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Introduction

Due to our many obligations which at times seem to almost exceed our capacity, we may never again put out an issue of TIPS with its date corresponding to the actual time it gets sent out! Nevertheless, we strive valiantly to at least keep putting issues out. This time, our topic will be deathmaking which, sadly, continues to generate enough material for us to put out triple and quadruple issues on it—and even then, we have only given part of the material we have on hand. One event that prompted the choice for this TIPS issue is that in 10/05, our Training Institute hosted a 5-day workshop entitled “Crafting a Coherent Moral Stance in Defense of the Sanctity of all Human Life.” The next such workshop in North America will probably be in October 2007; for information and to receive an announcement when it is definitely scheduled, contact the Training Institute. Also, our last major coverage of this theme was in the 6, 8, & 10/98 issue. Some of our items are a bit dated because of long intervals between deathmaking issues, but as long as they illustrate dynamics that are still ongoing, they are as relevant now as they were a few years ago.

As we said before, subscribers who think that this issue has too much material on deathmaking should ask themselves: If one had lived in a society that killed 1.5 million Jews a year for years, would it have been excessive to bombard its citizens with masses of material opposed to Jew-killing?

We would appreciate readers’ feedback to any or all TIPS issues.

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The History, & Examples, of Genocides

Humans have attempted to exterminate entire groups of people--racial or ethnic classes, devalued classes generally, religious groups, etc.--for as long as humans have existed. And even though some of these genocides, or attempted genocides, claimed hundreds of thousands, even many millions, of lives, many of them are virtually unknown. Some ways in which our society's current effort at genocide or “classicide” of its unwanted people is different from earlier ones are in its sophistication, its “neatness” and often bloodlessness, its medicalization, and its dispersal and hiddenness.


*Charny, I. W. (Ed.). (1999). Encyclopedia of genocide. Santa Barbara, CA: ABC CLIO Press. Since it costs $150, one may not want to buy it, but one may want to go to the library to use it.

*Lofton, R. J., & Markusen, E. (1990). The genocidal mentality: Nazi holocaust and nuclear threat. New York: Basic Books Publishers. The term “genocide” was apparently coined in 1944 and defined by the General Assembly of the UN in 1946 as “a denial of the right of existence of entire
human groups.” Lofton & Markusen claim that the genocidal mentality actually took shape with the hydrogen bomb, which was a weapon known to be capable of destroying entire human populations.

*Lindqvist, S. (1996). *Exterminate all the brutes* (J. Tate, Trans.). New York: New Press. (Original work published 1992). This is a very selective and somewhat journalized history of some of the genocides perpetrated by Europeans, mostly in Africa, pointing to a number of linkages with later genocides. “Exterminate all the brutes” is a phrase found in Joseph Conrad’s 1902 novel *Heart of Darkness*, and encapsulates the white colonialist attitudes toward the dark-skinned natives. The English word “exterminate” comes from a Latin word that really means more “to drive out” than to kill. This is why in several Germanic languages, a stronger word is used that means as much as extirpate, i.e., to root out.

The die-off of the Indians under Spanish colonial rule was not deliberately planned, and in fact caused alarm among Spanish rulers. However, where people of British stock settled, there was much deliberate extermination of native people.

The idea that there once had been animal species that died out only arose around 1700, and took almost 100 years to be accepted. Once it was accepted, it became easier to think of the extermination of presumably inferior human strains as a benefit—and even service—to human evolution.

One of the first systematic and total genocides by Westerners, motivated by racism, took place in Tasmania, a large island off Australia. The first colonists arrived there in 1803, and started to massacre the natives the very next year. Already in 1830, when the government mobilized 5000 soldiers to set up a human chain with 45 yards between men that swept across the island, not one single native was caught—only about 300 were left at that time. The last full-blooded Tasmanian died in 1869. Based on the model of the extermination of the Tasmanians, the prominent Scots anatomist Robert Knox predicted in 1850 the total extermination of the darker races as an inevitability because, he asserted, they cannot be civilized, and must not be amalgamated. Under the darker races, he included virtually the entire world’s population except those of light-skinned European stock. Knox’s active career was brought to an end when he was caught in a grave-robbing scheme to get skeletons to study. However, some of his followers formed the Anthropological Society in Britain which rejoiced in the massacre of dark-skinned natives and interpreted such massacres as a “mercy” because they killed quickly, rather than letting the victims suffer over long periods.

Also, in 1850, Herbert Spencer (1820-1903) wrote *Social Statistics*, in which he asserted that inferior races were a “hindrance” that “must be got rid of.”

Alfred Russell Wallace (1823-1913), an English naturalist who can be considered to have been the co-discoverer with Darwin of the theory of evolution, equated “the lower races” with depravity. He too saw the extermination of the darker-skinned people as inevitable, much as European animals and plants in his time were seen to displace many of those in the colonized territories.

In his novel *War of the Worlds* of 1898, H. G. Wells had a character say that there is no more room for the “weak and silly...the cumbersome and mischievous,” and that these “have to die...ought to die...ought to be willing to die” so as not to “taint the race.” Indeed, by 1898, English Prime Minister Lord Salisbury was able to say in a famous speech that the nations of the world could be divided into the living and the dying.

It is ironic that until the late 19th century, Germany had not yet participated in any genocides because it did not yet have any colonies abroad, and German scholars resisted the notion so widespread in Britain that the disappearance of native peoples was either inevitable, or due to any inherent inferiority. Instead, they pointed out that it was the European colonists who were causing the destruction. However, all this changed in the 1890s, once Germany had begun to acquire African colonies.

Alexander Tille, a German professor teaching in Glasgow, seized upon the ideas of Nietzsche in asserting in an 1893 book, entitled *Volksdienst (Service to the People)*, that “all historical rights are invalid against the rights of the stronger,” and that “it is the right of the stronger race to annihilate the lower.” Like the character in Wells’ novel, he even asserted something like a duty for the weaker races to die out. Starting in 1894, this led to all sorts of German writings to the effect that the German people should not be hindered from expanding into new territories by the presence of inferior human strains.

An 1897 book by Friedrich Ratzel (1844-1904; he was a zoologist who became a geographer) was entitled *Politische Geographie*. In it, Jews and Gypsies were grouped together with dark-skinned
and inferior people who had to be exterminated in order to make room for superior civilizations. From the previous colonial experiences, Ratzel concluded that the only way a people could survive was by having its own space, and that therefore, the expansion of one’s space was the safest way of securing long-term survival and vitality. Since much of the rest of the world was already in the hands of the colonial powers, he advocated that Germany look eastward for colonization instead of overseas, and this was the foundation for the famous motto Drang Nach Osten (the push to the east). Germany’s Slavic eastern neighbors, such as the Czechs, Slovenians and Slovaks, were considered inferior and expendable. Ratzel also coined the term Lebensraum (space to live in) in a 1901 article, and made it into a 1904 book actually called Der Lebensraum.

The first—and largely only—German colonial genocide took place in German Southwest Africa (now Namibia) in 1904, when warfare against the Herero people resulted in 80,000 deaths. Concentration camps had been invented by the Spaniards in Cuba in 1896, and after being used shortly thereafter by the British against the Boers, they were also adopted by the Germans in concentrating the few surviving Hereros into camps for hard labor.

In 1924, Hitler read Ratzel’s 1897 book when he was in prison, and incorporated the ideas into his own 1925 book, Mein Kampf.

In 1898, Heinrich von Treitschke (1834-1896) had also asserted in his book Politik that international law was not meant to be applied to barbaric people, and this explained why in World War II, Germany did apply international law against the Western powers but not against the Soviets.

*It is estimated that the Belgian colonial overlords of the Congo killed 10 million people in this colony between 1880-1910 (SPS, 9 Feb. 03).

Genocide During World War II

*Friedrich, O. (1994). The kingdom of Auschwitz. New York: Harper Perennial (div. of Harper Collins). (Originally published 1982 as a chapter in The End of the World and in somewhat condensed form in The Atlantic) In Summer 1941, Himmler announced to one of his underlings that Hitler had given the order for a final solution to the Jewish question. The Zyklon-B crystals were often scattered in a vermin-infected house, then the house was sealed, and the crystals evaporated into gas and killed all the vermin in the house. Such a house was then said to have been “disinfected.” This is why the people who discharged the gas into the gas chambers at Auschwitz were called “disinfectors,” and their victims “the disinfected ones.”

That Zyklon-B could be used to gas large numbers of people to death was discovered almost accidentally on 3 September 1941, when a deputy commandant of Auschwitz did an experiment using a bunker to gas to death 600 Russian prisoners-of-war and 250 TB patients from the Auschwitz hospital. However, it was apparently not until mid-March 1942 that other large-scale gassings at Auschwitz commenced, because it took that long to build the crematoria. Jews in large numbers did not even begin to arrive at Auschwitz until late-March 1942. The first transport of Jews to be sent directly for gassing from the railroad ramp arrived on 12 May 1942.

One of the ironies of Auschwitz was that even though it was primarily a death camp rather than a labor camp, it had a hospital with about 60 physicians and more than 300 nurses, a surgical department, an operating theater, special sections for different diseases, and even a dentistry department, all headed by Dr. Mengele.

According to post-war testimony, only a few of the SS members at Auschwitz were outright sadists, and almost every SS member at one time or another had saved somebody’s life. According to Friedrich (1994), no one who survived Auschwitz did so without getting help from somebody else.

One of the trucks that took prisoners from the railroad ramp to the gas chambers was marked with a large red cross. The soup served to the prisoners at Auschwitz was often called “surprise soup” because it might contain keys, buttons, dead mice, tufts of hair, and even sewing needles.

At Christmas time, a large Christmas tree was erected opposite one of the crematoria at Auschwitz, decorated with colored lights. The prisoners were ordered to sing “Silent Night,” and if they sang a wrong note, they got no evening ration.

*Himmler, the SS chief, was so concerned that his SS men would be adversely affected from shooting Jews all day for days on end that he stipulated that the executioners needed to spend their
evenings in a relaxed and civilized way. He said, “The comradely gathering must on no account, however, end in the abuse of alcohol. It should be an evening on which—as far as possible—they sit and eat at table in the best German domestic style, and music, lectures and the introductions to the beauties of German intellectual and emotional life occupy the hours” (Newsweek, 19/8/02). However, in reality, SS mass killings were commonly accompanied by much alcohol consumption.

*In the recent book, The Altruistic Personality, the authors tried to identify what distinguished Christians who—as great risk to themselves—saved Jews during the Holocaust era. They found that only three characteristics distinguished them from others, namely: they were strongly connected to communities that had straightforward and unsophisticated ideas about right and wrong; they had a powerful sense of personal moral agency; and they had strong feelings of shame, evidenced by them emphasizing again and again that they could not have lived with themselves if they had not acted righteously. (This all sounds very “fundamentalist” to us.) By implication, they were also courageous people who had been prepared to act with the virtue of courage by their families and communities.

*We have commented before on the fact that during the war, the International Red Cross failed to admit what was going on in German concentration camps that it inspected, and that Swiss observers would visit them (in 1944 and 1945) and even write glowing reports about them (SPS, 11 Sept. 2005). As a result, the Red Cross failed to save many lives in Hungary and Romania toward the end of the war. This is now all reinforced by a study (released in 1989) of Red Cross records (Sojourners, 4/89). It took the International Red Cross 50 years to admit that it had kept secret its attempts to deny during World War II that the Holocaust was taking place, and that during the war, it had rendered favorable reports of its inspections of concentration camps. In other words, on top of its initial immorality, it heaped on 50 years of more deception (AP in SHJ, 7 Oct. 1997). Someday, people will write scholarly stories about the people who failed to perceive or acknowledge or do anything about the current genocide of the handicapped and poor.

*Millions of German prisoners-of-war (POWs) vanished without a trace in Russian captivity, and most likely died from deprivation, being worked to death, and perhaps even deliberate killings, much as the Russians murdered over 5000 Polish officers when they occupied eastern Poland in 1939. No one was surprised that this happened, but since ca. 1988, in bits and pieces, and in large part because of the work of Canadian James Bacque, it has become clear that US General Dwight Eisenhower, in his deep hatred of the Germans, pursued a deliberate policy of genocide of German POWs. These were herded together in compounds without any shelter whatever, and no facilities for latrines, often without water, and often on starvation rations. Vast numbers of POWs soon caught dysentery or other diseases, and died. Many were still children. French prison camps were also poor, but the British treated their POWs according to the Geneva Convention. Present estimates are that a million German POWs died in American and French prison camps, most of them shortly before the end of the war or shortly thereafter. A very systematic cover-up, including a destruction of records, had kept these facts from public eye. Considering the openness of American society and the many American soldiers who must have seen some of this, it is amazing that this dirty secret was kept so long. What probably also inhibited the telling of the truth was that not all American prison camps participated in this systematic deathmaking. The revelation has triggered an international controversy which has brought out some additional evidence that the charge has at least some substance. The Western allies also returned to the Russians a Cossack army that had fought with the Germans, plus their dependents (close to 100,000 people), who are believed to have all been massacred shortly after transfer into Russian hands—as everyone had foreseen. All these things add yet other sad data to the story of the multiple genocides committed in association with World War II.

*A survey of 332 German medical students at the prestigious Humboldt University in Berlin found that they had very little knowledge about the history of medicine under the Nazis. For instance, 80% had never even heard the names of Alexander Mitscherlich and Friedrich Mielke, and in fact 18% thought that these were medical war criminals, and only 2% knew who they were (they reported on the atrocities after the war). Fortunately, more than 50% admitted their ignorance, and 93% wished they could learn more on the issue (Mabuse, 3/02).

1999 apparently marked the first time that a medical association in Germany—namely a pediatric one—confessed that its profession had been culpable in collaboration with the Nazis, and
discriminating against their Jewish colleagues (AW, 10 Oct. 1999). Unfortunately, the people making a confession of culpability were not the ones who actually incurred the guilt, nor did the pediatricians apparently confess collusion in killing handicapped children!

Genocide Under Communism

*Jean Bethke Elshtain reviewed five books in Books & Culture (5/04) that revealed dramatically the hypocrisy of the Western left and intelligentsia, and of the entire Holocaust culture, by ignoring the vast killings under Stalin while giving infinite publicity to those under Hitler. For instance, already in the 1930s, Stalinist policies killed more Ukrainians than Hitler ever managed to murder Jews. This culture seems to view some mass killings as much worse than others, and persists to this very day, as when editors may reject writings as being “too anti-Soviet” when it is unimaginable that they would reject a piece for being “too anti-Nazi.” The reason for this bias could be because the Soviets paid lip-service to a utopian world of a classless society, which is so appealing to the left. Also, Nazi killings and their media treatments may have had more visuality to them, and therefore made a more dramatic impact on people’s minds. For instance, many of Stalin’s victims were efficiently shot to death in the middle of the night in deep forests, and few movies were ever made of Stalinist atrocities.

Anne Applebaum pointed out that leading figures who even only for a short period of time supported Nazism have been viciously assaulted in Western intellectual products, while comparable figures who sympathized with Stalin and Stalinism were often exalted. So many people who wrote of the horrors of the gulag got discredited, while hardly anyone was ever discredited for writing about the Holocaust (B&C, 5/04).

*The scholarly consensus is that communist regimes have killed no less than 130 million of their own citizens, 50 million being accounted for by the Soviet Union (FT, 5/96).

Genocide in Contemporary Africa

*More Tutsis and moderate Hutus (about 700,000) were massacred by Hutus in Rwanda in a shorter period of time (3 months) than at any time during the Holocaust of World War II.

*The Congo, one of Africa’s potentially richest countries, may soon be depopulated because it has not only been first bady oppressed by a series of barbarian dictators (some early ones initially hailed as liberators by the liberal circles), but then came AIDS, and then came civil war with half a dozen African nations making war on each other on Congo territory since 1994. When aid is sent to the country, it tends to be stolen by the oppressors and killers. Almost 100% of the women in many parts of the country have been raped at various times, often in gang rapes. Just in the last three years, an estimated 2.5 million people have died, and yet there is hardly any evidence that this is what has happened. So many people can disappear without hardly being noticed or missed because of all the ongoing turmoil. This is yet another example of how stupid a Western-imposed multi-culturality has worked itself out in Africa, where national borders were drawn by the colonial powers without taking into account the population compatibilities, and later “celebrated” by the politically correct.

*There has been a big genocide going on in the western area of the Sudan called Darfur, with in essence the Arabs trying to exterminate the dark-skinned Africans, some of whom are fellow Muslims and some are not. The UN has only issued meaningless rhetoric and stalling tactics, the Europeans have refused to recognize that ethnic cleansing is going on, and only US leaders have begun to use the word genocide in late 2004 after trying to avoid it earlier. One reason nobody wants to use the “g” word is because all sorts of high-sounding international agreements and proclamations had asserted that when genocide occurs, international intervention is required, and nobody wants to intervene except for 3 other African countries that have offered peace-keeping troops. The reason is the same one for why former President Carter did not brand Khmer Rouge with the term, nor did Reagan apply it to Saddam, the first President Bush to the Serbs, or Clinton either in Bosnia or Rwanda.
Conclusion

*A dramatic example of how entire populations can disappear without anyone being sure that they ever lived occurred in India in June 1998. An estimated 20,000 people had worked salt pans in shallow ocean pools when a storm came along, at the end of which they all had vanished. The Indian government admitted only to the deaths of about a thousand. Salt workers were so lowly that no one knew even exactly how many there had existed (AP in SHJ, 186/98). If only the Indian rulers had to eat bland!

*Genocide study centers are beginning to spring up all over the academic world. Undoubtedly, the faculty will be the very people who are in the forefront of advocating abortion and euthanasia.

A Yale professor who for years had denied the genocide committed by the Khmer Rouge in Cambodia got a $500,000 grant from the US State Department to conduct a genocide research program (AP in SHJ, 18/4/95).

Abortion

We have a vast amount of material on abortion, of which we present only a portion here. Readers should keep in mind that those babies most likely to be aborted are ones known or suspected to be impaired, and especially if they are additionally “inconvenient” or otherwise unwanted.

General Comments

*According to at least a few scholars, the easy availability of contraception and abortions after 1970 made a huge contribution to the explosion of the abortion rate because it also contributed greatly to single parent families, and a whole new attitude by men that they were not responsible for women’s pregnancy.

*A 21/1/99 AP report said that more than a fifth of all pregnancies in the world end in abortion, and that the rate is not much different between developed and undeveloped countries, but that Eastern Europe has the highest rates (source clipping from Jan Doody).

Abortion in the US

*The abortion rate in the US (not to be confused with the number of abortions, which is a much less significant index than the rate of abortions) peaked in 1980, held steady at nearly that level until 1991, then began to decline slowly but steadily (NRLN, 1/03), except among poor and older women. The biggest decline by far occurred among teenagers age 15-17. Among women 25 and over, the rates have only changed negligibly. However, because younger women get pregnant more often, this does mean a significant drop not only in the rates but also in the absolute numbers. The drop was apparently due in part to teens having less sex because they are scared of sexually transmitted diseases. At one time, the contraception and abortion lobby swore on a stack of law books that there was nothing that one could do to talk or scare teenagers out of having sex (e.g., SPS, 9 Oct. 2002).

However, according to at least some sources, there were still more than 1.3 million surgical abortions in the US in 2003 (NCR, 23/5/04).

*Proportionately, Caucasian Protestant women in the US have one of the lowest rates of abortions, while “blacks” have the highest percentage. African-American women have about three times the rate of abortions of the rest of the population (NRLN, 10/02). Proportion-wise, the single largest block of abortions comes from the 6% of women who claim they have no religion (FT, 5/00).

*In 1997, there were more abortions in the Bronx than live births, even though abortions were lower than they had been.
*According to the US Centers for Disease Control, close to half of all abortions in the US are repeat abortions (NRLN, 9/01). This underlines that if one does not scruple from a first abortion, one is not likely to from a second--or a tenth one.

Abortion Elsewhere in the World

*In Australia: Around 2000, it became public that abortions were being performed in Australia of children identified before birth as likely to be dwarves. This launched a firestorm of controversy, but it was not concerned with abortion per se but the ethics of aborting dwarves, and aborting them very late in pregnancy (NRLN, 7/00).

*In Britain: An African physician abortionist was allowed to continue to practice medicine by the British General Medical Council despite a highly-publicized case of a botched abortion which mutilated a woman’s uterus, ovary, fallopian tube and bowel (NRLN, 4/03).

It has been ruled that in Wales, girls as young as nine can receive abortifacient “morning-after” pills from their local pharmacy free of charge, confidentially, and without parental permission (NCR, 25/2/01).

Britain has also moved towards legalizing human cloning. (More on cloning elsewhere in this issue of TIPS.)

*In Canada: There has been a wave of late-term “abortions” in Canadian hospitals that resulted in babies born alive who were then immediately made dead. The “abortions” were performed by inducing labor and trying to bring about the baby’s death before delivery, which is not always successful. Some of the hospitals where this has happened have been describing these events as “genetic terminations” or “inductions.” The induction of labor in a pregnant woman when the baby is not yet viable outside the womb or, if it turns out to be viable, will be put aside to die within hours, is called “induced labor abortion,” or “live-birth abortion,” which latter particularly one would have thought to have been an oxymoron. “Genetic termination” refers to making dead babies who supposedly are nonviable because of lethal anomalies, but it was discovered that even babies with Down’s syndrome were put into this category. What is astonishing is the high number of such events. One hospital alone performed 40 “genetic abortions” in 1998. Since Canada has no conscience clause for health workers, they are bullied into participation at threat of job loss (NRLN, 10 June 1999).

The British Columbia government has been trying to ban tobacco sales in pharmacies while, at the same time, trying to force pharmacists to dispense abortifacient “morning after” pills (NCR, 29/10/00). Very PC!

Some anti-abortion politicians in Canada were told by other politicians that they “should stay out of the personal lives of Canadians and focus on economic reforms” instead (Toronto Star, 7 June 2000). This is a bit like telling German citizens in 1943 to keep their noses out of what the SS was doing with the Jews, and to instead attend to the desperate needs of the war economy.

Already, it has become quite risky to talk on all sorts of controversial issues in Canada. So-called civil rights movements in Canada are campaigning to classify as hate speech any arguments that abortion kills babies. Anti-abortion literature could also be prosecuted as being discriminating against women. In Saskatchewan, a man who expressed opposition to the existence of Indian reservations was fined for “discrimination.” In Alberta, a complaint was filed against a writer who claimed that the abuses in native Indian residential schools were not quite as massive as claimed. A Texas-based group sent anti-abortion comics to British Columbia physicians, and the BC health minister claimed that this was as much a criminal offense as invading someone’s home (LA, 5/99).

The construct of what constitutes hate speech has been extremely arbitrary, and mostly (not entirely) politically correct. For instance, bumper stickers proclaiming “eat the rich” have never been ruled to constitute illegal hate speech. Animal rights activists are never accused of using hate speech that might incite their followers to violence. Some feminists have said that all men are rapists, but when have such assertions ever been prosecuted? A British Columbia aboriginal leader said the native Indians should have killed all the white settlers while they had the chance, but was never censored.

This also illustrates a problem with the new conception of rights. Formerly, rights were conceptualized as allowing a party to do something, but now they are conceptualized as one party being entitled to have another party be legally compelled to do something for it.
In Canada (as elsewhere), physicians have become so afraid that they will be sued if they minister to a pregnant woman and she later has an impaired child that more and more, they suggest an abortion at the slightest hint of even a minor impairment. Apparently, this accounts for an almost 600% increase in so-called therapeutic abortions there between 1991-98 (Mouth, 1/03). Dave Hingsburger has likened these kinds of people to “genetic snipers” or “scientific snipers” who, among other things, make sure that hardly anyone with Down’s syndrome gets born anymore (Mouth, 1/03).

In Quebec, a pregnant schizophrenic woman who had refused to take her “medication” was forcibly aborted against her will, and sterilized as well (LA, 9/99).

A lot of the above could be characterized as “the new eugenics.”

*In China: The Communists have long been enforcing a “one child per couple” policy that has led to massive abortion and infanticide, especially of females. In some rural areas, 80% of the children are boys (Newsweek, 26/8/02). Soon, there will be scores of millions of young Chinese men who will not be able to marry and settle down because there will not be enough wives to go around. Even a Chinese magazine predicted that there will be epidemic prostitution, rape, homosexuality, and girls “stolen” into forced marriages. In turn, this will contribute toward political instability and quite possibly increased government repression (NCR, 7/7/02).

Already, China is said to be about 55 million females short, and now the first children born under the country’s anti-population growth policy are reaching marriageable age. One consequence is that increasingly, cousins, and even siblings, have begun to marry each other. Some locales have even begun to be called “incest villages.” One likely consequence will be the birth of about twice as many children with some kind of defect, but on the other hand, these will probably be aborted or killed at birth (Newsweek, 26/8/02).

An article in the 9/99 issue of Books & Culture made the compelling point that a classical form of eugenics has been re instituted in China, including infanticide of impaired children.

One reason why girl babies are apt to be aborted or thrown away in China is that according to tradition, girls get married off into their husbands’ families while boys are supposed to take care of their parents in their old age. Thus, if a couple were allowed only one child, they might face a bleak future in their old age if that child is not a boy (NRLN, 7/02).

In the liberal media, one hears discourse about male or female “fetuses” being aborted, but when countries like India and China have huge “gender gaps” in their abortion rates in favor of males, then suddenly we hear that it is “girls” who are being killed by abortions (FT, 10/01).

Shocked by the consequences of its one-child policy, China finally began in the late 1990s to curtail pre-natal sex determinations (NRLN, 4/03). However, many parents still find ways around this and do what they can to assure that their only child will be a male.

In many parts of China, it only takes $4 for an ultrasound test, and if it shows that the baby is female, the abortion can be arranged for the very same day for somewhere between $15-$120 (NRLN, 7/02).

While in China, as in many parts of the world, infanticide has always been relatively common, the advent of an abortion culture has changed people’s mentality to that degree that they often now consider infanticide to be merely a delayed abortion, once again underlining that there is indeed such a thing as a slippery slope (NRLN, 7/02).

In China, abortions are sometimes performed by injecting the baby with saline solution as late as the ninth month of pregnancy (CL, 9/04).

A woman who was the only daughter of an only daughter aborted her baby because she felt herself to be in an abusive marriage. After divorcing her husband, and then being past childbearing age, she discovered that she was “nobody’s anything,” meaning that she had not a single legal or blood relative in the world. This is the fate of many people in societies such as China where several generations of couples only have one child each (NRLN, 3/02).

*In Cuba: Cuba has the highest abortion rate in the Western hemisphere, with 60% of pregnancies being aborted (NRLN, 3/01).

*In France: It has been the courts rather than democratically elected institutions that have ruled that handicapped children have a right to sue for having been born defective if their mothers had not been counseled to “procure an abortion” (many sources, 2000 & 2001). Those sued would primarily be various health care providers who supposedly were negligent in not affording the parents a chance at aborting the baby. This would of course intimidate physicians who will henceforth advise
abortion if there is even the slightest possibility that an unborn baby has an impairment (Time, 16/7/01). Unlike in the US, where this kind of usurpation has been common, the French public became so enraged that the legislature quickly passed a law that made wrongful birth suits illegal.

The French parliament voted to allow public school nurses to distribute abortifacient pills to high school children. At the same time, this pill was made available in Norway without a physician's prescription (AP in SHJ, 6 Oct. 2000).

*In Germany: Abortion is called “Schwangerschaftsabbruch” in German, and some people even promoters of abortion--have started to call it “SS-Abbruch,” or “SS-Unterbrechung,” which translates into “SS-demolition,” or “SS-interruption.” People seem to be totally oblivious to the fact that the Nazi-SS also demolished and interrupted. But then, pregnancy alone is called “SS,” and so the acronym of one of the most evil organizations in German history is now used for child-bearing (source item from Susanne Hartfiel).

*In Ireland: Hard as it is to believe, so-called pro-lifers “welcomed” the decision of the Irish Medical Council to allow “termination of pregnancy” when there was risk to the mother. Their motive apparently was that this was better than less restrictive abortions (NCR, 30/9/01).

Even the Catholic church is so confused by the abortion issue, and about its proper role vis-à-vis governmental authority, that it advised the people of Ireland in 2002 to vote for a provision that would allow abortions as long as only a few are performed, and rode roughshod over the small Catholic minority that pointed out that Catholics may not aid-and-abet even a single abortion. This essentially pro-abortion measure was interpreted as an anti-abortion measure merely because the alternative up for a vote was the legalization of many more abortions.

*In Judaism: While the Arabs all around them are “being fruitful and multiplying,” as the Jewish Bible has it, the Israelis are very busily aborting their babies. It is estimated that over the last 20 or so years, there have been about 20,000 legal and 30,000 illegal abortions a year in Israel. Without these abortions, there would have been about a million more Israelis than there are now. The Israeli health minister has called this a “silent Holocaust” (source material from Joe Cawthorpe).

Totally contrary to thousands of years of Jewish faith and tradition, at least in North America, Jews are overwhelmingly in favor of unlimited access to abortion. One Jewish commentator in a Jewish newspaper said that one reason for this was that Jews simply don’t know anymore what their religion preaches (FT, 10/01).

*Malta seems to be the only country that managed to get an exception from the European Union that after joining, it can continue to outlaw abortions.

*In the Muslim world: Islam teaches that abortion is permissible for 40 days after conception (some Islamic scholars say 4 months) until “an angel breathes a soul” into the baby (FT, 4/00, p. 89). However, abortion is not in high esteem in Islam, and has not made many inroads, except that the Islamic religious leadership of Iran has issued a decree that it is a sin not to abort unborn babies who have been diagnosed to have a debilitating impairment (NCR, 8 Oct. 2000). But the Iranian physicians have at least to some degree refused to do abortions, and in early 2005, the legislature of Iran said such abortions would be against Islamic law.

*In Russia & the former Soviet Union: There are women who have had as many as 35 abortions (NCR, 8/01).

Reportedly, about 13% of Russian married couples are infertile, and in 75% of cases because the woman has had one or more previous abortions. The abortion rate in Russia is about five times what it is in the US (NRLN, 3/03). As in the US, women receive scant warning of the problems that abortions may cause later on, or even of the medical risks of any one abortion.

Senior politicians in Russia, including President Putin, are very much alarmed that Russia may end up depopulated because of its high abortion rate. There are proposals to ban abortions for at least some years, and to lower the marriage age for girls (NCR, 22/10/00).

One irony that we can readily foresee is for abortion advocates and anti-reproduction people one day to discover that they are in nursing homes without any younger people available to take care of them.
**In Romania:** It was part of the Eastern European communist bloc until the collapse of communism. The average woman there has seven abortions (CL, 5-6/05).

**In Switzerland:** Amazingly, with the exception of one tiny cantonal area, the Swiss voted 3-1 to make abortion during the first 12 weeks of pregnancy legal even though for the first time since the Reformation, there are more Catholics in Switzerland than Protestants (NCR, 16/6/02). This just underlines how little modernistic people take moral direction from what they claim their religious beliefs are.

**Miscellaneous: Ship of Fools?** A pro-abortion organization in the Netherlands acquired a ship which will sail to various countries where women have difficulty getting abortions, will pick up the women at a seaport, and take them 12 miles out to sea where physicians aboard will perform abortions in international waters, after which the women will be returned. Similarly, an Australian euthanasia proponent (Nitschke) plans to perform euthanasia on an offshore ship (NCR, 11 June 2000).

The UN and Its Connection to Abortion

*The United Nations (UN) has profoundly allied itself with an agenda of propagation of artificial birth control (which includes abortifacients), and openly-admitted abortion, for women in countries that lack basic nutrition, clean water and basic health care. For instance, in Haiti, only 22% of the women have access to clean water, but 88% of them have access to contraceptives. Rich Western foundations have supported these efforts because it is in the West’s interest that the population in poor countries be kept low, or hopefully even be reduced. Also, in promoting the rights of children and adolescents (so that they can be enlisted in anti-fecundity programs without parental consent), parents are virtually completely factored out (NCR, 18/7/99).*

*The UN Population Fund has been systematically promoting abortion, including forced abortion and sterilization in China. Far from condemning China’s coercive reproduction policies, the UN has lavished praise on it (NCR, 26/5/02). The UN also keeps claiming deceptively that all abortions and sterilizations in China are strictly voluntary. The US has been contributing $46.5 million to this fund in 1998 alone (NCR, 4 Nov. 2001). It is amazingly preposterous that several governmental teams from the US and Britain have claimed that the UN Population Fund had in no way supported coercive abortion or involuntary sterilization in China, even though this is exactly what the fund has been doing all over the world for a very long time. The agency vehemently denies its coercive practices. Of course, all of this makes the agency a liberal media darling, and our local newspaper (the Syracuse Post-Standard, 21/11/02) even endorsed the agency in a long editorial and asked US citizens to donate generously to it. However, the Bush administration nonetheless gave $25 million to the Fund (SPS, 27/7/02).

*UNICEF has become massively involved in “family planning,” population control, contraception, sterilization and abortion around the world, but has vigorously denied it. Already starting in the late 1960s, UNICEF began funding contraceptions, abortifacients and sterilizations worldwide, and even then kept persistently lying about it. In 1987, after silently supporting abortion, it began to officially endorse it. Shortly thereafter, it reportedly vaccinated 3.4 million women in the Philippines, some as young as 12, against tetanus with a vaccine that had in it a hormone (B-hCG) that resulted in either the sterilization of almost all of these women, or their frequent miscarrying. Similar such instances occurred in Mexico, Nicaragua and other countries, and we have been told that authorities in Mexico have been quite concerned about the abortifacient effect of the shots. In 1997, UNICEF named China as the most baby-friendly country in the world despite its massive abortion program in connection with its one-child policy, and its practices of killing babies born to women who already had a child, not to mention its child-labor practices. Also, many women who have more than one child there are forcibly sterilized since they can obviously no longer be trusted. In 1998, UNICEF funded a book to be distributed in Central America that promoted not only masturbation but also homosexual practices and even bestiality, probably in efforts to prevent reproductive sexual relations. It has also been reported that on repeated occasions, desperately needed supplies, and even food, were bumped off relief convoys to high-need areas in order to make
room for contraceptive and abortifacient supplies. E.g., this happened in the Balkans where an Albanian doctor in charge of a maternity hospital complained that while he was short of antibiotics and blood serum, he was inundated with birth control shipments.

One reason why UNICEF has tried to keep all of this out of sight is that it is illegal in the US to send money to organizations that support forced abortions and sterilizations.

Sometimes, UNICEF will give money to other agencies to do some things that it would like to do but that might get it into trouble. This includes contracting out some of the above practices, including giving money for China's one-child policy (CWR, 6/04).

UNICEF even falsely claims support from the Catholic Church. This is a half-truth: the Vatican withdrew its support (finally) in 1996, but some local parishes ignorantly keep collecting money for UNICEF, sometimes even by having children collect the money (CL, 5/05) -- children who think the money is to help the poor children of the world, not to dish out sex education and abortion funding in poor countries, not to mention contraceptives on a massive scale (NCR, 22/10/00).

*Almost all the UN family planning and population control programs are run via branches of the International Planned Parenthood Federation (IPPF). Also, the phrase “family planning” is a common cover of an IPPF operation. Yet further, IPPF will not admit in any country of the world that it is involved in abortion, except in the US. In many countries, it claims to perform “menstrual regulation procedures” on pregnant women, after which they are no longer pregnant. One of the ways it gets funding is by claiming to provide “health care to poor women.” A clergyman wrote a book for Planned Parenthood entitled Sacred Work, which interprets PP as doing the work of God (CL, 5/05).

*The UN plays the same kinds of deathmaking tricks as the US Supreme Court and the former Democratic administration of the US. For instance, UN documents promote “reproductive health” and “reproductive health care services,” including to “adolescents.” “Reproductive health care services” is a code phrase that includes the provision of contraceptives and abortions to adolescents without parental knowledge or consent--and the UN defined adolescence as beginning at age 10 (NCR, 1 July 2001)! At the same time, the UN has been opposing abstinence education for youths. When a delegate from Kazakhstan suggested that the term “sexual education” in documents be replaced with “moral sexual education,” there was a scoffing commotion. Amazingly, it is South Korea that has called vainly for measures to protect children from violent or harmful websites and computer programs and games.

Promotion of Abortion via the Media

*There are a number of things that a film producer can do these days to make it almost certain that a film will be highly-praised, and possibly even win all sorts of awards. One of these is to depict homosexuality in a positive light, and those who believe that homosexual behavior is wrong as awful people. Another one is to weave in themes of great “sensitivity” about abortion, and “agonizing decisions” to have an abortion. Among such recent movies were the 1996 HBO film “If These Walls Could Talk” with a dozen of Hollywood’s top actresses, “The Cider House Rules” (which was nominated for a slew of Academy Awards and did win all sorts of prizes), “The Contender,” and “Citizen Ruth.” The 1999 film, “The Cider House Rules” was the first commercial movie that made an abortionist a hero, prompting Planned Parenthood Federation of America to organize screenings to promote the film.

The pro-abortion heroes are presented as ambivalent but heroic in finally having or doing an abortion, in some cases setting their scruples aside in order to do “the right thing.” The only women who are shown without ambivalence are the ones who already had an abortion, implying that ambivalence and bits of conscience occur before, but not after, an abortion. People opposed to abortion are depicted as loud-mouthed, intrusive, unintelligent, even poorly dressed, and of course religious fanatics. In 30 years, there has not been a single mainstream feature film that has articulated opposition to abortion in any kind of positively imaged way (NCR, 17/11/02).

*It is pathetic what can pass for “even-handed” media or entertainment coverage of the issue of abortion these days. Almost inevitably, it means that “both sides” are presented--i.e., both a “pro-life” and a “pro-choice” proponent are interviewed or depicted--but also almost inevitably, the “pro-life” position is interpreted in terms of shallow clichés, and its adherents as narrow-minded
unsympathetic, and often religiously fanatic bigots, even though there might be some “regrets” about the “tragic” choice of the “pro-choice” proponents to abort. It is virtually 100% certain that TV shows that tackle this issue and are reviewed as “intelligent,” “sensitive,” and “reasonable,” end with an abortion being performed, usually at the end of the episode that has been full of clichés.

*The proverbial prostitute with a heart-of-gold has apparently been replaced by a woman abortionist with a heart-of-gold, exemplified by the 2004 “Vera Drake” film which, not surprisingly, got a Golden Globe award, and was described by Time as the “wonderfully real and curiously moving story about a chipper abortionist” (24/1/05).

*Pro-abortion episodes are also quite regular on all sorts of serialized TV programs, such as “Law and Order,” and “ER” (NCR, 2/2/02).

The TV series, “The Court” made abortion propaganda by carrying an episode about a “hate-spewing anti-abortion” group, and the teenage daughter of a pro-abortion judge having a “fetus” slipped into her backpack by an “agitator” (Time, 1 April 02).

*One way in which the media promote abortions is by writing scripts for plays and shows which try to pull at people’s heart strings, just like the Nazis used propaganda. Here is the nice little girl who gets raped by a nasty man (probably a fundamentalist) and “agonizes” whether to have an abortion, getting sage advice to have one from saintly motherly older women, etc. One such recent example was an episode of the TV series “All My Children.” A comparable film in support of euthanasia made by the Nazis during World War II in order to disarm public opposition has become well known in recent decades among people who study this sort of thing. Its name was “I Accuse,” and involved a man ending up committing compassionate euthanasia on his wife suffering from a painful terminal condition.

*We noticed that on TV commercials in 9/01, the Healthy Choice line of prepared meals was being advertised with liberal references to one’s “body,” obviously trying to capitalize upon, as well as promote, the pro-abortion’s lobby linkage of “personal choice” with “control over one’s body.” This sort of propaganda is so subtle that it probably slips by 99.999% of the population.

*US public television (PBS) produced a many-hours documentary on Elizabeth Cady Stanton and Susan B. Anthony, but during all these many hours, not once did the documentary reveal that these women suffragists were steadfast and vehement opponents of abortion, calling it child murder, infanticide and feticide.

**Opposition to Abortion**

*During the late 1960s and early 1970s, before the US Supreme Court made abortion on demand constitutional, the legislative debates and laws in many states had actually been moving against liberalized abortion laws. But all of that was put away overnight by the US Supreme Court (FT, 12/03).

*Polls have indicated that American support for abortion on demand has been decreasing, and an analyst has cited two big contributors to it. One is the gruesomeness of partial birth abortion, combined with the public admission by a major spokesperson for the abortion lobby that he and others had lied about how frequently that procedure is performed. The second development has been the opposition of the abortion lobby to the Child Custody Protection Act which would make it illegal to transport a minor across the state line for the purpose of obtaining an abortion for her if, in that state, there is a law requiring parental or judicial involvement. Most Americans are very offended by this shameless kick in the teeth to parental roles and rights, not to mention the fact that it affords statutory rapists the opportunity to destroy the evidence of their crimes (FT, 11/98).

Also, according to some authorities, one reason there has been a retreat over recent decades in public sentiment in favor of abortions on demand is that couples who are rated as “pro-life” tend to have on the average 3 times as many children as those who are rated “pro-choice.” In other words, the pro-lifers are simply outbreeding the pro-choicers (FT, 6/04).
*Even the hyperliberal Washington Times has concluded on the basis of polls that at least half of US women now favor government prohibition of abortion altogether, or at least limiting it to the usual extreme cases of rape, incest or imminent threat to the life of the mother (NCR, 13/7/03).

Some 1996 polls reported 65% of Americans opposed to unfettered abortion on demand in the second trimester, and 82% in the third, with only 21% being in favor of abortion on demand. However, that still leaves the majority in favor of abortion under certain circumstances (FT, 5/98).

*At least some feminists defected from the abortion movement, and began to interpret the ban on giving pregnant women information about abortion as oppressive (FT, 1/03).

Also, more women seem to be willing to come forward and publicly state their “regret” at having had one or more abortions. But then, this is somewhat mixed news insofar as few of them talk about having committed a moral offense and repented, rather than having aborted and regretted.

*The year 2000 was the first in three decades in which the US birth rate went up (FT, 1/03), which must be due at least in part to the decline in abortions.

*There are people who assert that after a generation of arguments to the contrary, the American public has slowly begun to be convinced that the unborn are, in fact, both humans and live, and that the time has come to shift emphasis, namely to try to convince the public of the utilitarian futility of a liberal abortion policy, mostly on the grounds that it is bad not only for the unborn but for women. For instance, many Americans are still convinced by the propaganda that abortions are “necessary” to preserve women’s health despite the empirical invalidity of such an assertion. Also, it is relatively easy to refute the old argument that abortion will reduce child abuse, reduce illegitimacy, and reduce poverty.

Also, the argument that huge numbers of women had died from illegal abortions before 1973 has been thoroughly discredited. By 1972, only 39 women could be identified who had died from illegal abortions, while 27 died from legal ones (FT, 2/03). However, it seems to us that much of the anti-abortion strategy all along has relied heavily on utilitarian arguments.

*A flood of data has been pouring in that informs us that every cohort of younger people in recent years is less supportive of abortion than the one before. One theory is that these younger people are much aware that their elders might very well have wanted to abort them, or their siblings or friends. According to the pro-abortion ideology, when parents tell their children that the reason they had no other siblings was because the parents aborted them, a child is supposed to be filled with warm feelings that he or she was really wanted. However, abortion opponents suspect that many of these children may be ruminating over the fact that their mothers had their brother or sister killed, and that they might themselves quite easily have become victims. In turn, this is believed by many people to account for the growing number of younger people who view abortion with horror (FT, 6/04).

*However, on the other side, there has been a slowly increasing trend for college freshmen to approve of so-called same-sex marriage (NCR, 2 March 03). At least this is one area where liberal and PC propaganda seems to be paying off. Also, contrary to the “pro-life” propaganda, hardly anybody is opposed to all abortions for any cause whatever.

*In 11/98, the Catholic Archbishop of Perth, Australia announced that henceforth, the Catholic hospitals in the diocese would provide free services and beds to pregnant women who had been told by other hospitals and services that they could expect to have an impaired child. This measure was intended to enable the women to give birth without being put under pressure to abort. Many women had reported that they were put under great such pressure, and that if they refused, they were shifted to lesser levels of service (clipping from D. Wills).

*The prime minister of Sri Lanka was reported to have become “pro-life.” Why? Because birth control programs had dramatically reduced the number of potential army recruits, and without these programs, he said, “we would have the extra 10,000 troops needed to finish off the ethnic war,” meaning against the Tamil minority (FT, 1/02).
The Damages Abortion Does to Women

*Starting in the 1960s, the American public was told that if only abortion was declared a right, broad social benefits would ensue: there would be hardly any more children born out of wedlock, otherwise inconveniently pregnant women could remain in school or in the work force, couples would no longer be trapped in miserable "forced marriages," children would no longer be battered by parents who resented them for having been unplanned, etc. In the 1970s, the rationale was added that the legalization of abortion would result in vast savings of tax monies. It was also said that abortion would save the lives of somewhere between 5,000-10,000 women a year who allegedly were dying from "back-alley abortions," even though research even then had reported that as early as 1940, there had been only about 1300 deaths annually from illegal abortions, and that by 1966, this had dropped to 159, and to 41 by 1972, because of the advent of antibiotics. Nor was it ever true that abortions were performed by mostly untrained people, as even the former medical director for Planned Parenthood estimated in 1960 that 90% of illegal abortions were being performed by licensed physicians. To explain the discrepancy between the data and the claims, the abortion advocates claimed that the real facts were being covered up.

One thing that happened instead when abortion was legalized was that it commonly got performed out in the open but in very dangerous ways, with perhaps even fewer safeguards than before because imposition of any safeguards was fought by the abortion lobby as a restriction upon abortion. Even the ultra-liberal New York Times eventually referred to many abortion clinics as engaging in "butchery," especially in poor neighborhoods. Then the real cover-up began of how many deaths resulted from legalized abortions, with health agencies not reporting these (FT, 1/03).

*Information is coming in that abortion also increases the likelihood of infertility, future ectopic pregnancies, and subsequent premature births (NRLN, 7/03).

*The scientific controversy on whether abortions increase the rate of breast cancer is leaning dangerously in the direction of becoming a trans-empirical issue, because no matter what the evidence shows, there are people on either side who--because of ideology--will claim that the research lacks quality or relevance. Among other sources, this is brought out in an article in the 2/03 issue of the monthly science magazine, Discover. Once an otherwise empirical issue gets made unresearchable, or once empirical findings will no longer be accepted, then the issue becomes "trans-empirical."

Here are some facts on the issue.

Out of 37 epidemiological studies dating back as far as 1957, 28 have found that women who have had an induced abortion--i.e., an unnaturally interrupted pregnancy--have an increased risk of breast cancer later in life, especially if the abortion was early in a woman's life. In American studies of this nature, the trend was even more pronounced, being found in 13 out of 15 studies. That women who have had abortions are more likely to get breast cancer has been known since 1957 from a study on Japanese women (NCR, 14/11/99). Vice versa, full-term pregnancies lower risks of later breast cancer compared to women who have never been pregnant. Since then, even more studies have come out that show a link.

A number of studies have reported that women who had abortions at a young age or took contraceptives early in life tends to develop a more aggressive type of cancer.

One way the pro-abortion lobby explains this result is by claiming that women who have breast cancer are more likely to disclose the fact that they have had an abortion.

One argument in support of abortion first proposed in 1956 had been that pregnant women diagnosed with breast cancer would have a better chance of surviving if they aborted. Now more than 40 years later, it turns out that exactly the opposite is true, and that women with breast cancer who bear their children are much more likely to survive than those who abort (NRLN, 2/01).

All these facts have been vehemently denied by the abortion culture and by many national and world health and medical organizations who take refuge in the idiom of "inconclusive" or "unproven," or who at the very least refer to the "customary practice" and "accepted standard of care" of not mentioning these facts to women contemplating an abortion (NCR, 18/11/01; NRLN, 3/02). Also, only a few years ago, the editor of the New England Journal of Medicine proclaimed triumphantly that there was absolutely no truth to the claim that women who had abortions had a higher risk of breast cancer. Since the mid-1990s, the National Cancer Institute has been claiming that there was no link between abortions and breast cancer, but in 7/02, it finally and abruptly
removed such claims from its website. During all this time, this information had been cited all around the world by medical and anti-cancer societies and all sorts of public agencies—and all this despite the fact that some studies the NCI itself had funded had found risk increases of up to 50% (NRLN, 7/02). These data will undoubtedly become widely used as grounds for suing parties who performed abortions without telling women these risks (FT, 11/99).

*Much of the breast cancer culture has made a very unholy alliance with the abortion culture. For instance, the Susan G. Komen Foundation, established in 1980 to combat breast cancer, has been a big donor of funds to Planned Parenthood, which is one of the bigger abortion providers in the US. As of 2001, the Komen Foundation had branches in 110 US cities and recruited 70,000 volunteers (NCR, 18/11/01).

The So-Called “Morning-After,” or “Plan B,” or RU-486 Methods of Abortion

*A lot of people are confused about the difference between “emergency contraception,” also known as “the morning-after pill,” and RU-486. The former kills by preventing implantation, provided that fertilization has already occurred, and the latter kills after implantation. Therefore, the drugs cause an abortion, they do not “prevent conception” or “prevent pregnancy.”

The drugs are often misrepresented as preventing implantation of an “egg” in the uterus, but eggs do not implant unless they are fertilized eggs, and thus humans in their first stages.

With both the image and availability of abortion slipping, the abortion movement has been putting vastly more effort into the promotion of so-called “emergency contraception”—which often do not contracept but kill. As of 2003, approximately 1.5 million women in the US purchased so-called “emergency contraception” (NCR, 23/5/04). Whatever abortions resulted therefrom are obviously not counted as abortions in any kind of statistics.

At one time, everybody agreed that interfering with the implantation of a fertilized ovum was abortion, but all of that has been reconstructed away by the abortion lobby. For instance, US News & World Report (24/12/90, of all dates!) said that “the National Right to Life Committee, the largest anti-abortion group, considers anything that interferes with the development of a fertilized egg after implantation as tantamount to abortion, not contraception.” In other words, the traditional position has now been interpreted to be a rather idiosyncratic belief system held by a particular special interest group.

*Here is how Ms. magazine (in July 1987) propagandized the RU-486 abortion pill and similar chemicals: “Imagine being pregnant, swallowing a pill and—presto!—not being pregnant any longer” (NRLN, 10 Aug. 1999). This honestly interpreted the drug as a way of ending a pregnancy, not as a contraceptive.

Mademoiselle magazine in 11/88 interpreted the drug as a “miracle pill.”

*The so-called “morning-after” pill, aka “Imediat,” has been banned in Argentina because it is an abortifacient, and the Argentine constitution protects human life “from the moment of conception” (NCR, 31/3/02).

*Starting in 10/01, California and Virginia allowed pharmacists to sell post-coital abortifacient drugs—the ones that are falsely interpreted as birth control pills or emergency contraceptives.

*Starting in 2001, British pharmacists were allowed to dispense an abortifacient “morning-after” pill without a doctor’s prescription, and to females as young as 16 (NCR, 17/12/00).

One pharmacist there was shocked to discover that a 10-year-old had already used these pills 4 times. The pharmacists report that they are under the impression that girls and women are sometimes being coerced to take these pills by other parties, such as boyfriends. Insofar as the pill only prevents fertilization or implantation if intercourse took place during the female’s fertile period, some parties are accusing the manufacturer of pushing females to take the pill every time they have “unprotected intercourse” so as to sell as many of these pills as possible.

In the US, the Food & Drug Administration has refused to allow over-the-counter sale of these pills because its impact on minors is not well-known, since there have been no animal studies on what the effect on adolescents might be (21/5/04 news release; source item from Peter King).
*When in 9/2000, the Food & Drug Administration (FDA) of the US federal government approved the use of the abortion drug RU-486, it was the first time that it had approved any drug that kills instead of being intended to cure, heal or palliate. It was, of course, hailed by the abortion lobby as a victory of privacy and of giving women greater “choice.”

Never before had the FDA given approval for the use of a drug against which it previously had posted a warning (NCR, 5 Nov. 2000).

Contrary to everybody’s expectations, once the US FDA approved the drug in 9/00, very few women or physicians have availed themselves of RU-486, apparently because they are fearful or distrustful. In fact, the first death of a woman taking RU-486 after it was released in North America took place in a research trial in Canada, upon which the trial was stopped, though the people promoting the drug disputed that it played a role in the death (NRLN, 10/01).

The Canadian woman who died was one of 800 who had not been told that the manufacturer of one of the 2 component drugs (Cytotec) had warned against its use for abortions, and she died from complications from the drug (NCR, 7 Oct. 2001).

Cytotec is produced by Searle, which has been scandalized about this use of its drug, has issued warnings of its very serious adverse effects, affirmed that the drug was never intended to be used for abortions, and that the company has not and will not conduct research on its use for this purpose (NRLN, 9/00). The other drug in RU-486 is mifepristone.

*In the United States, a very secretive firm, Danco, is licensed to market RU-486, but it is largely a front organization for the marketing of mifepristone, which it apparently gets entirely from China. Danco has been heavily subsidized by population control advocates and rich financiers (NRLN, 9/00).

*The ownership of RU-486 has reverted to its inventor who lives in Paris and who markets the drug through his newly founded firm Exelgyn, implying excellent gynecology, which is certainly a linguistic perversion. Also, he is marketing the drug under the new name Mifegyne.

*The pro-abortion forces have invented another euphemism for the RU-486 abortion drugs: they are calling it “the early option pill” (NRLN, 5/02).

Some people have pointed out that the name, RU-486, may be a subtle appeal for deathmaking, phonetically rendering itself as “Are you for (choice)?” Also, we are told that in police code, 86 refers to homicide. Thus, RU-486 can also imply, “Are you for killing (the unborn)?”

*All the publicity about the approval on the US market of the so-called “morning-after pill” in 11/03 failed to admit one bit of information: at least one of these pills, called Ovcon 35, is chewable and spearmint-flavored, as if it were candy. Perhaps this was done deliberately in order to appeal to pregnant teenagers (CL, 1/04).

*A 2002 ad (e.g., Newsweek, 1 April 2002) by Planned Parenthood for “emergency contraception” shows a heavily made-up young woman sticking her tongue way out, with a pill on the end of it. It encourages women who “have unprotected sex for whatever reason” to obtain the so-called “morning-after pill” to “reduce your chance of getting pregnant.” (A partial lie, since the drug also expels the conceptus, i.e., it performs an early abortion; “April fool!”) The picture was very similar to that of various filth rappers and Satan-impersonator pop musicians sticking their tongues out.

Why this visual image was chosen for the ad is a mystery, since it also looks as if the woman is about to do something crude and lascivious, like some of the above rock music stars do in their acts. Perhaps the ad is meant to appeal to young women who go to these concerts and are part of their promiscuous (often drug-related) sex culture.

*The latest atrocity is to give “patients” so-called advanced prescriptions for “emergency contraception,” as called for by the president of the American College of Obstetricians and Gynecologists (NCR, 17/3/02).

*Ever since RU-486 was introduced, there have been many predictions from abortion opponents that the drug would be extremely dangerous and cause deaths. So far, it appears as if there are no more deaths from this drug than there would have been from other kinds of abortions, and maybe even fewer. However, the “do-it-yourself’ abortion enabled by the drug has caused some
deaths indirectly. For instance, a California teenager was given the drug by a Planned Parenthood clinic in 9/03, and when complications ensued, she went to an emergency room with her boyfriend, but neither of them owned up to the fact that she had taken the drug, and she died. In Europe, much stricter supervision of the drug’s use is required.

*There is now a report that women who take the so-called “morning-after” abortion pill will subsequently suffer increasing risks of ectopic pregnancies (NCR, 23/2/03).

*A pro-abortion cartoon run by many newspapers showed a young woman complaining that first she was no longer able to get condoms at school, then found that the family planning clinics are closed, and then that the “morning-after” pill had gotten banned, and so when she got pregnant and had a baby, she found that she could not get welfare, concluding that “life begins at conception and ends at birth.” The possibility of her taking responsibility anywhere along the line was not mentioned, fueling the victimology culture and blaming the “they’s” who did all these bad things.

In Utero Testing/Screening

*We were told in early 1999 that a first-time mother in her late 30s was persuaded to have a genetic test on her unborn child, and that the test revealed serious impairment, whereupon the physician told the mother that unless she agreed to abort, he would no longer continue to have her as his patient. The mother did refuse, and the physician was true to his word. Again, this incident shows us how far down the slippery slope things have progressed in terms of allegedly voluntary abortion and so-called genetic testing. (Vignette related to us by J. Vanden Hengel in 4/99).

*A new screening method for Down’s syndrome was announced (AP in SHJ, 12 Aug. 1999) that would, as the researchers put it, “reduce by 80% the need for a riskier test.” Thus, the “need” was assumed to have already been established. Actually, this is no more than a combination of an already common blood test and ultrasound test, but whatever such tests consist of, they are search-and-destroy missions, the only goal of which is the promotion of abortion of such handicapped children in the womb.

Prenatal search-and-destroy campaigns are now trying to identify unborn babies with Down’s syndrome by the absence, or width, of the nose bone.

*In order to eliminate as many false positives as possible in identifying the presence of Down’s syndrome before birth, three different prenatal tests would have to be done, which still would only be 60% correct. A fourth test, amniocentesis, would be 91% correct, but carries high risks, particularly to the unborn, such as a higher risk of inducing miscarriage than the risk of a woman having a child with Down’s syndrome. None of these facts are usually communicated to pregnant women when they are being pressured to undergo prenatal testing.

*At just one small workshop (approx. 60 people) in April 2005 that was not even on this topic, and that had a relatively randomly selected audience, 3 separate participants said that either they, or a relative of theirs, had been told that a prenatal test said that an unborn child was impaired--and in each instance, the diagnosis turned out to be wrong. Luckily, these women discovered it was wrong because they rejected pressures to abort, their children were born, and turned out not to be impaired--but how many such misdiagnoses are not discovered because the mother decides to abort the baby, and is never told the truth that the child would have been fine?

*One theory is (though we are skeptical) that there are about 10 genes for autism, which of course leads to a demand that prenatal tests for autism be developed, which of course in time will mean that unborn children testing positive would be aborted.

*According to a NY Times article (20/6/04), ever more people are aborting their unborn children for ever more trivial reasons after prenatal testing. Apparently, the vast majority of people who accept prenatal tests for abnormalities are at least implicitly prepared to have abortions performed, while people in principle opposed to abortion apparently often refuse the prenatal tests. And it turns out that a great many people who accept prenatal tests will say that they have been opposed to abortion all their lives, but they will make an exception for themselves if their own child
is likely to be impaired. We interpret this to be an opposition to abortion not truly based on a fundamentally held moral belief, but on rather superficial beliefs.

Some women come in for tests for those conditions that can be detected very early in pregnancy, so that should the child show a likelihood of being impaired, they can have an abortion without anybody even having known that they had been pregnant. Some families who choose abortion tell their relatives that there was a miscarriage.

Paradoxically, some parents try to avoid having an impaired child and an abortion by pursuing artificial babymaking.

Of course, behind a lot of this is an entitlement mentality, and the relentless quest for being in control of one’s life, and for having a perfect baby.

*One of the major tools instrumental in millions of abortions around the world every year is ultrasound, to determine the sex of the unborn and to kill it if it is female. It now turns out that for years, scientists have known that high-frequency soundwaves induce and/or hasten biological and chemical changes, mostly of a degradatory nature, on the molecular level of organic tissues. One use to which this knowledge has been put is to accelerate the decomposition of hog manure, so as to diminish the awful smells it emits where there is a large quantity of it. Yet at the same time, everybody is denying that ultrasound could possibly be harmful to unborn babies when it is used in tests on pregnant women. Fifty years from now, and maybe even earlier, we may discover—or perhaps finally be told—what kinds of damage such tests may have inflicted on generations of people (SPS, 22/8/02).

Some scientists believe that an ultrasound examination of a pregnant mother can give the baby a sound blast equivalent to about 100 decibels. It is claimed that this does not damage a child’s hearing, but if we get a large number of people who later turn out to have hearing losses, we may discover too late the cost of this mostly search-and-destroy test (Mabuse, 3/02).

The new 3-D high resolution ultrasound pictures that one can have made of one’s unborn baby in the womb are a terribly two-edged thing. This technology (developed by General Electric) is being promoted in glowing terms for all pregnant women, who are probably not aware that behind this promotion lurks a search-and-destroy mentality (NCR, 16/6/02). If the baby is fine, then people frame the picture and hang it on their walls in great joy. If there is something wrong with the baby, then this technique is better than any before to find this out, and the baby gets aborted. The technique is promoted by emphasizing its positive aspects.

*At the same time, the widespread use of ultrasound pictures of unborn babies in crisis pregnancy centers that are not part of the abortion culture have reportedly made a huge impact on pregnant women, and often the fathers of their children, so that only about 5% of them decide on abortion anymore, where formerly, about 80% of them did (CL, 1/04). A major anti-abortion group is trying to give away hundreds of ultrasound machines to pregnancy centers, on the assumption that when mothers see pictures of their unborn babies, they will refrain from aborting them (NCR, 24/2/02).

*A mother had an amniocentesis test during which her unborn baby was so severely damaged by the needle that the woman had to be delivered by emergency Caesarean, during which the baby received a transfusion which turned out to be HIV-tainted, leaving the baby cerebral palsied and HIV-positive, though this was not discovered until several years later during which the child was terribly sickly. The mother said that it was “a relief to know why my child was sick all the time,” and the child herself has apparently been told that there is no way in which she can transmit HIV to others, and she has been telling that to others (SHJ, 30/8/93). This is a good example of how one kind of deathmaking and deception leads to another and another, and how they form a feedback web.

Partial Birth Abortion: & Soon After It, a Reckoning!

Just in case anyone is still not aware of what the innocuous-sounding term “partial birth abortion” refers to: a baby is pulled feet first partway through the birth canal, the infant’s skull is then pierced, the “contents” (the brain) is sucked out, the skull is then crushed, and the child’s remains are pulled out, sometimes first being cut apart.
*After the US Supreme Court made abortion on demand legal in 1973, it ruled in 2000 that partial birth abortion should be equally legal because, as several justices argued, this kind of abortion is no less gruesome than the dilation and extraction version—which is the very one the Supreme Court had approved in 1973, gruesome or not (FT, 10/00).

*When the US Supreme Court approved partial birth abortion in 7/2000, one of its key rationales was that the child in such cases is not actually in the process of being born because “a woman seeking an abortion is plainly not seeking to give birth” (NCR, 8 Oct. 2000). It also used the imperial language of distancing objectification, with terms such as “transcervical procedures,” “osmotic dilators,” and “instrumental disarticulation” (which apparently refers to surgical dismemberment of the unborn). Someone called it the technical viewpoint of a professional abortionist who has a tough job to do (NRLN, 8/2000).

The US Supreme Court in 7/2000 also said that it was “nonsensical” and “irrational” to believe that “an infant’s physical location relative to the mother” has any relevance as to whether she may choose to have it killed.

*Contrary to what abortion advocates have claimed, the American Medical Association has said that partial birth abortion is not the only way to perform an abortion in advanced pregnancy, and the American College of Obstetricians and Gynecologists said that partial birth abortion would never be the only option to save the life or even preserve the health of a woman (SPS, 30/6/00).

*When the US Congress passed by a large majority, and the President signed, a ban on partial-birth abortion in 11/03, it only took about one day for the pro-abortion parties to get a court injunction against enforcement of the new law, and there are high hopes in these circles that the law will be struck down by the US Supreme Court. The House passed the ban 281:142 and the Senate 64:34, both of which are rather amazing majorities, with many members of both houses and from both parties who ordinarily support abortion voting for the ban.

*It turns out that the pro-abortion forces made a very serious mistake in being so vehement in their opposition to the outlawing of partial-birth abortion. It swayed the minds of many Americans away from a pro-abortion policy altogether.

*While polls had shown that the citizens of Maine were opposed to partial birth abortions, a citizen referendum which would have banned it was rejected by a 55:45% vote in 11/99. The poll may have been wrong, or the citizens who opposed partial birth abortion did not go to the polls, and those who supported it did (NCR, 14/11/99).

Incoherence About What Constitutes the Death &/or Killing of the Unborn

*One keeps hearing case after case where abortion proponents are making war against even the slightest efforts to protect unborn babies, as when people assault a pregnant woman and cause a miscarriage, or when mothers take drugs or alcohol and then deliver intoxicated or malformed babies as a result. An assault on a pregnant mother is interpreted as merely that, and not as an assault on her unborn child; and a mother doing harm to her unborn baby is interpreted as a noncriminal act altogether. One of the implications among many is that a baby harmed in the womb by its mother would simply be eligible—if need be for life—for all sorts of publicly funded services, and the people who pay taxes to support such damaged babies have no say about efforts at prevention of injury to the child.

One of the arguments of the abortion lobby is that there is no death unless there has first been a birth. Therefore, the lobby opposes court rulings that would give protections to an unborn baby from assault by third parties, such as by a man battering a pregnant woman, or by a pregnant woman attempting suicide.

Women’s groups, such as the National Organization for Women, have been standing on their heads in consternation and frenzy because the public saw the late 2002 killing of Laci Peterson and her unborn child by her estranged husband as a double murder instead of a single one.

*A staunchly pro-abortion woman in Wisconsin lost her unborn baby when her estranged husband kicked her in the stomach. To her amazement and fury, she discovered first of all that the
law did not protect unborn children, and secondly that women's groups would take no part in outlawing these kinds of assaults lest this might open the door to restrictions on abortion (Newsweek, 9 June 03). We know these sorts of events under the rubric "betrayal by the idols."

*Yet another young Wisconsin woman decided to drink her fetus to death (with alcohol), and when taken into court, a state appeals court ruled that a "fetus was not a human being," that no unborn human was, and that therefore, nothing could be done about her plan (SPS, 27/5/99).

*The Arkansas Supreme Court declared unborn babies to be persons when it comes to wrongful death lawsuits, but not when abortion issues are at stake (NRLN, 6/01).

**Detoxifications of Abortion**

*Is it a fetus or...? It is one of the peculiar phenomena of the culture wars that the word "fetus" is rarely applied to the pre-born or pre-hatched young of any species other than the human one. For instance, in birds, the idiom progresses from "embryos" to "unhatched chicks."

In a certain way, we are exceedingly amused by the liberal media constantly talking about the "unborn fetus," which implies that there are such things as born fetuses. This is indeed something that pro-abortion and infanticide parties have claimed exists, namely any child who is born but whom people want to make dead is apt to be called a "born fetus," or a "fetus ex-utero."

Also amusing is the language that this-or-that fetus has died, when so often, the pro-abortion parties deny that there is any such thing as a live organism prior to birth.

However, one development we have seen quite recently is that a news item may mix its terminology, and at one point talk about an unborn child and the next moment about the very same unborn child being a fetus. Until recently, pro-abortion parties would never ever use the words child, son, etc., when talking about the unborn (e.g., SPS, 2 April 04).

The newspapers actually reported that a man who shot a pregnant woman on a Boston subway "killed the fetus" (SPS, 7 Feb. 03). Generally, the media stand on their head to deny that an unborn baby is a live anything, or that a killing takes place during an abortion. While the man shot the woman and the child, it seems that in this case, the media shot themselves in the foot.

In 2004, the media reported that a woman in Missouri strangled an 8-month pregnant woman and cut the baby out of her in order to pretend that it was her own. As the Associated Press put it, the woman confessed to strangling, and to "cutting out the fetus and taking the baby back to Kansas." As FT (3/05) put it, "What happened to the fetus? And where did she get a baby from?" In one sentence, AP had encapsulated some of the insane verbal detoxifications of abortion.

*We have noted that increasingly, stillborn babies are also being referred to in the media as "fetuses."

*Another new deathmaking landmark was reached when a Catholic hospital in New Brunswick, NJ, ruled that unborn babies (which it called fetuses) were not persons. Based on this reasoning, it also authorized that autopsies without their parents' permission be performed on two of them who had died before birth (LA, 1/99).

*The New York Times (NYT) style book does not allow the use of quotation marks to speak of "a child" who is "in utero," but instead calls for terms such as fetus or embryo. However, it makes one single exception, and that is to put the former terms in quotes when they are quoting what other people have said, who are mostly those who oppose abortion (FT, 11/01). The "NYT kind of people" are also pretty much the same ones who put quotation marks around the word truth.

*While Time is no longer the conservative news weekly that it once was long ago, it does seem to have drawn back at least a wee bit from some left liberal positions. Among other things, it carried a cover story (11 Nov. 02) of the maturation of babies in the womb, and occasionally even referred to them as "babies" rather than by the mandatory liberal "fetus." It even referred to a 40-week-old as a "miniature human being." It also showed some pictures that left no doubt that what is in the womb is actually a real honest-to-goodness human baby.
*To our amazement, the Syracuse Herald-Journal (4 Feb. 1999) listed five miscarriages due to mothers eating contaminated meats as "deaths"--a serious slip in its otherwise strongly pro-abortion position.

*The term "pre-embryo" was coined in 1986 for no reason other than to detoxify deathmaking during the early stages of gestation, mostly for purposes of reproductive research and artificial babymaking (First Things, 12/04). It was meant to convey the illusion that there was something profoundly different between a 6-day-old embryo and a 16-day-old embryo. In most cases, what one is talking about is an unimplanted embryo, as all embryos early on are. (It is similar to other attempts to pretend that cloning does not create a human egg.) There has also been a pretense that reproductive cloning is radically different from experimental or research cloning, when both of them are in fact reproductive cloning. To insist that there is such a thing as therapeutic cloning would be analogous to draining people of all their blood until they are dead and call this "therapeutic draining" because the blood could be used in a therapy for someone else. It certainly is not therapeutic for the persons drained of blood.

*There has been an interesting progression in the cultural idiom from "unborn baby" to "fetus" to "embryo" and now, with stem cell research so prominent in the news, terms such as "clumps of cells." When the deathmakers found out that the American public did not like any kind of cloning, they decided to rename the procedure entirely, and call it "somatic cell nuclear transfer" or "nuclear transplantation to produce stem cells." In the latter case, there is not even a "production" of stem cells because these already exist in the embryo that is being killed so as to enable the removal of its stem cells.

*According to Joyce Arthur of the Pro-Choice Action Network, "A fetus becomes a human being when the woman carrying it decides it does" (CL, 5&6/05).

*Some of the arguments as to when human life begins focus on whether the offspring sufficiently resembles human beings. Others draw the definition on a person’s competencies. A third one asks the question whether the child is wanted or not. All of these are highly subjective and inconsistent, and illustrate what happens once one abandons the objective argument that the human being is to be defined as a human organism from the moment it is derived from two other human organisms.

*The Connecticut Supreme Court ruled in 5/03 that an unborn baby is a body part comparable to "teeth, skin and hair" that are "eventually shed." One would think that pro-abortionists would be happy with that, but they were not because they assert that fetuses should not even have the rights that a body part has (NCR, 25/5/03). At any rate, we strongly suggest that henceforth, births should be referred to as "fetus sheddings." Baby showers held before birth should be called "fetus showers."

*The abortion lobby has of course a vested interest in interpreting pregnancies as diseases, because then, abortifacients can be that much more interpreted as being medicines and treatments.

*There is one thing we find a bit difficult to appreciate. A woman and a man exchange the usual signs of affections, they take off their clothes, she becomes aware that he has an erection, they have sex together, she gets pregnant--and suddenly, the pregnancy is verbally construed as being "unexpected," which is an apparently increasingly used phrase in the pro-abortion culture (e.g., NRLN, 10/01).

*Any program these days that promotes contraception must be assumed to be promoting abortion as well, because several forms of so-called contraception actually involve abortion, most of all so-called morning after pills, secondly the IUDs, and finally the so-called contraceptive pills, as we have reviewed in detail before.

Furthermore, programs that advertise themselves as "family planning" ones may include the promotion of even yet more direct forms of abortion, and programs labeled "reproductive health" are almost certain to do so (NCR, 13/8/00).

Pro-abortion parties have long referred to certain methods of abortion as contraception, but in Britain they are now also using the expression "family planning" for abortion (NCR, 29/10/00).
Sally Struthers, who used to be a star on the TV program “All in the Family,” has for years promoted a program called Save the Children that tries to recruit Americans to sponsor impoverished children in poor countries. It has recently come to light that the organization has also participated in aggressive promotion of contraception, and abortive forms thereof. Too bad people cannot leave a good thing along.

Other organizations that have been promoting contraception that people might not have known about (or ever imagined they would) include CARE (of CARE packages), the National Audubon Society (birds no, bees yes?), and the Communications Consortium Media Center (NCR, 13/8/00).

On the other hand, organizations that have laudably refused to involve themselves in contraception include Oxfam, Bread for the World, and Feed the Children.

The amazing thing is how difficult it is to find out who is really doing what, since one simply can no longer go by an organization’s name, or their publicity materials.

PERVERSION ALERT: It has come to our attention that medical settings (at least in the US and Canada) have begun to use the term “amniocentesis” when they mean abortion. The fact is that it is very easy to perform amniocentesis in a way which fatally wounds the unborn baby, so that one can pretend to be doing an amniocentesis when one intends to perform an abortion. In consequence, women have begun to be told that they do not have to go through the usual abortion clinics and procedures, but that an abortion could be induced as part of an amniocentesis. We have to be clear that this is not merely a use of this method to induce an abortion, but also a way of disguising that an abortion is intended and is being committed by using the name for a diagnostic test, the results of which are obviously irrelevant if the test is used only primarily to kill the baby. Obviously, people who embark on a life of serial killing know no bottom that is too low for them to sink to.

Increasingly, abortion is being made less visible, and therefore less repulsive, and even downright attractive. We already mentioned that one can ingest pre-coital chemical abortifacients—those detoxifyingly called “contraceptives.” There is also the Intra-Uterine Device (IUD), also inserted pre-coitally, which always “works” by preventing the implantation of a fertilized egg; and there are “pills” that can be taken post-coitally that work like the pre-coital ones mentioned above. Since the mechanism of none of these is visible to users, they need not think about the abortion that is actually taking place.

Some people in the pro-abortion movement have begun to claim that the “termination of pregnancy” is a way of reducing the number of abortions! (FT, 4/04). Senator Hilary Clinton has always said that it is a good thing to reduce the “need” for abortions.

Abortion is often advanced with the rationale that it is a safer alternative to childbirth, but it now turns out that there is a whole series of studies on hundreds of thousands of women that found that the risk to maternal health and life is actually much higher with an abortion than a live birth (NRLN, 9/02).

Cryogenic Solutions, based in Houston, has offered to deep-freeze aborted embryos at $365 for possible reimplantation later. Insofar as it is extremely unlikely that after an abortion, an embryo could be thawed back to life after freezing, this option appears to be a gimmick by the deep-freeze industry to make money while also salving the conscience of an aborting woman by giving her the illusion that she is not killing her baby (Life Activist News, Winter 1996). However, the offer constitutes an implicit admission that the aborted baby is alive, and is a baby, which infuriates the pro-abortion circles.

The National Association for the Repeal of Abortion Laws (NARAL) was founded in 2/69. In 1973, it changed its name to National Abortion Rights Action League, retaining its acronym. In 1993, it changed its name to National Abortion and Reproductive Rights Action League, and kept its acronym even though it no longer quite fitted. In 1/03, it changed its name to NARAL Pro-Choice America, and NARAL is now no longer an acronym for anything, but part of a name (NRLN, 1/03). The instructions from the organization are to always use capital letters in spelling out NARAL, and not to use periods.
NARAL has been running ads prominently featuring small children—the very ones the organization would like to see aborted—with various texts that say that the right of these children to abort in the future is at jeopardy. It is also something to consider that the parents who permit their children to appear in these ads are the very ones who might have aborted them (NRLN, 10/02).

If you tell someone contemplating an abortion that you don’t think it is a good idea, you may be sued by NARAL for “practicing medicine without a license” (FT, 4/02).

*Normally, when one speaks about “choosing” something, one finishes the sentence (e.g., choosing a pair of shoes), while the “right to choose” slogan deliberately fails to finish the sentence because it would reveal what it is that is being chosen.

*An adult man in Syracuse raped his 12-year-old cousin (or at any rate had sex with her), upon which she became pregnant. She eventually had an abortion, but it is interesting how the media (AP in SPS, 6 Nov. 03) phrased it: “The girl decided on an abortion.” We can only wonder how young a girl can be to still be interpreted as “deciding on” an abortion. After all, if we are not mistaken, the record of early pregnancy is held by a girl of about age 6 or 7.

*We keep running into the verbal phrasing that a woman “needs an abortion.” This is of course an “old new” problem: wants are converted into needs.

*One of innumerable forms of deception that surround abortion is that the media systematically and deliberately misquote what abortion foes are saying, and later when a particular misquotation is brought to their attention, they lie and claim that what they reported was what was actually said.

Pro-abortion people constantly castigate the violence of anti-abortionists, but one will never hear in the media about the widespread violence by pro-abortionists against anti-abortionists, which has included assaults with cars, guns, hypodermic needles, acid, and baseball bats. It is even claimed that 55 deaths have resulted from such pro-abortion violence. Reportedly, there are about 5 pro-abortion violence incidents to every single anti-abortion act of violence (NCR, 27/8/00).

*A professor at Pomona College in California argues that Christianity could endorse abortion because it sends the presumably innocent soul of the unborn directly to heaven, sparing it a life in this “vale of tears” from which it would only end up dead anyway. He says this would not necessarily result in more abortions, but would make people feel much better about them, not only for the above reason, but also because they would be helping to relieve the “problem” of overpopulation (Polity, Spring 2001; source item from Peter King).

*A Planned Parenthood ad proclaims, “Words Are Like Bullets--They Can be Used to Kill,” which is ironic considering that Planned Parenthood and its words kill armies of babies (B&C, 7/01).

*The claim that abortion reduces crime. A 1999 Stanford Law School paper made a big splash with its claim that the practice of abortion in recent decades had contributed greatly to a reduction in the crime rate, because so many of the children of the poor had been eliminated. As even the hard-boiled economist and columnist of Newsweek, Robert J. Samuelson, said (6 Sept. 1999), “it is delusional to pretend that something as common as abortion is without social consequences.”

Racial minority groups in the US very disproportionately account for about 40% of all abortions, as noted earlier. This has consternated pro-abortion groups who have claim to have promoted abortion as a woman’s right rather than as a means of social control or eugenics.

However, others have challenged the very database for this study and have claimed that the murder rate actually increased after abortion was legalized (NRLN, 6/01). At any rate, skeptics note that correlation is not the same as causation.

Parental Permission for Abortion

*In New York State, girls who are deemed by the law to be too young to consent to sex are deemed to be old enough to decide to have an abortion without the knowledge or consent of their parents, at least in 2000.
*While a teen-age girl can get an abortion without parental knowledge or permission, she would have to get parental permission to enter a contest to appear on the Planned Parenthood poster celebrating the anniversary of the legalization of abortion on demand in the US (NRLN, 12/02).

*In France, high schools can distribute the abortifacient so-called “morning after pill” to teenage girls, free, if they request it, and without any consultation with parents (Newsweek, 13/12/99).

Artificial Baby-Making

Closely related to both abortion and infanticide is what we call artificial baby-making--meaning of course that the way of making the babies is unnatural, not that the babies themselves are artificial! Many people are surprised to see this listed as a form of deathmaking, because they see the new lives created, and naively think this must mean that this is a good thing. However, the one new life that they see may have been produced at the cost of the loss of hundred of other lives (e.g., the so-called “excess embryos” that are killed to obtain the one that may come to birth); and all these artificial means of making babies hurt or outright violate the natural law, the marital bond, and undermine marriage, thereby contributing to broader and more indirect forms of deathmaking. Some additional deathmaking practices associated with artificial baby-making are explained below.

Early Artificial Baby-Making

*The first artificial insemination of humans was done in 1884 in Philadelphia. A woman who wanted to have babies but whose husband was deemed to be sterile came to Dr. William Pancoast at Jefferson Medical College, who then discussed her case with his class. The woman was asked to come back for another exam, but instead was sedated and artificially inseminated with the sperm of a student who had volunteered. The woman was told that the sperm was that of her husband--but this was a lie (CBS “60 Minutes,” 9 April 03), and that deception has set the tone for this kind of enterprise ever since. She became pregnant and never learned the truth.

*Much of the current abominations in reproductive cellular biology had their beginnings in 1973 when a battle was fought over whether to allow recombinant DNA technology. As usual, elitist, hubristic, and arrogant science won.

*The English physician who brought about the birth of the world’s first “test-tube baby” in 1978 had previously experimented with in-vitro fertilization for more than a decade, and had paid for this research at least in part from what he earned by performing legal abortions. This underlines one of several of the links between abortion and artificial baby-making (Time, 29/3/99).

More Recent Developments

*As of 2000, there were 60,000 births per year in the US by artificial insemination or sperm or egg donation, all between unmarried people and even strangers, and there are believed to be one million children in the US (some now young adults) who are the result of such artificial baby-making. Some children have been put together from a combination of so many people (biological and foster/surrogate parents) that they now have five parents. The ovum of a woman of outstanding appearance can cost as much as $50,000 (CBS “60 Minutes,” 7/01).

More recently, up to 75,000 children in the US are being born each year as a result of artificial insemination, and one can even buy human sperm on the Internet and “do it yourself” (Dignity, Winter 03).

*Artificial baby-making is becoming more and more acceptable in the US, and probably elsewhere as well. Every year, more than 30,000 babies are artificially made in the US in test tubes (Newsweek, 13/5/02). This is also entailing a rise in abortions when more than one of the fertilized eggs implanted in a woman take root. These are called “fetal reductions” (NCR, 24/2/02).

*Lesbian and single show biz celebrity Ellen DeGeneres said that she wanted to have at least one child, and “I will try to figure out the best way to do that” (SPS, 21/1/02).
*Some authorities are saying that women who have spent decades taking measures to avoid becoming pregnant are particularly apt to be shocked to discover that they cannot become pregnant at will later on (Newsweek, 27/9/04). They are the “total control” people who then go on the artificial baby-making warpath.

Women with a history of depression are twice as likely to be infertile, and they are also less responsive to artificial baby-making “treatment” (Newsweek, 27/9/04). There thus seems to be something to the old myth that the contented woman is more likely to have a baby.

*Scientists are busy trying to build an artificial uterus that can incubate artificially made babies for at least some time before implantation into a woman. Of course, if they can, scientists will build a uterus that does not even require a woman anymore (NCR, 24/2/02).

*The Canadian newsweekly Maclean’s published a special centennial issue (10 Oct. 2005), which included predictions for the next 100 years. It imagines all sorts of genetic manipulations, baby-making via artificial means (in fact, it says no children will in future be made the old-fashioned way), women being able to be “fathers” and vice versa via chromosomal manipulation, and humans having “relationships” with “virtual humans” rather than real ones, not to mention all diseases and all the current concomitants of aging being treatable. However, all this is presented as a wonderful utopia, rather than as repugnant (source item from Beth French).

Freezing Eggs or Sperm for Future Use

*Embryos have been kept in deep-freeze for quite a few years now and, surprisingly, many are viable after being unfrozen and implanted. However, freezing unfertilized eggs has been much trickier. Nonetheless, the first child born from a frozen and then thawed and fertilized egg was born in the US in 5/98. All of this was relatively experimental until 2002 when a company in California announced plans to go into the egg-freezing business for profit at $8,000 an egg. The idea is that younger women can put their eggs in storage and “use” them later on when they want to have a baby but are less fertile (Newsweek, 13/5/02). However, it appears that success with frozen eggs is much lower than with unfrozen artificial fertilization, namely, only between 1-20%, depending on the lab. As in the case of other kinds of artificial babymaking, the woman also has to take powerful fertility drugs to make access to the eggs possible. Furthermore, the freezing often damages the eggs so that even if they become fertilized, 1/3 of the women miscarry, and many of the others get an unhealthy child.

*Imbued with a total control mentality, the first thing that a lot of young women do when they learn that they have a cancer is start freezing ovarian tissue or embryos (Newsweek, 24/5/04).

*American military men about to be shipped out to the 2003 Iraq war made record depositions of sperm in sperm banks, which costs anywhere between $200 and $330 a year to store. Strangely enough, many of them stipulated that the sperm was to be destroyed if they died, and all this was thus apparently only an insurance against loss of sex organs, potency or fertility (SPS, 3 Feb. 03).

*Some people want to “harvest” the eggs of aborted baby girls for future artificial fertilization thereof. If so, then some day, a child may be able to say “My mother was an aborted fetus” (NRLN, 7/03).

On Sperm Donation/Selling

*There are men who have donated sperm hundreds of times who may have armies of children somewhere in the world. In the early 1950s, artificial insemination took off big time when an anonymous sperm donor finally became the father of several hundred children (Dignity, Winter 03).

*A British organization with the website ManNotIncluded.com sells semen to women, sending it out within the hour ordered, for between $1200-2000 (Focus, 7/7/03) -- all this when a zillion men would gladly deliver the product for free in person, or even pay to deliver it.
What Happens to Leftover Babies Made Artificially

*It was estimated that as of early 2003, there were nearly 400,000 human embryos in clinic freezers in the US, 3% of which were earmarked for medical research (NCR, 25/5/03; Newsweek, 9 June 03).

*Sometimes, the labeling tags on frozen embryos get broken, and when that happens to several at a time, nobody knows which is which, and their ‘parents’ have to decide whether to pull the plug (CL, 9/03).

*Artificial baby-making has become very prominent in Israel, which is one reason why there were 500 frozen human embryos stored in Israel’s largest in vitro fertilization facility. However, its founder and laboratory head one day forgot to reseal the container where the embryos were kept, the liquid nitrogen evaporated, and all the embryos died (CL, 3/03).

*95% of Australian couples who have babies created artificially for them in a lab allow the “unused” embryos to be killed after five years of storage (NCR, 24-30 June 2001).

*In the artificial baby-making business, the idiom includes the term “leftover embryos.” Researchers have demanded that any “leftover embryos” should be put up for “adoption” by couples other than the ones involved in that particular baby-making, and any further embryos left over after that should go to them, the researchers. It reminds us terribly much of Jonathan Swift’s “A Modest Proposal,” that unwanted babies should be made into human food, in this case the researchers being the eaters.

What Happens to Artificially-Made Babies/Children After They Are Born

*Twice as many children from in vitro fertilizations have significant congenital defects as naturally conceived babies. Also, they are 2.6 times as likely to be of low weight at full-term, which is correlated with health problems throughout life. These problems could be due to the underlying infertility of one or both of the parents, the freezing and thawing process, or the drugs used to trigger ovulation (SPS, 7 March 02; Discover, 1/03).

*One of the consequences of artificial baby-making is that twins may end up implanted into the womb of two different surrogate mothers in different countries and years apart (NCR, 25/5/03).

*The newest “ethical dilemma” created by the artificial baby-making business is whether embryos created in vitro and then deep-frozen for future use can be put up for international adoption. In Canada, “a devout Christian couple” (!) had seven such embryos created and frozen; two were implanted in the mother’s womb, of whom one survived and was delivered. Then the couple had another child the natural way and the only way that their professed Christian faith actually allows (though their pastor “affirmed them” in what else they were doing). Being opposed to abortion, they could not destroy the remaining embryos, and decided to donate them to another couple. The one they selected lived in Pennsylvania; the husband had an accident that put him into a wheelchair, which is why they could not conceive. The adoptive couple gave birth to a child from one of the frozen embryos, and if they want more children, they have “first pick” of the natural parents’ remaining 4 icicle-babies. The natural mother muses at the thought that it was the luck of the draw that the child to whom some other woman gave birth was not the one implanted in her own womb, and all the parents plan to tell all the children how they were conceived “before it comes up from a classmate in school.” The adoptive birth was a near-thing because the package containing the frozen embryos got held up at the border by Customs, and nearly defrosted (source material from Kathryn Smith).

Mismatches of Artificially-Made Babies to Parents

*Two couples in New Jersey went the high-tech route to become pregnant, having eggs that were fertilized outside the womb implanted in the wife. As is typically done in such cases, multiple embryos were implanted, and in this instance, the woman received (by mistake) not only four of her
own eggs fertilized by her husband’s sperm, but also several other fertilized eggs from another
couple. Two of the children survived uterine life (it is not known whether the rest were aborted or
died naturally), and when they were born, one turned out to be “white” and the other “black.” (The
parents were “white.”) The parents of the “black” baby—i.e., the woman who gave the egg and the
man who gave the sperm—filed suit to obtain custody of their biological son. The “white” couple—
the so-called birth parents—relinquished him once DNA tests confirmed his parentage, but only on the
condition that there be a visitation schedule, so that the two boys who, after all, “did share a womb,”
will “know each other as brothers,” even though the infants being separated are only three months
old. Naturally, the fertility clinic that made the mistake was also being sued for negligence and
malpractice. (Multiple sources, including Syracuse Herald-Journal, 30 March 99, and Syracuse Post
Standard, 31 March 99).

*Some of the awful things that keep going on in artificial baby-making were dramatically
highlighted when, to their astonishment, a Caucasian couple in Britain who had used an in vitro
fertilization service gave birth to two dark-skinned twin babies, because the clinic had used the
“wrong man’s” sperm (NCR, 18/8/02). This has begun to raise nightmare “who owns the person”
issues.

Picking Pre-Natally What Kind of Baby One Will Have

*Young female college students are in great demand in the US as egg donors. Prospective
parents pick the “best and the brightest” and are prepared to shell out $7500 to the donor alone, not
counting other expenses. Students see this as a way of working their way through college or even
merely paying down their credit card bills (SPS, 27/4/03). In their eyes, it probably beats earning
money prostituting themselves.

The artificial baby-making culture is becoming ever more openly eugenic in nature in
allowing its customers to not only shop for hair and eye color and race, but also for the educational
level of a sperm or egg donor. Of course, “buyers” may not have considered that grade inflation, and
passing students on criteria other than achievement, will foil their plans.

*A fashion photographer launched a web site intending to sell ova of beautiful female models
to infertile couples (NCR, 31/10/99).

*A fertility doctor in Syracuse has begun to advertise that he would pay $2,000 for eggs from
Asian women (SHJ, 26/8/99).

*There are now catalogs of sperm bank donors that read a little bit like some of the ads men
put in the personal columns. A woman can choose sperm from a blond, blue-eyed student of writing
and filmmaking; a 6'2'' business manager of Spanish and Swedish descent who likes karate, painting
and cars; an African-American financial planner who is into jazz, sports and social activism; etc.
Some will list their IQs. Many women pick men who seem to be the closest to their husbands. Many
donors are students earning up to $35 per shot of sperm, and women by the million are lining up for
them, close to 200,000 a year in the US alone (Press & Sun Bulletin, 12 Jan. 92; source item from
Susan Ruff).

Insofar as many of the sperm or egg donors are profiled in very positive terms to prospective
customers by the firms in this business, when such a child turns out somehow defective, parents are
also beginning to sue for what amounts to product liability. It is also anticipated that we will soon
see such children suing their parents for various reasons

*The Canadian newsweekly magazine Maclean’s imagines, in its 10 October 2005 issue, that
in the year 2055, people would place personal ads like this one: “Tall blonde, attractive SWF, 29,
who is educated...DNA screened for all neurodegenerative and metabolic diseases including
Looking for SWM, 25-35,” etc. Obviously, this is new eugenics—though the term eugenics never
appeared in the article.

*There was much publicity in 10/2000 about a Colorado couple intentionally creating a test
tube baby that was genetically screened and selected (implying much abortive discarding of
competing embryos) to provide blood cells to his genetically impaired 6-year-old sister. Certain medical sectors will participate in these kinds of enterprises because of the money in it, which has been called by some critics laissez-faire consumerism run riot.

*The ethics committee of the American Society for Reproductive Medicine announced its opinion that it is acceptable for parents to choose the sex of their children during artificial baby-making, and to discard the unwanted embryos. As John Richard Neuhaus (the founder of the periodical First Things) has said, so-called bio-ethicists these days are really not much more than high-priced ticket punchers and permission-slip issuers for their constituencies.

Lies & Deception Around Artificial Baby-Making

We have already explained that the artificial baby-making business was enmeshed in deception from its very beginning. Here is material on the contemporary lies and deceptions associated with it.

*Newsweek carried a cover story on artificial baby-making (13/8/01) that finally was a bit of an exposé of this “industry.” Women have been misled to intentionally postpone childbearing with the propaganda that with the help of medical technology, they can make up for it at the very end of their reproductive life, or even later, and many women have done this on the assumption that “they can have it all,” which is the way Newsweek put it. As one woman put it, “technology will rescue me.” The example of celebrity women having babies in their 40s and 50s has, of course, also made a big impression on very impressionable younger women. The facts are that only about 2% of all babies are born to women after age 40, and that those who try commonly discover that it can not only be a nightmare but also cost them a fortune, which ironically is the very fortune they tried to amass while postponing reproduction. Additionally, their chances of conception are slim, plus the rate of miscarriage also soars, almost tripling over age 40 over the below-age 30 rate. Of course, women who count on this tend to have the “being in control” mentality, and therefore are also quite willing to have their artificially-made babies screened for abnormalities, and to exterminate them if tests appear to detect problems.

Once women discover the false promises, many fall into a rage, feeling that they have been betrayed, which, of course, they have been—but it is what, in a sense, some have been wanting as well.

The cover story brought forth a small avalanche of letters (3 Sept. 01). One woman woke up one day at the age of 60 to discover that she was apparently not able to handle her 16-year-old daughter. Other women were grateful to finally have the truth told, and have decided to have babies right away, if they can.

*Despite all this, Newsweek had no compunctions about carrying (1 March 04) a whole slew of ads by commercial artificial baby-makers, including ones offering a 100% guarantee of pregnancy.

What Happens to the Parents Who Engage in Artificial Baby-Making

*One of the awful consequences of artificial baby-making is that after taking fertility drugs, some women conceive naturally a second time during the early months of their artificially-created pregnancy, and if they eschew abortion, they will have to be delivered twice, most likely by Caesarean (10/01 clipping from Susanne Hartfiel).

*Women who get serviced by fertility clinics commonly end up with a pregnancy with multiple babies if they were given fertility drugs. One such woman ended up with seven in 2001. Generally, the fertility clinic people try to persuade these women to abort all the “excess embryos.”

*One American couple who had availed themselves of fertility services ended up with 23 embryos in cold storage. Many such parents are flailing about as to what to do with their “excess embryos.” Some of them are trying to donate them for research, while others are donating them to couples wanting to “adopt an embryo” (SHA, 25/2/01).
*When men take recourse to artificial insemination because they are sterile, they may actually be propagating their sterility in their offspring. Infertility often occurs in men because something goes wrong in their genes that control sperm production, and when such sperm is then used to fertilize an egg, the abnormality is likely to be passed on to any male offspring (NCR, 12 Nov. 2000).

Opposition to Artificial Baby-Making

*Italy is apparently the only country in the whole world that at present explicitly forbids artificial insemination of a woman by an anonymous sperm donor.

*There are some circles that are opposed to abortion who believe that a radical defense of unborn life requires that their women rescue frozen embryos about to be discarded by having them implanted in them. This is a bit like trying to drive the Devil out through Beelzebul, namely by sacrificing the sanctity of marriage to efforts to save lives.

Human Cloning

Making clones of human beings--i.e., making a duplicate human being without sexual reproduction, by inserting other genetic material into an egg--is inextricably tied to other forms of deathmaking that have to do with human reproduction. Its connections to deathmaking are via its contribution to undermining the family and natural human reproduction, and at least so far, also via the wasting of human embryos created by means other than cloning, but used in such research.

Cloning certainly represents the hubristic idolatry of a materialistic science that will stop at nothing it thinks is do-able, regardless of opposition and regardless of consequences. Even should it turn out that it is not possible to make human clones, still the very attempt is arrogantly idolatrous.

While the media have been all in favor of artificial baby-making, Time (19/2/01) referred to scientists engaged in human cloning as “renegade scientists,” though many scientists from the mainstream are engaged in this business, and possibly not too many years from now, one such renegade will get the Nobel Prize.

*A leader in the effort to clone humans in the US, who has multiple doctorates, said that restrictions on such research were a violation of basic rights and freedoms, and she likened her battle for legalization to the struggles decades ago to make abortion legal. Again, people like this are totally unaware of the irony in their arguments, in owning up to the reality of slippery slopes that other deathmakers are vigorously denying (e.g., SPS, 6 June 2001).

Some scientists adamantly assert that cloning is not an ethical issue but a medical one. The scientist (Ian Wilmut) who cloned a sheep in Scotland rather disingenuously said he is opposed to human cloning (Time, 19/2/01), to which his work has given a gigantic boost. In 2004, he was given one of the most prestigious awards in medicine next to the Nobel Prize (Die Welt, 24/11/04).

*Present cloning experiments entail the following: 40 women have to be injected with fertility drugs, and then up to 15 of the eggs of each woman are “harvested,” with the manipulated eggs then being implanted in up to 50 different women. Some researchers have claimed that they actually have already cloned human embryos, but then threw them away because of the controversial climate. However, there are some scientists who believe that a cloned child has already been born somewhere, and that the information is being kept secret.

Our own opinion is one of great skepticism that a normal human being can result from human cloning.

*Some people in support of human cloning claim that cloning would not result in an embryo, since it does not involve “fertilization,” but that the cloned whatever-it-is would only be “an egg.” However, other experts have pointed out that when a single-cell egg with 23 chromosomes acquires a second set of 23 matching chromosomes, it can no longer be called an egg but becomes an embryo (NRLN, 3/03).

*The vast majority of cloned animals either die before birth, are physically and genetically abnormal, and/or die prematurely. And yet all of this is ignored in much of the hype about cloning humans or using the cells of clones--and also of aborted clones--for the treatment of human diseases.
After much hype, it turns out that cloned animals do not necessarily look like the animal from which they were cloned, and might even have different behavioral dispositions.

*A common pattern in the case of people who want someone cloned, and women or couples who pursue artificial baby-making when the woman is beyond menopause, is that such people are trying to replicate and replace a lost loved one. Often, this was an only child that they lost. Furthermore, these were often people who earlier in their lives purposefully postponed reproduction, and/or deliberately had only one or two children. For much of their lives, they had embraced the mentality that they were and should be in control of things, and were entitled to what they wanted. Later on, they felt that they should continue to be entitled to have replacements for their lost loved ones that they had not counted on losing, i.e., when their control had failed.

*Major population sectors in support of human cloning are infertile couples, and homosexual people who are living together (NCR, 12 Aug. 2001). One of the foremost leaders of a movement in support of cloning in the US is a homosexual, Randolf Wicker, who wants to have himself cloned because he was never going to have children the normal way, and to thereby “thumb my nose at Mr. Death” (Time, 19/2/01).

*Proponents of cloning are claiming that this is “the answer to species extinction.” We can go happily along and kill off all the different animal and plant species as long as we keep a little DNA so that we can always resurrect them.

*Here is what a visitor to some genetics laboratories said about the scientists there: “Quite a few of them were busy treating or rather mistreating the sex cells of animals and plants in order to produce new varieties. I was introduced to all kind of extraordinary creatures produced in that way, mice without toes or with corkscrew tails, flies that violated the very definition of a fly by having four wings instead of two, funny-looking moths, and strange plants.” And when and where were these observations made? They were by a Scandinavian visitor to German laboratories under the Nazis in 1939-40 (Black, 2003).

*Many people are in favor of cloning human beings, but destroying them after a few weeks of cell division. Critics have called this a “clone-and-kill arrangement.” Many parties are pushing for legal permission to do exactly that, and critics call these “clone-and-kill laws.”

*Cloning where only some tissue is extracted and the rest of the organism is discarded has been detoxified with the term “therapeutic cloning.”

*As of 2001, about 85% of Americans opposed human cloning, either for reproductive or medical research purposes—but none of this is deterring the arrogant scientific establishment (NCR, 24/6/01).

A bill in the US Congress that would allow cloning is deceptively entitled the “Human Cloning Prohibition Act,” but it all becomes clearer when we learn that it is sponsored by arch abortion supporters Senators Ted Kennedy and Arlen Specter (FT, 5/02).

*The good news is that Japan has made the cloning of humans illegal, and punishable by up to 10 years in prison (NCR, 17/12/00). However, Britain is moving to allow it.

The Use of “Stem Cells,” & the Connection of This Issue to Deathmaking

The issue of cloning is very much tied in with that of stem cells, because it has been (falsely) argued that cloning will be necessary to gain access to such cells (FT, 8/02). However, we are treating the two issues separately here.

Recently, there has begun to rage a controversy over whether stem cells (immature cells that can be transformed into many different types of specific cells in the body) should be used in research and in treatment of diseases. While stem cells can be obtained from bone marrow, and from the blood of umbilical cords, many scientists, researchers, and advocates of sick people desperate for a cure, want to use so-called embryonic stem cells, meaning cells taken either from embryos created by artificial means in the lab, or from aborted embryos. Further, there have been proposals to “clone”
existing lab-made embryos in order to obtain stem cells from these clones. Starting in 2001, an
incredibly intense amount of coverage has been given to the stem cell research debate in virtually all
the media, including the readers’ letter sections of virtually any periodical or newspaper. In many
such periodicals, the coverage was unrelenting for months, with sometimes multiple items in a single
issue. Virtually all of this coverage has come from the liberal left, and endorsed such research.
Amazingly, it is extremely unlikely that there was any one particular party that coordinated this
campaign, but instead, the spirit of the times moved all these many different people to converge with
perhaps unprecedented intensity on this issue—as if their efforts had been coordinated. This surely
tells us something extremely significant.

There are three major motives behind the stem cell propaganda of the liberal left. (a) To use it
as yet another means of defending abortion; (b) to make abortion even more utilitarian and therefore
attractive; and (c) to open the door to eugenic manipulation of the human genome.

One other reason why the deathmakers and modernists have chosen this issue as one of their
most concentrated targets in history is that they believe that it is through this issue that they can
swing much of the population to their side, and deal a death blow to traditional Western and Judeo-
Christian morality.

Obviously, this issue has numerous connections to deathmaking, as will be brought out by the
items below. Among them are: the utilitarian attitude towards other human beings, albeit very small
and young ones (embryos); the use of aborted embryos; the lies about what stem cells can
accomplish; and the connection to the organ transplant culture, which makes dead seriously impaired
people so as to “harvest” their organs.

*The deathmaking use of human embryos is widely justified with one or more of the
following arguments: the embryos would otherwise just go to waste anyway; they are not really
human embryos at all, the laboratory work only involves “stencils” and not embryos; the research is
okay as long as we “control abuses”; the vast predicted medical benefits override a few moral
scruples (NRLN, 10 Dec. 1998).

*The pre-eminent Orthodox, Conservative and Reformed Jewish organizations in the US have
all pronounced that embryonic stem cell research—necessitating the destruction of the embryos—is not
only morally permissible, but even an embodiment of Jewish values if it is done to seek alleviation of
disease. Only a few Jewish experts disagree (F1, 6&7, 2005). This despite the Zohar (Medieval
Jewish interpretive and mystical text, the basis of the Kabbala) declaring: “He who causes the fetus to
be destroyed in the womb...destroys the artifice of the Holy One.... For these abominations the
Spirit of Holiness weeps.” Behind this Jewish consensus seems to lurk a fear of being dictated to by
Christian morality. Also, Orthodox Jews have come out very much in favor of cloning, because it is
seen as a means for perpetuating God’s holy people, especially when natural means of propagation
are failing, as they are in much of the Jewish world.

Unfortunately, Israel is a major center for stem cell research.

*Because embryonic stem cell research requires abortions, and abortions provide embryonic
stem cells, the pro-abortion culture and the embryonic stem cell research culture intimately support
each other. Also, pro-abortion people promote embryonic stem cell research (and sometimes oppose
adult stem cell research that does not rely on abortions) merely because they see a ban on embryonic
stem cell research (and on “harvesting” of aborted babies) as a threat to abortion on demand. This is
why embryonic stem cell research is receiving lavish funding from private donors. Harvard’s stem
cell research institute alone raised $100 million from private donors in just five years or so—more
than many entire colleges (Discover, 6/05).

The pro-abortion lobby has been hoping fervently that by hyping up the benefits that would be
derived from the use of aborted babies as a source of stem cells for medical treatments, a vast amount
of support not only for abortion but for the commercial exploitation thereof could be generated.
There is now increasing evidence that there are other sources of stem cells that do not require the
killing of humans, and one can almost hear the groans of disappointment coming from the abortion
lobby. Also, because most of the pro-abortion rationale of the promoters of the stem cell culture
would be lost if stem cells could be extracted from sources other than aborted babies, the scientific
reports that this is actually possible and supposedly has already been done have received very little
coverage in the media.
*The results of polls can vary dramatically with minor changes of the wording of the question. For instance, when the public is asked whether it supports embryonic stem cell research, a very large majority approve of it, even among so-called pro-lifers. However, when the survey mentions that embryos get destroyed in the process, the opinions swing exactly the other way (NCR, 12 Aug. 2001).

But there are also people staunchly opposed to abortion who are all in favor of stem cell research on aborted babies (Newsweek, 9 June 2003).

*Articles are beginning to appear addressed at the general population (e.g., Parade Magazine 8/8/99) that make the point that it is of the utmost importance to save blood from the umbilical cord after birth because of the stem cells which it contains. We see this as a prelude to further impressing upon the public how important it is to harvest such blood from abortions, and to endorse the practice that has already occurred of parents begetting a child specifically in order to gain access to its cord blood in order to benefit another member of the family.

*When the stem cell debate turned sour on its advocates, they changed the name of what they wanted into “somatic cell nuclear transfer” and hoped that they could put this over on the public (FT, 8/02).

*In 3/02, Canada began to allow its scientists to conduct research on human embryos and stem cells from aborted babies, and made these types of research eligible for public funding (NCR, 10 Mar. 2002).

*Not only do the stem cell fanatics promote stem cell piracy from aborted babies, but they also want to culture human stem cells in embryonic mouse tissue. Transplanted back into humans, this would constitute a so-called xenotransplant, i.e., a transplant from another species, which is supposed to be extremely tightly regulated because of its potential dangers (Time, 3 Sept. 2001). One is that the mouse cells might carry mouse DNA or mouse viruses back to humanity. Maybe in the side shows of the future, it will no longer be Jo-Jo the Dog-Faced Boy who will be exhibited, but Mickey the Mouse-Boy.

*Researchers in China have reported that they have actually created hybrid embryos from humans and rabbits. So far at least, the hybrids were killed while they were in a very early stage, in order to extract their plentiful stem cells (NCR, 14/9/03). This has also raised the question, similar to the phenomenon of the human on which we reported before, whether the resulting creatures are rabbits, humans, hubbits, or rumans.

*A very dirty trick is to call opposition to using embryonic stem cells from abortions a “political controversy,” rather than a moral one. However, there is a very long history of interpreting moral issues as political ones (e.g., slavery), thereby in effect sneering at morality as a relevant construct (e.g., Time, 23/9/02).

After 70 members of the US Congress urged a ban on research with such stem cells because it capitalizes on abortions, a group of 73 scientists—which included an amazing 67 Nobel laureates—signed a statement entitled “Science Over Politics,” opposing such a ban (Science, 19/3/99). This is what we call “unbridled science.”

In 2/03, the US House of Representatives voted overwhelmingly to ban research on stem cells from cloned embryos, and this was interpreted by scientists in the monthly science magazine Discover (6/03) to be political interference with science.

Discover (6/05) also reported approvingly that a certain Harvard embryologist (Doug Melton) doing research on embryonic stem cells does not “have time for your ethics hang-ups.” He also is interested in seeing what happens when human stem cells are put into monkey embryos. He also said that the question of when life begins is a “trivial concern.”

Some scientists have mourned that they cannot use tissues from aborted babies without, as they have put it, “offending someone.” This is comparable to mourning about all the soap one is prevented from making from slaughtered Jews because this might offend someone.

*Highest expectations have been placed in very recent years on the capacity of stem cells obtained from human embryos—mostly aborted ones—to perform all sorts of wondrous things and
heal diseases, even in the absence of scientific evidence, which is of course a cheap and easy thing to do. One of the strategies of the stem cell people is to recruit some terminally ill people to their side and then accuse their opponents, “How can you deny them a cure?”

The 2005 democratic candidate for governor of New Jersey, US Senator Jon Corzine (who won the 11/05 election) used a campaign ad showing a paralyzed teenager complaining that Corzine’s opponent was denying him a chance at a cure by opposing embryonic stem cell research (SPS, 9 Nov. 2005).

*Newsweek* (Fall 2001 special issue) featured the promise of embryonic stem cells under the heading, “Fountains of Youth,” and claimed that there was hardly an organ system that could not benefit from them. Also, the embryonic stem cell propaganda has been laced with some of the most extreme rhetoric of creazology, such as “nature’s most valuable tool,” “incredible progress,” etc.

For several years, there has been a semi-promise that cells from aborted babies would cure Parkinson’s disease, including announcements of such successes, but in Summer 2000 we saw this semi-promise extended for the first time to the cure of Down’s syndrome, and that in an official publication of the American Association for the Advancement of Science (Update, Spring/Summer 2000).

Some handicapped people had a sort of gallows erected in front of the US capitol, and had themselves strung up from it in straps that made it look as if they were being hanged. They were protesting Congressional opposition to cloning and stem cell research, claiming that such research would be able to save their very lives which otherwise would be “hanging in the balance” (AP item, received 4/02; clipping from Marc Tumeinski). These self-centered but deluded people would sacrifice millions of babies if they could get something out of it. Being handicapped does not make one right!

One remarkable thing about all this stem cell hoopla is that the scientists are quite aware that pluripotent stem cells might not merely turn into any number of particular cell tissues or organs, but could easily explode into a cancerous mass, which is much less likely to happen with adult tissuespecific stem cells (NRLN, 4/01).

A lengthy article in First Things (1/02) systematically has documented the hype and deception about embryonic stem cells, and both the people who have been making fantastic promises, and those who have believed them, may be in for some big disappointments and embarrassments.

*It is fascinating that the very media that have been stridently promoting stem cell exploitation from aborted babies have raised the question whether US physicians may ethically provide continuing treatment to Americans who had gotten organ transplants from executed Chinese prisoners. It is also argued that the Chinese will inevitably put innocent people to death solely to supply organs for sale to foreigners, which is a rich source of hard currency, and that this “creates an unseemly situation” (e.g., SPS, 17/11/01). But in the stem cell debate, we are told that these babies would have been killed anyway, and so it is a pity to throw away their tissues when such tissues could do so much good. One would think that the analogous argument would be that the Chinese are going to execute a lot of people anyway--it is estimated that the Chinese now put about 5,000 or more “criminals” to death a year--and it would certainly be a pity to see all of their good organs wasted. However, one can also argue with at least equal plausibility that people will beget children (or clone them) merely so as to be able to “harvest” their tissues for relatives.

*We say it again: if each human life is of intrinsic and immeasurable value, and if no human being is more valuable than any other human being--as we believe--then one cannot sacrifice one human being for another, no matter how young or small or handicapped is the one to be offered up, and no matter how valued, attractive, prominent, suffering and pitiable, or beloved is the one that one wants to save. If one really believes this, then all sorts of so-called “ethical dilemmas” are no longer dilemmas at all, though obeying the moral principle may be difficult, and entail hardship and suffering.

*One of the things that the Red Cross got right recently was that in 2/02, it turned down a federal grant to do research on stem cells derived from aborted embryos.

*Surprisingly, the otherwise radically secular Quebec government came out strongly in 1/02 banning all experiments on stem cells taken from human embryos.
Australia now requires pharmaceutical manufacturers to label any products that were tested or developed with human embryo stem cells, so as to give people an option to forego the product or to use a different brand (NCR, 5 Oct. 03).

The Republicans are crumbling on abortion, by increasingly favoring embryonic (i.e., deathmaking) stem cell research. It is mind-twisting to watch all these distinguished-looking, well-dressed, well-spoken people approve a utilitarian butchery of embryos, or even “fetuses.” Someone said that if the genome and cloning scientists would do us the favor of living in crumbling castles, having hair standing up straight, and howling in maniacal laughter, then we would recognize them as mad scientists. But because they wear nice white lab coats, act pleasantly on television, and constantly reassure us about their motives, almost everybody is getting fooled (FT, 3/02).

The Use of Vaccines Derived From Abortion

Some ethicists have argued that the researches conducted by German physicians during World War II under cruel conditions on unconsenting prisoners or Jews marked them as medical war crimes and should not be utilized. However, just as the use of embryonic stem cells is advanced on the grounds of all the “good” it will supposedly do, so too many vaccines are—unbeknownst to most people—derived from research on aborted fetuses.

We thought that we had been well-informed on the abortion and deathmaking scene, but were totally surprised to learn between 1999-2001 that many routine vaccines are developed from body cells of surgically aborted babies, including vaccines for measles, mumps, rubella, polio, chicken pox, rabies and hepatitis A. It is true that these abortions took place in or before the 1960s, but of course cell lines have a sort of immortality. It also turned out that many Catholic authorities felt that these vaccines were and are nonetheless justified as long as no alternatives were or are available. While that may well be, such advocates would need to be equally clear on the morality of benefiting from any other medical research that initially required gravely immoral acts, such as medical measures that benefited from research conducted on live and dead Jews in concentration camps (NCR, 14/10/01). One wonders what people would say if they were told that their vaccines were based on tissues taken under cruel conditions from Jews just before they were shoved into the ovens (NCR, 26/12/99).

Pharmaceutical giant Merck started in the 1970s to knowingly use cell lines from aborted babies to manufacture its combination mumps, measles and rubella (MMR) vaccine. Similarly, its chicken pox vaccine was developed from a baby that was aborted with the full intention of using its lung tissue for vaccine cultivation. Anybody vaccinated with this line will receive some “residual DNA” from the original baby (CL, 9/04).

Furthermore, there is no alternative in the US to receiving the measles, mumps and rubella vaccine that has not been derived from the lung tissue of an aborted baby (CL, 9/03). The rubella vaccine developed by Merck used the flesh of 27 aborted babies. Merck has also used tissues from aborted babies to develop an experimental HIV drug. Families that did not want their children vaccinated with these vaccines have been having a hard time, and their children have been subjected to expulsion from school, though these exclusions were eventually reversed by court orders and amendments to some laws (CL, 7/03; NCR, 20/4/03).

In about 2003, Merck had $51.8 billion annual revenue, before the Vioxx scandal. The only good thing that can be said about this is that Merck is one of the few big pharmaceutical firms that does not make abortifacient birth control substances.

Here is very bad news. While the Vatican’s Pontifical Academy for Life said that a person may abstain from vaccines made from willfully aborted babies, it also said one may have a responsibility to use such vaccines in order to protect a child, and others whom the child might infect. Apparently, this ruling was confirmed by the Vatican Congregation for the Doctrine of the Faith (CS, 4 Aug. 2005). We call this an outcome morality rather than an act validity morality. According to this thinking, it should also be permissible to feed aborted babies to hungry people, rather than let the aborted babies go to waste.
(Other) Deathmakings for Utilitarian Purposes

In this issue, and in previous issues of TIPS devoted to deathmaking, we have given many examples of making people dead in order to gain some practical benefit, e.g., money, relief of a burden, something the dead person has that one wants (be it an organ, or a pair of shoes, a car), etc. Here, we will give more examples that did not fit in so well into other sections.

*The Nazis are always said to have coined the expression that certain enfeebled people are “useless eaters.” However, Defoe documented as early as 1722, in his A Journal of the Plague Year, that during sieges, certain of the “begging, starving poor” were referred to as “useless mouths.” Obviously, useless mouths/eaters were expendable.

The Organ & Transplant Business

*Transplant units in medical centers are in a severe PPP situation. Here are all these expensive specialists and teams with expensive facilities, but unless an organ becomes available, they have nothing to do which—in today’s medical economy—is a no-no. One consequence is that all these centers compete with each other for organs; another is that they engage in other questionable practices to get them. Some programs began to shut down after investigations into their shady practices were initiated (AP in SPS, 12 Oct. 03).

*Each year, close to one million body parts get collected in the US (Newsweek, 26/8/02).

*It is surprising how unregulated and sloppy the body part transplant business is. As someone said, almost anybody with a chainsaw and a pick-up truck can go into the body-harvesting business. Of course, this makes for innumerable mistakes, or tragedies that are not mistakes, such as body parts being so poorly stored that they putrefy or become infected—but still get used.

*There are firms that sell human body parts, such as arms and legs, to physicians for research projects, and these may be shipped through very ordinary shipping means, such as Federal Express. The casualness of all of this is appalling. One such package drew some attention in 2003 because it was found to be leaking.

*It was discovered that a medical center in Texas had been carving up cadavers and selling and sending body parts and tissues all over the US even though they may have contained AIDS and other infections. Some of the parts had already been “consumed” before this was discovered. Undoubtedly, a great deal of money was involved in this as well (SPS, 7 Aug. 02).

*A human cadaver that is donated for recovery of parts and tissues is worth $200,000 these days, which makes a lot of people worth more dead than alive. People who donate a body to a “non-profit” organization are totally unaware that many of these organizations these days actually sell the body parts, often illegally, but may call the charge a “processing fee,” which enables them to claim to be non-profit.

Furthermore, as we reported long ago, and contrary to decades of denial, it is a fact that human body parts get used in cosmetics, including in penis enlargement, particularly because there is much money in it (CBS “60 Minutes,” 14/4/02). Altogether, the human cadaver market now is turning over something like a half billion dollars a year.

*In China, executions are just about the only source for organs. This supposedly explains why the Chinese have been looking avidly for people whom they can sentence to death. Sometimes, a quite possibly innocent person gets subjected to torture to extract a confession, and then quickly is neatly shot so as to preserve the organs, which are often sold (SPS, 21/10/01).

*A 7/02 news item (SPS, 25/7/02) informed us that kidneys taken from “brain-dead cadavers with a still-beating heart” were just as good for transplants as kidneys from healthy living people. (Actually, no wonder, since both are alive when the kidney is taken.) We were also informed that only 2% of kidney transplants in the US were from people whose hearts had stopped. Here is a howler: British anesthetists have demanded that when brain-dead people are carved up for their
organs, they first be administered pain killers, because otherwise, the allegedly dead bodies virtually rise up and try to escape (IAETF Update, 2000, No. 3).

In turn, these two items tell us that a huge number of people are being butchered alive, and often sensate, for their organs.

*Conflict of interest! In a hospital in Thailand, it was discovered that the physician who performed the organ transplants was in some cases also the only physician who declared the “donor” of an organ to be brain-dead before the organ was removed. Also, three physicians at a private hospital in Thailand were accused of murdering two patients in 1977 and selling their organs (Age, 7 Aug. 1999 & 1 Sept. 2000; source clippings from John Annison).

*We are told that when the transplant vultures have their eyes on somebody who is expected to die, they may administer to such persons drugs that have no therapeutic purpose whatsoever, but serve solely to preserve the organs of the person for the envisioned organ extraction (source information from Jo Massarelli).

*An uncle and grandmother in British Columbia sold their nephew/grandson to a human organs merchant for $140,000 Canadian, but the merchant turned out to be an undercover policeman (NCR, 17/12/00). And in Bari, Italy, an entire gang of women—including the child’s mother—auctioned off a newborn child for its parts, taking bids even before the baby was born (NCR, 1-7 June 2003).

*And as of early 2002, 19 British families have been documented to have created test tube babies solely to serve the purpose of being tissue donors for family members, some before birth and some afterwards (FT, 6/02).

*When youths aged 15 (!) and up apply for a learner’s permit to learn to drive, they are asked if they want to be organ donors, at least in New York State.

PERVERSION ALERT: Unless you are willing to be butchered alive for your parts, and to tempt the would-be butchers to be murderers, do not sign any kind of blanket organ donation form.

*People who are simultaneously seriously ill and in the category of potential donors may discover that greed for their organs trumps concern over their continued survival. Among other things, ventilators that are rather routine (e.g., for many kinds of operations) may be discouraged in the case of people whose organs are wanted, including handicapped people who are neither terminally ill nor catastrophically brain-damaged. These people may also be systematically propagandized that they would be very altruistic by simultaneously forgoing ventilators and signing organ donation documents. Newly impaired people seem to be particularly vulnerable because they may be under the impression that their life is now no longer worth living (FT, 11/01).

Miscellaneous--Mostly Non-Transplant--Other Uses of Body Parts of Unborn & Newborn Babies

*A late 1999 and early 2000 “20/20” TV report of a US congressional study committee revealed the commercial trafficking in fetal body parts which most people had absolutely refused to believe existed. As of 2004, there was still de facto advertisement with price lists for different parts, and even for intact “fetuses” (NCR, 4 Jan. 04). We remind readers that we have been reporting on this fact regularly for a very long time.

The US Congress had passed a law that there should be no federal funding for experimentation on human embryos, but the Clinton administration and its scientific advisory committees consistently tried to circumvent this law by legitimizing the “harvesting” of cells from “left-over” in vitro fertilizations. The argument goes that these embryos would otherwise be thrown out anyway, and what an awful waste that is. One motive force in this direction is a powerful “industry” that has billions of dollars at stake in the exploitation of these tissues (NCR, 5 Sept. 99). According to some sources, trafficking in fetal body parts skyrocketed after President Clinton lifted restrictions on fetal tissue research in 1993 (NRLN, 12 Oct. 99).
*The demand that aborted human babies be used for their parts or for research have been advanced in a number of cases with the argument that these babies were never alive to begin with, and this use has been likened to removing organs from dead people for transplant (Time, 1 May 2000).

*While partial-birth abortion is dangerous for the mothers because it requires a full rotation of the baby so that it emerges feet-first, one reason for its popularity is that it yields a full and healthy dead baby that can be marketed for its parts. This is one reason why there are now fewer abortions in which the baby is crushed and dismembered in the womb, because this procedure yields no parts of interest to buyers (NCR, 14/5/00).

*In order to legitimize the butchering of aborted babies for their parts, and thereby lending further legitimization to abortion itself, scientists and the news media are making extravagant claims for fetal transplants, using phrases such as “cell therapy,” and even “rewiring the brain” (e.g., AP in SHA, 2 May 99).

*The list of health-related national US organizations that have come out in favor of experimentation and exploitation of aborted fetuses reads like a Who’s Who. It includes several Parkinson’s groups, several cancer groups, the Spina Bifida Association of America Foundation, diabetes groups, and even the Paralyzed Veterans of America (NRLN, 10 June 99).

*American Enterprise Magazine did a documentary on the traffic in body parts from aborted babies. A firm named Opening Lines would go to an abortuary every week and get about 30-40 perfect babies that had been aborted at around 30 weeks of age, and extract their blood, eyes, livers, brains, thymuses, etc. The firm publicized that it had “the highest quality, most affordable, freshest tissue prepared to your specifications and delivered in quantities you need, when you need it,” with a price list such as eyes and ears for $75, brains for $1,000, a liver for $150 and an “intact trunk” for $500. Certain loopholes in existing laws made all of this quite legal. A woman who did the disecting of the bodies told that still-alive babies were put before her, and once a pair of still-live twin babies. Because she refused to dissect them alive, a physician would come and drown them, or break their necks. Abortion procedures were often adjusted so as to assure that the body parts desired by buyers would not be damaged (SHJ, 12 Nov. 99).

On the research market, one could buy a human fetus for between $90-280, depending on gestational age and whether it was “fresh” or frozen (SHA, 3 Oct. 99).

*In late 1999, it came to light that the universities of Iowa, Minnesota, Nebraska, Colorado, and Yale University had been experimenting on aborted babies, and had kept it a secret in order not to encounter opposition (NCR, 9 Jan. 2000).

*Columnist Paul Greenberg, who often wrote with a liberal slant, took a dramatic stand against experimentation on human embryos, saying that “nothing has so degraded our ethics in this modern era as our ethicists.” He also said that ethicists have replaced ethics (SHA, 3 Oct. 99).

*We reported many years ago that human embryonic tissue was being used in beauty products. This has long been denied by the beauty products industry, but as is so often the case, they have finally found the public atmosphere congenial enough to start admitting it. In fact, some beauty products became hot-sellers precisely after and because the industry revealed what the ingredients were. These ingredients come from international trafficking of embryonic tissue, including from Russian maternity wards. Some of the ingredients are disguised under the term “placenta” (Time, 25/6/01).

Infanticide

By all indications, the practice of infanticide keeps increasing, both by medical personnel in hospitals, and by families in both very primitive and very sophisticated ways—though it is of course only the crude killings of babies that get negative media attention. Again, when abortion, and some kinds of infanticide, get legitimized, then it is a short step to the cruder forms of baby-killing, especially once a child is born and one can no longer abort it, or one otherwise does not have access to the medical means and covers for killing.
*According to some authorities, infanticide rates have not only been going up, but are probably also underreported. This increase may have been obscured by all the attention given to the killing of teenagers. Infanticide is believed to be highest in the first four months of life, the day of birth being the single most dangerous time (Focus on the Family, 5 Dec. 02; source item from Susanne Hartfiel).

*There have been some publications lately that emphasize that animal mothers may abort, abandon, or even kill offspring that they do not have the resources to rear, and that this practice is also found among humans. This kernel of truth is being grossly exploited in order to make war on the image of good motherhood on the one hand, and in order to legitimize abortion and infanticide.

*A long learned article in the Journal of the Association for Persons With Severe Handicaps (Summer 99) examined a series of secular arguments pro and con the killing of intellectually impaired infants, and after much learned discourse concluded, “there are very few infants who can reasonably be seen as objects of infanticide.”

*Mothers are most likely to kill their babies if they have had at least one other child before age 19, have not finished high school, and particularly if they are still under age 17 (AP in SHJ, 22/10/98).

Connection of Infanticide to Abortion

*First, people began to call unborn babies “fetuses” in order to remove an image obstacle to abortion. Then in 1975, and enlarged under the Clinton administration, US government regulations defined newborns as fetuses, which had previously escaped our attention--all these shenanigans being designed merely to enable and facilitate abortion and infanticide. In 2001, the Bush administration decided that instead, for the first four weeks of its life, a newborn should be referred to as a “neonate” (NCR, 10 June 01).

*In 2000, New Jersey passed a law banning so-called partial birth abortion, but a federal court overturned it with the reasoning that it was “nonsensical” and “irrational” that an infant’s physical location relative to the mother would have any relevance as to whether she could kill the child (Newsweek, 2 Oct. 2000). Of course, this kind of reasoning extends maternal abortion rights into infanticide of born children, and certainly legitimizes the killing of a baby that is born after having survived an abortion attempt.

*One method of infanticide that is not widely-recognized as such is the administration of a drug to women to deliver babies prematurely, and then to simply set the babies aside until they are dead. In fact, while this is outright infanticide, it is interpreted as an abortion (NRLN, 4/01).

*Several US Senators said on the Senate floor that if a baby slated for partial birth abortion slipped out of the birth canal before being killed, then it should still be the decision of the mother and the abortionist whether to kill the baby. After having said this, the Congressional Record was subsequently falsified (as it often is!) so as not to report this exchange (SPS, 30/6/00).

*At Christ Hospital (!) in the Chicago area, starving or asphyxiating unwanted newborn babies has been euphemistically referred to by the hospital as “therapeutic abortions” (NCR, 31/10/99). Interestingly, Christ Hospital is part of Advocate Health Care Systems.

*In 1999, one of the 2 US senators from California (Barbara Boxer) said on the Senate floor that a baby’s rights begin “when you bring your baby home,” which clearly implies that there is no human personhood until then (NCR, 31/10/99, p. 8). This implies an endorsement of infanticide of infants one “chooses” not to bring home.

*The very well-credentialed and well-known psychology professor Steven Pinker at the Massachusetts Institute of Technology wrote an article in the New York Times Sunday Magazine (2 Nov. 97) that asserted that it would be permissible for “mothers” to kill their newborn infants because such “are not persons in the full sense of the word and, therefore, do not enjoy a right to life." Of
course, this argument is identical to the one in support of abortion, even though all the deathmakers argue most vehemently that there is no such thing as a slippery slope from one deathmaking to another. Amazingly, there was not one single response to this article in the Times, showing how desensitized the population has become (Boston Globe, 29/11/97; source item from Mary Jo Sullivan).

*Pro-abortionists in New Hampshire succeeded in defeating a bill that would have recognized children who are born alive as legal persons. What this amounts to is another step toward a “right to a dead child,” even if the child has already been fully expelled or extracted from its mother’s womb in a natural birth (NRLN, 4/01).

*A survey showed that all the pro-“choice” theories developed by 1989 denied that there was anything immoral about killing newborn infants, and a 1999 writer (FT, 2/99) on the topic said that he was not aware of a single pro-abortion scholar who had ever written that there was anything intrinsically wrong with early postnatal infanticide.

*A leading center for the treatment of premature babies in the Netherlands announced that it would no longer provide intensive care for babies born before the 25th week of pregnancy. The rationale was that only 34% of them survive, and half of these show some kind of physical or mental impairment by age 2 (FT, 12/01).

Rates & Practices of Infanticide

*Two-thirds of pregnancies still end in abortion in Russia. However, infanticide is also very common, apparently particularly in Moscow, and during March and April, which is attributed to the high times that students start having when vacation begins the year before, when they are often away from parental supervision and booze a lot (WK, 10 April 02; source item from Susanne Hartfiel).

*There are reports that with China’s one-child policy, parents are willing to do almost anything to avoid having a mentally retarded child. Many retarded children are being abandoned and end up in orphanages if they do not die, and in some orphanages, almost all the children appear to be mentally handicapped. These orphanages appear to be much like old-fashioned institutions (Wall Street Journal, 30/12/93; source item from Gordon DuBois).

*It is one thing to try to kill your infant, but another to try to do so by repeatedly injecting feces into the child’s bloodstream, as a pediatric nurse did in Delaware (Republican, 16/7/05); source item from Carl Cignoni). This additionally images the child as excrement.

Opposition to Infanticide

*A woman in the Los Angeles area gathers up all the dead babies that are found there in dumpsters, in the garbage, along highways, or washed up on beaches. She gives them names, washes their bodies, wraps them in handmade blankets, places them in caskets and buries them in a cemetery that she founded called “The Garden of Angels,” and gives each a tombstone. Between mid-1996 and mid-2002, she had buried 54 such babies. She was also instrumental in getting a law passed that permitted mothers to surrender their babies at birth so that they would have an incentive not to commit infanticide (Reader’s Digest, 11/02).

*More and more states are passing laws that permit parents (almost always the mother) to drop off an unwanted baby to the child welfare system, usually without any negative consequences to her, and often even anonymously so. This is the reinstitution of the practice of the “turno” (a turntable) that flourished in Europe for several hundred years, though many of the babies thusly dropped off eventually died anyway because of the atrocious conditions in foundling homes then. While this practice now undoubtedly saves many babies from being thrown into the garbage, or a toilet or river, as we occasionally document, what has taken us aback is the euphoria with which these measures have been greeted by many quarters, as if they were anything but a desperate (what we call) end-point response to a terrible situation.
*As in many US states, Germany too has reintroduced the old Christian practice of anonymous child depositories so that people will bring their babies there instead of killing them. However, there is as yet no evidence that baby-killings have diminished as a result, but there is some evidence that some children have been deposited against the will of their mothers (2/04 clipping from Susanne Hartfiel).

*At the beginning of the era that we call the new genocide (in 1972), a mother was told by the delivery physician and the hospital pediatrician that her newborn son had hydrocephalus and brain damage, would be greatly disabled with many mental and physical defects if he survived at all, that he might also have spina bifida, and that at any rate, he had suffered severe oxygen deprivation during delivery. They suggested that he would be better off dead, and that further medical efforts be halted. The father blurted out “Keep him alive!”, saying it over and over, and so they did. The parents also took the boy to other medical practitioners, enrolled him in so-called “patterning” and other developmental regimens, and to everyone’s surprise the boy grew up to be 6’3” tall, to complete the Los Angeles marathon, to go on 500-mile bike races in Alaska, fight forest fires, edit a college newspaper, and join the Marines to serve in the Pacific fleet (NCR, 25/8/02, pp. 16, 15).

*A Canadian news magazine ran an exposé on the practice of infanticide at a hospital in Calgary, and was promptly slapped with a subpoena to silence it (NCR, 9 May 99).

Conclusion

The father of the discoverer of the extra chromosome in Down’s syndrome, Jerome Lejeune, practiced medicine in Braunau, Austria. One day, he witnessed two babies being born. One, a girl, had Down’s syndrome, and her birth was considered a great tragedy. The other child was a strong healthy boy whose parents were proud and happy. Fifty years later, the boy had become Adolf Hitler, while the girl was taking care of her debilitated mother (Speak Out, 7/99)--but if the deathmakers had had their way, they would have aborted or later killed the girl, not the boy! So much for human smarts.


In addition to outright infanticide, children may be killed above the age of infancy; and apart from killing, there are other ways of junking and wasting children’s health and lives so that they end up dead early.

*Recent government statistics indicate that in Russia, less than a third of recorded pregnancies produce a live birth, and that of all live births, only about a third result in a healthy baby. Altogether, life expectancy in Russia continues to decline precipitously (NCR, 23/7/00).

*Children continue to be ever more unsocialized so that even kindergartners and first graders who are the slightest bit thwarted will not only have a tantrum but also trash the classroom and assault other children, to say nothing of assaulting teachers and other adults. This kind of behavior is not only becoming ever more common among low income urban children but in middle class areas as well. The days when children broke into the most unimaginable profanities are now the good old days. Of course, people who have occasion to be around these children before they arrive in kindergarten or first grade say that it already starts at age 3. In some locales, school districts have instituted entire special elementary schools for disruptive youngsters. While a little of this might be celebrated as diversity, when this becomes the overwhelming majority, it may no longer be so glorious.

*Lo and behold, we now learn that the tobacco industry has been promoting the sale of candy cigarettes to children in hopes that this would motivate them to become smokers. Apparently, this actually works, as--holding constant parental smoking--child consumers of candy cigarettes end up twice as likely to also take recourse to tobacco cigarettes (AP in SHJ, 4 Aug. 2000).
The much-vaunted computer Internet turns out to be a new tool that is being increasingly used by sexual and other predators to lure both teenagers and younger children into dangerous and even fatal situations. Some such children are never found again.

We saw yet another posting of a missing child, with the usual picture and information, but also with the picture and information of the child’s father with whom the child had last been seen. It dawned on us that the entire campaign—running now for several decades—of searching for missing children when most of these children were really taken by one of their parents who wanted them has very deeply discredited the searches for other children who were not kidnapped by their parents who wanted and loved them. It also certainly distracts people’s attention from finding children whose very lives are in danger from pedophiles and mass murderers, in contrast to missing children whose lives are rarely in danger, but where there was usually an acrimonious and sometimes vindictive parental battle for the children.

After a plateau of seven years, cases of reported child abuse or neglect rose again in 2000, with 900,000 reported victims. However, we continue to believe that the number of deaths from child abuse is being grossly under-reported, only 1200 being reported in 2000 (AP in SPS, 20/4/02).

As of about 2001, 3% of deaths among children under 14 in the US are reported as homicides. If there were 3.5 million US births in a given year, this would amount to 10,500 such deaths. Of course, this does not include homicides that are not reported as such (FT, 11/01).

Deathmaking by So-Called “Euthanasia”

The word “euthanasia” is Greek and means a good death. It is often used as a synonym for “mercy killing,” or putting someone to death so as to end their suffering or spare them suffering. However, many things may be detoxifyingly called euthanasia that are nothing but outright murder, and any number of variations on it.

The Scene in the Land of Tulips, Chocolate & Cheese

As readers of TIPS know, and as even non-readers of TIPS can hardly help knowing, the Netherlands has become one of the world’s “leaders” in the legitimization, even legalization, and practice of several forms of deathmaking, including so-called “euthanasia,” suicide “assistance,” and infanticide. Unfortunately, every piece of news that comes out of the Netherlands reports a loosening of any remaining restrictions of these practices, and there is no sign that there will be anything but, until perhaps the whole country is consumed in a deathmaking juggernaut.

The reporting of euthanasia in the Netherlands has always been said to be faulty and reportedly continues to be so, with many such deaths not being reported (NRLN, 4/03). What has clouded the entire database as well as debate about “euthanasia” is that “euthanasia” was defined officially as the ending of the life of one person by another at the first person’s request. If a physician therefore ended the life of a patient who had not requested it, the act was not to be considered “euthanasia,” and therefore was not included in the statistics on “euthanasia.” Such acts were not even termed “involuntary euthanasia” but “termination of the patient without explicit request.”

In the Netherlands, 45% of neo-natologists and 31% of pediatricians who participated in a survey admitted that they had killed infants, and at least a fifth of these killings were performed without parental consent (“BreakPoint,” 5 Oct. 04). An estimated 8% of infant deaths in the Netherlands are medical killings (IAETF Update, 1/99). In other respects too, Dutch euthanasia is getting more and more out of control, if one can put it that way.

Life as an unbearable terminal illness. A Dutch physician was acquitted of committing euthanasia on an 86-year-old man who showed no physical or mental problems, but was deemed to “suffer from life itself,” and two other physicians agreed that this suffering was “unbearable” (Life At Risk, 10/00).
The Netherlands is moving rapidly toward defining the withholding of "euthanasia" from a chronically ill person as a form of "discrimination," because they would have to suffer longer than persons who are terminally ill and therefore officially eligible for "euthanasia" (Life At Risk, 10/00).

Of Dutch nursing homes, 58% have written guidelines for euthanasia and assisted suicide, 90% of these approving them in at least certain circumstances, with 55% even permitting it on patients not mentally competent to assent to it (Life At Risk, 2/2000).

The euthanasia law passed in the Netherlands in 2000 included a phrase that said that "irremediable suffering makes euthanasia necessary."

In 4/01, an enthusiastic Dutch parliament passed, with a very large majority, a bill legalizing "euthanasia," even though such a bill was not really necessary for "euthanasia" to be freely practiced in the Netherlands. The US media had the gall to claim that "euthanasia" had been "sparingly practiced in Dutch homes and hospitals," when all the evidence has been that it has been practiced promiscuously (SPS, 11 April 01).

This bill allowed the killing even of children from age 12 on up if the child requests it. On top of that, children may make this decision contrary to parental wishes. Among other things, this is also an assault on the family. One can also easily envision instances where a child may opt for "euthanasia" as a way of punishing parents for some real or imagined misdeed.

It is widely believed that the next step on this long-standing slippery slope will be the development and distribution of a suicide pill there (RLN, 4/02).

The Dutch government has begun to spend money to train "euthanasia consultants" (IAETF Update, 2000, No. 1).

One of the latest developments in the "euthanasia" policies in the Netherlands is engaging in so-called "terminal sedation" that induces unconsciousness in patients, and then withholding nourishment and hydration until the patient dies. This is called a "natural death." Also, physicians are not reporting the "euthanasia" they commit, as mandated as one of the safeguards on the new "euthanasia" laws. Also the government is approving "euthanasia" as defensible with patients who are demented, but patients are also getting "euthanized" in the very early stages of dementia (Update, 2004, 18(2).

With the Netherlands passing an official euthanasia law, handicapped people in Germany have begun to ask, "When will we be killed?" (Band, 3/01).

In the Netherlands, some old and handicapped people now wear laminated cards on their bodies that say "do not euthanize," but that does not always do them any good (Mouth, 5/05).

In the Netherlands, physicians who are opposed to "euthanasia" are now often too scared to speak out for fear of not being hired, or of losing their jobs. Even the Dutch Physicians Association, a predominantly Christian organization, has begun to advise its 500 members not to mention their views when applying for a job. This also illustrates an instance of people being driven into moral incoherency by their fears (LA, 1/99).

It has become rather sudden news that more than 10% of deaths in adjacent Belgium (much of which shares a language with the Dutch) are now believed to be physician-assisted suicide, or active euthanasia involving out-and-out lethal injections even without a patient's request or permission in as many as 3% of all deaths (IAETF Update, 2000, No. 3).

It is a common phenomenon that nations that have participated in atrocities get severely visited sometime later. An example are the innumerable troubles of the US that seem to defy solution that have resulted from its earlier engagement in slavery and the slave trade. We now wonder whether the Netherlands’ long history of oppressive colonialism, particularly in its vast colonial empire in the Far East, had done something to the souls of the Dutch so that they are now among the leading "euthanasia" deathmakers in the world. Yet at the same time, during World War II, the
Dutch citizens and their physicians practiced heroic resistance against the Nazi occupiers' killing of the Jews and of the handicapped.

**The Situation in the United Kingdom**

*Social Darwinism and eugenics had so infiltrated British society and even the churches that in 1930, the worldwide Anglican gathering that periodically takes place at Lambeth, London (called the Lambeth Conference), became the first major Protestant denomination to endorse contraception. Very prophetically, one Anglican writer to a newspaper then asked, “What will we hear next? Will we read that Lambeth 1980 has proclaimed that doctors will be allowed to kill their patients...?” (NCR, 15/6/03, p. 15).

In the Anglican church (Church of England), 24% of the clergy now want legalization of euthanasia (Speak Out, 7/03).

*There has been a motion in favor of legalizing euthanasia before the British Medical Association every year for years. In 2002, it was defeated by a mere 14 votes out of 178 (Speak Out, 11/02).

*In Britain, people are talking about "back door euthanasia," such as starving residents of nursing homes—not by withdrawal of all food, but by reducing nourishment and/or hydration so that the victims fade away gradually (IAETF Update, 1/99). This was a major method of the medical killers in Germany in 1939-1945.

*A hospital in England was trying to make a 12-year-old multiply impaired child dead, against the family's wishes, by putting him on morphine and telling the family that he was dying. Thereupon, 15 members of his family showed up en masse at the hospital to resuscitate him. When physicians tried to stop them, they would not be stopped, upon which the hospital discharged him and told the family they would not re-admit him. It turned out that he had not been dying as interpreted by the physicians, and once he got home, he recovered. A court visitor coming to take a look at him at home was amazed at how many things he was doing, including going to shops and parks every day. The judge opined that "the medical profession...conspires from the best of motives against the very weakest" (Speak Out, 3/99; IAETF Update, 4/99).

*When Canada passed a Bill of Rights and established a Supreme Court in the 1980s, the very first decision of the latter was in support of the deathmaking of a 7-year-old boy. Scotland has now recapitulated this precedent, without anybody apparently noticing the parallel. In 1999, upon gaining its first parliament in many centuries, one of the first major legislative issues that it addressed was the liberalizing of euthanasia.

**Moves to Legitimize or Even Legalize “Euthanasia” in Other Locales**

*Already in the early 1990s, a survey of nurses in the Australian state of Victoria found that more than three quarters supported the legalization of active euthanasia, and a quarter admitted that they had taken action to end a patient's life, some after consulting with the patient's physician, and some without. (This also seems to make them secret serial killers.) An earlier survey of physicians in the state had found that 60% supported active euthanasia, and 29% had caused a patient's death on at least one occasion. Also, 66% of the nurses said that they would be willing to do the killing if the law permitted it. Apparently, the proportion of nurses who believe categorically that killing a patient is immoral was infinitesimal. Both nurses and physicians were calling for “more public debate” as a means for paving the way toward legalization of euthanasia (The Age, 3/3/92; source item from Michael Steer).

*The lower house of the Belgian Parliament voted 86-51 to legalize euthanasia, following earlier approval by the higher house, thus making euthanasia legal in Belgium, with a law that is even more liberal than that of the Netherlands (Update, 2002, 16(2)).
*A major provider of human services in Belgium is the Catholic organization called Caritas (Charity). It said that in Catholic hospitals, euthanasia would be practiced only in “extraordinary” cases (FR, 17/7/02; source item from Susanne Hartfiel). How reassuring!

*Once again, by judicial decision rather than by the passing of a law, Colombia’s Supreme Court legalized euthanasia. However, it now turns out that the ruling may not be enforced (NRLN, 6/01).

*France also seems to be edging toward the legitimization or legalization of euthanasia, in part because of a sensational book entitled I Ask the Right to Die, written by a man who got paralyzed in an automobile accident, and who was euthanized by his mother a few days after the book appeared (source clipping from Cathy Bloomfield).

*Since 1993, the Canadian courts have been trying to decide what to do with the farmer in Saskatchewan who killed his 12-year-old cerebrally palsied and mentally retarded daughter. During one go-around before the Canadian Supreme Court in 6/2000, one demonstrator in support of the father said to the press that the father had only done “what any father would do if he loved his children” (AP in SHJ, 15/6/2000).

After he killed her, her father falsely claimed that he was trying to end her pain, and there was a tremendous outpouring of sympathy for him all over Canada, primarily from liberal circles, who interpreted the killing as an “altruistic homicide” by a heroic and loving parent. The publicity inspired a number of copy-cat crimes by other parents of handicapped children, and particularly by other fathers who otherwise, historically, have been less likely than the mothers to kill their handicapped children. A provincial museum in Alberta mounted an exhibit on “Jesus Christ Through the Centuries,” in which the seven beatitudes were illustrated through the lives of seven relatively contemporary personages. Shockingly, the contemporary personage selected to illustrate “blessed are the merciful, for they shall receive mercy,” was the same Saskatchewan farmer who had deliberately, and in planned fashion, asphyxiated his daughter who had cerebral palsy--while the rest of his family were at church (Report, 24/9/01).

*In 1995, the New Zealand parliament defeated a bill that would have allowed euthanasia, by a considerable margin. In 2003, a similar bill was only just barely defeated. This suggests to us that in a few more years, the bill will succeed.

*To their shock, the Swedes discovered that between 1941-43, over 200 mentally disordered residents of the Vipeholm institution in the city of Lund had been starved to death, and hundreds of other residents had been subjected to all sorts of bad things, such as very unhealthy experimentation. Even afterwards, between 1944-63, about 4,500 Swedes were lobotomized, some of them for being homosexual. We assume that the rationale was that they would not seek homosexual activity after being lobotomized (Los Angeles Times, reprinted in 12 Nov. 1999; source item from Joe Osburn). This information was unearthed by a Polish-born reporter. All this came on top of the information that between 1935-75, 63,000 Swedes--90% of them women--had been sterilized for eugenic reasons.

*In Switzerland, a euthanasia advocacy organization helped expedite at least 120 people to death in 1998 by means of barbiturates. Strangely enough, the organization is allowed to get the fatal drugs from cooperating physicians. There were a number of “oops” cases among the victims, including a man said to have terminal lung cancer who merely had bronchitis, and a young woman who was merely depressed who narrowly got saved from the group’s peculiar mercy (IAETF Update, 10/99).

*See other sections of this issue for lengthy coverage of the killings in the Netherlands, and of suicide and assisted suicide in Switzerland.

*The World Medical Association has adopted a resolution condemning euthanasia as being against “basic ethical principles of medical practice,” and urged all physicians and medical associations not to engage in the practice even if their national laws permitted it (Update, 2002, No. 3). Surprisingly, the Bulgarian parliament overwhelmingly voted to ban the practice of euthanasia (Update, 2004, Vol. 18, No. 2).
Other Advocacy of, & Support for, “Euthanasia”

*In 2000, the Gleitsman foundation gave its Citizen Activist Award to Dr. Jack Kevorkian (who killed as many as 120 people with his “suicide machine”) and Alabama attorney Bryan Stevenson, a crusader against the death penalty. The two shared a $100,000 award. With Kevorkian in prison, the wife of a person whom he was convicted of killing accepted the award for him. Among the judges who made the award were feminist Gloria Steinem and the founder of Mothers Against Drunk Driving (Life At Risk, 3/00).

According to Mouth (5/05), when Kevorkian killed Thomas Youk (as actually shown on CBS TV “60 Minutes”), a translator for people with speech impairments was watching, and understood Youk’s last words as: “wait a minute...wait, stop, don’t.” When afterwards, Kevorkian was told this, he replied, “I never could understand a word that man said.”

*Merely for brazen advocacy of all sorts of deathmakings from a professorial chair, Peter Singer has been hailed by many people as the most influential living philosopher or ethicist alive (FT, 11/02).

*While there was much rejoicing in certain circles that voters in the state of Maine rejected a euthanasia referendum, it was rejected by a mere 51:49% margin, which strongly suggests that it will not be long before such a measure will be passed (IAETF Update, 2000, No. 3).

*As of early 2005, 57% of US physicians believed it is morally right to assist someone “who has made a rational choice to die due to unbearable suffering,” and only 39% think it is wrong. Only 29% oppose the legalization of physician-assisted suicide, with the rest endorsing it in many or selected circumstances. And 54% believe this is a “private matter” between patient and physician, and that the government should not interfere (SPS, 27 March 2005).

*There has been a gradual creep in US case law toward the conclusion that the state’s interest diminishes as “the potential for life diminishes,” referring to severely debilitated people (FT, 2/99). What this implies is that it will become increasingly permissible to in essence “abort” such people, since the same reasoning was applied to the arguments for the legalization of abortion by the US Supreme Court.

*In 1983, Daniel Callahan, director of the Hastings Center (on bioethics) predicted (apparently with approval) that “in the long run,” the only way to make certain that a large number of “biologically tenuous” people would die would be by “denial of nutrition,” which is a nice way of saying “starving them to death” (Mouth, 5&6/05).

*Advocate of suicide, and now euthanasia, Derek Humphry has begun to preach that elderly people are “greedy geezers for putting a strain on the health care system that cannot be sustained” (Life at Risk, 1/99). He made such statements in his 1998 book Freedom to Die. He came out in favor of euthanasia after having asserted for decades that he was only in favor of voluntary suicide.

Killings of Elderly &/or Very Ill People

*Only a year after the Oregon euthanasia (“assisted suicide”) law went into effect, the state’s attorney general announced that the law may have to be expanded to cover direct killing by physicians so as to “protect the rights” of people unable to kill themselves (Life at Risk, 2/99). After all, not killing people unable to kill themselves would be a form of “discrimination.”

It has also turned out that people who seek suicide assistance there and are turned down by their physician will go around until they find two who will agree. They may also go around shopping for psychologists who will certify them as mentally competent. Sometimes it is the children of afflicted persons who pursue death certifiers, rather than the afflicted persons themselves.

The euthanasia drug of choice in the state of Oregon is an oral dose of the barbiturate pentobarbital (brand name Nembutal) in liquid form. The drug has a long history, well before the advent of the modern psychiatric mind drugs, of use for sedation and seizure control. To produce death, the patient must swallow about 7 fluid ounces within 1 or 2 minutes. But the drug tastes so awful that there is a risk of someone throwing it up rather than taking the high dose necessary to
cause death. This drug dose will cost about $300, whereas 50 years ago it only cost about $5 (Update, 2003, No. 1).

Talking about disincentives: Oregon, with its euthanasia/assisted suicide policy, spends the lowest amount of money on in-patient care in the final six months of people’s lives (Time, 18/9/00). And as we will cover in a later section, HMOs in Oregon are collaborating with the assisted suicide law, and will cover the prescription of lethal drugs to people who have been cleared to receive suicide assistance (Life at Risk, 9/99), thus saving the HMOs a lot of money.

*A 32-year-old woman nurse secretly gave an 86-year-old woman patient a high dose of morphine and a sedative from which she quickly died. When caught, the nurse was not prosecuted on the grounds that the old woman was elderly and would have died soon anyway (NRLN, 12/03).

*CBS “60 Minutes” 3/3/02 reported on a Utah psychiatrist who has been accused of killing 5 elderly people on a psychiatric ward in a two-week period by first putting them on heavy tranquilizers, and then, when they became debilitated, adding morphine.

*In Australia, the term “the Catholic drop” is used to refer to the practice of lifting a frail person off the bed and dropping the person on the floor in order to bring about the person’s death. According to health care lore, this practice was developed in the Catholic health care system in Australia (SMH, 2 Dec. 1999; source item from John Armstrong). If we did not know that deathmaking had indeed penetrated into Catholic health care, we would have said that this might be anti-Catholic calumny.

*The journal of the American Association for Retired People, Modern Maturity (3/02), carried a major article on the killing of elderly people by their related or unrelated caretakers. When a person over 65 dies these days and shows no signs of trauma, blood or bruises, it is extremely unlikely that anything but a natural death will be assumed and reported. However, there are some people who believe that many more such deaths are murders than people realize, and they call these “gray murders.” These are most likely to take place either at home or in a hospital or nursing home. Any number of motives may be at play, relatively common ones being greed for an inheritance, a cover-up for other kinds of theft, the intent to put old people “out of their misery,” and frustration or anger toward the victim by a caretaker not up to the task. Unpleasantness by the victim apparently plays a role in many cases of the latter.

Among remedies, the following have been suggested: eliminating potential hazards around the person that might be interpreted as having caused a death; getting the person an emergency alarm button to be worn or installed at the bedside; recruiting monitors loyal to the person to check up on things; and keeping a record and ongoing surveillance of the person’s valuables and assets, linked to irregular and unannounced inventories.

*A man with multiple handicaps was admitted to a Catholic hospital in Nashville, Tennessee, with a fractured shoulder and pneumonia. Because he had difficulty swallowing, he was put on a feeding tube. While recovering nicely, he pulled out his feeding tube on the very day on which he was to be discharged, and the doctors promptly decided, without consulting his family, to let him starve to death, with the rationale that pulling out his tube obviously meant that he did not want to live. They later told the family that he would at first be uncomfortable, but eventually “be euphoric.” When the family vehemently disagreed, nothing was done for almost two days until finally a resident could be recruited to reinsert the tube, and three days later, the man went home. However, all his physicians resigned from his care and he was no longer welcome at the hospital (Mouth, 9/04).

*It seems to be a harbinger of things to come: the hospital of the University of Pennsylvania in Philadelphia announced that it will drastically limit the medical care that it will provide to patients who are said to be in a “persistent vegetative state” or who are “minimally conscious.” Unless advocates with standing vehemently pursue it, or the patient has left instructions to this effect, such people will no longer receive either surgery or intensive care. Such people also would not be tested when they develop complications or more serious problems, and would not be put on breathing machines. Doing such things was termed not merely “futile,” but even “grotesque.” All this came about through the work of the hospital’s ethics committee. One likely scenario is that whoever will
not acquiesce with this new policy may be asked to transfer to another hospital--if such a one can be found (NRLN, 11/02).

*In 6/02, a 63-year-old woman shot to death her two sons in their 40s who were both in advanced stages of Huntington’s disease and living in a nursing home. The nursing home was notorious for its miserable conditions, and the mother had been on medical disability for a back injury for 20 years, and was divorced from her second husband (Atlanta Journal-Constitution, 10 June 02; source item from Joyce Ringer). Like the Saskatchewan man who asphyxiated his cerebral palsied 12-year-old daughter, the mother has been getting much sympathy from people in the media. Handicapped people in Georgia have been rallying in protest against this sympathy movement that in essence would try to get the woman off or nearly free.

*Apparently, certain forms of medical killings are copy-cat killings. No sooner had Dr. Timothy Quill admitted that he had euthanized a 45-year-old woman with leukemia in 1994 than the number of deaths skyrocketed among women leukemia patients in their 40s as long as the Quill event was prominently in the news. A similar death rate jump occurred in 1990 during the month after the Supreme Court decision allowed a physician to remove a woman from life supports (Mouth, 7/99).

Strong Memorial Hospital, which is part of the University of Rochester School of Medicine in Rochester, NY, announced at the same time that it would (a) close its pain treatment center and (b) bring in suicide advocate and euthanasist Dr. Timothy Quill and his medical group (IAETF Update, 2000, No. 2). A very ominous co-occurrence.

Conclusion

*A large amount of material on the denial and/or withdrawal of nutrition and liquid from patients we will cover in its own separate section.

*Some good news is that among oncologists, support for physician-assisted suicide and euthanasia has dropped greatly in recent years (IAETF Update, 2000, No. 3).

*In 1986, a 36-year-old plumber was injured in a work accident, spending 40 minutes underwater. He entered a coma, eventually being described by physicians as living in a “persistent vegetative state.” After a few months in a hospital, and then a facility specializing in brain injuries, he was eventually transferred to a local nursing home where his wife visited him every day. Although he was uncommunicative and unresponsive, she played his favorite music, moved and massaged his limbs, and talked to him about their two children. His fellow workers and family friends regularly remembered his wife with flowers on Valentine’s Day and gifts at Christmas, and took the two boys on sporting trips. He at times contracted pneumonia and respiratory infections, had seizures, and lost much weight. But due to the family’s love, the good care of a physician who continued to see him over the years, and nurses at the nursing home, he lived for 19 years, and his death in 2003 was mourned rather than welcomed, as it is so often these days (SPS, 17 Feb. 2003, pp. A1, A8).

The Denial & Withdrawal of Nutrition & Liquids

There are circumstances where it can actually be harmful to put food and liquid into someone, e.g., when internal organs that process these are shutting down. However, depriving someone of these who is not near to death, and who can process them, constitutes deliberate murder by starving or dehydrating the person to death. In the vast majority of cases that reach the news, the person at issue is not ill with a fatal disease, nor terminally ill, nor near death, but is simply severely debilitated or handicapped, and someone whom others want to see dead, exemplified by Terri Schiavo who was thusly killed in late March 2005 (more on that later).

*After a series of lawsuits (one of them being the 1990 Nancy Cruzan case before the US Supreme Court), all 50 US states now permit people with very severe cognitive impairments (e.g., said to be in a persistent vegetative state or coma) to be dehydrated and starved to death as long as their families consent. Once this was accepted, it quickly spread to other debilitated but conscious people in all 50 states (NRLN, 1/01). Many states now permit even conscious patients who are
cognitively impaired to be thusly made dead, even though they would of course be subjected to extreme conscious suffering for the up to two or more weeks that this form of dying usually takes (FT, 10/03).

In California, this permission also came about by a State Supreme Court ruling that basic constitutional protections do not extend to people who are diagnosed as unconscious on a presumably permanent basis. Of course, should the person unexpectedly recover consciousness, then the constitutional right is supposed to be reinstated, but often, a battle then ensues where some parties try to pretend that consciousness had not, in fact, returned.

A California Appeals Court held that a guardian could have an impaired person’s feeding and hydration withdrawn even if the person was not terminally ill, was not unconscious, and had never said that he or she wanted to be starved or dehydrated to death (NRLN, 3/2000).

It was only by coincidence, and the presence of media-savvy advocates, that the Schiavo case received so much consideration and publicity. Comparable patients in untold numbers are now being made dead very quietly.

*The British Medical Association issued a policy statement that would permit physicians vastly increased power to withdraw not only medical treatments but also hydration and nourishments from patients. Patients or family members will have very limited recourse, and in most cases the patient will probably be dead before an appeal has gone through the channels. On the other hand, physicians now say that they “feel much more protected,” i.e., less worried about what will happen to them if they make these kinds of decisions (NCR, 4 July 1999).

Just how misleading the deathmaking culture and language can be is underlined by the fact that Britain has a “Human Rights Act” which has a “right-to-life” provision which, however does *not* restrict a physician’s right to withhold or withdraw tube feeding from patients (IAETF Update, 2000, No. 3).

*There seem to be more and more instances of the British health system simply denying further active medical treatment to impaired or debilitated people, and the courts have been sustaining such refusals by hospitals and physicians (e.g., The Age, 7 Dec. 1999; & 3, 7, & 11/2000 issue of Speak Out). One thing that is surprising is that more people with health care skills are not stepping forward to provide services to such persons at little or no charge, in a form of health underground, calling upon supporters of life to help finance such efforts. We suspect more and more that one reason one does not see all sorts of things such as these in Britain is that personal initiative and enterprise in the face of adversity and lack of public funding has been undermined by generations of a welfare system and mentality. We see correlated phenomena in human service workers not bringing the kinds of sacrifices that we see a lot of them do in North America and Australia to attend learning events on their own time (i.e., on vacation or unpaid), and to even spend their own money to travel to such events or pay their own tuition.

*A lot of people in nursing homes get put on feeding tubes simply because there are not enough staff to feed them by hand. In time, that means that they are on “life support” that can be removed, whereas hand-feeding someone who can take food is not easily removable by prescription (Diane Coleman in Mouth, 5/05).

*One way in which debilitated patients are made dead in the US is through what has been called “terminal sedation,” i.e., the administration of sedatives that are not really needed for pain control, and with the explicit intent of bringing on death. Victims are usually incompetent people who are considered to be incurable and hopeless. Very commonly, hydration is also removed at the same time because water would help the body to get rid of the poison. This practice is very difficult to detect, and will probably become increasingly common (NRLN, 4/02).

*Similarly, when people are removed from ventilators, they may in addition be given a paralyzing drug to make sure that they will die, as a Vermont physician did with impunity (CL, 9/03).

*Sometimes, concepts such as “dignity” and “choice” are invoked to justify withholding nourishment and liquids from people, even when they are too heavily doped with pain or mind drugs to be asking for it. Such practices are reportedly particularly likely to be encountered in connection with so-called hospice services that are so often in a hurry to get a person’s dying done and over with.
Protectors may have to be very forward in explicitly demanding in writing that a patient is not merely to be offered food regularly, but to be urged and helped to accept it.

Even when receiving so-called hospice services, it can be advisable to additionally hire a personal aide who is not part of the hospice service, and who can function outside of its rules, as for instance in making extra efforts to deliver liquids and nourishment to a patient.

*In 2004, Democratic US presidential hopeful Howard Dean came up with a new definition of whether someone was dead or alive and could or should be starved or dehydrated to death: namely whether one is able to “choose” anything (Mouth, 1/04). A person who, in his words, “will never, can never, choose to do anything in life,” qualifies for the dead identity.

*A pro-death lawyer has come up with a new proposal that “the litmus test” on whether a person may be starved and dehydrated to death “is whether a person can bring a spoon to their own mouth”! (NCR, 27/7/03).

*A 29-year-old North Carolina woman who had cerebral palsy, and had lived largely abandoned by her family in a nursing home since age five, was admitted for a urinary tract infection to a hospital where her doctors decided to turn off her life supports. This, however, failed to kill her, so they decided to also withdraw nourishment and fluids. An advocacy organization stepped in three days later, had the woman’s mother replaced with a guardian from the Association for Retarded Citizens (Arc), and had food and fluids reinstituted (NRLN, 1/01).

**“Researchers” claim that feeding mentally debilitated people by tubes just might cause their death, apparently implying they should be starved to death instead (SPS, 13/10/99)--much better!

*Paul Hill of Florida murdered 2 people who performed abortions, was caught, tried, convicted, and sentenced to death. (He was executed in 2003.) The Catholic bishops of Florida joined in a public petition to Governor Jeb Bush to spare Hill’s life. So far so good--but only 2 days later, the self-same bishops failed to reach an agreement to ask that Terri Schiavo should be spared being starved and dehydrated to death, and only asked that more time be given to “achieve greater certainty as to her true condition.” Not one of the bishops offered Schiavo’s parents public support, even when a priest who tried to give Schiavo communion was stopped by police (CL, 1/04). It was the governor who had refused to spare Hill, and the state legislature, who did try to save Schiavo.

Media everywhere interpreted the autopsy of Terri Schiavo as having “vindicated” her husband, implying that killing her (which was done in March 2005) was okay after all because of her extensive brain damage. What few media reported was that the coroner found it highly anomalous that a woman with as strong a heart as hers proved to be, before and after her trauma, should have had a heart failure that debilitated her.

*The Catholic hospital culture has come ever closer to the secular bioethics deathmaking position. So when the Pope declared in 2004 (March 20) that the administration of water and food, even if given by artificial means, is nonetheless a natural means of preserving life, and not a medical act; that to starve or dehydrate somebody in order to bring about death constitutes euthanasia; and that people may not be starved and dehydrated to death if food and liquid can be assimilated, the Catholic Hospital Association went into shock. Rather than submitting itself to this obvious moral teaching, it quickly issued 12 criticisms of it. These were so pleasing to the deathmakers that Derek Humphry’s suicide-promotion organization actually adopted the criticisms.

*Here is yet another milestone in deathmaking. Most of the major Christian churches in Germany got together and issued documents approving of what they call passive dying assistance, which includes withholding or withdrawing all sorts of life supports, including nourishment. Of course, we have to understand that this would include a lot of very simple things including stomach tubes. This new policy goes hand-in-hand with an ideology of “self-determination even unto death,” as long as one opts for death. Also hand-in-hand with all of this goes glorification of organ donation which, of course, has played a decisive role in the formulation of the brain death criterion, and is an invitation to killing. At the same time, Catholic academics have been inviting “euthanasia” promoters to speak, while handicapped people who would be the victims of such “euthanasia” were not invited (various clippings and materials from Susanne Hartfiel). At the same time, the Catholic
public there is not being informed that the Pope had declared it impermissible to deliberately starve or dehydrate anybody to death.

*Yale professor David Gelernter pointed out the paradox that if a criminal is condemned to death, it might take decades of appeal processing to actually kill the criminal, and often, the verdict is never carried out; but when somebody is debilitating, everybody falls all over themselves to kill them as quickly as possible and to disable all alternatives and judicial means of recourse. He added “I would never have believed it. I still can’t believe it. Is this America? Do I wake or sleep?” (FT, 1/04). What happened is that he had been in a deep liberal slumber for 30 years, and suddenly woke up.

The Judicially-Approved Cold-Blooded Premeditated 2005 Murder of Terri Schiavo

by Starvation/Dehydration

*In very late March 2005, Terri Schindler Schiavo died after 14 days without food and water—in a Florida “hospice” for the “dying”—because her husband succeeded in getting various courts to allow him to stop all food and water (which she had been receiving by tube).

There are five points of particularly intense interest in the successful multi-year attempt of Mr. Schiavo to have his debilitated wife starved and dehydrated to death. First of all, he had been appointed her guardian, but was the one who sought her death. In this, he was clearly in a conflict of interest situation because although still married to Terri, he had another woman who had borne him a child, plus another child from her on the way, plus he stood to inherit the money that had been awarded to his wife to pay for the expenses of her care. One would have thought that any lawyer, judge and court would recognize this as a conflict of interest, and appoint a different guardian. Her parents who wanted her to live and were willing to take care of her had fought the husband for her guardianship, and eventually went to court numerous times to contest his attempted—and eventually successful—murder of their daughter.

Secondly, Mrs. Schiavo did not have a fatal disease, was not terminally ill, but had been severely brain injured since having collapsed in 1990, from exactly what cause is uncertain.

Thirdly, the case was relentlessly interpreted by the media as “right to die case,” when in fact it was unequivocally a “right to kill” case. The claim that “a right to die” was at issue rested entirely on Mr. Schiavo’s assertion—and his alone—that at one low point in her life, Mrs. Schiavo had said something to the effect (and if so, only once) that she would not want to be kept alive if she became impaired. There were no witnesses and no written documents, and given his conflicts of interest, Mr. Schiavo could hardly be considered a credible witness. Furthermore, he only made this claim several years after her incapacitation. Yet the courts accepted as gospel truth his claim that she would not have wanted to live in her reduced condition. As a Florida court ruled on 6 March 2005: “The state’s interest in preserving life does not override an individual’s personal choice regarding his or her own medical-treatment decisions.”

Fourth, starving and dehydrating somebody is a most cruel and barbaric way of inflicting death. When somebody is to be made dead in the health care system, there are all sorts of painless means of doing so. But giving a person food and liquid was interpreted as “medical treatment,” consistent with many earlier court rulings across the US. The reason Michael Schiavo was able to have his wife killed in this fashion was that Florida law allows parties with legal standing to decide that a party under their legal authority may be killed by starvation and dehydration. If this were done to a criminal under death sentence, it would be ruled unconstitutional for being “cruel and unusual punishment.”

Fifth, even the defenders of Mrs. Schiavo fell into the trap of letting the situation be framed for them by the death advocates. In their discourse, some of them relied entirely on such arguments as there being no credible documentation that Mrs. Schiavo would want to be made dead, but there was no objection to anybody being dehydrated and starved to death if they wanted to be. Even clergy (including a Florida Catholic bishop) boiled the problem down to one of self-determination while not dealing with the fact that her death—even had she opted for it—would have been a deliberately-inflicted and cruel—rather than “merciful”—one.

Along these lines, everybody claimed that the case underlined the need for people to make out living wills, without addressing the fact that even with a desire not to be kept alive, people should not be put to death cruelly.
The overwhelming majority of Americans have apparently been siding with Mr. Schiavo, and agree that his wife should have been made dead. For instance, publicity of her case motivated thousands of Americans to flood living will websites and organizations, to fill out such living wills, and apparently mostly against being kept alive if they become debilitated (SPS, 28/10/03).

Many people are saying that if only Mrs. Schiavo had had a living will, her whole family would have never gotten into this mess. This is untrue for two reasons. First of all, living wills that opt for life are overridden all the time; secondly, even if a living will stated that one would not want to be kept alive under certain circumstances, it would still be barbaric and impermissible to deliberately dehydrate and starve anybody to death who can assimilate nourishment and liquid. If people want somebody to be dead, they should come out honestly and advocate a quick painless killing that used to be called “euthanasia.” Then at least we would all know what we are talking about. By calling the administration of nourishment and liquid a “medical treatment” that calls for a “prescription” from a doctor in a medically-imaged facility, and letting people die by inches over a period of 10-14 days while they are heavily sedated, the death wishers are permitted to get off easy.

The murder of Terri Schiavo was all perfectly legal! Some people have characterized her killing as the Roe v. Wade (abortion on demand, US Supreme Court ruling of 1973) for debilitated people.

Mr. Schiavo is now being honored by various groups for his “courageous” stance, including by at least one local chapter of the American Medical Association.

*Mrs. Schiavo is not the first debilitated woman whose husband tried to have her killed. Another one is Cooper-Dowda, who went into an auto-immune reaction and coma, and came back to awareness while a group of medical people at her bedside were deciding to take her off life supports. Understanding everything going on around her, but having difficulty communicating, she could hear physicians and her husband standing around guessing how vegetative she was, and deciding that she should be made dead. Her gestural protest attempts were interpreted as being seizures, and therefore as requiring the administration of mind drugs that conked her out even more. Her trying to write into the air resulted in her being tied down. One lowly nurse who recognized the communication elements in her efforts was warned not to record them. To prove the nurses wrong, one physician put ink on her fingers and laughingly asked, “There isn’t anything you want to tell us, is there?” In response, she spelled out “Divorce you” on the clipboard put in front of her. The doctors called for more sedation against this seizure, but one of the nurses butted in and said, “Let me try.” She then asked “What do you need to tell us today?”, to which Cooper-Dowda again wrote “Divorce Him!!!!” This finally convinced the embarrassed physicians, and set in motion a remarkable process of rehabilitation that culminated in her earning a master’s degree a few years later. Obviously, what can happen is that when medical people have written off a patient, their minds become adamantly closed to contrary evidence (NRLN, 12/03).

Other Deathmaking in & by Health Care Settings

One of the worst perversities of contemporary deathmaking is that so much of it takes place in health care settings, using medical means, and carried out by medical personnel. This confuses health protection with death-dealing, and people never know anymore when they enter a health care setting, or entrust themselves to medical personnel, whether they will end up dead or alive. This is also profoundly confusing and conflicting for medical personnel, and those who engage in deathmaking will suffer terrible moral consequences.

Deathmaking in & by Hospitals

*The number of people who acquire infections in hospitals seems to be increasing. As of Summer 2004, it was estimated to be 2 million every year in US hospitals. About 100,000 patients a year (including 2610 infants) die in US hospitals largely from infections that they contract there, of which an estimated 75,000 are preventable. Worse, hospitals are lying about it in order to stave off lawsuits. While some of this has to do with the growing virulence of the micro-organisms, it has also been found that there has been a serious loss in antiseptic discipline among hospital personnel, with some practices being truly shocking (Reader’s Digest, 2/03).
*Hospitals with a top-notch reputation apparently can become so cocky that they get careless in a number of ways, and all sorts of "medical misadventures" begin to explode. This happened to Mt. Sinai Hospital in New York City where all sorts of serious violations were discovered, but the hospital was so cocky that it failed to correct them, was sentenced a second time, and had to pay the maximum fine that the health commission is allowed to impose (AP in SPS, 31/8/02).

*Post-operative complications not only cause more than 32,000 deaths in US hospitals but are also extremely costly, at about $9 billion annually. Surprisingly, by far the most frequent complication is bedsores, followed by accidental puncture, and then infections. However, even some of the least common complications can be among the most expensive ones, a wound reopening being an example (AP in SPS, 8 Oct. 03). Some of these complications are due to medical errors, but we suspect that premature discharge also plays a role. These findings are also believed to greatly underestimate the problem since many complications are not even listed in hospital data.

*A University of Pennsylvania study found that after surgery in a hospital, for each additional patient that a nurse had to take care of, there was a 7% increase in the likelihood that the patient would die within 30 days. The study was based on a sample of 230,000 patients operated on in 1998-1999 (AP in SPS, 23/10/02). The ratio of four patients to one nurse is believed to be what is needed, though of course there are even higher ratios in intensive care itself, usually 2:1. There is a 31% increase in the death rate between a 4:1 and an 8:1 ratio (SPS, 8 March 03).

*In 2003, it was discovered that totally unnecessary heart surgeries were performed on healthy patients in a hospital in northern California run by the Tenet Health Care chain, possibly on several hundred patients, many of whom of course ended up vastly more debilitated than they were to begin with (SPS, 14/8/03). There were a large number of totally unnecessary heart operations in one of its hospitals, from which 160 people died. The amazing thing is that these things were being done in such a stupid way that they were bound to be found out, and to result in vastly bigger lawsuits and damage awards than the profits from these immoral and illegal practices could ever have brought in. This underlines the peculiarly short-sighted perspectives of so many people in administrative positions in US commercial enterprises (CBS TV “60 Minutes,” 16/3/03).

*While we have long reported on nursing, medical and hospital errors, it was news to us that 1/3 of hospital errors occur when IV pumps are incorrectly programmed. This suggests that people trying to protect somebody in the hospital should ask the nurses when they are programming an IV to tell them what the program is supposed to be. The very least that can accomplish is make the nurse more conscious of what he or she is doing (Newsweek, 18/11/02).

*Consumer Report (1/03) published a major article based on information it had received from 21,000 readers about safety in hospitals. Not surprisingly, the most important factor in patient safety and recovery was having sufficient staff, followed by good organization of the care, and certainly the amount of experience people on the scene had with the particular medical condition of the patient. Perhaps surprisingly, those admitted for surgery seemed to fare better than those admitted for non-surgical treatments, or for delivery of a baby. Pain relief seemed to be a big problem in non-surgical admissions. The reason is believed to be that surgical teams were more focused and better coordinated. However, the overall impression was that hospitals were not properly staffed and that calls for a nurse were normatively responded to slowly. Of the respondents, 12% were aware of misadventures, such as misdiagnoses and medication errors, which means that there must have been many more of which they did not become aware.

Deficiencies in pain control are particularly surprising because so much is known that can be done about it, and patient-controlled analgesia machines can vastly reduce the work load of nurses, not to mention that it has been shown that people whose pain is well-controlled recover much faster and with fewer complications.

*Just how imperiled even valued patients can be in hospitals these days was illustrated in 2002 when a surgeon left in the middle of performing a spine operation in order to run off to a nearby bank to do some banking, and then came back to complete the surgery. This incident happened to come to light, but who knows how many other things get done that never get known outside of a small circle of health care practitioners of a hospital.
*We heard the story of a nurse who carried a card on her that proclaimed, “In case of an emergency, do not take me to so-and-so hospital,” even though this was the very hospital where she worked. Apparently, she knew too much about the problematic situation of that hospital to want to have her life and limbs entrusted to it.

*Handicapped people will find that having attained what they consider to be “empowerment” and “self-determination” will avail them little when they become sick, reduced in capacity, and patients in a hospital. Then, even if they are capable of demanding things (which they may not be), what they ask for may not be granted them, even if it is necessary for them to function, such as prosthetic and communicative devices. In fact, the only “self-determination” demand made by such a patient that the health care system may grant is the demand to be made dead, as by having all medical treatments discontinued. If an impaired person does not have competent supporters and advocates at one’s side in the hospital, who want to see the person survive and leave the hospital alive, an impaired person is simply not going to fare well there, no matter how much self-determination, self-advocacy, and empowerment training he/she has absorbed.

*Unfortunately, some people think that the solution to medical and hospital “misadventures” is to add yet another layer of complexity and technology to an already barely manageable system, in the form of computerized medical records (e.g., AARP Bulletin, 9/05). Since a worship of technology, and a vast increase in complexity, are some of the root causes of the bad treatment (or worse) that befalls people in hospitals, such strategies can only make things worse.

*We draw readers’ attention to the flyer/order form enclosed with this TIPS issue for the NEW (Fall 2005), REVISED, 2nd EDITION of the TIPS editor’s guideline on how to protect people when they have to go to a hospital. The first edition came out in 1992; this edition is larger by about 25%, contains much more recent information, and is in an easy-to-read type. We STRONGLY ENCOURAGE anyone who has to go to a hospital, or who has someone they care about or are responsible for in a hospital, to get this book and keep it with them at all times during the hospitalization. It literally can save life and limb.

*One of the findings of a physician who studied medical deathmakings was that medical personnel were most likely to quietly put to death those patients who made a lot of demands, were querulous, and were emotionally difficult to deal with.

*About 13% of American hospitals are for-profit private ones, usually as part of a hospital chain. The death rates in these hospitals has been found to be higher (Mouth, 9/02).

Deathmaking in & by Nursing Homes

*There are in the US over 17,000 nursing homes, and it is widely believed that many of their residents simply do not get enough to eat, in part because food is not pushed, and in part there is simply not enough help available to deal with the slow eating of residents. One way all of this is covered-up is by death certificates rarely citing excessive weight loss or dehydration as causes or contributors to death.

*When people who live in nursing homes and assisted living-type facilities in the US have appointments outside the facility (e.g., with physicians, physical therapists), or even have to go to a hospital emergency room, they are apt to get sent by invalid transport vehicles to these places with no staff accompaniment, just with a sheaf of papers that supposedly explains why they are going. The people thusly sent on their own may be sensorily and/or mentally impaired, even very senile. We know of one instance where a mentally handicapped man who had been vomiting for a day was sent alone to the emergency room, in a very weakened condition. One can only imagine the havoc that is wreaked: the people cannot explain why they are there, what is wrong, cannot tell anything about their history, etc. Also, people may be sent without their glasses and hearing aids, which magnifies the problem. The receiving personnel have to rely on paperwork which is often not informative, and may even be wrong. Sometimes, even when the impaired person does have advocates who would accompany him or her, the service schedules these appointments without consulting or informing the advocates, so that the advocates do not know about the appointments or cannot arrange their
schedules to accompany the person. Also, if advocates get wind of what is happening, they may not be able to find out why appointments for the client were made, or by whom, or why once made, they may get cancelled. As a result of such practices, things that need doing do not get done, and/or unnecessary or wrong and unhealthful things get done at much unnecessary expense. Also, there is no one that the receiving health care people can talk to and explain what needs to be done. A person’s welfare, health, and even life are put at high risk by such practices. Again, one can see how much deathmaking can be complex, indirect, and subtle.

*Hospitals and many nursing homes have pipes sticking out of their walls so that patients can be hooked up immediately to a central oxygen supply. However, it is amazing all the things that can go wrong in complex systems. In an Ohio nursing home, nitrogen was mistakenly hooked up to the oxygen system, causing the deaths of four residents (SPS, 8 Oct. 02).

Medical Personnel Serial Killers

Not only may people end up dead in hospitals and nursing homes due to errors and poor treatment. In addition, there have been numerous instances, all over the world, of medical personnel who were serial killers. Some killed patients while moving from one job and site to another, while others retained the same position in the same place. While there have probably always been workers in hospitals who engaged in serial killing of patients, a nurse in Scotland was apparently the first such serial killer to be convicted, in 1974.

* A young French nurse was discovered to have euthanized about 30 elderly patients above age 72 in a hospital near Paris, claiming she wanted to abbreviate their suffering (AW, 1 Aug. 99). She was only convicted of killing 6, and was sentenced to a mere 10 years in prison (Update, 2003, No. 1).

* Up to 45 murders may have taken place of elderly patients of a clinic near Paris, apparently in this case instigated by management (NCR, 23/7/00).

* A nurse at a Missouri general hospital, and one at a Texas veterans’ hospital, have been charged with killing a number of patients, all of them debilitated people over age 55 (Mouth, 9/02).

* A respiratory therapist in Los Angeles claimed he may have hastened hundreds of people to their deaths with lethal injections (Life at Risk, 1/01).

* We only recently learned that in the 1960s, the foreign-born chief surgeon at a hospital in Bergen County, New Jersey, had apparently murdered 30-40 patients, but after it came to light a decade later, he was acquitted, and only lost his license because of “gross malpractice or neglect.”

* In Massachusetts, a nurse at a veterans’ medical center was accused of killing at least 4 patients with injections (Life at Risk, 1/01).

* In Michigan, a hospice nurse gave morphine overdoses to at least 3 patients (Life at Risk, 1/01).

* In an Oregon nursing home, 4 patients were intentionally overdosed with morphine, so that they died (NCR, 2-8 Apr. 2000).

* Mouth (11/04) cited the Denver Post of 24/9/04 as reporting that 6 inmates of a Pennsylvania nursing home were found to have had their feeding tubes cut. This is unusual, because it is bound to be found out, while most illegal killings by health care providers acting individually are either never found out, or only after long series of killings by such a person.

* One of the very peculiar deathmaking phenomena is that when nurses are charged with serial murder, they disproportionately turn out to be male, as well as disproportionately homosexual. We have a great deal of documentation of this in our sanctity of life archives. Nor has this been just a very recent phenomenon. Usually, the malefactors are neither very young nor very senior, but in
their mid-years. One such case involved a 36-year-old male nurse at a veteran’s hospital in St. Louis, Missouri, who may have killed up to 40 patients in 1992 (SPS, 4 June 02), though he was only charged with 10. It is a very common pattern in medical serial killings to charge a suspect with only those murders that can be most easily proven in court.

*Between 1985-1990, a male nurse was fired from his job in 14 nursing homes because of his mistreatment of patients. In 1992, he was convicted of murdering 3 patients with drug overdoses, but admitted that he had killed as many as 23 in his various jobs.

*While a male nurse was convicted of killing 4 people in the intensive care unit at the Good Samaritan Hospital in West Islip, NY, by injecting them with a muscle relaxant that disables people’s ability to breathe, the fact is that 33 patients--apparently, many of them elderly--died suspiciously while he worked there, at least 2 of the bodies contained the killer drug, but one intended victim survived.

*A male nurse was connected with 18 suspicious deaths over a mere 4-month period in hospitals in Georgia and Alabama. Though not charged, he surrendered his license (IAETF Update, 9&10/91).

*A male nurse in California was charged with giving a lethal injection to an elderly patient in a nursing home, and a number of his other dead patients have since been exhumed to see if it could be determined if they had also been victims of foul play (Tampa Tribune, 29/10/90).

As far as we know, we are the only ones who have pointed out that serial killer nurses are disproportionately male, and apparently often homosexual. There is something mysterious about this.

*Health workers who secretly kill patients sometimes also secretly try to kill other people. For instance, a physician who killed 3 patients with lethal injections while working for US veterans’ hospitals had earlier sickened 5 fellow workers by putting an arsenic poison into their coffee and doughnuts.

Also when health workers start killing, they often kill repeatedly in relatively quick succession. Obviously, it is something like a dam breaking that releases their previously inhibited impulses, and perhaps exhilarates them. For instance, in Utah, a psychiatrist first gave strong sedatives to several loud and combative senile persons in order to conk them out, and then administered lethal doses of morphine, killing 5 patients in this fashion during a period of 16 days (Life at Risk, 7/00). Apparently, he himself was also addicted to pain killers (IAETF Update, 10/99).

*Two lesbian attendants at a nursing home in Michigan admitted smothering 5 incapacitated residents, and one of them was reported to have said that she did it because it “relieved tension” (AP in Atlanta Journal, 21/9/89; source item from Charles Mingle).

*While killing in concert with others may make certain kinds of cover-ups easier, it also raises the risk that one will squeal on the others.

*In a nursing home in Maryland, the nursing director and 2 nurses were indicted for giving a resident a lethal morphine doses (IAETF Update, 5&6/92). One wonders if this is the only time they did this.

*One of the largest secret killings of devalued patients by medical personnel since ca. 1970--other than in the Netherlands--may have occurred in Vienna, where between 1983 and 1989, at least 40 patients were killed by nurses, both with overdoses of medicine and with water torture, and they may have killed many more than 42. Two nurses had already pleaded guilty to at least some of the killings, but claimed in their defense that these were “merely” mercy killings. This was reported in the Syracuse Herald Journal of 1 March 1991 with the large headline, “Austria Begins Biggest Mass Murder Trial Since WW II,” with a subtitle “Four Nurses' Aides are Charged in More Than 42 Deaths.” We at first assumed that this had to do with a belated trial of nursing personnel for killing handicapped people in World War II. The fact that it was so easy for us to confuse contemporary killing episodes with those of World War II shows how far things have gone in recent years.
* A nurse in West Germany admitted giving lethal injections to 17 patients in 1989 (IAETF Network Update, 11/90).

* A 1999 book, Blind Eye, tells a story of a physician who is believed to have poisoned somewhere between 35-60 patients in many locales both in Africa and the US. He could never be convicted of murder, but got sentenced to prison for falsifying a job application. One reason he may have gotten away with murder was that none of the people who had hired him dared make a bad recommendation to other potential employers (Time, 13/9/99). Where “diversity” personnel are involved, whistle-blowers are also at risk of being accused of discrimination, racism, etc.

* Virtually everyone conceded that a physician administered a lethal injection to a patient at the Catholic Hospital of St. Raphael in New Haven, Connecticut, but no one has been prosecuted. A professor of philosophy at a nearby Jesuit-run university said that the latter has sent “a healthy calming message to the medical community”—but what about the unhealthy disquieting message sent to poor patients (CM, 1 Feb. 1990)?

* A physician in Britain, Dr. Harold Shipman, was convicted of having secretly ended the lives of 15 of his elderly patients, but the real number that he may have killed could be vastly higher, estimates ranging all the way from 215 up to 1,500. At any rate, everyone ended up calling him the Dr. Death of Britain. Shipman did not provide any admission or explanation for his killing spree, and authorities were not able to come up with a single convincing hypothesis (many sources 2000-02).

* There are many more documented cases where in recent decades, health care workers secretly engaged in serial killing of their patients. One nursing home manager killed between 22-62 of his residents, for simple pleasure. Another nursing home worker killed residents of a nursing home in order to free up spaces for less dependent residents who would be easier to care for. One registered male nurse poisoned several patients of the surgeon he worked for in order to spite the surgeon. Another registered male nurse injected patients with lethal drugs, and so as to just “happen” to arrive in the nick of time to save them by heroic measures, and win acclamation, but between 10-38 of his patients died despite his heroics. A nurse’s aide killed patients with drugs or insecticide simply to steal their money. Another nurse’s aide, in collaboration with co-workers, killed at least 40 and perhaps as many as 300 patients because they had either been unpleasant or irritated her during the night shift. Even a Catholic (female) nun who was a nurse killed between 3 and 21 of her patients because they gave her difficulty during the night shift. (For documentations, see Sobsey, 1994.)

* Rashes of other serial killings have been noted (not all of them cleared up) in 1966 in New Jersey, 1975 in Michigan, 1978 in Maryland, 1979 in Illinois, 1981 in Ontario, Canada, 1984 in Georgia, 1985 in Maryland, and at many other places and times.

Deathmaking in & by So-Called “Hospices” for People Said to be “Dying”

As of 2004, there were about 3200 services in the US that called themselves “hospices” for people said to be “dying,” ranging all the way from separate buildings or parts of hospitals, to people coming into the homes of sick people. By now, there are relatively few in-patient hospice beds; hospice is now mostly home health care.

Some programs claim that they offer palliative care rather than hospice care, because the former does not require participants to have fewer than six months to live, as does the latter. Among other things, this is a good example of the confusion of programmatic with fiscal concepts.

* The US Congress allowed Medicare to pay for hospice services only after discovering in 1983 that the greatest medical costs tend to be incurred in the last two weeks of a person’s life, namely on the average about $200,000. However, even if a patient is brought to a hospice already close to death, the daily expenditures may be higher than the per diem reimbursements that the hospice receives (SHA, 20/2/00).

In the US, hospices have a vested financial interest in patients dying neither too soon nor too late.

* Hospice services in North America had been in the practice of making themselves available for people predicted to live no more than 6 months, and have been funded for this period. But
increasingly, such services enter the picture only at the very end of the person’s life, sometimes only in the last week, and 6 weeks of service is now considered to be remarkably long. All of this is linked to a tendency to—get mad at people once they are pronounced as dying if they do not get it done and over with. Indeed, more and more, the hospice movement is expecting the people it serves to have a virtual love affair with death. Some of them will not even serve a person who is on a respirator, which they take as a sign that the person “is not ready to die.” What this amounts to is that hospice is no longer serving people who are in fact dying, but only those who want to die (Mouth, 5/03).

*People who have severe chronic health conditions, but are not expected to die within six months, began around 2000 to be ruled eligible for “pre-hospice” programs. Unfortunately, they are served much the same way as in hospice programs, which imposes a dying role and dying expectancy on them, possibly for years (e.g., SPS, 13/11/01).

*We have been told that hospice services are increasingly tipping the scales toward death, as for instance by interpreting life-sustaining procedures to be painful. It also appears that more and more, they try to abbreviate their involvement (and thereby save money) by participating in the deathmaking process.

Also, there seems to be a big push on to withdraw so-called hydration from patients, with the argument that this is painful to them. Hospices seem to be complicit in these practices, even though the pain may be merely attributed rather than evident.

Very little attention was paid by anyone to the fact that poor Terri Schiavo had been living for years in—a hospice. Hospices are supposed to serve dying persons, and not be long-term nursing homes. Thus, once again, our many predictions over the decades that in a culture of death, hospices must be expected to become deathmaking places, has been borne out.

*Considering that the hospice movement is becoming ever more involved in deathmaking of seriously ill people, it is very alarming that in 10/03, there was a worldwide “In Celebration of the Hospice Movement” event in which choirs around the world were singing with 420 choral concerts in at least 43 countries (SPS, 4 Oct. 03).

*Medical judgment as to how long a person with a serious disease will live has impact, among other things, on their eligibility for hospice care. However, a study (Cancer, 1 July 1999) found that physicians are not very accurate in making such predictions for cancer patients.

Consistent with other studies, yet another study found that only about 20% of physicians’ predictions of the death of patients who were in advanced stages of debility were anywhere close to being accurate. Most commonly, physicians were unwilling or unable to read the signs of impending death, and overestimated survival time by a factor of five. All of this results in great under-referral to hospice care, and great overuse of acute hospital care and emergency room visits, all of which can be a form of torture for people near death (SHA, 20/2/00).

*One peculiar development in the hospice culture is that some hospice services have shifted their focus from attention upon the person who is expected to die, to attention to the person’s survivors. For instance, some hospice services have been running support groups for various kinds of survivors, rather than to have other bodies organize such services.

Having too much money (as we reported before), the hospice program of service to the dying in New York City runs an after-school program for “grieving children,” and a summer camp for grieving children where they endlessly rehash the loss of a family member.

*In 1990, the hospice movement spread to Russia where it has been rapidly expanding, though on a vastly more shoestring basis than in the US. US hospice services heavily emphasize that the patients are soon going to be dead, and that their services are entirely palliative or they will withdraw. Russians do not mention death, dying, terminality, etc., but rather interpret their services as being for the sick, and they are not opposed to patients still hoping for, and pursuing, treatments to stave off death or even get cured. This seems to us to be a vastly more humane and individualizing approach.
Another difference is that apparently all Russian hospices display religious icons which patients find very comforting. In the US, and probably many other countries as well, this would not be allowed in publicly operated services, and often not even in publicly funded ones (CS, 16/12/04).

**Just How “Permanent” Are “Permanent States” of Impaired Consciousness?**

There continues to be a steady, though small, stream of stories of people awakening from a comatose state, even after having been in one for a long time. While it may not happen very often, it does illustrate the problem of assuming such states are “permanent,” and the need to allow time to see how someone might progress after having suffered a severe injury, rather than rushing to declare the person in a “permanent vegetative state,” “brain dead,” “hopeless,” incapable of recovery, etc., and--even worse--then removing and withdrawing life supports and treatments.

One of several reasons why this question is so important is that many people want to declare persons who are proclaimed to be in “permanent unconsciousness” either dead, or killable.

Relatedly, ever since the transplant of major organs became possible a few decades ago, profound links developed between the criteria for death, and the transplant culture, as touched on before.

Whenever people are uncertain whether a person is still alive, or how much consciousness there is, the moral position is to rather err on the side of life than the side of death. After all, at worst, such a stance only wastes some time, effort, and maybe money, but does not risk denying life and humanness when they are really there, or incurring the risk of homicide. For instance, there is a long tradition in Christianity of not assuming that the soul necessarily leaves the body at the very moment the vital signs are gone, but that it may happen sometime between then and the signs of rigor mortis or necrosis. Similarly, the safest assumption as to when the soul enters the body is at the moment the male and female gametes form a new cell that is distinct from either.

*It used to be that patients who were comatose would be maintained on life-support for at least 30 days, and for 60 days if children, so as to see whether spontaneous recovery of consciousness would occur. Now, people start death-talking them anywhere from roughly 3 days to 2 weeks (information from Jo Massarelli).*  

*A number of women in comas have successfully carried babies, sometimes for extended periods. One such woman even came out of her coma a week after giving birth, at just the moment when a priest was about to give her last rites and after the doctors had recommended withdrawing life supports (NRLN, 4/01).*  

*A Scottish woman physician was in a car accident, lay in a coma for 3 months, and then was diagnosed to be in a vegetative state. Physicians advised her family to starve and dehydrate her to death. The deathmakers stood by their position despite testimony from nurses that the woman had twice asked to have her teeth brushed. The family moved her to another hospital where she received active stimulation--and immediately showed signs of improvement, and 3 weeks later regained consciousness. When she discovered what had happened, she was furious, and sued. The situation is particularly bad in Scotland because the law makes physicians supreme in deciding withdrawal of life-supports (Update, 2002, No. 3).*  

*The good news is that an Arkansas man who had been in a coma for 19 years started to come out of it, and the first word he said was “Mom.” The bad news is that the second word he said was “Pepsi” (NRLN, 7/03).*  

*How little is understood about the prognosis for people in long-term coma is illustrated by the case of Patricia Bull, who for 16 years had lain in a coma in a nursing home in Albuquerque, New Mexico, unable to move, speak or swallow. One day, as a nurse was making her bed, she opened her eyes and said “Merry Christmas,” and then began eating, starting to talk, going out on car rides, and shopping. Doctors have said they are baffled and cannot explain her sudden recovery from brain damage caused by lack of oxygen after a blood clot in her lung 16 years earlier (The Guardian, 5 Jan. 2000; Mirror, 6 Jan. 2000).
*Predictions made by physicians about a debilitated person’s survival and future so-called quality of life have turned out to be very poor, and not to correspond very well either to the facts or the outcomes, or to how the patients view their own lives. A study showed that 80% of physicians’ prognoses about patients’ life expectancies were inaccurate (IAETF Update, 2000, No. 1), though this figure does not tell us by how much.

Consistent with these findings, physicians’ estimates of the chances of survival of premature babies, and the chances of their being handicapped, also tend to be far off the mark. Such children do far better than most doctors believe and predict. Doctors are being urged to give such babies proper care, and let time tell whether they will survive and how well they will do.

Just How Unconscious Are Unconscious States?

When an effort to make dead a severely impaired person becomes public, the debate often boils down to whether the person is “really” as impaired as he or she is said to be. For instance, is the person “really” in a so-called persistent vegetative state? Is there “really” no hope of recovery? Etc. Instead, the ultimate moral question is whether one should wish anyone to be dead, and participate in making anyone dead.

*When the evidence became overwhelming that many people in a so-called persistent vegetative state (PVS) had at least some consciousness, the kinds of physicians who invent these kinds of diagnoses came up with a new “diagnosis” of “minimally responsive state” (Newsweek, 14/6/99, p. 12). Many people will get this diagnosis who formerly would have been said to be in a PVS, but where observers pointed out that they had glimpses of awareness, and/or could at least occasionally follow simple directions.

*A writer in First Things (12/04, pp. 6-7) reported that people in advanced stages of “Alzheimer’s” (read: dementia) are often interpreted in the health care system as being in a PVS in order to capitalize on the legality of withdrawing nourishment and liquids from such persons. The writer called this “diagnosis creep.”

*Pope John Paul II said that a human being should not be interpreted to be in a vegetative state, vegetative, or to be a vegetable, because a human being is always a human being and can never become an animal or vegetable. We agree.

The Construct of “Futility”

In recent years, the concepts and terms of “futility,” “futile treatment” and “futile care” have become prominent. Unfortunately, instead of only treatments or procedures being judged to be futile in terms of their effectiveness, people or their lives also began to be judged to be “futile” (meaning they will still be handicapped, senile, dependent, etc., even after treatment), and therefore treatment gets denied.

*In December 1996, the American Medical Association passed a resolution that physicians (a) should be guided by “functional assessment” of what constitutes a worthwhile “quality of life” in deciding whether to extend or maintain treatment for a person, and (b) should establish “futile care” policies. As we pointed out, a term such as “futile care” or “futile treatment” should only be applied to treatments that cannot be expected to have a beneficial effect, but in actual life, they very quickly become equated with somebody having a “futile life.” Thus, a person not considered worthwhile, such as a handicapped person, and who might very well benefit from a treatment, may be denied such treatment under a futile treatment construct.

While ethicists make careful distinction between killing and letting die, at least two things blur the lines between these two. (a) The mind set behind these. Letting someone die whom one wants to be dead can come very close to killing, and also will almost certainly be expressed by cold and unkind treatment of the dying person. (b) A withholding of health care measures that had a chance--even if only slight--of saving the person’s life, and that would not have been withheld from people valued in society.
The British Medical Association came up with a new definition of "futile" medical treatment. It is "futile" when it cannot accomplish any improvement, or it is "not in the patient's best interest," or the patient has refused further treatment. This is a totally incoherent statement. A treatment that is refused is not necessarily a futile one, and one that merely stabilizes a patient and prevents worse things from happening is certainly also not futile. Finally, what is in the patient's best interest is not a medical determination.

This formulation opens wide the door to deathmaking, and Speak Out (11/03) documented one case where a hospital simply decided to starve and dehydrate a 91-year-old woman to death because she was debilitated, contrary to her own wishes and those of her next-of-kin. In other words, feeding and hydrating her to keep her alive was deemed futile.

One hears that across the US, health care providers and facilities are denying patients life-support treatments that they, or their surrogates, request, on the rationale that this care is either futile, inappropriate, medically ineffective, non-beneficial, or not in accord with accepted health care standards. According to some reports, more and more patients are being denied life supportive treatments because they are debilitated, and the physicians feel that it is their "time to die," and that their lives are futile and of no quality. If one disagrees with this measure, often the only recourse left is to seek a court order that requires continued treatment, but courts often side with the physician and the hospital (Update, 2002, 16(1)). Some people are responding to this by trying to get legislation passed in different states that would force health care providers to have written policies about when they would deny patient-desired health care (Update, 2002, 16(2)). Amazingly, there has usually not been such a written policy.

*The Catholic Alexian Brothers Hospital in San Jose, California, adopted a policy in 1997 that it would not provide anything but comfort care for patients with "terminal illness with neurological or other devastating disease," and would not provide cardiopulmonary resuscitation (CPR) for people with severe irreversible dementia. This is the actualization of a pernicious so-called "futility" construct that is being widely adopted in American healthcare. In 01/01, an elderly California man with "Alzheimer's" fell at home and broke his hip, and was taken to another Catholic hospital where doctors decided to surgically repair his hip, which enabled him to return home after seven days. The interesting thing is that this patient was former US president Ronald Reagan, and one wonders what would have happened if he had been brought to the Alexian hospital, and whether he would have been denied CPR there if there had been complications (NRLN, 2/01).

A new medical slang term that we first learned about from Yankee (9/01; source item from Ashley Brown) is "flog." The term is applied for what the medical people on the scene believe to be futile--and usually high-tech--means of keeping a patient alive for a few more days or weeks who would otherwise die without these high-tech supports, and who is believed will die very soon anyway. Of course, the problem is that what is a flog to one person is a desirable and moral life sustenance to another.

One manipulation that disposes people toward deathmaking is to interpret a condition as "untreatable." What is remarkable is how this descriptor may be used. For instance, a pregnant mother had a prenatal test which indicated that her baby would have Down's syndrome, which was interpreted to her as an "untreatable condition," upon which she had an abortion (Newsweek, 25/9/00). One might quite as readily describe red-hairedness, a phlegmatic or fiery temper, or for that matter high or low intelligence, as being "untreatable conditions."

The Slippery--& Sometimes Deceptive--Criteria of Death

Apparently, the health industry and its paid ethicists are increasingly loosening the definition of death, in good part because of the demand for human organs. One problem is that health personnel may look at a person and, in their minds, see an already dead one even though the person is still alive according to all the traditional criteria. Medical personnel in the organ transplant business are virtually compelled psychologically to think of donors as dead even when they are not, and even when they are still breathing, and display a healthy skin color.
Where the question is raised whether someone is still alive in order to know whether organs can be taken from the body, it is very much like vultures sitting in a tree looking at a wounded body below, and waiting for the creature to become so debilitated and helpless that they can swoop down on it and start tearing it to pieces.

*It is rather ironic that some medical authorities have called for people who have been declared to be brain dead to be anesthetized before their organs are removed (SHA, 15/7/01).

*Yet another deception about the brain-death criterion is that it may be invoked to withdraw all the mechanical life-support systems, but if the patient then manages to live without these anyway, they may not be reinstated. At least one patient lived another eight days like this.

*We are also told by Jo Massarelli that Catholic hospitals used to wait 7 minutes after somebody appeared to have died in order to ascertain that death had actually occurred. This was at least somewhat influenced by the ancient belief that even when the vital signs had disappeared, one could not be sure exactly when the soul separated from the body. Then Catholic hospitals went down to 5 minutes, and now they are probably down to at most 2 minutes. Apparently, “times have changed,” everything moves more quickly, and let the devil take any slow souls.

Definitions of Death in Order to Facilitate Cessation of Treatment

Having largely succeeded in brain-washing the world that brain-death is a real criterion for death, the deathmakers are now pushing to extend the definition of death to so-called pervasive vegetative states.

An Ottawa physician has proposed a new definition as to when death occurs: whenever a person can no longer breathe on their own. This means that an awful lot of people who take oxygen would have their oxygen withdrawn from them because they are either dead or as good as dead (source information from Peter Dill).

This expanded definition of death would not only add to the pool of organ donors but also eliminate the high medical costs associated with maintaining people in this condition.

Issues of Life & Death Decision-Making

There is much talk now about “advance directives,” a term which encompasses a wide range of yet other terms and documents, including so-called “living wills,” health care proxies, and do-not-resuscitate (DNR) orders. All these are decisions, and documents, ideally to be made before a person becomes seriously ill, that will presumably guide medical treatment decisions when a person is thusly ill, especially if the person is not capable of making any such decisions then.

PERVERSION ALERT: For a great many people, a so-called advance directive has become nothing other or more than a means for terminating life supports, and an advance directive that would request otherwise is virtually inconceivable to them, as exemplified by an article a physician wrote in Newsweek (14/6/99).

*As someone said, advance directives written in the absence of advanced knowledge are very problematic. One big problem with advance directives is that so many people have reported that once they became ill or dependent, they changed their minds, usually in favor of continued treatment. Those who thought that they would want to be dead instead discovered that they still wanted to live. This argues in favor of appointing as one’s decision-maker a party or parties known to be trustworthy and who are not deathmakers. In a clinch, they may be wiser than one was in one’s younger years when one signed away one’s life.

*Several studies have found that ill patients are not in a good position to indicate whether they want to live or die because their will to live can change dramatically over very short time spans, and depending whether they are in pain, depressed, etc. In one study, changes were dramatic even over a 12-hour period, and became ever bigger over a period of a month (NRLN, 14/9/99; Monitor, 3/01).
**US physicians are not commonly writing “advance directives” for themselves. Why?** Because they have little faith in them—for good reason: they ignore 65% of the advance directives of their own patients, and instead go by prognosis, “quality of life,” and the wishes of family and friends (*FT*, 11/04, p. 75).

*In 1/99, we discovered in a US hospital a brochure on “advance directives” that featured a picture of young teenagers, thereby implying that even children should have advance directives, which in turn also raises the interesting question as to who would be authorized to sign them: the child itself, or a proxy such as parents?*

**“Living Wills”**

*Few people are aware of the fact that so-called living wills were first designed in 1967 by members of the Euthanasia Society of America (*CL*, 9/03).*

*The American Association of Retired People (actually, for anyone over 55) has also begun to promote living wills with horror stories about what happens to people if they don’t have them (9/00). Among the remarkable things about this is that the death lobby only emphasizes the horror stories of inappropriate heroic treatments, and never the horror stories of medical deathmaking of debilitated people.*

*We found in a Fall 1990 mail order catalog of the type that sells trinkets and practical gadgets a “living will kit” (for $6.99), on the same page with cordless candlestick lamps, artificial flowers, curio cabinets, painted plates and trivets. Maybe soon we will also see babies offered for sale or, perhaps, their organs.*

*Scouts and other youth organizations have long raised money by selling things like candy bars, but now, some are selling health care plans and living wills (SPS, 19/3/01). These poor children are totally unaware that what they are selling is death.*

*In order to combat the “living will” culture and its pro-death mentality, a group in Manitoba has begun to promote a “will to live” documentation (source information from Zana Lutfiyya).*

*Also, be it noted that ALL wills are written by living persons, and are therefore “living wills,” including ordinary wills that direct who is to receive one’s estate, one’s prized collection of beer bottle caps, etc.*

**Do Not Resuscitate (DNR) Orders**

*In Wales, a school for handicapped children unilaterally instituted a DNR policy for all children without consulting the children’s families or physicians. A nurse found out and blew the whistle, and suffered the usual fate of whistleblowers, namely, getting fired and being persecuted while the school was exonerated (Private Eye, 10 Aug. 2001; source item from Oxana Metiuk).*

*Health workers sometimes try to de facto trick patients into signing a DNR order while the patients are debilitated, and possibly under mind drugs or have not yet recovered from anesthesia (Mouth, 2000).*

In a Catholic (!) hospital, an elderly woman who had spent all day in the emergency room and was finally settling into sleep late at night, was awoken by a brother dressed in the habit of the order that ran the hospital, to ask her if she wanted to sign a “do not resuscitate” (DNR) order! She later asked the nurse whether she had been dreaming, but the nurse confirmed that no, this had really happened.

People who cannot read or write and are mentally weak in other ways are commonly buffaled into signing DNR orders on themselves, even if only with an “X.”

*Nursing personnel who tend to severely debilitated persons who make a lot of demands upon them but who refuse to sign a DNR order often get very angry with such patients and engage in all sorts of punitive behaviors toward them.*
Once a person of limited mentality has been tricked into signing a DNR order, this order may then follow the person around from one agency to another. Several agencies down the line that serve a person, one may suddenly discover that there is a DNR order on the person that nobody close to that person knew anything about.

The mental retardation authorities in the state of Pennsylvania were becoming concerned that mentally retarded people had DNR orders written into their files, and responded with a directive that no such orders were to be written except where a retarded person had a "terminal illness." Next one knew, all sorts of "terminal illnesses" began to be ascribed to retarded people. Even mental retardation itself began to be called a "terminal illness" (source information from Betsy Neuville).

A study found that when physicians discover that a patient has a DNR order, then they are less likely to deal with even the routine and simple medical care of that person. Apparently, the presence of such an order triggers some kind of a mindset in the physician that the patient is as good as dead anyway, or that it doesn't make much difference anymore whether the person lives or dies (Update, 2003, No. 1).

Furthermore, if a medical error is made with a patient who has a DNR order, it will be virtually impossible to find a lawyer who will sue on behalf of the patient, presumably because it would not be possible to make a plausible argument for damages to a jury (Mouth, 7/03).

We found a 2000 printing of an educational brochure on DNR orders published in 1997 by the Channing L. Bete company in Massachusetts. One of its statements was, "a patient with a DNR order...will also receive pain relief, food, water and other comfort care." This is no longer true, because DNR orders are now often interpreted by physicians as a death sentence when the person at issue suffers a health crisis, and a person with a DNR order is much more likely to have hydration and nourishment withdrawn.

We were told by Jo Massarelli that one argument that may be cited to one as to why a DNR should be signed is that without such a document, physicians may end up working heroically on a person who has already experienced brain death, and possibly do all sorts of painful things to the person, such as crushing ribs. One should keep in mind an obvious answer: if the person is already dead, then surely DNR will not hurt them.

Also according to Massarelli, one reason why medical centers want DNRs on people is that without one, personnel will have to spring into action and do all sorts of things when that person experiences cardiac arrest, respiratory distress, etc. In turn, this can be very disruptive to the routine of the respective medical unit because a number of physicians and nurses will have to be working on the person without having planned and scheduled to do so. For instance, if an operation is scheduled on someone, a Code Blue in the area could mean that everybody will rush to the point of emergency, and the operation may have to be rescheduled. While one can be sympathetic to the other patients who may momentarily be put on the back burner (so to speak), one can also see that the mere disruption of routine could constitute a powerful motive for medical and nursing personnel to pursue DNR orders.

Surrogate Decision Making

At least according to the laws on the books of the State of New York, life-sustaining medical treatments cannot be terminated for a patient who has not made that decision him or herself, but it appears that the law has become rather meaningless since zillions of DNR permissions (including for termination of hydration and feeding) are signed all over the state all the time by other people.

Some changes in certain guardianship laws recently seem to be specifically designed to enable or recruit guardians who will sign away a debilitated person’s life. Relatedly, we are warning of the surrogate decision-making schemes which are being hailed in various locales and states across the US as being something like a service for mentally limited people. We see it as a way of recruiting people to sign away life-sustaining medical supports from such persons.
We were recently told that if a debilitated or mentally limited person needs a guardian, a prospective and willing candidate for this role will probably not be accepted and legitimized as such if this person lets it be known beforehand that he or she would not sign a DNR.

Relatives who want to make an impaired person dead and have guardianship-type powers over him or her have at times forbidden the impaired person from receiving antibiotics, having their teeth cleaned, receiving physical, occupational or speech therapy, getting any kind of specialist medical examination, and in at least one case, had the person confined in a “hospice” for years even though the person was not terminally ill (Mouth, 3/03).

*It is amazing that if family members want to visit a sick or dying relative in a hospital, they may be evicted--possibly in handcuffs--by police officers carrying guns, if their visits had not been authorized by the closest relative, or at least the one with decision-making authority.

*While in the US, the wishes of a close family member of a debilitated person are still given a great deal of weight by the health care system, and in some cases--and at least in theory--decisive weight, this has not been the case in recent years in Britain where the British Medical Association unequivocally stated that “The views of people close to an adult patient carry no legal weight...it is essential that those consulted are absolutely clear, ultimately, that the treatment decision is not their right or their responsibility” but is that of the clinicians on the scene (Update, 2004, No. 1). However, it is possible that a European Court of Human Rights will restore some legal rights to family members.

*One new development injected by the culture of modernism into surrogacy decision-making is the following.

Formerly, people felt perfectly comfortable with the idea that in certain situations, one party would act on behalf of another, even if the second party objected. The role of parents vis-à-vis children was often explicitly or implicitly seen as a relevant analogy. Thus, when guardians made decisions over their wards, people were not too exercised over the fact that the ward might not be in agreement. Nowadays, with the advent of an ideology of radical self-determination, surrogacy decisions are being made left and right, particularly in respect to life-and-death medical decisions, but these decisions are now being falsely interpreted as being what the persons being spoken for would want if only these persons were in their right minds or capable of expressing themselves. If we think back to the social Darwinism and eugenics era, there were innumerable people who had no difficulty announcing that they thought that certain members of society should be made dead because they were worthless. Nowadays, such people would invoke such constructs as “suicide by proxy,” claiming that a person would certainly want to be dead if they were of competent mind, and therefore, by killing them, one is merely giving them what they want.

*A big problem in the current advance directive culture is that the deathmaking mentality is eroding a recognition that there is a difference between competent persons setting forth what they would want done when they are no longer competent, versus directives being developed on behalf of people who never possessed mental competence, or at least did not possess any at the time such a directive was drawn up. For instance, to speak of a “living will” on behalf of a profoundly mentally retarded person plays word games designed almost entirely to serve purposes of deathmaking.

*A lengthy article about the “use of advance directives” with mentally retarded persons (in the 12/98 issue of Mental Retardation) was somewhat alarming. First of all, there was all the propaganda about a mentally retarded person being “self-determining,” which lends itself to pushing such persons into signing their death warrants without having the capacity to know what they are doing. But perhaps even more subtle was all the rhetoric about establishing surrogate decision-makers to engage in all sorts of maneuvers to allegedly find out what the person wants well ahead of the person becoming ill. Rather than classifying surrogate decision-making as being clearly what it is, it is put under the name and image of self-determining advance directives. We also are not happy that the risk of retarded people being made dead gets watered down under headings that call for data and safeguards, nor are we reassured by the call for “more research” on the topic. This kind of article is typical of the ones that scramble people’s minds and subtly dispose them toward strategies of deathmaking, or concurrence in it.
*All sorts of agencies now have lists of “clinicians” who are “qualified” to make “DNR capacity determinations.” This is particularly alarming when these determinations are to be made on retarded persons, and when one considers that such determinators are people with MDs and PhDs who have virtually no experience with such persons.

*After a lengthy court battle, the California Supreme Court declared that the wife of Robert Wendland did not have the right to order the removal of her husband’s feeding tube since he was neither in a coma nor terminally ill, nor had left instructions that this is what he wanted if incapacitated. This gave a victory to his mother who had been defending him against his wife.

Physicians Making Secret &/or Unilateral Decisions Regardless of Advance Directives

*There is increasing implementation in hospitals across the US of practices and protocols under which ethics committees authorize the withdrawal of medical care and life support from patients against the wishes of these patients or their families, despite the fact that polls have shown widespread public opposition to hospitals and physicians assuming such powers (NRLN, 1/04).

Wesley Smith, a lawyer who has taken up certain sanctity of life issues, argues that bioethics committees in essence have become secret star chambers. He also warned that if one makes enough people dead through some medical judgments, then the next thing one knows it becomes “standard medical practice,” and failure to make people dead may become malpractice.

*More and more hospitals are adopting policies that would permit them to refuse medical treatment to a patient under a so-called “futile care policy” even if the patient or the patient’s family want the care. Such protocols say that medical personnel can withhold or withdraw treatment that has been explicitly desired by a patient or the patient’s authorized decision-makers. This means that more and more, a patient’s living will or advance directive will prevail if it opts for death, but will be overridden if it opts for life.

Even when such a policy is illegal, one may be helpless against it because one may not find a lawyer to take on such a case, unless one is very rich and can guarantee them potentially hundreds of thousands of dollars to see the case through.

Further, one’s chances of winning are declining the more hospitals adopt these kinds of protocols, because that then makes them standard practice. “Doctor knows best” may already be at your hospital, or if not yet, soon (Update, 2003, No. 2).

*In England, doctors are secretly deciding that certain sick elderly (or not so elderly) people do not deserve treatment, and then code them “inappropriate for resuscitation,” and then withhold treatment, all this without telling the patients or their families.

Conclusion

Now here is a very problematic situation. Someone is very debilitated in a hospital, and the person’s family, the hospital people and even third-party advocates, want to make the person dead, but the laws or the courts for some reason do not allow it. Then all these people have to take care this person on a prolonged basis even though they constantly wish that he/she were dead. Tending under such conditions must create unimaginable scenarios.

Deathmaking Via Health Maintenance/Management Organizations (HMOs)

For the benefit of our foreign readers, HMOs are a form of private medical care and insurance provider. They were begun in the 1980s as a way to try to both control, and make more rational, spending on medical care and treatment. Once one is a member of an HMO, then all one’s medical care and decisions are theoretically supposed to be done through the HMO. Unfortunately, many HMOs have turned out to replace one perversion--namely, runaway unvetted spending on health care--with another--namely, accountants making de facto medical decisions, overruling physicians’ judgments as to what sort of treatment is indicated, and denying patients necessary treatments by refusing to pay for them.
*To our amazement, we learned in 5/2000 that major health insurance providers that are supposed to approve medical procedures recommended by physicians—if they are to be covered by the insurer—simply cease answering the telephone for major portions of the work day because they have not employed sufficient staff to review the requests that are being called in. Even when one tries to fax the request instead of calling it in, one may not be able to get through. Thus, a physician who may have a medical emergency on his/her hands may be unable to contact the insurance firm for pre-treatment authorization, and physicians who then go ahead and provide the treatment anyway (which is the ethical thing to do) may later be denied payment for violation of proper procedures.

*A physician's secretary told us that much of her time is dissipated in “endless battles” with health insurers that dispute almost every medical decision or prescription, or at least make it a hassle to implement.

*In a medical emergency, people now are not supposed to call an ambulance, but to first call their primary care physician so as to get an authorization for any ambulance call. Otherwise, the person calling the ambulance may be responsible for the considerable costs thereof.

*A hospital emergency room in Syracuse held a patient in its emergency room for 48 hours for “observation,” because of pressure from HMOs. Keeping someone in the emergency room saves money as compared to a hospital admission. Hospitals may even be denied payment if the HMO believes the admission was not medically necessary. It is bad enough that in some hospitals, the average emergency room stay can be 7½ hours, although some hospitals got so burned from bad publicity that they have made serious efforts to cut this down.

*There is reason to believe that people are being discharged from hospitals so early under pressure from HMOs that this contributes to the death rate.

*When a person gets sick with a serious chronic illness that might end in death, it is apt to cost an HMO about $40,000 or more on the average, while if the same person opts for assisted suicide (as in Oregon), it would only cost about $40 (NRLN, 9/02). Obviously, this presents a tremendous incentive for HMOs to be biased in favor of assisted suicide.

*Confronted with sudden, unexplained and inscrutable HMO denial of medicines, a handicapped person got into a conversation with some elderly Afro-American ladies in a pharmacy, one of whom began to exclaim loudly, “Sometimes I think they just want us all to die!”, which is probably the truth (Mouth, 3/01).

*We have a huge—and growing—collection of cartoons poking fun at the atrocities committed under HMOs. This certainly serves to marshal public opinion.

One 1/2000 cartoon showed a group of Scouts at night around a campfire telling HMO horror stories (Monitor).

A 10/1999 cartoon in the Chicago Tribune, reprinted by many other papers, showed an elderly patient being ripped in two by two crocodiles, one representing HMOs and the other trial lawyers. Apparently, trial lawyers and HMOs are both among the more detested parties in American life these days.

*The good thing about HMOs is that it has given valued people a taste of the oppression and run-about that devalued people are normatively subjected to.

*While HMOs were and are supposed to be concerned with keeping medical costs in check, they are apparently not concerned with keeping their executives’ salaries in check. As of 1998, one of the lowest-paid made only $6.9 million, while others made as much as $30.7 million.

Deathmaking Due to Abuse, Neglect, & Other Bad Conditions in Human Services

Much deathmaking of devalued people of course takes place in human services, because this is where so many such people are found. In addition to being directly made dead by secret killings
and so-called “euthanasia,” they may also be subjected to indirect deathmakings, some of which may not result in death until some years down the road.

*In 1998, the Hartford (Connecticut) Courant did an expose series on the practice of restraints in American human service settings. It found that restraints are widely used, and often for the wrong reasons. Staff are badly trained in how to apply them, and are vastly more likely to apply restraints to people they do not know than to those whom they know. The most vulnerable people--including mentally handicapped children--are the most likely to be inappropriately and/or improperly restrained. There are no uniform standards on the use of restraints, and at any rate, restraints are normatively applied by the lowest-level aides at the lowest pay level and with the least amount of training. Every year, people die from misuse of restraints, but no one ever seems to learn the lessons, and the advocates have been ineffective in dealing with the issues. Staffers who inflict death by application of restraints are hardly ever punished, or only perfunctorily so (10/98 copy furnished by Susan Walton).

*According to a 1995 Georgia Advocacy Office report, physical abuse of service recipients occurs more in locked facilities than others, and in locked wards. The experience of physical abuse was said to be “common” to people who go through the public mental health system, even when such people have no history of violence themselves.

*Just in the city-funded group homes in the Washington, DC, area, 116 mentally retarded people died from neglect and abuse, as revealed in an expose by The Washington Post. Many of the deaths were attended by official cover-ups (Mouth, 2/2000).

**Intra-Familial Violence as an Expression of Societal Deathmaking**

In addition to abortion and infanticide (covered earlier), there can be much other violence among family members towards each other, some of it fatal. And even when it is not, there may still be an outright murderous intent behind it. At least some of this violence is instigated by the promotion of other kinds of deathmaking in society.

*One by one, 4 children between the ages of 1 and 3 in two Dayton, Ohio homes owned by the same woman ended up mysteriously dead of suffocation during a period of about 6 months. Three more children and a grandchild, removed to safety in a foster home, were eventually returned to the same woman’s home (AP in SHJ, 25/2/99).

*As we had predicted since Andrea Yates drowned her 5 children in Texas in 2001, there have since been a number of copy-cat cases of mothers killing, or trying to kill, one or more of their children in the bathtub.

*For a partial explanation of some of the contemporary widespread phenomena of abortion, child-junking and child-killing, we can look to the animal world. There, parents will abandon or kill their offspring when they do not see a viable future for them. Thus, we can hypothesize that a lot of contemporary child-junking results from people contemplating--on a deep and usually unconscious level--their society, and as much as they would like to take advantage of it for what they can get from it, they do not see it as a favorable environment for offspring.

*Ever since the movie “Burning Bed” came out in which a woman tried to kill her abusive husband by setting his bed on fire, there has been a steady stream of other people trying to kill a family member or lover by setting fire to their beds. Usually marginal people have been involved, showing how they are particularly vulnerable to the subtle suggestions in the media, and to imitating dastardly deeds which appear to be given some legitimization by the media.

*A 40-year-old woman in Ohio was lying down on her living room couch when her 16-year-old son came in with a bow and arrow and shot an arrow in her head. As in the song about Lizzie Borden, “when he saw what he had done,” he shot four more arrows in her head and neck from which she died (AP in SHJ, 16/1/95). The good news is that at least, it was not a hand gun crime.
*A man in Syracuse told his 17-year-old son not to play the music on his radio so loud, whereupon the boy picked up a baseball bat and beat his father to death—and then went bowling with a friend (SPS, 5 Dec. 01). The boy claimed that his father had always abused him, by which he probably meant that the father did not always let him do what he wanted.

*In Summer 2005, a 30-year-old mother in our area told her 13-year-old son to come inside because it was past his curfew. Apparently, he didn’t want to, because—according to eyewitnesses—he responded by beating her, and stomping on her head and fallen body, so badly that she died the next day. The boy’s aunt (the dead mother’s sister) said on the very day of the woman’s death that he should be released out of police custody because he “would never intentionally hurt his mom or anyone,” was “a great kid, a straight ‘A’ student,” needed to be with relatives to “process” what was happening, and already had “mourned enough” (SPS, 19 & 20 August 2005). He actually was let go later because an autopsy showed that death was not the result of his battering, but of a heart attack that she suffered during it (SPS, 16/11/05).

*Of all American males age 11-20 who were incarcerated for homicide, 63% had killed the man (husband or lover) who had battered their mother (SHJ, 14/3/96).

*Days during which there are major football games on US TV, such as the Super Bowl, are correlated with spectacular rises in domestic violence, mostly against women. Apparently, not only does watching such contests elicit violent impulses in male viewers, but also things that go along with it do, such as drinking and gambling. Violence is sometimes the result of a man and woman quarreling about how much money the man bet on a game (SHA, 31/1/93).

*In 1986, there were 28,000 reported cases of violence in US military families, but by 1993, there were 42,000, even though the size of the armed forces had shrunk. Spousal abuse in military families is believed to occur twice as often as in civilian families, and each week someone dies at the hands of a relative in uniform. Also, for the first time, the Pentagon is instituting a child death review task force because child abuse in military families has been on the increase (Time, 23/5/94).

*One study found that half of the homicide-suicides committed by older people over a series of years in Florida involved family “caregivers” (Newsweek, 31/5/04).

*According to some estimates, one elderly American out of 25 is abused each year. However, there are widely different definitions of elder abuse in the various US states, and several major categories of abuse have been defined. 84% of physical abuse is committed by relatives, usually sons. Psychological abuse and neglect is more commonly committed by daughters. Almost anybody is likely to participate in activities that deprive older people of their possessions. Strangely enough, elderly people are particularly likely to be abused when they provide economic support to a dependent adult son or daughter. Often, the adult child is returning abuse suffered from the parent decades earlier. Since many abused elderly are legally competent, it is hard to get anything done if they do not protest themselves (Modern Maturity, Fall 1986).

Not only is elder abuse sharply on the rise, but it is even less likely to be reported than child abuse. Some estimates are that less than 1% is reported (Charleston Daily Mail, 14/4/86).

*Neglecting an elderly person in one’s own home, such as an elderly parent, is no crime in Massachusetts (and probably other states as well), even if it results in a neglected person’s death (CBS “60 Minutes,” 6 Dec. 1992).

*A social worker in Florida working for the state in the Aging and Adult Service office, and whose duty it was to identify and report abuse of elderly and handicapped people, was fired when it was discovered that she had failed to report (!) that she left her own mother, who was living with her, lying semi-comatose in her own feces and urine (SHJ, 27/4/89).

*About 70,000 elderly Americans are abandoned by their families every year (Press & Sun Bulletin, 3 April 1992; source item from Sue Ruff).
A 70-year-old invalid man in Philadelphia had been taking care of his 78-year-old invalid wife who kept making incessant demands upon him. One day when he finally had a chance to sit down to dinner after tending to her, she made yet another demand, whereupon he got up and strangled her with a necktie, explaining later, "What can I say...I am sorry I had to kill her...if I didn't have any pain, it never would have happened" (Philadelphia Daily News, 2/2/89; source item from Margaret Wolfensberger Sager).

We have commented before that women are at least as likely as men to beat their male husbands or lovers as vice versa, but that the stronger one usually inflicts more damage. The possibility is now emerging that in old age, the wife is often stronger than the husband, because men are usually older than wives and deteriorate earlier. Thus, among elderly couples, it is often the man who is the battering victim (e.g., The Advertiser, 27/5/93; source item from Peter Millier).

In Michigan, a 78-year-old man and his daughter stood accused in 8/89 of having tried to kill the man’s other 32-year-old daughter (the woman’s sister) by shooting her twice in the head. The victim weighed 360 pounds, had asthma, had been physically assaultive toward her father and feuded with neighbors. She also had run up very high medical bills for her family who are accused of having tired of her being so burdensome to them (AP, in (Hawaii) Star Bulletin, 9 Aug. 1989).

In the book and then movie, “The Silence of the Lambs,” a serial killer known as “Hannibal the Cannibal” mutilates and eats his victims. Shortly after the film became a “hit,” a man released from a mental facility repeatedly stabbed his 57-year-old mother who had multiple sclerosis and was confined to a wheelchair, then decapitated her, and started yelling, “I am Hannibal the Cannibal” (AP in SHJ, 26/3/92). (And by the way, we use the phrase “confined to a wheelchair” fearlessly.)

When a middle-aged woman kicked the family poodle, her 25-year-old step-daughter beat her with a wrench and then stabbed her unto death over 100 times. Her lawyer claimed she had acted “impulsively” as a result of stress in her life (AP in SHJ, 15/11/90).

The father of a handicapped woman said that their family life together was so bad that he would put her in a state facility if only he could, even if he knew that she would not live there very long (vignette from Barbara Banascynski).

In Maryland, a father allegedly recruited a hit man to assassinate his 8-year-old severely retarded quadriplegic son by smothering him, because the father stood to inherit $2 million from the malpractice settlement for the hospital accident that left the impaired child even more impaired. The assassin also killed the boy’s mother and nurse (Cedar Rapids Gazette, 19/9/95; source item from John Morris).

In 2002, a Missouri man was driving through Kansas with his 4 children, one of whom was “developmentally disabled.” Along the turnpike, he stopped, took the handicapped boy into the ditch next to the road, stabbed him repeatedly with needle-nose pliers, and left him to die (SPS, 25/12/03).

There was an epidemic of about 1 family killing a week in South Africa. Usually, it involved Christian Afrikaaners of the lower social strata who killed their wives and children, the latter often in their sleep. Often, the family pets were also done away with. The rate is particularly noteworthy when one considers that there are fewer than 1.5 million Afrikaaner males. Commentators believe that this was a response to societal stress and the erosion of race privilege in the context of economic decline, facilitated by a desensitization to violence by these males who usually have been in the armed services and have often perpetrated violence during army repressions (Globe & Mail, 3 May 1990). Insofar as we are seeing more of this kind of killing everywhere, we believe that there is more to it than that, and that the broader deathmaking dynamics of modernism on which we have commented must at least play some part.
Hostile Assaults Upon Devalued People by Various Other Parties

Once various forms of deathmaking have been legitimized and detoxified, then the remaining inhibitions against other forms of deathmaking begin to weaken, and outright abuse and violence may occur.

More and more, it seems that when there are instances of fairly explicit killings of devalued people by private citizens, the authorities eventually come up with an inferred motive that lends itself best for prosecution, but that is not the real motive. The real motive is so often the enactment of the societal devaluation by a person who has something like spiritual antennae that pick up the negative messages. Often, these are people who are themselves weak and vulnerable in some fashion. However, this kind of interpretation does not play well in a court, and therefore the imputed motivation is often carrying out of grudges, self-aggrandizement, and similar things which jurors find easier to understand.

Hostile Assaults on Impaired People by Private Citizens

*On the very same page of our local newspaper (23 July 1993), two large news items each referred to a different killing of a mentally retarded person. One was stabbed 55 times and left to bleed to death, and the other was stabbed 24 times and had her neck broken. Neither item mentioned that the victims had been mentally retarded, though earlier and subsequent items did. Both victims had lived in the community, one with her parents and the other one in her own apartment.

*Since ca. 1990, there has been something like an explosion of violence in public (often by young thugs) against mentally and physically handicapped people in Germany, one such event resulting in the death of a 55-year-old mentally retarded blind factory worker. There has also been a fire-bombing of a psychiatric ward, and the publication of Nazi-type economic analyses (which we of course have also seen in the US and elsewhere) showing how much money could be saved if impaired children “did not get born.” Apparently, this is a spillover from a humanly very understandable antagonism against foreigners, whose profligate presence and lavish public benefits have exhausted the assimilation potential (at least mentally, and to some degree even physically) of the German population. Handicapped people have learned that ordinary bystanders are not likely to come to their defense when they are attacked, and they are beginning to become afraid to leave their homes.

*During the 10 & 11/05 riots by Islamic and African youths in France, most of the attacks were on property, not people—except that a woman in her 50s on crutches was doused with gasoline, set on fire, and got severely burnt (SPS, 5 Nov. 2005).

*Starting in 1986, a farm couple in the Springfield, MO, area would go out and hire homeless drifters to go to cattle auctions for them, buy cattle, and pay with a forged check. The farmer would then kill the drifters, get to keep the cattle for free, and sell them again, even though each killing was worth only a few thousand dollars. He appears to have killed at least eight people in this fashion (CBS TV “60 Minutes,” 8 March 1992). The farmer was in his 70s when he did this, and may therefore still have been influenced by attitudes of social Darwinism.

*A Chicago man killed a homeless man with a crossbow for the sheer thrill of it, and then bragged about it to his friends for 18 months before one of them finally turned him in (AP in SHJ, 13/6/91).

*Between January and March 1992, seven homeless people in New York City were set on fire by unknown assailants (apparently teenagers), sometimes while they were sleeping on a subway train (NY Times, 28/3/92).

*It is bad news that during a three-year period, 151 homosexual people in the US were murdered because they were homosexual (Milwaukee Journal, 20/12/94). On the other hand, it is good news that the number was not larger, as we are so often led to believe. After all, in the street culture, thousands of people are being killed yearly merely because of the way they gaze at others.
*A dramatic example of widespread cultural attitudes toward elderly people occurred in Montreal. A demented 81-year-old man with bad eyesight and a tottering gait was for some reason walking about an exclusive tennis club where he had only been once before. Many people who were at the club at that time were among the most prominent members of the local Anglophone community. People laughed when they saw him tottering around the swimming pool and almost falling in, but nobody offered to help. Without being offered assistance, he went downstairs to a basement toilet where a young man saw him urinating a few inches away from his tennis bag, and manhandled the old gentleman so that he fell, and broke his hip and several ribs. When he was delivered to the hospital, he received very little medical attention. Doctors even discontinued the antibiotics they had started giving him, even though there were indications of an infection which was subsequently confirmed by a pathology report. The old man died from all this trauma, but the police said that they really had not enough grounds to lay any criminal charges (Globe & Mail, 29/9/90). This is an example of many faults among so many that no one person can be singled out.

*Crime authorities are beginning to talk about “murder by proxy,” by which they mean that a person who harbors murderous impulses toward one person may instead go and kill somebody else, perhaps because the proxy is less powerful or otherwise more accessible (Newsweek, 14/11/94).

*Someone was going around a wealthy Sydney, Australia, suburb and killing old women in their 70s and 80s (AP in SHJ, 7 Nov. 1989).

*The British are getting their come-uppance for their snide comments in recent years that “this can only happen in America,” or “this could never happen here.” Less than three weeks after a pair of 10-year-old youths were charged with the wanton abduction and murder of a toddler there, two 17-year-old female high school drop-outs (as they would be called in the US) with long police records tortured and butchered a 70-year-old partially blind woman, stabbed or slashed her 86 times, and perhaps worst of all for the British, they throttled her with her dog’s leash. They also stomped on her body, breaking many ribs, and tried to scalp her. Prior to this, the old woman had been victimized innumerable times in her public housing project and had been robbed of virtually all of her possessions, and even though she had complained many times, the police did next to nothing. One of the perpetrators, who since she was a toddler had lived next door to the old lady, sang at breakfast time the day after the killing, “We have killed Edna Phillips” to the tune of the Wizard of Oz. The member of parliament for the district where this happened blamed high unemployment in the area for the girls’ behavior (Globe & Mail, 11 March 1993; source item from Barry Wever).

*A 32-year-old Syracuse man, of weak mental stability with a 20-year record of arrests for increasingly serious offenses, was panhandling for cigarettes and got angry when no one gave him any. So he decided to kill someone. He decided it should be a “senior citizen” because “they prejudiced against me.” He first thought he might kill his mother, but then picked at random a 66-year-old woman living in a senior citizen project. He stabbed her from behind as she was walking to church Sunday morning (SHJ, 20/5/96).

Hostile Assaults on Impaired People by Caretakers, Including Service Workers

*A little old landlady in one of the thousands of (often atrocious) private care homes in California apparently had poisoned 9 of her elderly, feeble, ex-alcoholic, and drug-abusing boarders in order to steal their Social Security checks (SHJ, 27/8/93).

*A man in Portland, Oregon, who operated a home for the elderly admitted that he had killed 4 of the residents because they were terminally ill (Life at Risk, 9/94).

*In 1992, a paralyzed man gave his home aide two weeks’ notice, upon which she tried to burn down his house with him helplessly inside of it (Seattle Post-Intelligencer, 7 May 1992; source item from Marilee Fosbre).

*In 1989, a man with AIDS, a 67-year-old woman who had been unconscious for 4 days, and a 29-year-old man who had been receiving a bone marrow transplant and was very ill but not unconscious, died from lethal morphine doses at the University of Minnesota Hospital. These deaths
were ruled homicides. Not long before, one of the senior physicians at the hospital had co-authored an article in the New England Journal of Medicine which called for physicians to help people commit suicide, and admitted that he had hastened the death of his own terminally ill mother (NRLN, 21/9/89), and someone working at the hospital may have been “inspired” by his article. Eventually, prosecutors refused to prosecute several physicians involved, because the prosecutor concluded that “there was no reasonable likelihood of conviction.” In other words, so many potential jurors would be sympathetic to the killing of certain medical patients that there is no point any more in prosecuting for this kind of homicide. The situation is thus identical to that which has prevailed in the Netherlands for many years now. When opponents of such killings demanded that the cases go before a grand jury, they were accused of creating a “chilling effect on the use of pain-relieving drugs for dying patients,” even though in these cases, morphine had been administered in doses that were between 50 and 100 times higher than would be used for pain relief (IATTF, 3 May 1990).

*Do you want to ride in this ambulance? As we mentioned before, many wounded people have gotten into the habit of calling hot lines, emergency numbers, and emergency services when they need nothing, but are lonely, or want help with unrelated problems, such as fixing the plumbing. In New Jersey, one homeless alcoholic retarded man thusly called a volunteer ambulance service once too often, and when the volunteers came, they put him in an ambulance, beat him senseless, and he was later found drowned, either because he had been pushed out into the water or had gotten disoriented after his beating and fell in. It then turned out that this ambulance had beaten the same man over 50 times over a period of several years. It is particularly embarrassing that this was a highly recognized rescue squad that had won many awards (NY Times, 27/6/91; source item from Christopher Ringwald).

*In California, a school teacher rolled into a mat an unruly 14-year-old pupil who was mentally retarded and autistic, and who was kicking, put a diaper across his face, and then sat on him for 10 minutes until he stopped. When she got up she realized that the pupil had gone limp, and he died shortly thereafter. A court ruled that while her actions did cause the boy’s death, this was “between her and her conscience, and not something for a court of law.” This is also a dramatic instance of privatization of deathmaking, but according to TASH Newsletter (9/98), such cases usually do not even go to court, and staff are cleared administratively.

*It is bad enough that a Pennsylvania youth sports coach paid an 8-year-old $25 to throw a baseball at the head of a retarded team mate whom the coach did not want on the team. But the hireling went one better and hit the retarded boy both in the head and the groin. To add insult to injury, the name of the coach was Mark R. Downs (Republican, 16/7/05; source item from Carl Cignoni).

*Curriculum Vitae. Adam J. Hildebrandt told us the following story. “A mentally retarded man died in October 1985, at the age of 33. He had lived as a client for five years in a residential service in which I worked, but left the service about six years ago, as he no longer wanted to live in a ‘program.’ I had worked with him finding jobs, but after 14 different jobs, he went on public assistance. I lost contact with him, until about 1½ years ago, when he learned he had cancer. I saw him from time to time, and offered to work out an arrangement for him to live with his brother, who is also handicapped and who lives in an agency residence. He still did not want anything to do with a ‘program.’ Despite the fact that he had been a client of the agency for five years, none of the service workers who had known him in all that time came to his aid. He outlived the expectations of his doctors, and decided to marry his girlfriend. A representative of the local ARC helped arrange the wedding, and he was married in the hospital. He left the hospital with his wife, and moved into a public housing project for the poor. He visited often with his brother.

“When his illness worsened, he was put back in the hospital, then into a nursing home. A few days before his death, his wife tried to kill herself by swallowing a bottle of her husband’s pills. She was taken to an inpatient community mental health center and was confined there when her husband died. The day after her husband’s death, she was taken to the funeral home, where she thought she was going to view her husband’s body. Instead, she arrived to find that there would only be a brief service at the graveside. The brother of the deceased arrived as they were lowering the coffin into a pauper’s grave. When I called to find out about the funeral arrangements so that I might attend, I
found that I was too late: he was already buried. Not knowing how to express my grief, I wrote the following:

"Your body was put in its grave quickly on a cold and rainy morning before any of us could stop and think how many times we failed you. There seemed to be a stone wall between us. You did not want caring from an uncaring hand. You persisted in seeking your own identity free from all the labels. I pray that now you are accepted, and I beg forgiveness for those of us who did not accept you while we had the chance. "One of the last times I spoke with him, he told me 'I've had a lot of troubles in my life, but I never expected anything like this' ."

This is an example of how wounds can multiply and compound each other so that eventually, not only big but even small stresses can overwhelm people. For instance, both the man and his wife were wounded by a mental handicap. To all appearances, they were not capable of coping with life on their own yet they were dumped by human services. Of course, the already wounded handicapped man was further wounded by the disease of cancer, and his wife was further wounded by being institutionalized after her suicide attempt. Not only that, but one can almost say that the imperial powers tried to "cover their tracks" of the wounds they had inflicted by burying the victim's body as soon as possible.

Suicide, Suicide "Assistance," & Their Promotion

One way to get rid of unwanted people is to make it easy for them to take their own lives, and to encourage them to do so. Worldwide, there has been a relaxing of any remaining laws against suicide; there have been numerous and increasing efforts to legitimize or even legalize various forms of "assistance" to help people who are unable to do so to kill themselves; and to promote all this as good, as via the news and entertainment media.

Suicide & Its Promotion

*The suicide lobby probably owes more to the German philosopher Friedrich Nietzsche than anyone realizes. Already in his Zarathustra, he rhapsodized about the "free-death that comes to me because I want it" when one's life is miserable. This also explains why in German, suicide came to be called Freitod, literally meaning free-death, i.e., a death one freely entered into.

*Many baby-boomers are dying the way they lived when they insist on being in "total control" and then commit suicide, or demand that somebody else kill them when they feel that life no longer affords them what they thought they were entitled to. Some have "going away parties" during which they commit suicide, with maybe as many people attending as otherwise might come to visiting hours during a funeral (7/04 clipping).

*In Europe, young people are recruiting each other into suicide pacts over the Internet. An invitation to such a pact may receive 6 responses in a single day. However, only some of the young people actually follow through (2/03 clipping from Susanne Hartfiel).

*Apparently, suicide is extremely popular in Japan, maybe more than in any other nation. After all, it is the country of hara-kiri. Now, it seems that people in Japan get on the Net and hatch collective suicide pacts, and then commit suicide as a group. An example were 9 people who got together in 2 parked cars and asphyxiated themselves with carbon monoxide (AP in SPS, 13/10/04). Certainly much neater than hara-kiri.

*While Americans are declaring bankruptcy with abandon and utter shamelessness, many Japanese have the common decency to commit suicide when they go bankrupt, and this has become one of the major contributors to the burgeoning Japanese suicide rate. One thing that makes people fall into bankruptcy quickly in Japan is astronomic interest rates that may be as high as 50% over a 10-day period (AP in SPS, 7 March 03).
An epidemic of copycat suicides among teenagers has broken out on the small Pacific island of Guam. Amazingly, we learned that copycat suicide epidemics are not particularly new in history. One such epidemic is recorded as early as the 5th century BC in ancient Athens when the suicide of one of its great statesmen triggered many imitation suicides (NRLN, 4/01).

According to at least one report, 10% of the people in Belgium have attempted suicide (FT, 12/03). No wonder the country is pro-"euthanasia," as covered elsewhere in this issue.

In the 1960s and early 1970s, England experienced an embarrassingly large rise in suicides, especially with people leaping off the steep cliffs over the English channel. However, a local coroner solved the problem brilliantly and halved the number of suicides by redefining what constituted a suicide. For instance, anyone found to be drunk after throwing themselves off the cliffs was not categorized as a suicide because they were obviously in no condition to make an informed decision (Great Medical Disasters, 1983).

A highly acclaimed chef in France committed suicide when his restaurant lost one of its three stars. While we certainly do not approve, we are nonetheless very much impressed.

Suicide for fun and profit. A hard rock band called "Hell on Earth," and a supposedly terminally ill person, agreed with each other that the person would commit suicide on stage during a concert in St. Petersburg, Florida. (The band had previously done such things as grind up live rats in a blender.) The City council promptly made it illegal to conduct a suicide for entertainment or commercial purposes, but the band said that "this is about standing up for what you believe in," and that it was a strong supporter of "physician-assisted suicide" (SPS, 30/9/03).

Women who have had abortions have about 150% higher rate of committing suicide than women who have given birth (FT, 11/01). We doubt that the abortions predispose toward suicide, and hypothesize instead that the common underlying factor is a disrespect for human life, and perhaps also a bit of craziness. After all, there is something deeply unnatural about women killing at least any of their offspring that was conceived with either a husband or a man they loved.

At least one author has used the term "micro suicide" to refer to attitudes, communications, behaviors or lifestyles that are antithetical to an individual's health and well-being.

Apparently, there are firms that specialize in coming in when somebody has committed a violent and messy suicide, and clean up. They are referred to as suicide-clean-up firms, and one of them advertised, "why leave a mess?" (B&C, 3/99).

Suicide "Assistance" & Its Promotion

Since we have not said it for a while, we want to reiterate that what is nowadays called "assisted suicide," or suicide assistance, is really nothing but a form of homicide. Furthermore, when the person who requests it is not in severe pain, or perhaps in no pain at all, then it cannot even be called a euthanasia homicide, but is a non-euthanasia homicide.

While the term "physician-assisted suicide" is very common, a more correct term would be something like "physician-accomplice homicide," or even "murder by physician-accomplice." A term that has begun to be used in official documents that is somewhat intermediary is "physician-assisted death."

Quite obviously, a great deal of what is called suicide assistance is suicide promotion and brainwashing. The members of the "Not Dead Yet" group use the term "insisted suicide" instead of "assisted suicide" (Mouth, 5/05).

The European Union parliament rejected by an overwhelming majority the legalization of assisted suicide in 4/05. This is somewhat peculiar, considering that more and more member countries in Europe have been legitimizing euthanasia, starting with Switzerland, then the Netherlands, then spreading to Belgium (Band, 3/05).
*Another good news is that the European Court of Human Rights has upheld a British ruling that British law prohibits suicide assistance (Update, 2002, 16(2)).

*Swiss law has long permitted physicians to leave lethal drug doses with patients which they can take if they want to. There is now concern that the Swiss city of Zürich may become the assisted suicide capital of the world, particularly since a new private company (called Dignitas) has set up business there to help people to die if they first join up for membership. In a very short period of time, the firm had 110 people signed up to commit suicide (from Dignity, which has no connection to the Dignitas firm, Fall 2002). Zurich has also begun to allow physician-assisted suicide in non-hospital residential facilities for the elderly or debilitated (IAETF Update, 2000, No. 3), much as envisioned in science fiction novels decades ago.

Dignitas is offering what some people have called “death tourism” or “suicide tourism” to Switzerland. It provides foreign nationals with (a) a Swiss doctor who, after seeing the visitor patient once, will supply the lethal drugs, and (b) a small apartment in which the patient can take the drugs and die, (c) with the help of a volunteer nurse and two witnesses. While there is nothing in Swiss law which explicitly legitimizes this kind of assisted suicide, it is also not forbidden, and forms of it have long been practiced in the country. Some patients arrive one day and are dead by the next or even the same afternoon. The “service” is provided free, but the person must first become a member of the organization for about $15. Some of these people have their ashes sent back home, and others are requesting an anonymous local grave. However, Dignitas is not the only organization that does this. In 2001, there were 1,620 of these death “tourists.” A Swiss ethicists thinks that the Dignitas people are mentally ill and need “psychological or psychiatric help” (Update, 2002, No. 3).

Some of the suicide tourists come with their families, and some of them have their suicide recorded by news video teams. Some of them that do have family are encouraged by them to end their lives because the family is totally exhausted, which of course can easily happen when services are denied to the afflicted person (Update, 2003, No. 1).

In 2/04, the Swiss Academy of Medical Sciences made further allowances for physicians to “participate” in the suicides of supposedly terminal ill patients (Update, 2003, No. 1). However, “generic” (unassisted) suicide is also extremely high in the country, particularly among young adults. Even the Swiss parliament is alarmed by these developments, including some apparent mass suicides. Some top lawyers have complained that people come to have their lives ended there when one really doesn’t know anything about them and their lives. New rules are being developed that suicide assistance should only be administered by certified specialists “specially trained in their trade.” These are to be called “suicide assistants.” We can now envision within the bureaucracy an elaborate civil service of related forms of accreditation of Suicide Assistant I, Suicide Assistant II, Suicide Assistant Assistant, Certified Suicide Witness, etc. (FT, 4/05).

*Everybody knows that teenagers sometimes go through very difficult periods, with episodes of despair. With funding from the American Hemlock organization, the Australian death-doctor Nitschke has been working on a suicide pill that he wants to make available to teenagers (Update, 2003, No. 1). See also our earlier section on “The Situation in the Land of Tulips, Chocolate & Cheese” about a suicide pill.

*We have been told that some colleges have now instituted a policy where, when a student commits suicide, that student’s roommate(s) automatically receive As for all courses that semester, presumably because having one’s roommate commit suicide is so stressful and would interfere with the student’s ordinary academic performance. Obviously, this constitutes a strong incentive for students who are doing poorly academically to kill their roommates, but to also make it look like an accident or suicide. This sounds shocking, but why should it be surprising in the contemporary value context where students kill each other over a jacket, a pair of shoes, or for a spot on the cheerleading squad? However, as we said, we have been told this but have not been able to verify it.

*Nancy Crick is an elderly woman in Australia who became the poster woman for voluntary suicide when she was diagnosed to have colon cancer. The entire voluntary euthanasia culture of Australia converged on her, generated months of publicity about her plight and upcoming suicide, and when she finally did commit suicide, 21 guests came to her suicide party, and cheered and applauded her during the 20 or so minutes that it took for her to die. All of this was meant to force the government’s hand—but then disaster struck: an autopsy revealed that she did not have bowel
cancer, but in fact was cancer-free which, of course, forced the whole voluntary euthanasia culture into damage control mode. Apparently, all she had was a twisted colon that she had refused to have examined. Then came the second disaster when it became clear that two of the chief proponents involved in the affair had known that she did not have cancer, plus they had been telling all sorts of other lies as well. All of this once again supports the ancient wisdom that violence is always accompanied by deception (Update, 16(2)).

*The Einstein Institute for Social Studies in Australia has offered to pay $10,000 to a charity of his or her choice to whatever member of the legislative council will introduce a bill to legalize physician-assisted suicide (Sydney Morning Herald, 8 May 99; source item from Heather Hindle). There certainly is an incoherency not only in recruiting Einstein on behalf of euthanasia, but even in naming a social studies institute after him. Much more coherent would have been to name something like a cosmic studies institute after him.

*The US state of Oregon passed a law in 1999 permitting physician assistance to commit suicide, called a Death With Dignity law. Under this law, a person can get poisons to kill him or herself when 2 doctors will testify that the person has less than 6 months to live. What is peculiar about that is that research has shown how poor the predictive capacity of physicians in regard to such outcomes is (as noted elsewhere in this issue).

As seems to be the case every single time in such developments, it has turned out that the Oregon “Death With Dignity Act” has not been used as initially interpreted and written to provide suicide assistance as a last resort, but that 84% of the people who took recourse to it in 2002 to commit suicide were motivated by fear of losing autonomy, or being a burden on their care-givers (NRLN, 4/03), loss of enjoyable activities, or even the “loss of dignity” (NCR, 2 May 04). It is easy to see where there would be a very high correlation between receiving proper services and deciding to live instead of die.

Also, historically, whenever something called “the right to die” has been advocated with some fervor, it soon morphed into an obligation to die. This certainly happened during the eugenics era, culminating in the killing of approximately 300,000 ill, and physically or mentally impaired, persons under the Nazis. So too, after Oregon passed its law in 1999, only 23% of the people who sought physician-assisted suicide gave as their reason that they were afraid that they would become a burden to family, friends or other care-givers, but by the third year, this had already risen to 63%. Also, there has been a dramatic decline in the number of people who were referred for psychiatric assessment before being euthanized, plus there has been a dramatic speeding-up of the killing from 83 days after a request is first made in the first year, to 30 days in the third. One surprising element here is that family and friends who promote a person’s seeking of physician-assisted suicide are never subjected to psychiatric examination (FT, 8/01).

Also, there are tremendous economic motives that health management organizations (HMOs) have for getting people to commit suicide. Kaiser/Permanente was once one of the most progressive health care organizations in the US, but in 2002, it sent letters to more than 800 of its physicians promoting both physician-assisted suicide, as well as the transfer of patients from physicians who will not cooperate in this to those who will. When patients are sent to shrinks to check whether they have the capacity to make suicide decisions, and the shrinks find a patient does not, the patient may be sent to yet other shrinks until one will certify the existence of such a capacity. Since Kaiser/Permanente is particularly prominent in the US Northwest, it is also working hand-in-hand with the Oregon assisted suicide law (Update, 2000, No. 3).

An assisted suicide costs only about $40, while helping a suicidal patient in other ways costs perhaps $40,000. All this puts liberals in a bind because many of them hate HMOs, but love suicide (FT, 1/03).

At first, assisted suicide may very well start with “choice” by privileged people, but very quickly seems to become mandatory for the poor. In Oregon, assisted suicide has become available through all non-Catholic HMOs. One such HMO allows a maximum of $1,000 for hospice care, but will eagerly pay for assisted suicide. Medicaid of Oregon does not cover all sorts of things, such as late-stage cancers and care for low-birth-weight babies—but will pay for assisted suicide. Some people have begun to speak of a “death-squad medicine” (FT, 6/99).

Critics charge that the legalized assisted suicide practices in the state of Oregon are shrouded in secrecy, which of course one would fully expect if one knows that evil and deathmaking are always attended by deception. One mystery is why some people who have ingested the deadly
poisons seem to have died of other causes, either before the poison could take effect or after the patient vomited the poison. More direct homicide by family members or friends in order to help things along has been raised as a possibility (NCR, 2 May 04).

It turns out that there is a very good reason why Oregon was the first US state to legalize "assisted suicide" and euthanasia. Oregon was heavily settled by people coming over the Oregon Trail, and according to National Geographic (8/86), they were not only very tough, but also a very rough bunch who often were extremely marginal to begin with, tried to escape their marginality, and would often abandon their sick and dying along the trail.

Everybody is worked up about the "assisted suicide" euthanasia law in Oregon, but the deaths that it has enabled so far count only in the low hundreds, while even minor other causes in human services can count in the tens and hundreds of thousands, and stir up very little discussion or emotion.

*We find it very disturbing that Modern Maturity, the journal of the American Association of Retired People, brought out a major series of articles in its 9/2000 issue that in various subtle ways seemed to be sympathetic to assisted suicide without actually overtly endorsing it. We are here reminded that this Association is not supported by its membership dues, but by lavish income from health insurance companies whose policies it promotes, and these companies have a vested interest in having people prefer to die than to consume health insurance benefits.

*A young woman picked the most visible and attention-drawing spot in Seattle, Washington, to threaten suicide, by perching on a crucial bridge ready to jump, thereby bringing traffic throughout much of Seattle to a halt. Motorists became angrier and angrier, and finally thousands of them began to shout to the woman "Jump!" which she eventually did, and barely survived. Strangely enough, no one linked this phenomenon to the assisted suicide culture of the Northwestern states, and particularly Oregon. After all, this is the culture that tells sick and unhappy people to "jump" to death, and is willing to help them, and pay for their jumping (SPS, 31/8/01).

Readers from abroad should be aware that there has been a long tradition in America of lack of sympathy for people who make histrionic theater out of their suicides or suicide attempts. People who threaten to jump out of tall city buildings in crowded cities are often greeted with taunts to jump.

*The former US Attorney General Ashcroft tried to ban assisted suicide as allowed by Oregon’s law. A political cartoon in Syracuse Post-Standard (5 January 02, p. A6) equated a ban on assisted suicide with "indefinite detention" and repression of civil rights in response to external attacks on the nation’s security, as if restrictions on any personal "choice" were the same, or as bad, as suspending such long-embedded rights as those to a free trial, to be informed of the charges against one, to adequate legal representation, etc.

*An American group that calls itself "Compassionate Chaplaincy" sends emissaries around the world to help people kill themselves. For instance, a few members, one of them described as a Reverend, traveled to Ireland in order to help a woman commit suicide, and one of them actually tightened the air bag over her head. The reason the woman wanted to die was because she thought she had "a build-up of something or other in her brain," but the police said she was mentally disturbed, and the police were treating this as a case of being accessories to murder (NRLN, 2/03).

*Apparently, there are now people who get themselves into jail visiting programs in order to advise inmates on how to commit suicide. They apparently convince unhappy inmates that they would rather be dead than alive, and then instruct them on how to commit suicide as by tying a plastic bag around their heads, which is what happened in Syracuse (SPS, 5 June 02).

*Euthanasia proponents have designed a wide range of suffocation methods for committing suicide, including several that use inert gases such as helium, and generally consider such methods to be the preferred ones.

An organization called NuTech is researching how people might be able to kill themselves "neatly" and painlessly without medical assistance. Leading candidates at present are inhalation of helium, and air in which the oxygen gets gradually displaced by carbon dioxide (Economist, 8 Dec. 02; source item from John O’Brien).

Hemlock held its annual 2003 national conference in California, and it is ironic that while Hemlock promotes carbon dioxide as a means of committing de facto euthanasia, the state had
actually outlawed the uses of this gas to euthanize animals, deeming it inhumane and cruel (Update, 2003, No. 1).

Anybody who thinks of committing suicide can go to the Internet and find plenty of advice on how to do it, and more and more families have come home to find a loved one dead and the computer logged on to a how-to-do-it suicide site. One of these sites is operated by a Church of Euthanasia. Some people visit suicide sites almost daily for years at a time, and then sometimes actually commit suicide (Newsweek, 30/6/03).

*Long-time suicide promoter Derek Humphry, co-founder of the Hemlock Society, is very clear about the economics of all this. He points out that assisted suicide could save the US vast sums of money, and that this is one of the rational arguments in support of it (Update, 2002, No. 3). He openly discussed in one of his recent books (Freedom to Die) that saving money is one of the rationales in support of legalizing so-called “assisted suicide.” He said that “hundreds of billions of dollars” could be saved. For decades, Humphry had proclaimed that all he was interested in was the right of people to commit suicide, though recently, he began to also endorse “euthanasia.”

*Hemlock discovered that people will give suicide assistance greater support if it is interpreted as “lessening suffering” rather than as “assistance in dying” (Update, 2003, No. 2). Hemlock has also come up with a new draft for a suicide-assistance law entitled “Patients’ Control and Comfort Act.”

*A new deathmaking code word is “completion,” meaning the carrying out of assisted suicide in such a fashion that a death actually results. A study of physician-assisted suicide found that there were “problems with completion” in 16% of cases, meaning that these attempts to end a person’s life were quite different from the common image projected of a merciful end to suffering and a tranquil death. This is why a prominent US physician recommended that physicians be given “thorough training in techniques” so that medicine can cause, and assure, a death “with the attention to detail that all aspects of medical practice demand” (Life At Risk, 2/2000).

*The good news is that as of 8/01, the second largest medical organization in the US, the American College of Physicians, joined the American Medical Association in opposing physician participation in suicide. Better late than never, though the question now is how long this opposition will endure.

*At the same time, several studies of psychologists have found that about 80% of them support assisted suicide, or what some of them call “rational suicide” (APA Monitor, 10/01). Psychologists are well documented as being overwhelmingly liberal.

*Between 1990-97, Dr. Jack Kevorkian--suicide assistant extraordinaire--had accounted for 12% of all the homicides in Oakland County, Michigan.

*Even close family members of persons with severe degenerative nerve disease were found to be wrong about 20% of the time about their relative’s position on assisted suicide, and they were twice as likely to believe that the patient would consider suicide for him/herself as they were wrong in predicting the opposite. What makes this finding particularly startling was that these relatives had an average of 30 years’ association with the patients, usually as spouses (Life At Risk, 9/98).

*One research study after another keeps finding that people who ask for suicide assistance or outright euthanasia often change their minds if their life situation is improved or their pain diminished (NCR, 21/7/02).

**Detoxification of Deathmaking**

To detoxify means to take the poison out of something. Deathmaking can be said to be detoxified when it is covered up, or interpreted as positive, even necessary.

Elsewhere, we have covered the detoxification of abortion specifically. Here, we will give examples of detoxification of other forms of deathmaking.
Detoxification Under the Nazis

*Various people have pointed out that the arguments in Nazi Germany that certain impaired people should be killed because they were creatures unworthy of life have been succeeded by arguments based on constructs of “quality of life” and a “dignified death,” but that the people deemed killable in consequence of either rationale are pretty much the same. It is really a bit comparable to coming up with a more up-to-date argument in support of killing the Jews.

*The phrase, “existence without life,” was used in the promotion of the killing of impaired people under the Hitler regime, as was the phrase, “right to die.”

*When the Nazis made war documentaries, they very carefully avoided showing any deaths or dead, even of the enemy, lest viewers should become too horrified of war. Even when the scenes were entirely realistic and documented German victories, death was edited out (Kracauer, 1947).

Detoxification of Killing in War, by the Military, & Police

*The detoxification of deadly military weaponry continues strong, and has even gotten some new twists. Half-ton and one-ton computer-guided bombs are now stacked in neat rows in the hallway next to the mess hall on an aircraft carrier, with various components thereof stacked high in green containers that look like Tupperware used to store leftover food. The bombs are meticulously wiped down with soapy water in order “to project...a very professional image.” Relatedly, an admiral recently deemed that the old practice of soldiers writing graffiti on bombs--such as “this one's for you, Adolf”--was “inappropriate,” so if any such messages appear, they are removed. The men say they try not to think about the effects of the bombs: “You can’t be thinking about things like that because you’ve got to focus on your job.... As far as civilians, once I build these weapons, it’s out of my hands...” (SPS, 20 March 2003, p. A10). Obviously, anyone who does not want to think about the death and destruction caused by bombs is helped not to do so.

*The US Army has a manual entitled Sniper Training and Employment, dated June 1989, which has the following to say (LA, 11/05): “The sniper must be capable of calmly and deliberately killing targets that may not pose an immediate threat to him. It is much easier to kill in self-defense or in defense of others than it is to kill without apparent provocation. The sniper must not be susceptible to emotions such as anxiety or remorse.” The manual goes on to say that a sniper must be “capable of the cold rationality that the sniper’s job requires.” The manual can be bought at many gun shops and shows. Obviously, sniper training is a prime example of objectification of deathmaking, and of desensitizing people so they will become killers without scruples. But note also the detoxification: victims are called “targets,” not people.

*According to CBS “60 Minutes” of 1 April 01, the phrase “initiated action” was used by the Israelis to signify an assassination.

*An elite French police SWAT team that goes around legally killing people has the incredible deceptive name “Research, Assistance, Intervention, Dissuasion,” or RAID (SHJ, 15/5/93).

*Someone has said that some of the efforts to give other deathmaking measures a positive image are like painting a smiling face on a Cruise missile (source information from Christina Dunigan).

Detoxification of End of Life Killings

*Jack Yates has pointed out to us that so often in the visual media these days, the death of a person is depicted not by showing the person dying, but by showing a flattening on some oscilloscope. The strategy undoubtedly does reinforce the shaping of people’s minds to think of life more and more in technological terms.

*Anne Costa drew to our attention that a new euphemism for starving someone to death in a hospital is “comfort care with reduced caloric intake.”
In order to detoxify death by starvation and dehydration, bioethicists are offering vast assurance that such deaths are very quiet, gentle and dignified. The Washington Post reported that "experts are virtually unanimous in saying that it does not appear to be painful." The Los Angeles Times added that "going without food and water in the last days of life is as natural as death itself," and that "death by starvation is the norm in nature, and the body is prepared for it."

The deathmakers of poor Terri Schiavo said that she died a "calm, peaceful and gentle death." Others who were present--some only 10 minutes before she died--said she did not. Her face and eyes were all sunken in, and she was struggling to breathe, her lips and mucous membranes were raw and cracking (e.g., Update, 19(1)).

A far-off deathmaker neuropathologist claimed that because Terri Schiavo was in a "persistent vegetative state," she did not suffer while being starved and dehydrated to death. Someone who actually was with her for hours the night before she died, and once again the next day until minutes before her death, said that "she was in agony unlike anything I have ever seen" (NCR, 17/7/05).

Another woman, Kate Adamson, who had been diagnosed as being in a persistent vegetative state, but who had awareness of what was going on without being able to communicate it, had her feeding tube taken out. She knew what that meant, wanted to cry out, but could not. She went for eight days without food, and was in constant pain and utter agony. Somehow, she got saved and "returned" to tell her story in Journey: Triumph Over Adversity.

One response all this has evoked is that in light of the alleged painless and dignified way of thusly dying, the death penalty from now on should be by this method (First Things, 6&7/05).

*Since modernists do not respect the life of humans, but at most the life of "persons," they have coined the term "post-personal" to refer to living humans whom they no longer consider to be persons.

*Two articles in the January 2000 issue of the New England Journal of Medicine recommended that elderly people with advanced dementia should be deemed to be terminally ill, and consequently treated in a less life-supporting fashion. Of course, one of many problems with this is that physicians very commonly mistake the adverse effects of drugs for symptoms of dementia.

Detoxification of Other Deathmakings of Unwanted People

*In a Rwandan village, many men were hacked to death and their wives taken away to be gang-raped before being also killed. Neighbor women in the village then took clubs and bludgeoned to death the children ("too many to count"), that they had known all their lives, of the murdered parents, later arguing that they were doing the children a favor since they were now orphans who faced a hard life (AP in Syracuse Post-Standard, 16/5/94). Claiming to do those a favor whom one kills is an ancient detoxification of deathmaking also commonly encountered in connection with abortion and "euthanasia" today.

*Skinheads have been referring to handicapped Caucasians as "surplus whites" (Time, 19/8/96).

*How often have we been told (often by stupid anthropologists) about the Eskimos who, in their old age, will nobly step onto an ice floe to drift away forever, or who otherwise get put on an ice floe and then shoved out to sea to perish. A physician who served for five weeks on an Eskimo island in the Bering Sea published an article in the 8/10/00 issue of the Journal of the American Medical Association of an old man who complained to him of his feebleness, put on his best clothes, and after a sentimental farewell to everybody walked out onto the sea ice to disappear. It turned out that this was an entirely fictitious event, and the Eskimos themselves complained bitterly that at least in their culture around the Bering Sea, elders are highly respected, and there had never been a tradition of suicide or euthanasia in old age (NRLN, 9/01).

*Pro-deathmaking parties have so long used the same language and rhetoric to promote euthanasia as they had earlier used for abortion that some people are suddenly amazed that "both parties (in the US) seem to confuse the right to die with abortion rights" (Mouth, 9/04).
Miscellaneous Detoxifications

*Unfortunately, the terms “ethical dilemma” and “moral dilemma” are so often used these
days as code words for intended deathmaking, e.g., as in “the ethical dilemma” whether to starve a
handicapped infant to death. Thus, we were both surprised and saddened to encounter the terms now
used to refer to the most low-level, almost technical issues in scientific research, such as “how to
protect the privacy of parents who consent to have the blood from their newborn’s umbilical cord
used for blood transfusions,” “who ‘owns’ the blood,” and “must parents explicitly permit all or only
certain tests and future uses of the donated blood” (Science, February 1996, 271, 586-588).

*About 18,000 bodies donated for research to the UCLA medical school were reported to
have been cremated with dead lab animals and aborted babies, and the ashes dumped in trash bins.
Apparently, to some people, the greater offense was to cremate “real humans” with trash fetuses (AP
in SHJ, 2 Nov. 1996).

*Because the American Society for the Prevention of Cruelty to Animals in New York City
decided to no longer kill animals (which it had done to the tune of 40,000 a year), a new organization
was founded, called Center for Animal Care and Control, to do the killing (AP in SHJ, 2 Jan. 1995).
Notice the euphemism, similar to the names of many kinds of killing agencies and places, including
some of Planned Parenthood.

*One of the major strategies of the deathmaking lobby is “blur distinctions, blur distinctions,
blur distinctions.”

The Role of the Media in Promoting (or Combating) Deathmaking

The people in our society have their minds heavily shaped by the news and entertainment
media, especially the visual media (TV, film, their computer screens, etc.). When these media
promote deathmaking, that is both a reflection of cultural attitudes, as well as a strong contributor to
people’s support for deathmaking, and to its detoxification. Elsewhere in this issue, we have
documented strong media support for abortion; here, we look at media promotion of other forms of
deathmaking.

*The movie “The Sea Inside,” released in 2004, features a quadriplegic man who for 25 years
wants to die but the “state insists that he must live on,” as the Time review put it (29/12/04). The
review also had the nerve to call the film “lovely...unsentimental.” Of course, the man was cast in the
most positive way, and as being so attractive that two different women fell in love with him.

*The 2005 Oscar awards celebrated abortion in “Vera Drake,” and mercy killing in “Million
Dollar Baby” and “The Sea Inside.” Some people have called this the “kill all the cripples” year in
American cinema.

Some people have commented that the Oscar nominations in 2005 put a positive spin on
pedophilia, homosexuality, abortion, suicide, and Communism, and a negative spin on religion,
particularly Catholicism. But then, what did anyone expect? One thing is certainly true: all the early
reviews that came out on the film “Million Dollar Baby” cunningly withheld the fact that it ended in
the glorification of “euthanasia.” Other people also noted that it was really Terri Schiavo who was the
“million dollar baby” because her husband got over a million dollars that he was supposed to
invest in medical and rehabilitative services, but after the first few years, he forbade all forms of
stimulation, even TV or radio.

Furthermore, in real life, and with any kind of advocacy whatever, the brain-damaged woman
boxer in “Million Dollar Baby” would have gotten aggressive rehabilitation, but in the film she got
nothing but death, which greatly aggravated a great many handicapped people who are now alive but
who at one time were the recipients of at least partially successful rescue and rehabilitation efforts.

A consortium of handicapped organizations in Central New York printed a poster that said “If
you see the Oscar-winning movie ‘Million Dollar Baby’ be a critical viewer. Better to be dead than
disabled?! Think about the power of the media. Think how it can shape opinion. Think how it can
damage someone’s life.”
*A TV program in Britain referred to “patients with chronic dementia desperate to die,” again imputing that impaired people really want to be dead (Speak Out, 3/99).

*The CBS television program “Family Law” of 5 February 2001, entitled “A Time to Die,” was yet another media deathmaking propaganda piece. It concerned a 67-year-old woman who had severe diabetes and “Alzheimer’s disease.” She had decided to stop taking her insulin so that she would slip into a coma and die, because the pain from the complications of her diabetes could allegedly be no longer controlled by the morphine she was receiving. Her daughter objected to this, and went to court to obtain guardianship over her, which she won, but during one of the husband’s visits to his wife, he smothered her with a pillow because she asked him to. During the trial, it turned out that the husband was having an affair with a family friend, but this was reportedly not the reason he wanted his wife to die. The husband was convicted of murder, the daughter and her father were alienated, and the overall message was that if they had only allowed the woman to have stopped taking her medicine as she had initially wanted, this family tragedy would not have happened.

*Fanlight Productions has put out a lot of educational videotapes for human service people, advocates, etc. However, a certain (not insignificant) number of these seem to promote deathmaking, or at least are of the obnoxious “on the one hand...and on the other...” type (i.e., should one, or should one not, make someone dead, leaving the answer to the audience). The very titles of the videos are typical of deathmaking literature, e.g., “Ethical Dilemmas at the End of Life,” “Code Gray: Ethical Dilemmas in Nursing,” “A Fate Worse Than Death,” “Death on Request,” “Help Me Die,” “Living Wills,” “The Right to Decide,” “Tools for Discussing End of Life Choices,” etc. Readers are reminded that phrases such as “ethical dilemmas,” difficult decisions,” and “no easy answers” are almost always code phrases for deathmaking promotion.

**“It Happened Here”: This 1966 black and white film, 96 minutes long and available on video, imagines that the Nazis invaded and occupied England in July 1940 after the British retreat from Dunkirk. Then in late 1944-early 1945, the resistance, having once been all but crushed, makes a reappearance, which causes the occupying forces to evacuate all towns and villages and force everyone into London. A nurse whose husband was killed earlier in the war is among the evacuees. The only nursing job she can find in London is with the British Nazi party, called Immediate Action, even though she does not want to join any party. Her friends (a physician and his family) shelter and aid the resistance, for which they are eventually caught and taken away. Because of her connection to them, she is exiled to a “rehabilitation hospital” in the country, a former nursing home. Here, sick workers from the Eastern front, as well as badly wounded soldiers, are sent—supposedly for “rehabilitation,” but they are all “euthanized.” A physician and two nurses are shown defending the practice, explaining how merciful it is, and how it would be much better to be able to do it straightforwardly, but that people will not yet accept it. Earlier in the film, a member of the British Nazi party is shown ranting about “useless eaters” and “human dross.” The film ends with the Americans having invaded, and the British resistance winning back the country.

The Interpretation of Animals as Equal to, or Even Better Than, Humans

One way in which people express their devaluation is to interpret those whom they devalue as less-than-human, even as animals. Since it is legitimate to put animals to death for all sorts of reasons, this then makes it possible to make dead such animal-interpreted humans—who, after all, aren’t “really” human but are “really” just animals in human form. Again, this is a form of detoxification.

However, a much more subtle contributor to deathmaking is to interpret all sorts of animals as being equal to, or even better than, humans. This contributes to the erasing of boundaries in people’s minds, and to more and more things being interpreted as “grey areas” where things are no longer black and white. Once this is done, then it is easier for people to do things they once would have considered forbidden.

Yet further, if animals with all sorts of capacities can be interpreted as superior to certain impaired humans who lack all sorts of capacities, then the humans can more easily be made dead since they are even lower than certain animals.

The increasing deathmaking of devalued humans, and the increasing valuing of animals and animal rights, have to be seen as constituting a perfect and logical balance. The more all sorts of
humans are seen as worthless, the more sentimental importance gets attached either to the lives of the individual animals, or to animals as species in the abstract.

*The founder of People for the Ethical Treatment of Animals said, “A rat is a pig is a dog is a boy.” A philosophy professor at North Carolina State was asked one version of the famous boat dilemma—namely whom would he save first if a baby and a dog were in a boat and the vessel capsized—and he answered, “If it was a retarded baby and a bright dog, I’d save the dog” (*USA Today*, 24/11/89; source item from Jan Doody).

*Biologist Stephen Jay Gould once said that “a crab is not lower or less complex than a human being in any meaningful way.” Another commentator said, “I am a humanist; I would rather kill a man than a snake.” Sentiments such as these have much to do with loss of a sense of hierarchy in people’s cosmology. After all, God no longer matters even if there is one. Everybody thinks that they are as good as anybody else on anything. No one acknowledges any external superior morality or moral authority. Older people are no longer respected by anyone, right across the age continuum, with children not respecting adults, and adults not respecting elders. Perhaps all this is a leveling democracy run amok. Constructivism goes right along with all this by reducing everything to a tug of conflicting ideologies and powers.

*Due to animal law attorneys, more and more, the courts (rather than the legislatures) across the US are allowing people whose pet was injured or killed to sue not only for the replacement value of the pet, as used to be the case, but for “loss of companionship.” The legislatures are also trying to catch up with the courts by passing corresponding laws (*Newsweek*, 1 Sept. 03) that would elevate the status of cats and dogs from property to “companions.” “Loss of companionship” is a category usually reserved for suing somebody who incapacitates or kills a family member, especially a spouse.

*An obituary for a woman in our local newspaper in 10/04 included the information that she loved to travel to Paris with her sister, and “she was also close to her Yorkshire terrier, Angelica.”

*Another obituary listed among the survivors not only a number of close family members, but also “his dog Lady and his cat Troubles” (*SPS*, 30/5/03).

*Some sages say that because humans often treat animals—and pets in particular—the way they treat children, the animal rights movement largely reflects a displacement of concern from children to animals, and is also an expression of guilt over the abortion of babies. After all, the animal rights people certainly claim that animals are as valuable as humans, and that some animals are more valuable than some humans (*FT*, 10/96). For instance, there is a kind of wool gained from lambs that are taken directly from their mothers’ wombs with both the mother and the lamb being slaughtered at the same time. One animal rights nut said, “no thinking, sensitive, feeling human being could wear such a coat” made from such wool. Yet the very same people would have no compunctions at all about abortion of humans in general, partial-birth abortions, and abortions performed to capitalize on the babies’ body parts.

*One of the messiest parts about divorce used to be warfare over who gets the children, and how. With people being less and less interested in children, it is now pets that increasingly get intensely contested, with the same kinds of arrangements and problems as with children, such as prenuptial agreements, custody disputes, visitation rights, etc.

*Of American dog owners, 84% referred to themselves as their pet’s Mom or Dad, and 52% have actually cooked special meals for them (*MM*, 9/00).

*It is widely believed that the increasing attachment of people to pets, and the rising concern with animal rights, is the result of people’s detachment both from community and other close and ongoing social relationships. One expression that has taken in Germany is a huge cultus evolving around the disposition of a deceased pet (*AW*, 23/3/97). There now are safety shelters for battered pets of battered women. Allegedly, some women will not leave an abusive man because they fear that the man will do harm to their pet, and offering their pet a safe shelter supposedly enables a woman to find one for herself (*Newsweek*, 23/6/97).
*For the first time, we ran across funeral memorials being held for police dogs that died in the line of duty, with very elaborate ceremonies, including mourners in uniform holding their hands over their hearts (SPS, 1 Nov. 03).

In the Syracuse area, there is a police dog cemetery, and people go and visit the graves (even in the middle of the winter), and put flowers and American flags on the graves, which have stone markers on them (SPS, 9 Dec. 2003).

*Someone built a “canine chapel” in Vermont as a “sacred space for those who have loved and lost dogs” (Time, 20/8/01).

*Among Americans, 87% believe in heaven, and 43% think pets will go to heaven, while only 40% are convinced that heaven is only for people (NCR, 29/7/01).

*When one takes a sick pet to a veterinarian, and the pet dies, one is now apt to receive a condolence card from the veterinarian with messages such as “with deep and sincere sympathy for the loss of your companion” (source item from Carol Flowers).

*Not only are there support groups for pet owners who grieve over the death--or perhaps even only the illness--of a pet, but some such support groups pledge “unconditional acceptance to ease the pain” of the owners, and to dissipate the guilt feelings that many owners are said to have after their pet dies--or dare one even call them owners anymore? This is done in order to reciprocate the “unconditional affection” that the pets had offered them (Beaver County Times, 21/3/93). Said Adam J. Hildebrand who sent us the clipping: “I found this hilarious, ridiculous, bizarre and frightening.” This sort of thing is also further evidence of the kind of alienation that strikes people who are separated from nature, the land, and farm life.

*In 2004, People for the Ethical Treatment of Animals sent a request to Yasir Arafat begging him not to use animals such as donkeys in suicide bombings (Newsweek, 20/12/04). Presumably, using animals such as humans would be much preferred.

*It has been proposed to build robots to clear minefields, but we can already envision a robot liberation movement, and it might even argue (as the animal liberation movement has with the issue of transplants) that it is more moral to send sick and handicapped people to clear minefields rather than healthy robots.

*One of the exhibitions of PETA is called “The Holocaust On Your Plate,” referring to the chickens that one might be eating that spent their entire life in chicken batteries.

One of its public exhibit pictures has the citation, “Auschwitz begins when someone stands in a slaughterhouse and says that these are only animals” (3/04 clipping from Susanne Hartfiel).

*Because the Dutch colonized what is now New York State, the area has a lot of Dutch names for geographical features and places. In Dutch, a “kill” is a stream, and therefore many streams were called this or that kill, and of course a mountain range is now well-known as the Catskill Mountains, in which there is also the city of Catskill. PETA has gone to war against the fact that one river is named Fishkill, and wanted it renamed to Fishsave, though they have not yet made war against Catskill (AP in SHJ, 5 Sept. 1996).

Among the more bizarre campaigns of People for the Ethical Treatment of Animals (PETA) are: demonstrations that “rats have rights” (in response to the voyeur TV show “Survivor” showing a skewered rat being served); picketing wiener mobiles; and making war upon the Green Bay Packers for their name. Someone suggested that perhaps the meat packers should present themselves as the fruit pickers, but that might arouse the gay lobby. (It is difficult to get anything right anymore these days.) The Packers’ CEO innocently asked, “Aren’t there more important things to do?” (Newsweek, 10 July 2000).

PETA required waiters and waitresses at one of its inaugural events to serve nude except for aprons printed with anti-fur slogans (Time, 1 Feb. 1993). This underlines what we keep saying over and over, namely that these people have more regard for animals than for humans.
*The notorious Milwaukee massacres.* “They were drugged and dragged across the room.... Their legs and feet were bound together.... Their struggles and cries went unanswered.... Then they were slaughtered and their heads sawn off.... Their bones were discarded with the trash.” Oh gosh, are the Serbs at work again? A description of Swedish soldiers amusing themselves with Catholic peasants during the Thirty Years War? No, a scene in a Milwaukee meatpacking plant as interpreted by People for the Ethical Treatment of Animals in its 1991 newspaper ads. Unfortunately, this sort of thing deflects people’s attention and sensitivity from the deathmaking of humans (Newsweek, 19/8/91).

*In 1993, the animal rights organization PETA had 350,000 members and a $10 million budget, as well as a reputation for being notoriously secretive (Science, 17/12/93).*

*A group that is trying to deconstruct the animal rights People for the Ethical Treatment of Animals has named itself People Eating Tasty Animals (also PETA), and has managed to get itself listed as PETA on the Internet, beating out the rights group (Science, 19/1/96).*

*The director of the National Zoo in the District of Columbia denied the Washington Post a look at the medical records of some of the zoo animals, with the argument that this would “violate the animals’ right to privacy” (Mouth, 9/02).*

*A person who wants to go out into nature and watch wild birds can do so freely and at any time as an ordinary citizen—but if an ethologist at a US university wants to look at wild birds as part of a research project, s/he must first fill out and file a 13-page form, thanks largely to the successes of the animal rights people (Science, 15/1/99).*

*West Hollywood, California, is a predominantly homosexual community, and an extremely politically correct one. The municipality passed a law decreeing that in all of its documents, pet owners must henceforth be called pet guardians (CBS radio news, 20/8/03; source item from Jack Yates).*

*When poor Dagwood went to the pet store to get a leash for his dog, he was haughtily told that they are not called leashes anymore, but “partner’s walking aid,” to which Dagwood could only reply in wonderment, “What’s next?” (cartoon, 15/9/03).*

*Animal rights people have likened the selling of pets in pet stores to the slave trade (SPS, 27/6/00).*

*In recent decades, the animal people have flooded the media with propaganda intended to “correct” public images of various kinds of animals with negative reputations, such as (“misunderstood”) wolves, bears, and even snakes and sharks. Even what one would have assumed to be relatively scientific nature programs on TV have turned out products along these lines. For instance, one marine biologist no longer talks about “shark attacks” but “humans sharing a spot in the ocean with sharks at the wrong time” (Newsweek, 23/7/01).*

*Some of the animal rights people object to any kind of “exploitation” of animals, including the use of silk and honey.*

*Former sex kitten to the rescue. For years now, we have heard horror stories of a virtual genocide of babies in Romania, which is one reason why so many Westerners have gone there to find a baby to adopt. But former movie star Brigitte Bardot (from France) went to Romania to campaign on behalf of the adoption of stray dogs, of which there are said to be between 100,000 and 200,000 on the streets of Bucharest alone (AP in SHJ, 9 Feb. 1998).*

*While the vast majority of animal activists are all in favor of doing in impaired humans, and particularly newborns, they raised a major furor over plans to perform euthanasia on three monkeys who were severely impaired as a result of laboratory experimentation in the US. Instead, they have demanded that the animals be put into private sanctuaries for “rehabilitation” (Science, 23/6/89).*
*People who are furious about animals being used for medical research have proposed that instead, people in a "permanent vegetative state" should be used. One of these proponents is a professor at Birmingham University in England, and--not surprisingly--a medical bio-ethics expert (Scotsman, 4 June 1996; source item from Peter Ritchie).

*Chapters of the Red Cross began in early 1993 offering courses in mouth-to-snout resuscitation of pets, and already there are anatomically correct dogs and cats, costing $900 each, on whom learners can practice.

*Some scientists doing research with animals have received as many as 15,000 pieces of hate mail (each!) in just 3 years (APA Monitor, 11/92).

A CBS TV "60 Minutes" episode on the use of animals in research brought on more heated viewer responses than most other topics, including the rather wanton murder of women in India in early 1993 that was carried during the same hour.

*How illogical the position of animal rights people often is was underlined by the fact that when one of their spokespersons was asked whether they would go along with replacing rodents with fish for certain lab tests, he answered that this would be preferable "because fish don't have faces" (Science, 5 Feb. 1999).

*Speaking of faces, in 7/92, we received a mailing from the Humane Society of the US, and on its cover was the picture (i.e., the face) of a dog who was so depicted as to look like the face of a human, and surprisingly, like the face of a woman. Obviously, this was done to elicit sympathy for needy animals.

*Though John Prescott was one of the first people to demonstrate the high intelligence (as animals go) of dolphins, he said in 1992, "For some activists the issue of dolphin rights has almost become a religion" (Smithsonian, 1/93, p. 60).

*The blurring of the line between humans and animals was also evidenced by an October 1997 conference in Ontario on "Breaking the Cycle of Violence: Animal Abuse/Human Abuse." It was sponsored by the Ontario Society for the Prevention of Cruelty to Animals, and had as its keynote speaker a high official in the Humane Society. The conference claimed to be concerned with inter-human violence, but what it seemed most concerned with was the violence that humans inflict on animals, and efforts to stop violence by humans against each other seemed to be dealt with only as a means to stop violence against animals.

*In 2001, a 450 pound gorilla died in California. Animal rights people held a quasi-religious memorial service, and some of them said that the gorilla had "dreamed of world peace." The gorilla and some of his companions were said to have developed a manual vocabulary of several hundred words, and even though he never signed messages such as "I want a lawyer" or "I'll sue you," they demanded the right of apes to sue. A major foundation of the ape rights movement is Peter Singer's 1993 book, The Great Ape Project: Equality Beyond Humanity, which demanded a "declaration of equality" among all "great apes," meaning that gorillas, chimpanzees, orang-utans and certain other primates would have equality with humans (who are here considered merely one other great ape species) in a number of "rights." Some animal rights people of course go even much further and want to extend rights to at least all beasts that "evidence personalities" (Science, 22/4/94). The book proposes "special territories in our countries" that would accommodate "liberated captives," but that would still be "governed" by humans. About the same time, the animal people drew up a proposed "animal bill of rights" which was submitted as a petition to the 101st US Congress.

Already, more than a dozen American law schools are offering courses in animal law, including Harvard and the Jesuit Georgetown University. Such advocates sometimes invoke rather infelicitous parallels, such as that at one time, slaves, Native Americans and women did not have the rights that apes should have now (NCR, 8 July 2001).

*Not only would animal rights people grant certain legal rights to animals, but some would grant them the same rights as humans. (Would that include the right for gay animals to marry?) This
absurdity has already been taken so seriously that Harvard Law School students are beginning to study animal rights.

Formerly, one would not have spoken of giving rights to animals, but of passing laws to protect them, and such laws have existed in the US for over a hundred years. Thus, we can see how sometimes, the mere nature of the discourse changes how people think about a particular measure.

*There are now elaborate plans to provide retirement colonies for chimpanzees that had been used in medical experiments and that are now growing old. Because of fear of the animal lobby, euthanasia has been ruled out, and therefore, many millions of dollars will now be spent on these retirement colonies—at the same time as artificially created human embryos that have been kept in deep freeze are being discarded left and right because of storage costs (Science, 25/7/97).

In California, there actually is an old-apes home for apes who had been featured in movies. These homes look like real people homes (Newsweek, 1 Sept. 2003).

*A top-selling novel in Denmark had a woman fall in love with an ape, while in the top-selling novel in France, a woman turned into a pig, and a top-selling novel in England had a man discover that his girlfriend has become a chimp—all these about the same time. Surely, this is more than a coincidence, and has something to do with the intelligentsia blurring the distinction between animals and humans, and degrading the dignity of the human person (source material from Dr. Nancy O’Connor). Further, all of this is happening at the same time as biologists are creating part-human animals, and the physicians are trying to put animal parts into human bodies.

*It is rumored that in 10/00, an Australian company successfully joined the DNA of a human being with that of a pig, and the resulting embryo was destroyed when it had grown to 32 cells. However, it is believed that if it had been implanted into either a woman or a sow (all the same), it would have continued to grow (FT, 6/02).

*The latest product of modernism is a great concern among pet owners about pet Alzheimer’s disease or so-called “cognitive disfunction syndrome,” which in dogs is being called “canine cognitive disfunction.”

*Veterinarians these days are sending out notices to their clients that they are offering “senior health care programs” for older animals, including “a geriatric health evaluation” (source item from Carol Flowers).

*A taxi ran amok in New York City and ran down a blind beggar and his black Labrador, Smokey. The beggar had been sitting in front of Tiffany’s store on 5th Avenue selling pencils. Habitual pedestrians of that spot, as well as many other people, were overwhelmed with grief for Smokey, set up a “Smokey-get-well” fund, and 400 people sent Smokey get-well cards from as far away as Florida and California. Grief hit a crescendo when it was announced that Smokey was making progress but might lose the sight of one eye. People put flowers on the spot where the accident had happened and consoled each other when they passed there.

In the meantime, the 64-year-old blind beggar lay critically injured, with questions whether he would ever walk again if he recovered. He received very few visitors and only four cards, some of which called him Smokey, or even Little Smokey (Age, 19/4/92; source item from Peter Millier).

*In the Syracuse area, a dog began to attack a little boy. When a near-by tennis player rushed up to fend off the dog with his tennis racquet, he was immediately berated by a by-stander for hitting the dog (SHJ, 13/6/92).

*A Mexican opponent of bullfighting said, “People shooting or stabbing each other is one thing. But we shouldn’t be killing bulls. These animals are innocent” (SHJ, 4 Nov. 1994).

*In California, a mountain lion killed a woman, upon which the lion was hunted down and killed by wildlife authorities. People were so moved by the plight of the orphaned and bereaved offspring that they rushed in with donations: $9,000 for the woman’s two children, and $21,000 for the lion’s one cub (Newsweek, 8 Jan. 1996).
*A Who’s Who of Pets is now being published, but Karen Barker, who submitted the news, asks, “Who cares?”

*Some animal rights scoffers are saying, “I’ll respect animal rights when animals do” (SPS, 11 May 1996).

*In Britain, there is an organization with the name Peace, Ethics, Animals and Connected Human Rights. It calls itself a group that supports “the CONSISTENT Right to Life,” and it does oppose all sorts of deathmakings, including abortion, so-called “euthanasia,” war, and the death penalty. Its literature rather unfortunately compares unborn babies with baby seals and other animals, and it sounds almost as if it were opposed to the killing of humans only as a derivative of or an afterthought to being opposed to the killing of animals. However, it also believes that “animals’ rights are equal to human rights.”

**Death Alliances**

At Training Institute events, we sometimes speak of, and explain, the concept of “death alliances.” A crucially important point to understand is that one can be opposed to life, and therefore be a deathmaker at heart, without actually participating in, or consenting to, any killing. That is because one’s opposition to life may be of a cosmic nature, almost of the nature of opposition to life with a capital L. For instance, we see a lot of hatred of nature these days, and that certainly has cosmic elements to it. Farmers raise a lot of food, and one would think that they are on the side of life—but some of them would kill and poison every animal they could: every buzzard, eagle, vulture; all wildlife; all predators; badger, moles, and other ground animals; every rodent; all hornets and wasps, and certainly all bugs. They would kill all trees, shrubs and grasses other than the ones they harvest. If it were up to them, farming would be a sterile factory operation.

Similarly, many people today not only favor contraception, abortion and infanticide, but harbor outright hatred of reproduction. In certain social movements, such hatred is almost a prerequisite for acceptance. For instance, some of the more vocal and active homosexual rights groups appear to be radically opposed to heterosexual marriage and procreation. Similarly, some of the more extreme wings of feminism seem so opposed to what they term the enslavement (or worse) of women by motherhood that they would have all children manufactured in the laboratory if it were possible.

Yet another example might be found in many people in the military. Although they may go through their whole lives without ever firing a weapon except in training, and without ever wounding or killing another human being, many such persons nonetheless would be quite willing to wipe out all, or almost all, life on earth of every sort. This can be the case despite the protestations of such persons that they are “for peace, not war,” and that they would only use weapons defensively, etc., etc.

*Sensualism requires ever more intense thrills, because it is in the nature of things that routine pleasures eventually lose their excitement and must be replaced not only with novel, but more intense, ones. Therefore, it is particularly in the context of a society that celebrates death that we should not be surprised that sensual pleasures would increasingly include flirtations with death. We can cite some striking examples in our contemporary culture, and must fully expect more such things to develop.

One such phenomenon is the increasing association of pleasure with violence. One of many such manifestations we see is sex becoming ever more violent both in entertainment (e.g., the rock and pornography culture), as well as in real life, exemplified by the increase in rapes and violence between “lovers.”

A columnist in US News & World Report (2 July 1990) said that because of the “cultural influence of just one single not very distinguished rap group, 10- and 12-year-old boys are now walking down the street chanting about the joys of damaging a girl’s vagina during sex.” The group also sings about forcing anal sex on girls and then forcing them to lick excrement, and this group had sold 2 million records by the time the article was written. As is so often the case, the victims (i.e., the young females) participate enthusiastically in their own victimization and degradation. The writer believes that one reason why the mainline culture has not stepped in more firmly is that the media simply have not communicated to it the precise lyrics that the young people hear all the time. He said
that one could read works on the history and analysis of culture and music, and never find out from them what was really going on. Liberal academicians, such as the president of Manhattan’s New School for Social Research, even give us such babble as saying that all of this is merely a collision between those comfortable with change and those yearning for a simpler era. Many other enlightened people see an attack on this “art form” as a know-nothing attack on all art. Compared to all of this, the pro-incest songs of Prince, the pimp worship of some rap songs, and Madonna’s cute little ditty about how much girls like being tied up and spanked are indeed mild stuff. The amazing thing is that all these clever people would be electri¢ally marshaled as one if somebody sang a Nazi anthem—even an innocuous one.

There has also been an increase in sports that ¢irt with death. One example is the new type of minimalist rock climbing, where people go up cliffs and other surfaces that have hardly any purchase, using only ¢ingertips and toes, and no ropes. Other examples are sky sailing and bungee jumping. One such jumper called the experience “death survived.”

*A German doctor went to London to conduct Britain’s ¢rst public autopsy in more than 170 years, in front of a paying audience of 500 people (who paid $19 each) in—of all places—an art gallery. During the autopsy, the organs were passed around to the audience in trays (AP in SPS, 21/11/02). This is a continuation of a recent wave of morbid fascination with, and exhibits of, cadavers and body parts that has spread from Germany to other countries. This seems to be something one would have expected from some of the Nazi experiments on live and dead concentration camp prisoners. We believe that this phenomenon is part of the growth and spread of the “culture of death,” which is a concept that many people, particularly on the left, are not taking seriously.

*Among the imperial deathmaking strategies aimed at minority groups in the US has been a major campaign by American tobacco companies to recruit them to smoking. The strategy appears to have been working. So-called “African-American” men now have 58% more lung cancer than Caucasian men (SHJ, 25/1/90).

While there are ever fewer places where one may smoke in the US, and while the percentage of smokers in the US has been steadily declining, the US government has been giving hefty subsidies to tobacco growers to promote the sale of tobacco abroad. One headline properly translates this into “Your Dollars Help Export Death” (SHJ, 12 Feb. 1992).

Similarly, as Australians are gradually cutting down on their tobacco consumption, their own tobacco industry has begun to emphasize sales in Asia, which is probably another way of trying to hold back the yellow peril by killing it off at its source (source clipping from Michael Steer).

*The world’s largest cigarette manufacturer, Philip Morris, has promoted tobacco consumption in the Czech republic with the argument that smokers die sooner, and the state then does not have to look out after them in their old age, saving the government about $30 million a year (SPS, 6 Aug. 01).

While in Switzerland in 2004, we were astonished to observe how ubiquitous smoking—indeed, heavy smoking—was among the Swiss. This is doubly astonishing considering that hiking (or even living) in the mountains at high elevations is still popular with the Swiss, and smoking must be doubly deadly to this lifestyle. And Switzerland does not even grow tobacco. Could the assisted suicide culture be tipping into unassisted suicide?

*It is rather ominous that a major new human genome study institute was to be built on the site of the Sanger Center in Britain (Science, 12 March 1993).

*It is interesting to consider that when the Reverend James Jones led some 900 people into death in his Jonestown commune in 1978, psychiatrist Thomas Szasz searched the entire literature on the incident and found that everybody concluded that Jones was insane. Yet Szasz could find no evidence at all that Jones was insane. And even though it is our understanding that Szasz is not a religious man, he was one of the few who said, “I think Jones was an evil man.” At any rate, it is clear that in our age, very few people can conceive of heinous crimes as ¢owing from evil. They prefer to think that it ¢ows from insanity.
The Gulf Coast Hurricane-Related Disasters of Fall 2005

Hurricane Andrew in 1992 had done $30 billion in damage; the California Northridge earthquake in 1993 cost $40 billion. The Gulf Coast disaster of 2005 has been estimated to cost $150 billion. Its effects will reverberate throughout the economy for decades.

Much of the Muslim world probably viewed the Gulf Coast disaster as a gift of heaven, striking yet another severe blow at the Great Satan. After all, it will take only a few such blows to end the economic hegemony of the US, and dramatically reduce its military capabilities.

The Gulf Coast hurricane of 2005 revealed many things, including the following. (a) The lack of futurism by our society and its leaders. (b) What happens during and after disasters, including to already weak and vulnerable people. (c) How the response of the population depends at least in part on its civic virtues—or lack thereof, and how so many people in many of our urban and poverty ghettos have fallen into certain versions of modernistic decadence.

The Lack of Futurism

There are many disasters that get predicted with certainty or near-certainty, and Hurricane Katrina is merely one example thereof.

Every rational person could see that the danger was increasing, insofar as there had been a huge amount of human-caused erosion of barrier islands and wetlands, in and in front of the Mississippi delta. It had also been known that New Orleans was only protected against a Category 3 hurricane. Some members of the Louisiana congress had been pleading with the US Congress to allocate funds to shore up the coastline, but were opposed by the administration. Now, what would have cost a few hundred millions will cost several score billions.

What had not been predicted was the breakdown in social structures, law, civility, order, etc., even though it was predictable too.

Pro-active responsiveness by our leaders to other near-certain disasters is just as absent or weak as it was on the Gulf Coast, except perhaps for the bird flu menace.

The Problem of the Self-Destructiveness, Irrationality & Decadence of the Ghetto Culture of US Urban--& Largely Racial--Poverty

We have for years reported on some of the self-destructive irrationality of the ghetto population that became so visible especially in New Orleans. Many segments of our population--and not merely the poor--have surrendered themselves to the lower forms of decadence of modernism. Modernism from the decadent elites trickles down to poor, long-disadvantaged and disaffected urban ghettoes, and expresses itself there in vastly more direct and primitive ways than among the sophisticated elites.

Several extremes of false notions about the relationship of wealth and decadence are that the poor are noble victims and never decadent; that if the poor are decadent, it is someone else’s fault; and that the decadence of the rich is something other than decadence.

The fact is that the racial ghettoes of the poor in the US--for whatever historical reason--are profoundly decadent, and surprisingly, contain a lot of people in them who are not really poor, or who are even relatively wealthy, such as drug dealers. For instance, the number of Cadillacs parked, and driven, in poverty ghettoes is astonishing. Even when they have been bought used, to repair even a slight problem on one of these costs a very large sum. Thus, even many non-poor ghetto dwellers are decadent. What is at issue is not so much poverty as culture.

Hardly anyone wants to face the above, or even express it, because it is so non-PC, but all this is denial, cover-up, and immoral in avoiding dealing with it as a huge reality.

Below follow some news and commentary on the US urban ghetto situation.

Starting at least in the 1960s, we learned that wherever there is a disaffected urban (often slum) population that contains many dysfunctional and/or decadent people, one must expect the following to happen at times of breakdown of public order. (a) Looting, including of arms to be used by the looters for further and worse crimes. (b) Robbery of fellow citizens, including those in the same desperate conditions. (c) Fire-setting, both of buildings and of objects, such as tires and cars. (d) Violence, including among the dysfunctional people themselves. (e) Shooting and other assaults on rescue workers and authorities. While looting and robbery would be expected to occur universally...
whenever humans are very reduced and see an opportunity to benefit or save themselves, this is not the case with some other of the above behaviors.

Setting fires and attacking rescue workers is particularly suicidal under emergency conditions, and yet it happens all the time. It speaks to the irrationality of the kind of people who do this.

During the 1960s urban riots, fire-setting rioters started attacking fire engines and firefighters, and this has been a custom ever since. E.g., we saw this in the Watts riots; and almost every year since, certain populations in certain cities like Detroit, Michigan, have celebrated a Hell's Night around Halloween by setting hundreds of fires in their own or near-by neighborhoods, and impeded fire-fighters.

That such behaviors are universal to disaffected urban populations was also brought out in the multi-culti riots in France in 11/05.

How self-destructive such riotous behavior is was brought out by the fact that some US cities (such as Detroit, Michigan, and Newark, New Jersey) have never really recovered from the African-American riots of 1967. The rioters burned a great many of the businesses and stores in their own neighborhoods, the end result being that many did not rebuild or return to those neighborhoods after the riots. This left the neighborhoods even worse off than before. One can argue that the pent-up anger in the ghettos was natural, but that does not change the irrationality. The bad behaviors of many people in the aftermath of Hurricane Katrina in the New Orleans area, and in the evacuation areas in the following weeks, may have a similar effect.

*There was some flooding in New Orleans in 1965 during a hurricane, and a false paranoid rumor that has been going around ever since has been that the city intentionally blew a hole in a levee in order to flood a primarily African-American area so as to save the mostly white and tourist-friendly French Quarter (Newsweek, 3 Oct. 05).

*One of the marks of an irrational decadent self-destructiveness in our ghettos is that non-cooperation--or even interference--with rescue personnel has been common since the 1960s, as well as non-cooperation with police in response to crime in the ghetto areas. On the one hand, the police are accused of not caring about such crime, and on the other hand, they get no help when they really try. This practice has increasingly spread to ghettos in other countries. For instance, when firefighters arrived at a low-income housing project in France during a fire in the middle of the night, 15 people lost their lives in the fire while the slum youths on the streets (who are also believed to have set the fire) were stoning and impeding the rescue teams. Some firefighters were hit by stones even while they were doing resuscitations (AP in SPS, 5 Sept. 05).

*At 4 am, a house in Syracuse was riddled with gunfire, critically injuring a boy sleeping in one of the bedrooms. Several neighbors said they neither heard the shooting nor saw anything (SPS, 20/6/05). Sometimes, slum crimes are witnessed by hundreds of people, all of whom deny any relevant knowledge. This is a common response these days in ghetto areas--and then people there complain when the police have difficulty solving such cases.

*On two successive days in Syracuse, ambulances with their sirens and emergency lights on collided with other cars that had failed to yield them the right-of-way and drove into their paths. There had been similar accidents previously involving emergency vehicles, including even gigantic firefighting rigs, and one is getting the impression that there are more self-centered drivers about--both rich and poor--who are not willing to give an inch to anybody, including emergency vehicles. This is probably a phenomenon closely related to road rage.

The Decadence of the Louisiana & New Orleans Culture Specifically

There can be no doubt that how a population reacts to a disaster will reflect its habitual civic culture. Virtuous cultures will respond better than decadent ones. That the culture of New Orleans--and to some degree of Louisiana--has long been decadent has been public knowledge. Louisiana politics has been corrupt for generations, which one cannot say--for instance--for politics in Nebraska, the Dakotas, etc. This seems to have much to do with the early history of Louisiana. Then Louisiana had the notorious Huey Long as governor in the early 20th century, and in 2000, its governor was convicted on an array of corruption charges. The New Orleans levee board had played
fast and loose with its funds (e.g., spending $20 million on a casino), and diverting money to relatives and cronies (SPS, 12 Sept. 2005).

New Orleans also has had a reputation of having one of the most corrupt and incompetent police departments in the US, which helps explain some of what happened during the disaster.

With a population of 500,000, New Orleans had 264 homicides in 2004—a rate vastly higher than even New York City. Also, in 2004, 17% of the public school pupils were suspended for bad behavior, and almost 2% were expelled (SPS, 12 Sept. 2005).

And of course, New Orleans has been one of several citadels of sexual wantonness in the US, including a large homosexual population with enormous gay bars. A newsman from Romania said that he moved to New Orleans because he found attractive the “complete disdain for the whole yuppie, Puritan ethos of exercise and denial” (Newsweek, 12 Sept. 2005).

In Louisiana, 76% of all births to African-American females are out of wedlock (SPS, 13/9/05). The percentage in New Orleans is even higher. This reflects just as badly on the predatory character of the men under “normal” conditions as it does on the minds and morals of the females.

A telling sign of how well Louisianians know each other is that when people decided to evacuate ahead of Katrina, many formed caravans and drove out with their guns menacingly sticking out the vehicle windows!

However, that poverty does not automatically entail decadence was in our opinion dramatically brought out by the fact that nothing like the breakdown in civility in New Orleans was found in near-by Gulf areas that were also poor, and in some cases also urban.

Here is another symbol of New Orleans decadence: after the disaster, the city rewarded those of its police officers who did not abandon their posts with a week in Las Vegas. What a morally foolish decision: picking a place which also ranks near the top as a citadel of decadence.

The Breakdown of Civic Structures During the Gulf Disaster

The Gulf Coast disaster gave us a good example of what we mean in our workshops when we speak of the “breakdown of structures.” Structures by the score failed, from the federal to the state to the local levels. Americans are actually fortunate to have seen this happen on a relatively small scale, because until now, the vast majority of people could not imagine it, and therefore could also not believe it would happen “here.”

We have been teaching for years that during disasters, many public officials would desert, often in order to take care of their own families. One hears different figures about how many New Orleans police officers went AWOL during the disaster. We have seen figures between 16% to one third. Some of those who did show up were reportedly among the early looters, setting a bad example to other citizens who then viewed looting of goods other than emergency-ones as legitimate. The police looters claimed that they were trying to distribute urgently-needed food, water, etc. from stores in an orderly fashion, rather than handing them over to ordinary looters, but eventually it emerged that there were indeed some looting police officers.

At least the 2 New Orleans police officers who committed suicide during the disasters must have had a conscience that drove them to despair.

Early on, the authorities said that they would not take disciplinary action against deserting police officers, but later on, they reversed themselves at least partially.

Even police who stayed on duty were reported to have been so demoralized that many did very little, and people did not even feel safe in their presence. One tourist stranded in New Orleans begged a passing police officer for help, who responded, “Go to hell—it’s every man for himself” (SPS, 2 Sept. 2005, p. A10).

Two police officers and one fire-fighter who deserted to Houston were discovered to have had the nerve to apply for police jobs there (AP in SPS, 29/10/05).

There is a difference between a structure collapsing, versus a structure failing. If all the members of a structure become casualties, there is a collapse; if its members desert, there is a failure.

In the Gulf Coast, we saw both collapses, and failures, of hospitals and nursing homes. Only 3 of 16 New Orleans hospitals managed to stay open, but some of their personnel deserted. Some staff members at hospitals who were on duty, and were functional, nonetheless sought for opportunities to desert, and did. The same mixed situation prevailed with nursing homes. Staff at a flooded nursing home in Chalmette, Louisiana, abandoned residents in their beds, and 30 died (SPS, 8 Sept. 2005).
It is amazing how little jolted the US population was at seeing pictures of military units in full combat gear, their fingers by their triggers, fanning out in New Orleans as if for combat in Iraq. Empires always deny disasters. Apparently, one of several reasons rescue efforts were delayed was because rescue crews already headed to New Orleans were told by FEMA (the Federal Emergency Management Agency) that there was no disaster there, and everything was in hand (SPS, 4 Sept. 2005).

The best responders to the disaster proved to be churches, voluntary associations, and individual moral citizens. This is consistent with everything we have been teaching about what happens in times of stresses and disasters all along. Even Newsweek (3 Oct. 05) concluded that “individual resourcefulness may be a better hope in a crisis than government planning.”

Commentary on the New Orleans disaster in the 11105 issue of First Things said that many people asked, “Where was God?” in response to the 2004 tsunami, but this time around, there was less of this kind of talk because there were “lots of people to blame, and we know their names.”

The Breakdown of Civility & Pro-Social Behavior in New Orleans

Aside from public officials and caretakers deserting their posts, we saw 5 different types and degrees of antisocial behavior.

1. Criminal “obtaining” of resources, as by looting luxury items, such as DVDs and flat-screen TV sets, or stealing cars not for escape, but to use after the disaster. This needs to be distinguished from “obtaining” of basics needed for life from stores or abandoned homes, such as food and sanitary supplies. Even confiscating abandoned vehicles in order to escape is not immoral, if one is prepared to give them back later on.

2. Criminal violent robbery, as by trying to forcibly take vehicles away from others, if need be by threatening and endangering their lives.

3. Other kinds of violent criminal assaults for personal satisfaction, such as rape.

4. Attempts to actually increase breakdown and chaos, as by setting fires.

5. Interfering with, and even attacking, repair, rescue and public order personnel, as noted.

The latter two behaviors constitute deliberate attempts to destroy, or keep destroying, civic functionality. The motives for this can be multiple, and in all likelihood are usually extremely primitive and unconscious. People in these categories are apt to harbor hatreds of society, of morality, of order, and of authority. Such people are truly “antisocial,” and many are probably of the class of habitual psychopathic career criminals who had either never been caught, or had been released after doing prison time.

There can be no doubt that—contrary to later PC denial about which we will say more in another section—there were numerous attacks on rescue and law personnel during the disaster. Entire rescue and evacuation columns came under sniper fire, as did rescue helicopters. It was no confabulation that rescuers at the University Hospital in New Orleans were shot at while trying to evacuate the most seriously ill patients (NC Reg., 18/9/05).

Workers trying to restore essential services, including repair teams trying to fix cell phone towers, came under sniper fire daily.

It is certainly also no confabulation that rescue workers had to quit working at nightfall because they were at risk of being assaulted or fired upon by some of the people they were trying to help. Having to suspend rescues of course greatly contributed to the number of deaths.

By 4 September, the reports were no longer of just sporadic and isolated irrational and criminal people shooting at rescuers and repair people, but of entire groups of gunmen making organized armed warfare, with sustained gun battles with automatic weapons.

Of vital importance to the management of future disasters is the question of just who the people were who irrationally started shooting at fellow citizens and rescuers, but we may never be told. The ones that got caught may be processed with very little publicity, which is also what happened to the Islamic terrorists caught in the first (unsuccessful) attempt to bring down the World Trade Center.

Aside from the shooters, there were others who assaulted people, some with weapons, and at least a few rapes. One rape was reportedly relatively public but other refugees were too scared to intervene.

Foreign tourists stupidly caught stranded in New Orleans during the disaster said that they were “scared of the locals. We might get caught in the crossfire.”
We were probably all wondering what was going on when, in the middle of water-logged
New Orleans, we saw buildings burning. Aside from joyful arson vandalism by decadent people,
it now turns out that a number of quick-witted homeowners set their own homes afire because they did
not have flood insurance, but did have fire insurance. Of course, under the circumstances, there was
nothing that could be done about fires during the flood except to let them burn themselves out.
Also, some homeowners who had storm insurance "enhanced" their damage afterwards
(pulling off roofing, etc.) (AP in SPS, 30/10/05).

*One ordinarily PC columnist (Rick Horowitz) tells the story of a “composite” survivor of the
flood who desperately hopes to see just one looter who is white. That failing, he mentally argues that
the looting for life-sustaining items is morally justifiable–but he is jolted when he sees the looters
trying to make off with luxury items instead, such as flat-panel TV sets (SPS, 3 Sept. 2005, p. A8).

*A Mexican newspaper equated the societal breakdown after Hurricane Katrina in the New
Orleans area to Haiti (SPS, 4 Sept. 2005). Some newspapers said that New Orleans had been reduced
to a “tribal area.”

*Also, that it was decadence that was a big issue was borne out by a lot of bad behavior of
people after they were rescued. For instance, some evacuees sent to Massachusetts promptly used up
the $2000 in cash given to them on decadent and conspicuous frivolity, such as tanking up on liquor,
going to strip clubs (just like in New Orleans), and paying $235 for lap dances in strip joints (SPS,
22/10/05).

The Weak, Sick, & Helpless During the Disaster

As always happens during disasters, and as we have been urgently teaching, and as privileged
people do not want to be told or to believe, it was the aged, sick, and handicapped who were the most
likely to end up dead in the Gulf Coast disaster.

In some of the stricken New Orleans hospitals, death rates were high. There were 45 deaths at
one hospital, with 36 corpses of mostly patients and--to their credit--some staff members floating in
the water on one floor where they had been overtaken. Another hospital had 19 deaths. A nursing
home had 34.

Some nursing home residents were eventually bused to Houston, and then some of these were
bused on to Dallas. That is when disaster struck again when a substandard bus caught fire on the
road, and 24 of 38 patients burned to death. So even escape from the primary disaster site into safe
territory cannot assure safety and survival.

The media ran pictures of people in wheelchairs who had been taken to dry ground, but who
died there sitting in their wheelchairs.

Much more could be said on this topic, but on it, the media ran enough relatively honest
horror stories to bring home the point. They had not done this in the 2001 World Trade Center
disaster, where the fate of the mobility-impaired workers in the Towers, and the fate of handicapped
people in other near-by buildings, was barely touched on.

The Political Correctness & Media Spin on the Breakdown of Civility & Pro-Social Behavior in New
Orleans

The PC circles were profoundly consternated and confounded by the bad behavior of the
lower classes, and especially by so much of the African-American population, during and after the
disaster. The PC media tried to cover up and reinterpret some of this, but with only small success.
For instance, the media tried very hard to report and show only a minimum of the looting, arson,
shooting, raping, etc., that went on in New Orleans during the disaster. It also played down the fact
that law officers had to flee from angry mobs. To disclose the whole truth would have disclosed that
irrational and criminal mob behavior was almost entirely perpetrated by the population “of color,” as
the PC and the media (e.g., the Syracuse Post-Standard, 4 Sept. 2005) sometimes put it.

In order to combat the bad impression made by media pictures that showed looting and other
crime being perpetrated almost entirely by “people of color,” our newspaper (Syracuse Post-Standard,
4 Sept. 2005) also said that “the judgmental might ask themselves what would happen if they lost
their home, had no money or food, were sick and needed medicine, or if they and their children were
hungry for days.” Another newsman said that negative impressions from this kind of bad news were due to looking at disaster “through a prism of bigotry,” and also threw in “small-mindedness and hate” (SPS, 4 Sept. 2005), which sounds to us like looking through a prism of political correctness.

However, the issue was not just distressed conditions, skin color, race or poverty, but decadence, because disastrous conditions elsewhere in the Gulf, or at other times and places, did not necessarily bring on so much bad behavior.

And here is a howler: confronted with pictures of looters “of color” lugging DVDs and other luxury items through hip-deep water, all a Pennsylvania sociology professor could say was, “That’s something we as researchers are going to take a closer look at” (SPS, 4 Sept. 2005).

Our PC newspaper ran an editorial (SPS, 4 Sept. 2005) trying to explain away the looting as a measure of desperation of people without food, medicines and homes. It said it was “judgmental” to call looters “looters”—and yet it showed a picture of a man carrying off an armload of clothes downtown where there was only about a foot or two of water.

A California professor was cited who complained that “all the looters that have been shown are black,” implying that the media were biased and made it look that way, when the media (being PC to the hilt) in fact bent over backward trying to minimize the race issue.

It was also remarkable that the media showed a lot of fires in the midst of flooded streets without ever saying anything about how these fires got started.

A month after Hurricane Katrina, the media began to say that the stories of looting, gunfire, raping, etc., had not really been true, and that few of the crimes had been violent ones. At most, there was a repeated emphasis on, “We will never really know what happened.” But we suspect that much of the latter news was a PC whitewash of some of the breakdown of public order. However, we do agree that we will probably never get told the whole story—not even the facts that are known to at least certain authorities. For instance, will we ever learn what happened to the poor crocodiles during and after the flood?

This also raises the question just who is not telling the truth at times. For instance, as reported in Newsweek (19/9/05, p. 53), when a woman said that a girl near her at a shelter was crying out as she was being raped, did the woman tell an untruth, or did the reporter misinterpret her, or did the reporter invent the incident, or what? Did it happen, but because of the breakdown of police and courts, did it end up in the category of reported crimes unsupported by evidence, or could it even have been never reported to the police?

And is one really to discount the earlier report that a gang of looters drove away the security guards of a Wal-Mart and made off with enough armaments to arm a company of soldiers (SPS, 5 Sept. 2005)?

The media also told almost nothing of police officers not merely getting shot at but also hit; at least one received a bullet wound. And it was true that a National Guard soldier got shot in the leg while tussling with a man who was trying to take his rifle from him (SPS, 5 Sept. 2005).

A woman from Syracuse who had been in Gulfport during the hurricane said that she heard gunshots during her evacuation, and that people were trying to shoot other people so as to be able to pirate their cars to get away in (SPS, 18/9/05).

And further, we saw with our own eyes a photo of a man captured by state police who was one of 3 surviving guerrillas, and the only unwounded one, of a gang of seven who had tried to shoot up a rescue column as it crossed a bridge (AP in Syracuse Post-Standard, 5 Sept. 2005).

Yet further, paramedics reported that they had treated people for bullet and knife wounds.

Also, from a sort of blog of a hospital worker to one of our acquaintances, we learned that violence was taking place, and guns were fired. Violence (e.g., stabings) even occurred within the struggling hospitals themselves.

We watched the evening news on TV where it briefly showed “a parade” in New Orleans on Labor Day. We thought that (a) this was a tasteless and “insensitive” time to have a celebration in the midst of death and dying, and (b) there seemed to be an atmosphere of homosexuality about the parade, but since there was no explanation on TV as to why there was a parade, or who the paraders were, we went on to other things. Imagine our surprise to see in the next day’s newspaper that this was the “Decadence Parade” put on annually by homosexuals! The PC TV news had actually withheld this fact from the public!

One thing that is utterly amazing is that one never got a coherent history of the bad behaviors of the citizenry, only fragmented bits and pieces. Someday, someone will probably compile it in a book when it is far-gone history.
Some Potential Lessons For Future Disaster Planning

“The only thing man learns from history,” said Hegel, “is that man learns nothing from history.”

Unfortunately, the major lesson that people in the US seem to have drawn from the catastrophe is that government is responsible for taking care of things, that in this instance government failed its responsibility, and that government can in future be made to provide the help that is needed, and do so on time. It does not seem to occur to people that a future catastrophe might entail the wiping out of government, so that informal relationships, personal resources, strength of character, preparedness, etc., are all that may be available.

What urban riots before 2005, and the Gulf Coast storm disaster of 8/05, tell us is that in any future disasters affecting urban areas, we will have large-scale looting, and probably increasingly armed and violent looting. Also, the looters have a faster response time than the authorities. In New Orleans, it would have been quite possible to have National Guard units in at least many places within hours after the rains and winds ceased, in order to guard and distribute food and water, and guard buildings and goods. After all, what the weather service predicted before the storm should have been enough to activate at least some National Guard units in the inland areas of the threatened states.

We also learned that when the ghetto population shows up in emergency shelters, it will bring with it its culture, which is one of violence that makes the shelters unsafe for everyone; and apparently, the authorities do not have the nerve to prevent or control this culture of violence. One consequence in New Orleans was that families fled the shelter of shelters, and preferred the uncertainty and dangers under open skies, rather than to face the certain danger in the shelters.

One thing we learned from the 2005 Gulf Coast hurricane disaster is how quickly garbage accumulates when a disaster occurs in a wealthy country, and especially if the poorer classes are heavily hit that are not very careful about garbage even in the best of times. Not only was garbage everywhere the refugees went, but in many parts of New Orleans, it was five feet deep after less than a week. Absolutely nobody seemed to care to dispose of garbage in a more rational manner. A population not disciplined to deal with garbage rationally in orderly times will deal with it so poorly in bad times as to dramatically add to the risk of vermin infestations and disease.

An eye-opener from Hurricane Katrina in 9/05 was that anti-diuretics were sold on the black market at a very high price. The reason was that without toilets available, people wanted to go around without peeing as long as they could (SPS, 5 Sept. 2005).

Even as New Orleans was dissolving into chaos from lack of police and soldiers, Detroit was sliding toward that danger by making yet further cuts in the number of its police officers and fire-fighters (SPS, 2 Sept. 2005). And yet Detroit is the city where one day every year (Hell Night), the ghetto citizens have gotten together and tried to bum the town down around them. There is a possibility that the state will have to take over the governance of the city!

The Energy Crisis Precipitated by the Gulf Disaster

Gas-guzzling SUVs made up 5% of the American automotive fleet in 1990. Despite the economic woes of the early 2000s, they made up 54% by 2005. Soon, SUVs will be practically worthless, except for their not inconsiderable value as scrap metal.

It used to be that in our neighborhood, people never parked their cars on the street at night unless they had visitors. Then in the 1990s, suddenly our neighborhood streets filled up with parked cars. What happened was that families not only bought a third car, but switched to SUVs that did not fit into garages or driveways.

It was only in early 2004 that gas prices went up considerably, the typical price being $2.40 a gallon, but despite this, the sales of SUVs continued to rise. In a survey then, a mere 5% of people said that if gas cost more than $2.75 for at least six months, they would soon purchase a more fuel-efficient vehicle (AP in SPS, 27/3/04).

Maybe some TIPS readers will remember that for years, we taught (a) that gasoline ought to be at least $5 per gallon to reflect its real cost, and (b) that the days of cheap energy were drawing to a close. Shortly after the Gulf Coast disaster in 8/05, gasoline soared to more than $6 a gallon in some places. That part of the disaster we cheered, because it brought reality home, and was bound to get a lot of juveniles and SUVs off the road.
A politician once famously said that what the world needs is a good 5¢ cigar. We say that what the US badly needs is $5 a gallon gas, so as to come to its senses. After all, people in England have long been paying $7.50 a gallon.

Chrysler's CEO claimed, “no economist in the world ever predicted fuel prices like this” (Newsweek, 29/8/05), but we, not being economists, had for years.

As gas prices in the US after Katrina began to soar, Hawaii quickly passed a law setting a top price of $2.86 a gallon. This threw us into paroxysms of laughter, because it reminded us of King Canute trying to command the tides!

It is very funny how the imperial powers are contorting themselves to avoid saying that the world is running out of easily extractable cheap energy. Instead, they use phrases such as “Mideast instability,” “rising Chinese demands,” “overtaxed refineries,” etc. Sometimes, “price gouging” is blamed. During a brief energy crunch in the late 1970s, they used the most laughable expression ever: “a drop of pressure in the pipelines.”

Also amusing was that the Hawaiians claimed that high gas prices were nothing but a conspiracy. This is how the coming of the end of cheap energy and secondary resources will be explained, truly relevant action (meaning conservation) will be rejected, and the end will come chaotically instead of orderly.

Even as gas prices rose above $3 per gallon after Katrina, car makers were still betting on big SUVs, though they are trying to improve the mileage (Newsweek, 10/10/05). However, to our delight, in 10/05, we saw the first SUV in our neighborhood with a “for sale” sign.

The day will come when one will not be able to give away SUVs, which will probably then be stripped of their interiors and made into storage rooms and backyard shacks.

Faced with the inevitability of the end of cheap energy, we once more hear talk of “unlimited cheap energy” from nuclear fusion. Do not believe it! However, that is the route a consortium of the US, Russia, the EU, China, and Japan decided to explore yet again by placing a fusion reactor in Southern France (AP, in SPS, 29/6/05).

The emirate of Dubai has been promiscuously wasting its oil money. For instance, while it is 120° outside, one can go to a mall that has an artificial indoor ski slope 2100 feet long, all made out in an Alpine and Swiss chalet style (New Yorker, 17/10/05; source item from Jack Pealer). This is about as irrational, decadent and self-destructive as our ghetto behaviors. A wise policy would put into place arrangements that would allow Dubai to have a viable land and economy after the oil dries up.

Miscellaneous Other News

Health-Related News

*Iyad Abu El Hawa, the owner of three health care firms in Texas, had one of his firms give about 1000 people water injections pretending that they were flu shots, and charged flu shot prices. An alert nurse caught on and took samples of the fake vaccine (AP, in SPS, 29/10/05).

*The US Medicare (for the elderly) drug coverage plan going in effect in 2006 is an insult to, and assault on, elderly people. In order to “privatize” it, it was made so complex that most people cannot understand it, and/or make best use of it, least of all people whose minds are not in top form. People in residential care who cannot make “choices,” and have no one authorized to act on their behalf, are assigned to different private insurers and plans at random. Also, the scheme dramatically increases the costs of places like nursing homes which, instead of dealing with a single supplier of drugs in bulk, now have to deal with dozens of different suppliers and their respective rules.

The plan has been described as precipitating a “gold rush” by health insurance firms, because the federal government will generously subsidize insurers and remove most of their risks even as it lays impossible burdens of complexity on elderly citizens, with extremely high errors of judgment on their part being inevitable as to which of the large number of confusing different plans to choose (SPS, 30/10/05).

*In 11/05, it was announced that the birth control patch put women at 300% greater risk of blood clots and death than the birth control pill already does. It also came into the open that the manufacturer, Ortho McNeil, blocked research on the patch because it feared that the results would “not be positive” (AP in SPS, 11 Nov. 2005). When all this came to light, there was an outcry that
“women deserve to be informed when making birth-control decisions,” which is totally contrary to the pro-abortion lobby’s long-standing policy that everything should be done to keep information about abortions from women contemplating one.

*In 2002, it was discovered that hospital-bred strains of the enterococcus bacterium had acquired a gene that makes them impervious to vancomycin, which had been one of the drugs of last resort. By now, other bacterial strains, such as staphylococcus aureus, the most common wound and surgical infector, may also have acquired the gene (Discover, 11/05).

*Some experts, including a Nobel prize-winner, have said for years that cattle with mad cow disease have probably been entering the US food chain, and the only reason this has not been detected is that the US Department of Agriculture has been “willfully blind to the threat.” Specifically, the Dept. discounted the possibility that there were such infected cattle in the US—until the first of two cases was documented in 2003. It was only after this that the US Food & Drug Administration dramatically increased its safeguards. In fact, at least until late 2003, 130,000 “downer” cattle were being sent to meat packing plants every year. (Being a “downer” means that the animal is in very bad health and can no longer move about.) It is always the same story: empires will deny all futuristic disaster scenarios and only respond after a disaster has happened and has become public. If the disaster can be kept secret, nothing may change.

Human Service-Related News

*Apparently in the US, in Britain, and possibly other Western countries as well, there is an increasing requirement that volunteers for human service agencies be subjected to criminal background checks. Even for someone who would only volunteer the very smallest amount of time, such checks would be required. According, there are now also intense pressures even on Citizen Advocacy offices to get criminal background checks on potential citizen advocates. Not only is this likely to scare off volunteers, but it also adds a great financial burden to the service agencies. The consequences of this policy are as yet unforeseeable, but it bodes very ill.

Government health and safety regulations in Britain also dramatically escalated in 2005, increasing formalization and bureaucratization, and greatly raising the cost of operations. This is particularly hard on small service agencies.

It almost appears as if the imperial powers are going to war against nongovernmental service providers and volunteer services (Speak Out, 2004/2005, Nos. 47-49).

*Some human service agencies have begun to say that with all the talk about self-determination, choice, etc., the distinction has been erased between actual need for a service, versus a personal preference for something, and preferences are interpreted as urgent needs that must be satisfied by service providers at public expense (Community Services Reporter, 1/05).

*More and more, handicapped people here are being subjected to direct-level workers/servers who are very recent immigrants to the US, and who cannot speak English intelligibly, and often cannot understand the speech or other communication of their handicapped clients. In some agencies, entire residences and even residential systems are staffed by such persons. This is especially a problem when the handicapped people at issue are hard of hearing, mentally retarded and/or have cerebral palsy or other conditions that make it difficult for them to understand someone, or to speak clearly. In essence, we are back to a version of the “bad old days,” where work with handicapped people is viewed as a job opportunity for other needy people—perhaps people who would not be employable elsewhere—rather than as primarily a service to the handicapped people themselves.

*A medical journal called Brain Research cost $40 for a yearly subscription in 1966, but the subscription cost had risen to an unbelievable $9446 per year by 1993. A number of other medical journals have undergone similar subscription increases (source information from Susan Thomas).
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