered that withholding food from a child does not meet the legal criteria for a murder charge, and instead the parents were only charged with "injury to a child" (IAETF Update, 1&2/92). Again, Susan Smith had not thought clearly when she drowned rather than starved her children.

*A Chicago couple left their apartment one Saturday and did not come back till Wednesday night, leaving their three children, ages 4 through 6, with nothing to eat except potato flakes, ketchup, and salad dressing. The clever children went out and shoplifted themselves some doughnuts (AP in SHI, 21/1/94). This is the kind of thing we are talking about when we are saying that in the culture of modernism, people become less and less capable of competent reproduction, either biologically or socially.

*A woman tied her 4-year old son who had been naughty down and then suffocated him with a pillow. After hearing that she was suffering from premenstrual tension, she was sentenced to mere probation (Speak Out, 4/90). There is a vast amount of sympathy in the public for all sorts of deathmaking and deathmakers.

*Another--apparently new--development on the sad scene of child-junking is people going out of their way to try to find a child to adopt--and then abusing the child, or even beating the child
to death. This happened in Rochester, NY, where a couple went to great lengths to adopt a two-year-old child from a Cincinnati foster home, and almost immediately began to severely batter the child until the child died only eight weeks after joining the family (AP in SHJ, 26/7/90). The case is doubly sad considering that the foster parents in Cincinnati had wanted to adopt the boy, but were not allowed to because they were Caucasian, the boy was "black" and the Rochester couple (who were apparently known to have been problematic before the adoption) matched the boy’s racial background (AP in SHJ, 11/7/90). One could also interpret this as an instance of idolatry demanding human sacrifices, the idol in this case being race and what may go with it.

*Here is Jonathan Kozol’s observation (Time, 11 Dec. 95, p. 96) about the slow child-abuse death of 6-year-old Elisa Izquierdo by her drug-crazed mother of six in New York in late 1995. "In the death zones of America’s postmodern ghetto, stripped of jobs and human services and sanitation, plagued by AIDS, tuberculosis, pediatric asthma and endemic clinical depression, largely abandoned by American physicians and devoid of the psychiatric services familiar in most middle-class communities, deaths like these are part of a predictable scenario." Child authorities had been notified of child abuse 8 times during these 6 years. Allegedly, one reason the child was left with her mother was that she said she wanted it that way—self-determination! A 22-year police veteran called it "the worst case of child abuse I had ever seen." The child welfare department hid itself behind "confidentiality laws." Amazingly, a child caseload of 17 per child welfare worker was interpreted as disabblingly high (Time, 11 Dec. 95). Do they want a caseworker for every child?

*We commented before on a peculiar phenomenon of more and more people who are killing their children throwing them into the garbage, trash dumpsters, etc. In a profoundly symbolic act, an 8-year-old child was found by social workers in a trash can, and told them that he wanted to be thrown away because nobody wanted him. Sure enough, three years later, he was in a mental institution, having been through 12 foster homes and institutions (Syracuse Herald American, 12 May 91).

*In about 75% of cases where child abuse results in a child’s death, drugs and alcohol on the part of the parents were involved (Time, 27/1/92).

*We may have been wrong in scoffing at the increase of reports of the so-called Munchhausen-by-proxy syndrome. An increasing number of parents (almost exclusively mothers) seem to make their children deliberately sick because the parent gains attention thereby. One possibility is that these are role-avid (in the language of Social Role Valorization) mothers who might not do this if they were enabled to be recognized in other—less destructive—roles.

*Readers may remember the senior-cidal Christmas song "Grandma Got Run Over By a Reindeer," and we now consider the song "Mama Get Your Hammer There’s a Fly on Baby’s Head" as the equivalent on the other end of the age continuum.

*There was a very funny 1990 movie, "Problem Child," which cannot possibly be helpful to getting children adopted. The movie features a child who had been in 32 homes or institutions in about seven years, and who did just one awful thing after another. The boy’s most recent adoptive father who went really out of his way to do everything good for the child was shown moaning in horror and exasperation at one point, "we have adopted Satan." The 1991 follow-up, "Problem Child 2," had the child’s adoptive grandfather say that the child is "the devil come to life," and one of the little tricks that the boy played is to deliberately blow up his neighborhood in a propane explosion. The film is of the KFK genre.
*There should never be any legitimacy to parents killing their handicapped children, but at
the same time, it is easy to see where the combination of modernistic parents without internal
strength, and a disfunctional and often hostile service world, can combine to make it impossible for
such parents to cope any more. This is what happened to a man who suffocated his 11-year-old
daughter who had Tay-Sachs disease and who had never been ambulatory. The man had another
handicapped child, had lost his insurance policy, and did not get sufficient respite service (IAETF

*A woman in Milwaukee who had a severely handicapped child watched a TV program in
7/90 about starving impaired people to death, and began to drift herself into gradually reducing the
nutrition of her own son, phasing him down somewhat erratically from four meals a day to one, and
then no meals at all on weekends. After three months, the child died (NRLN, 24/9/91). This shows
yet once again what a powerful impact the media have on people's minds and morals.

*A mentally retarded N. Dakota woman, never married, had eight children by six different
men. In 1992, she was convicted of murder for starving to death her 5-year-old handicapped son.

*A large number of people have been sending money (for a total of close to $50,000) to
the Canadian farmer who gassed his cerebrally palsied daughter to death in 10/93 while the rest of
the family were at Sunday church service. All this happened about the same time during which
Susan Smith in South Carolina killed her two non-handicapped children in a case that made world
news. In the latter case there was an explosion of rage against the mother, and hardly anyone has
approved of her actions. But for the Canadian farmer, there was an outpouring of sympathy.
Amazingly, he was given a life sentence, perhaps because the child was already 12-years old.
However, we surmise that he will not serve a long sentence. Already, he was released on bail
awaiting the appeal of his case.

*What is happening in Brazil may be a harbinger of what child junking is leading to in
developed countries. Millions of children are being junked and cast into the streets. (It is somewhat
puzzling why, in a country that has had less racial problems than many others, about 80% of these
street children are "black"). Many of these children are being killed for being nuisances by police
and business interests. On one occasion, hooded men shot to death 21 slum dwellers in a single
incident. Military police took the occasion of a prison riot in 1992 to kill 111 prisoners in a single
prison. A human rights group said that between 1988 and 1991, an average of five teenage street
youths were murdered in Brazil every day, which we suspect is probably a low estimate (AP in SHI,
1 Feb. 94). In 1993, five men began shooting at a group of 50 sleeping homeless children around
midnight, killing eight of them. It later turned out that the killers were military policemen. Citizens
called in to a local talk show applauding the massacre. The reason is that the homeless children in
Brazil have been so dissocial as to commit conscienceless crimes themselves. In one sector of Rio
alone, 15 extermination squads operate, composed mostly of policemen and private security guards
(Time, 9 Aug. 93). One can buy a hit man to kill a nuisance child for as little as $33. Much as
US cities do with their street people, when an important international convention comes to Rio, the
authorities try to hide the homeless children from them. On the other hand, in Rio alone, there are
over 600 private groups trying to tend to street children (Newsweek, 25/5/92).

*China is a special case. It has never had a Judeo-Christian value tradition, has long had
many densely-populated areas, has had a history of intermittent famines, and life has been relatively
cheap, with infanticide having been widely practiced. Its current war on children is mostly of a
utilitarian rather than eugenic nature: to keep in check both population growth and dependency.
It is a general policy to kill at birth any newborn baby by a woman who has already had a child if, somehow or other, the woman escaped being forcibly aborted. Also, such recalcitrant women are apt to be forcibly sterilized. A favorite killing method appears to be the injection of formaldehyde into the baby’s skull through the skull’s soft spot (NRLN, 28/2/94). China’s 1-child-per-family policy goes so far that when a woman has twins, she will be asked which one she wants to keep, and the other one is put to death. As in the West, there are not only late abortions, but also killings of babies during birth while they are still partially in the womb, so that it can be counted as an abortion rather than an infanticide (NC Register, 21/3/93). The death rates for children in so-called orphanages in China are said to be between 50-90%. The death rates at Auschwitz were between 70-80% (Newsweek, 15/1/96). We suspect that various forms of "euthanasia" (e.g., of the elderly) will become more common in China not long hence.

The Utilitarian Motive in Various Kinds of Deathmakings

The Judeo-Christian ethic, the philosophy of personalism, and probably other positions as well, have held that humans are ends, not means. But not only is it common to treat humans as means, but so often, their deaths are exploited as utilitarian means for other ends. Often, humans are used as de facto sacrifices to some idol from which one hopes to receive what one considers valuable.

As far as we know, among the features of Baal worship in the ancient Middle East was the sacrifice of every first-born child to Baal. The infants were placed before the mouth of an image of the god. As flames came out of the mouth, they would convulse in pain which made them fall into the fire of the furnace, and this convulsion made it appear that the idol’s face was laughing. Accordingly, this ritual burning of children was called "the act of laughing." As soon as the infants had rolled into the fiery furnace, the priest and priestess of Baal would engage in sexual intercourse on the altar in full view of the people, which was also the signal for the men of the city watching below to engage in a sexual orgy with temple prostitutes. The Phoenicians brought some of these customs with them when they settled across the Mediterranean, including in Carthage. Large cemeteries have been unearthed containing the remains of perhaps as many as 20,000 sacrificed children at any one site.

One can see many parallels here between the sexual licentiousness of our day, its contribution to the begetting of unwanted children, and a large-scale killing of such children in the womb—this time for different idols, i.e., individualism, mammon, sensualism, etc. (Source material from John Morris.)

Here is a historical example of utilitarian—in this case, self-centered—deathmaking. The book, The Deaths of Sybil Bolton: An American History by Dennis McAuliffe (New York: Times Books, 1994), tells the story of the mystery and cover-up surrounding the death of an Osage Indian woman, apparently in order to acquire her share to oil rights on Osage land in Oklahoma. (The author is grandson of the woman in the title.) He claims that when oil was discovered early in the 20th century on Osage land in Oklahoma, Congress established guardians—all white people—over each and every Indian, so as to insure that the Indians didn’t enjoy the “good life,” as was then rumored to be occurring. E.g., there were stories of Indians having limousines with white chauffeurs. Because each Osage Indian had shares in the oil (called “head rights”), and because these head rights reverted to their guardians, the guardians had an incentive to make dead as many of their Indian wards as they could. Indeed, McAuliffe says that Osages began to have the highest rate of being murder victims of any population group. (From an interview broadcast on public radio’s “All Things Considered,” 17 December 1994.)
*Of course, abortion is massively underpinned with utilitarian rationales on behalf of the parents, but it can also have societal utilitarian rationales. For instance, it is saddening to learn that the rubella vaccine currently being used came from a baby girl aborted on medical advice by her mother who had gotten rubella during her pregnancy in the 1964 rubella epidemic (Communiqué, 23/12/94). In fact, major sectors of medicine have fought very hard for freedom to do any conceivable kind of research on artificially created embryos, or on aborted babies—including live ones.

*Earlier, we touched on the revelation that aborted babies are being consumed as a health food in China. Among the expected health benefits are younger looking skin, a cure for asthma, and health improvement generally. Sometimes, the babies are apparently eaten raw, but more commonly, they are cooked in something like a soup (Remember: "In soup is best"). One physician claims to have eaten more than 100 aborted babies during a six month period or about one every 1.75 days. They are also believed to be "highly nutritious." One physician said quite reasonably, "they are wasted if we don’t eat them... they are already dead when we eat them... The women receiving abortions do not want them." A Hong Kong business man who became a regular customer of baby flesh-selling abortion clinics said that he had first "felt uncomfortable," but doctors told him that his asthma would be cured, and that actually happened (Life Insight, 4 May 94). Further news coverage on cannibalism of aborted babies in China is found in NRLN, 17/5/95. According to one report, aborted babies are sold for anywhere between $10 to $300.

*However, yet another "use" of aborted babies is for organs/tissues. People of the culture of modernism, including the majority of American Christians, have virtually no awareness of just how utilitarian their minds have become. Already, many are approving of the use of fetal tissues from abortion for medical and research purposes. After all, these babies "would have been killed anyway," and as long as one does not approve of, or participate in, the killing, "wouldn’t it be a shame to let the tissues go to waste." A good example of this attitude are the many Christian republicans in the US Congress with strong anti-abortion records who concurred in a 87-10 senate vote to permit use of tissues of aborted babies to be used for research. And of course, this research also includes—experimental treatments!

According to Life Advocate (2/95), the deathmakers have thought of a virtual "101 Uses for a Dead Baby." Among the examples cited were the following. Babies aborted at six months submerged in jars of liquid with high oxygen content to see if they could breathe through their skins—which they could not. Brains and hearts of 100 aborted babies used in a $300,000 experiment on a pesticide. A woman trying to be inseminated by her father so that the baby could be aborted and its brain tissue transplanted in the father/grandfather’s brain, who was said to have "Alzheimer’s." An entire diabetes treatment project virtually dependent for its existence on the availability of pancreases from aborted babies. Aborted but still live babies being dropped into meat grinders to extract tissues. A live aborted baby being sliced open without anesthesia to harvest the liver. The excision of testicles from an aborted baby to be transplanted into a young man to help him be "sexually active."

Until recently at least, the American public was still opposed to the use of fetal tissue for therapeutic purposes, but the margin was quite small: 47% versus 36% (NRLN, 24/3/92), and may have tipped the other way by now.

We have reported before on commercial traffic in fetal tissue from abortions being incorporated as ingredients in cosmetic products such as skin creams and shampoos, despite a great deal of denial by most parties in countries where this is taking place. We now learn that a single French laboratory buys about 19 tons a day of such fetal tissue from various countries, and a great
deal from the former Soviet Union, which has long had one of the highest abortion rates in the world (The Australian, 7 April 92; source item from Peter Millier).

A professor of neurosurgery has stated in the New York Times that in his opinion, an aborted fetus does not even need to be defined as dead in order to be taken apart for either research or organ transplants. "We have come to think of the fetus as a single viable organ, or just a sheet of tissues for harvesting--without rights" (Life Insight, 3/92, p.1).

*The next logical step was to go after live babies. For instance, heads severed from 12 babies delivered by Caesarean were kept "alive" for months for research purposes (LA, 2/95; this was part of the "101 Uses of a Dead Baby").

Around 1992, it suddenly occurred to some people that the least controversial way to butcher live babies for parts was to pretend that babies with anencephaly are not really alive, or not really human. Thus, the American Civil Liberties Union argued in 1992 that there was "inconsistency of permitting the termination of pregnancies up to the moment of birth" while at the same time "prohibiting the donation of organs just after birth." The Union was talking about allowing the butchering of anencephalic babies for organ transplants. It argued further that "there is absolutely no morally significant change in the fetus between the moments immediately preceding and following birth." Amazingly, the same arguments used by opponents of abortion have now come to be used in support of utilitarian infanticide, which may very well become another form of parental "choice," and a "private decision between a parent and a doctor" (First Things, 12/94). "Ethicist" Robert Veatch at ("Catholic") Georgetown University joined the ranks of the deathmaking gurus (Georgetown seems to teem with them) by declaring that an anencephalic baby "has no capacity for mental functioning," and is therefore dead (IAETF Update, 5&6/92), and its organs can therefore be taken at will. His opinion was joined in 1993 by a professor of philosophy and religion who wrote in Ethics & Behavior that since children with anencephaly never had a mental life, there were few moral grounds for hesitating to use them as organ sources.

The Council on Ethical & Traditional Affairs of the American Medical Association declared in Summer 1994 that it is normally preferable for an organ donor to be dead before removing vital organs, but that at least one of the exceptions to be made was in case of anencephalic babies, and that for two reasons: "Because of the great need for children's organs" (which is an utterly utilitarian argument that could be easily generalized to all sorts of gruesome situations), and secondly, because these babies allegedly "have never experienced, and will never experience, consciousness." A good question about the second point is whether any newborn infant a few hours old has experienced consciousness. One remarkable aspect to this new deathmaking war is that there are reportedly fewer than 100 such babies born in the US each year, and yet the impression is conveyed that butchering them would make a significant impact on the organ market, even though it is known that many of these babies are already born with serious organ defects. Obviously then, this argument is merely a stalking horse of much more generalized deathmaking. What else could it possibly be? In our opinion, people who will be at particular risk soon are profoundly retarded persons who meet all the deathmakers' criteria of poor quality of life, little consciousness (they may even be said to have none), being very expensive, being suffering or bringing suffering, and so on.

However, the above Council declaration was too much for too many AMA members, who obtained a reversal of the ruling, but of course, the arguments had been made and were impactful.

Colorado Lifewatch (10/95) has pointed out that on the one hand, handicapped people are often denied transplants because they are said to be of low value, while at the very same time, medicine wants to kill handicapped infants and chop them up for parts which are considered to be of extremely high value to other people. Apparently, the way to put this in words is that certain handicapped people are considered to be worth vastly more dead than alive.
*We remind readers that in order to be useful, most organs--especially the soft internal ones--have to be taken from a de facto live person. This has resulted in the practice of declaring live people dead so that they could be quickly cut apart while "fresh." Most preferred are people whose hearts are still beating; these have usually been declared "brain-dead." This is why people who offer to be donors of anything but eyes, hair and fingernails are unwittingly contributing to a deathmaking culture by signing pre-death organ donation documents. In fact, they create the occasions for the commitment of the evil of killing by making themselves available to be killed by medical workers for their organs.

Well-known "bio-ethicist" Helga Kuhse in Australia has been more forthright and called for declaring people dead who can be presumed to be permanently unconscious, so that their organs can be taken for transplants (Daily News, 5 Oct. 88; source item from Bob Jackson). Of course, a significant minority of people declared permanently comatose or vegetative recover consciousness, but things like that are not insuperable obstacles for "ethicists" these days.

Also to consider is that we have run across a number of news items in recent years in which somebody was declared dead, but then minutes or hours later discovered to be still alive. These were not cases where live persons were being declared dead so that their organs could be cut out, but in most instances, the person who was prematurely declared dead was aged. We strongly suspect that these people were declared dead because in the minds of the attending physicians, they had been placed into the "already-dead" role or the "should-be-dead" role.

The Charité Hospital in Berlin is one of the most famous in Germany. In 1991, it was charged with having critically ill patients brought there in order to butcher them and use them as organ sources. To this purpose, internationally-agreed criteria for brain death were disregarded, even though these criteria themselves already permit people to be declared dead who are not (IAETF Update, 1&2/92).

All this helps explain why the Chinese conduct executions in such a way that the condemned person is still alive, and can be cut apart for organs to be either sold for much money to rich foreigners, or to be installed into their own ailing leaders. The foreigners allegedly pay as much as $30,000 for a body part. The prisoners (who may include women as well as men) are--so to speak--put in storage until one of their parts is needed, and then they are executed--or mock-executed, and cut up (NRLN News, 17/5/95).

Between 1976-1991, over 1300 inmates of a mental institution near Buenos Aires died, and another 1400 disappeared without a trace. Evidence is now coming in that at least many if not all of the 1400 were butchered for their body parts. This should not be all that surprising considering that even in 1992, the 1300 live inmates of the institution were found to be neglected, malnourished, and largely naked. (Boston Globe Magazine, 13/9/92; submitted (unfortunately) by Nancy Killam.) In one instance, a corpse was found with its eyes removed.

In India, most organs are extracted for pay, but often also in scam trades. In Madras alone, there were 200 private organ transplant clinics on just a single street. A kidney donor got paid $1,000. However, people have also been recruited to give a pint of blood and suddenly got put under anesthesia and had a kidney taken out involuntarily (AP in SHI, 16/3/95); or, young men may be offered jobs or large sums of money for a kidney, but after the operation, the promise is not kept (Communique, 5/5/95).

According to the German weekly Der Spiegel (#52, December 1987), there has been a flourishing organ business in Egypt; and in Honduras, handicapped children have been used as organ reservoirs, often with fatal results for them.

*Then there is reason to believe that there is trade in organs of older children from Third-World countries who get bought or abducted in order to either have a non-vital organ taken out of them forcibly, or who are even butchered for parts. There is much denial that this is happening,
or at least that there is "no evidence" for it (e.g., *Time*, 18/4/94). However, why should one not expect it to be true? For instance, consider that in Mexico, Guatemala and El Salvador, an estimated 20,000 children disappear every year. According to a resolution of the European Parliament, infant corpses in Guatemala have been found stripped of one or more organs, and children have been sold at $75,000 per child to be butchered for their organs with wealthy US and Israeli families buying the organs for their children (*CASA Cry*, 12/90). That the suspicion of such trade is also warranted is underlined by the fact that in El Salvador, there are baby farms to which impoverished mothers or outright baby kidnappers bring babies for sale for a few hundred dollars. In these baby farms, the children are cleaned, freed from vermin, and well fed so as to acquire a healthy appearance. They are then offered for resale at 30-fold their original costs, and up to $20,000. It is estimated that several thousand babies are sold from Central America to mostly North America, but also to Europe. Most of them are sold for adoption into families that really want these children, but a certain percentage are sold to the sex trade and likely to the organ trade, in which latter case, of course, the babies are either butchered for their parts, or have non-vital organs taken out. The Central American death squads are believed to be involved in this trade. For instance, in one foray into the countryside in 1982, the Salvadoran army took 50 infants from a rural village, and they were never seen again by their parents. Of about 4,000 Brazilian children that were supposed to be adopted into Italy, only a quarter were actually adopted, the rest served as organ sources (*Amerika Woche*, 8 Jan. 94, p. 20).

In Paraguay, baby girls with light skin and eyes are said to be sold for a mere $3,500 (*CASA Cry.*, 2/96). Perhaps some get adopted, but at that price, why not get them for parts? And a woman in Bangladesh was condemned to death because she had murdered her 3-year-old daughter in order to sell her eyes and kidneys to organ traders (*Communique*, 17/1195).

*Because of the insatiable avidity for organs, a new slogan has been coined on the deathmaking market, namely, "mandated choice," referring to provisions under which citizens could only get processing of documents--such as drivers licenses or tax returns--by filling out a form asking them whether they would donate their organs upon death (CRTIR, Spring 95); even worse, there are efforts to pass laws that everyone can be "harvested" of organs unless they have signed documents to the contrary! This development has actually already been implemented in several countries, including France and Singapore (11/92 clipping from Darrell Wills).

Artists often imagine the future. The novel, *The Angelmaker*, by Pearson depicts a scenario which may not be far from the truth. It features a Seattle robbery ring that systematically takes organs from kidnapped transient street people, including from runaway youths, and sells them abroad (Source clipping from Barry Weyer.)

In the 1978 film "Coma," based on Robin Cook's book, *Terminal*, physicians in a hospital turn patients into "comatose vegetables" in order to remove and sell their organs as needed. In 1996, a film, "Robin Cook's Terminal," was made for TV based on the above one.

*Here are a few odds and ends on deathmaking utilitarianism.

a. The hepatitis B vaccine had been developed by using mentally retarded residents at the New York State's Willowbrook institution as guinea pigs by infecting them with the disease. We did not know until recently that the rubella vaccine was developed from the tissue of an aborted baby during the 1960s.

b. It has come to light that when insurance firms discover that one of their policyholders has AIDS, they offer to buy back the policy at somewhere between 50-90% of the face value of the policy. This way, the patient gets some immediate cash and the insurance firm saves an awful lot of money. Between 1988-1992, insurance firms had bought back $100 million in policies from terminally-ill patients. Critics have described this as a "futures market" in death. Some insurance
firms even sell the policies to investors who then become the beneficiaries who can collect large and quick profits as soon as the patients die. Investors may even be given confidential medical information about patients to help them in their policy-shopping (CRTI Reports, Summer '92).

c. Insurance firms have been pushing for legislation that would permit them to charge lower premiums for individuals who sign "advance directives" that decline certain life-sustaining treatments.

d. In some health centers, dying patients are subjected to massive testing or even surgery merely in order to milk Medicaid funds therefrom. This, of course, makes the patient die faster and worser (NY Times, 25/4/92).

e. For years already, it has been argued to make dependent ailing--especially elderly--people dead merely to save money.

f. "Death has a way of cutting expenses": Woody Allen (Life Advocate, 1/95).

Social Role Valorization (SRV)

We will try to carry at least some SRV items in every issue.

Miscellaneous News About Social Role Valorization (SRV)

Several of the items below deal with the forerunner of SRV, the principle of normalization.

*Smith, R. M., & Neisworth, J. T. (1975). The exceptional child: A functional approach. New York: McGraw-Hill. This may be the one text on exceptional children that covered normalization more than others. A 1978 introductory mental retardation text by the same authors also gives more normalization coverage than other such texts. (See below.)

*Neisworth, J. T., & Smith, R. M. (1978). Retardation: Issues, assessments, and intervention. New York: McGraw-Hill. This may have been the mental retardation text that most thoroughly incorporated the normalization principle.

*Lakin, K. C., & Bruininks, R. H. (1985). Contemporary services for handicapped children and youth. In R. H. Bruininks & K. C. Lakin (Eds.) Living and learning in the least restrictive environment (pp. 3-22). Baltimore, MD: Paul H. Brookes. These authors recognized that "Normalization as a concept has endured primarily because it is elegant in its simplicity, yet it provides both a utilitarian and an equalitarian guide against which to measure the coherence of programs and services for handicapped children" (p. 12).

*The TIPS editor was the one who launched the expression "culturally valued" this or that (activities, routines, rhythms, possessions, appearances, etc.) into a theoretical context (Social Role Valorization) in the early 1980s. Already by 1990, the social science mainstream began to make use of the concept, as exemplified in the book, Apprenticeship in Thinking, by Barbara Rogoff. She delineated a construct of "apprenticeship" by infants and children that involves the child's "guided participation" in an activity with an adult, and she made the point that "both guidance and participation in culturally valued activities are essential to children's apprenticeship in thinking."

*In England, there are now (or at least recently were) human service workers with a title of "normalisation tutor" (source clipping from Ruth Abrahams).
*We were told that someone was doing a doctoral dissertation on "karma and the normalization principle."

*Much has been in the news in the past few years about AIDS ("acquired immune deficiency syndrome") which, as its name implies, means that the body's natural defense against all sorts of diseases decline because of an acquired--i.e., not natural or inherent--deficiency in the body's immunity. We may have identified a similar kind of acquired syndrome in so many people connected with human services, namely, resistance to doing the right thing by devalued people, as would be implied by SRV. We have therefore decided to name this syndrome--although unlike AIDS, it is not new--ASININE for Acquired Social role valorization Ignorance, Naiveté, Immunity, Nastiness, and Emptyheadedness.

*According to an SRV wit, when one is called by other human service workers about their situation at work, one is supposed to advise them "apply SRV twice and call me again in the morning."

Problematic Pronouncements About Normality, Normalization or Social Role Valorization

*US Senator Moynihan from New York has begun to use the term "normalizing," but in a sense quite different from the one used in connection with the principle of normalization. What he means is that extremely abnormal, maladaptive or unpleasant experiences and situations begin to get treated or interpreted as if they were normal, every-day features of life that are to be expected. For instance, hearing machine gun fire in the cities is shrugged off as just a normal city experience, whereas 20 years ago, it would have been interpreted exactly for what it is: a catastrophic sign of the collapse of American society. Other things that were once pretty bad have become positively imaged and thus "normalized," such as "single parenting," "alternative family structure," and so on. (Source material from John Morris.)

*We recently ran across an instance where a person exposed to normalization language accidentally wrote the name of the late writer/publisher Norman Cousins as Normal Cousins.

*The National Association of Residences for the Retarded (NARR), at its 1st conference in Minneapolis in 1979, chose "Narrmalization" as its theme. Unfortunately, in German (which is still well-known in Minnesota), Narr means fool.

*To our surprise, we saw Values Into Action (Autumn, 1991) refer to John O'Brien's "five accomplishments" teaching as "a way of defining normalization--but in practical terms, rather than using a complicated abstract definition."

*Rather amusingly, a Quebec publication of 10/19/91 identified Social Role Valorization as a refinement on the principle of normalization based on developments that occurred in Quebec since the 1970s. Of course, it was only the use in French of the term "valorization" as applied to people that played a historic role in the choice of the phrase, "Social Role Valorization," rather than any theoretical, philosophical or service developments in Quebec.

*We were told that when some human service workers in French Canada heard of "valorization du rôle social," they thought it referred to a scheme for bestowing greater value on the social work role, and thus on social workers. This is yet one more reason to translate SRV into French as "valorization des rôles sociaux."
*In 1993, somebody was describing SRV in an article, but the pen slipped, and it came out as having to do with "creating and supporting valid social rules for people."

*Joe Osburn was asked by somebody how his "color vaporization stuff" was coming along, apparently based on someone's very corrupted memory of one of his Social Role Valorization workshops.

*Dialect, the periodical of the Saskatchewan Association for the Mentally Retarded, carried a hilarious story in its 2/88 issue. "For two years the mother of a young autistic man would correct her son by saying, 'Don't do that. It doesn't look normal.' The son would stop the inappropriate behavior. Then she would add, 'You want to look normal, don't you?' The son would say, 'Yes.' Then one day, it occurred to the mother to ask her son, 'Do you know what normal means?' 'Yes,' he said, 'It's the second button from the left on the washing machine'". Not quite so hilarious is why in the world he agreed that he wanted to look like that button.  

Miscellaneous Human Service News

*In Spring 1996, the government in Britain announced that it would make what we call "person-funding" available to all people with disabilities between ages 16-65 (VIA, Spring 96). We suspect that this news is too good to be true, and will be curious to observe the development.

*Smart-alecky modernists have begun to devise computerized and automated systems for centralizing drug distributions to human service settings, based on the business practice called "just in time" delivery. An example was a 2/95 switchover to such a robotized drug dispensation system in New Jersey for 6,500 clients of 18 different mental institutions. The idea is that in innumerable computer terminals in the settings, the drug regimen for each client is entered, and a centralized facility packages the drugs needed for each client at each facility every day and delivers them every 24 hours by truck. Inexplicably, this system was instituted all at once without a trial transition--and of course broke down within the first few minutes. The benefit to the clients was that for several days, they did not get their full psychoactive medicines. A private health firm, HPI, was given a three-year $56 million contract to do this, showing how much money there is in psychiatric mind drugs (Philadelphia Inquirer, 4 Feb. 94; source item from Margaret Sager).

*With the Olympic soccer games scheduled to be played in Birmingham, Ala., the city began to try to get rid of its unsightly homeless population a few months in advance. Homeless people were given bus tickets out of town and a cash bonus, and some were even given a cash bonus and a ride, mostly to Huntsville, Ala. In just 6 weeks in early 1996, 41 such homeless people from Birmingham checked themselves in with Huntsville social agencies (AP in SHI, 8 May 96).

*Millions of women in Third World countries may have been intentionally used as unwitting guinea pigs by the WHO and several anti-population groups. They got tetanus shots--but these may have been laced with a drug that prevents conception or implantation, because human chorionic gonadotrophin was found in the vaccine, but does not belong there. What adds suspicion to this possibility is (a) only women got the vaccine, (b) they got it only if they were between ages 12-49 (15-45 in some countries), and (c) the vaccine was given in a series of 5 shots, whereas tetanus would only require one (LA, 7/95).

*Smith, J. D., & Polloway, E. A. (1995). Patterns of deinstitutionalization and community placement: A dream deferred or lost. Education & Training in Mental Retardation and
This study of what had happened to 2,000 residents of a large mental retardation institution in Virginia who had been "deinstitutionalized" found that at least at the initial out-placement, a minimum of 45% were residing in another kind of institution, including detention facilities. Another 45% were clearly in community settings—a figure comparable to the 47% of placements into the community reported already by Fernald in a 1919 study!

*A government official in Essex, England, suggested that the St. Giles Leper Colony be used as a residence for people coming out of institutions for retarded persons, because "there are not many lepers left now" (VIA, Spring 96).

*We are rather alarmed about an increasing number of people and organizations using a client’s satisfaction with his/her service as an index of "quality of life." Many of these people are intelligent and educated, and either know or should know that there has been a vast, solid and longstanding body of research that has shown that client satisfaction cannot be used as a valid index of service quality or service outcome. However, there is no indication that this craze will soon abate, and so we must see it run its sad course to its predictable end of failure and disillusionment. At that point, everybody will say, "how stupid these people were to make such an assumption, particularly with all the research evidence that had been available to them all along."

*Susan Ruff sent us the following "reflection upon visiting a local nursing home."

Generations
They move like waves into shore...
Most job sites are full of life, this one was full of the aura and odor of death on the beach. I think the bibs on the residents at lunchtime - utilitarian, yes, but bibs, bothered me the most. Colorful cloth napkins would work as well. It is a job for those who work there, but the uniforms from nurse's caps and white to hair nets and green - spoke volumes of the hierarchy of the medical model.

As this generation crashes on shore in a foam of lost dignity, what awaits my generation? Have we raised our children to care about how we are to be cared for as it becomes our turn at the last crest of the waves?
To have no control over one’s place of living or how one is treated by others is a sadness unknown to most of our generation.
They are at the stage of dependency upon tender mercy that we all dread. They are the waves that are crashing.

*Arbus, D. (Collated by D. Arbus, & Y. Cuomo). (1995). Untitled. New York: Aperture. (Published in the UK by Thames & Hudson). Doon Arbus and Yolanda Cuomo went through the archives of the late—somewhat renowned—photographer Diane Arbus, and put together a book (with the peculiar title Untitled) of the photographs that they found which she had taken of mentally retarded people between 1969-1971. For some strange reason, all the pictures are of women, but then the photographer had been rather strange and had died from suicide. Yet stranger and stranger is that this book has received raved reviews in the US and Britain, despite the fact that the pictures of the retarded people are quite unflattering. People trained in SRV would probably be aghast at the child imagery, clown imagery, images of incompetency, people in grotesquely inappropriate clothing and so on. Also, many of the scenes are typical old-time institution scenes, or of people from institutions doing something out in the community.
*When handicapped people were put to death in Germany under the Nazis, their brains were often preserved for research. Hundreds of such brains stored in jars were found in a Vienna psychiatric hospital recently, and after 50 years, were finally buried in Vienna’s main cemetery (NC, 19/5/95).

*There is no question that the Nazis’ dehumanized the Jews, but no one should be surprised that the reverse has also happened. When the Dalai Lama said that "deep down," he found "a seed of human compassion" even in Nazis, an Israeli minister said, "any relating to Nazis in terms of humanity is unconscionable" (AP in SHI, 22/3/94).

Miscellaneous News

*Microgen, Inc., has trademarked a cleaning agent, GEN-O-CIDE (Greater Cincinnati Business Record, 12/90; source item from Griff Hogan).

*During the slaughter of the Tutsis by the Hutus in Rwanda, the people most likely to survive were those who could run the fastest. This explains why so few women and children survived, and especially, of course, women with children, and we have to assume that there must have been a terrible carnage among the handicapped (ET, 10/94, p. 87). Also, virtually every woman or girl of the victim class in Rwanda who was not massacred was raped, and of course, many of those who were murdered had also first been raped, some in addition having been sexually mutilated (RAPE, 2/95).

*Apparently, the practice of inflicting a painful act on a child upon an occasion that the child was supposed to remember is a rather ancient European folk practice. For instance, at least in eastern Germany, and quite probably elsewhere as well, the boundaries between the properties of farmers were marked by burying a large stone in the presence of the families and both adjacent farmers (and possibly other witnesses), and at the end of the burying, the boys of the farmers who could be presumed to one day inherit the fields got a strong slap in the face so that they would not forget the occasion and location.

*The failure of computer designers to anticipate that upon the advent of the year 2000, computers will think that it is the year 1900 all over again could eventually cost $30 billion in changing federally-operated computer systems in the US alone, not to mention other computer systems, nor the chaos that is apt to result, and about which we should all rejoice to the degree that it does not affect us too much.

*In western society, the numeral 13 is considered a very unlucky number. Many hotels do not list a 13th floor, but go from 12 to 14. However, in Japan, it is the numeral 4 that is associated with bad luck. The reason is that the Japanese word for "four" sounds like the Japanese word for death. Therefore, many buildings in Japan do not have floors numbered 4.

*In the US, about $500 billion is wagered every year in legal gambling alone (NC Register, 21/4/96).

*In 6/95, Emile Cioran died in Paris at age 84. He had been the author of "The Inconvenience of Being Born" and "On the Peaks of Despair." He must have written these works after becoming a subscriber to TIPS.