Introduction

As we announced in our last issue of TIPS, TIPS is ceasing publication after 26 years. (It began in 1981 with the help of Carolyn Bardwell Wheeler.) In fact, this triple issue of TIPS is the LAST issue and fittingly, its major topic is deathmaking. One reason we have chosen this topic is in anticipation of the upcoming Sanctity of Life workshop to be held in Nazareth, Kentucky, on September 17-21, 2007 (see flyer enclosed at the end of TIPS). We ask all readers to copy and disseminate the workshop flyer, and to actively recruit for the event. We do not expect participants to agree with everything that is presented at the workshop, but given the urgency of the issue on the current scene, we do hope that anyone concerned about the welfare of societally devalued people would at least want to grapple with the issues, and therefore would be willing to come and hear what the workshop has to say.

As a reminder, there is one group of people learning to present the Sanctity of Life workshop, and another the Moral Coherency workshop, and each of these workshops is offered in alternate years. The next workshop on How to Function With Personal Moral Coherency will be held on May 4-10, 2008 in Andover, Massachusetts (see flyer also enclosed at the end of TIPS).

Our last major TIPS coverage of deathmaking was in the April/June/August/October 2005 issue, and sadly, there is no shortage of material. We still have shelves full of text and sources on which to report, if only there were a TIPS to report it in.

As we said before, subscribers who think that we should have quit talking about this should ask themselves: if one had lived in a society that killed 1.5 million Jews a year for several years, should those opposed to Jew-killing have just quit talking about it, quit “being divisive,” and quit warning society what awful retribution would befall it?

One problem we encounter in our teaching on this issue is that many people either cannot see, or refuse to see, the connections of various developments to deathmaking, especially when those developments are in their early stages. They will only acknowledge something as bad if they can see its horrors immediately and massively in front of them, but not when its horrors can “only” be predicted, and may take a generation or more to fully blossom. As we emphasize repeatedly, it is possible to say at their beginnings that bad things will yield bad fruits—but people are no more willing to do this today than they were willing to do it about Hitler and Nazism in 1933, when Hitler had just come to power, in contrast to 1943 in the middle of the war. And if they are not willing to do it early on, then they should not be surprised that when a 1943 comes upon them, it is just as awful as could have been predicted 10 years earlier.
Thus, today, few people are willing to admit that such things as the redefinition of marriage, and the widespread abandonment of lifelong commitment to marriage vows, the exaltation of homosexual identity and behavior, the widespread embrace of other sexual decadences, the demand that people deemed to be of lesser value provide stem cells and/or organs for people deemed to be more valuable—that all these things are attacks on life, on life-giving and life protection, and therefore constitute at the very least indirect forms of deathmaking. Yet because of their indirectness, because they can be shown to have some benefits, and because the full-blownness of their awfulness may not become evident until some time in the future, people deny that they are bad.

Even allies of lowly people who end up suffering because of these various developments may be unwilling to see or hear the connection of these to deathmaking because they have allegiances to one or more of the developments. They prefer instead to segment things, and if they attend to deathmaking at all, they will only attend to some very direct forms, perhaps forms that have been around for awhile, but not to the newer and popular/progressive things that nonetheless have a deathmaking impact, even if that impact is as yet relatively hidden.

In both this issue of TIPS, and in our Sanctity of Life workshop, readers/participants will find coverage of items, and the connections of these items to deathmaking, that they perhaps would rather not be confronted with.

All this should serve as a warning that those people who do see and proclaim the connections, or at least who admit them even if they do not proclaim them to others, will be increasingly isolated and few in number. As we emphasize in our teaching, coherent opposition to deathmaking is very rare—and very costly

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Children are among the most vulnerable and weakest in society, especially the younger they are. In addition, they may be outright devalued if they are viewed as an inconvenience, an infringement on adult rights and self-actualization, costly, burdensome, and if they are impaired. As a result, children today are at risk of all sorts of deathmakings.

**Abortion**

Undoubtedly the most massive form of contemporary deathmaking is directed against the very weakest of all, those children conceived but not yet born. Abortion takes many forms, and may be admitted to be such, or may be disguised as so-called contraception—a word which means conception is prevented, but many so-called contraceptives actually cause an abortion (even if a very early one) of a fertilized egg. Allies of devalued people often try to segment the deathmakings of born people from abortion, because they want to be seen as progressive in endorsing “a woman’s right to choose” abortion. But as noted in our Introduction, deathmakings are connected in many ways. If one endorses the deathmaking of any human for any reason whatever, and especially the deathmaking of helpless people, then one has stepped onto a very slippery slope on which there are no natural and stable stopping points.

**Is the Unborn Live &/or Human?**

At one time, every woman knew (in part because of cultural teaching) that if she became pregnant, what was within her was a new human, a baby. Then with modernistic and feminist propaganda, women no longer believed it. With the advent of sonograms, many pregnant women who are contemplating abortion will decide against it once they see a picture of what turns out to be actually their baby. This is understandable but sad; abstract communication no longer works in a visual media world.

*There is a curious battle over taking images of babies in the womb. The pro-abortion forces want such images taken in order to ferret out potential fetal abnormalities so that abortion can be suggested to the mother. Anti-abortion circles want such pictures taken in order to show the parents that the baby is a real baby, so that they will not abort it (Time, 11 Nov. 2002).*

*Within 72 hours of conception, a human embryo already displays the beginning of 46 organs or body parts.*

*Because the US Supreme Court declared in 1973 that unborn humans were not persons, the unborn have had no legal protection against violence to them by parties even against the mother’s wishes. Also, their nothingness status is symbolized by the fact that when there are disasters with human casualties, the unborn dead are not counted, reported or listed. For instance, when the federal building in Oklahoma City was blown up, the unborn babies of the women who died in the building were not listed among the casualties, and not counted among their number (NC Register, 5 Sept. 1999).*
*In her eighth month of pregnancy, a California woman was hit by a drunken driver, and had to undergo an emergency Caesarean. The baby lived only for 4 hours while her parents held her, and while her birth certificate was being issued. However, a charge of vehicular manslaughter was dismissed by the court on the grounds that the baby had never been alive to begin with, because if the judge had ruled that the baby had been alive, it probably would have set a precedent for outlawing all the partial birth abortions. The mother said, “She was alive. We held her. We watched her die.” One commentator said that if society denies the obvious (i.e., that the baby had been alive), then it is inevitable that it will sink into moral insanity, and maybe plain old-fashioned insanity as well (NC Register, 26/12/1999).

The highest court of France ruled in June 2002 that unborn babies did not have the legal status of persons, and therefore, a physician or a midwife could not be held responsible if a baby died during delivery. While they might be guilty of something, they would not be guilty of causing or contributing to a death, since no human life in a legal sense ever existed (NRLN, 7/2002). There is a grotesque logic to this.

When does a baby become a human baby with rights? The pro-abortion people have once more pushed forward the benchmark. US Senator Barbara Boxer (D-California) said “I think when your bring your baby home...the baby belongs to your family and has rights” (NCR, 19/11/2006).

Abortion advocates have long been trying to make the point that unborn babies develop pain sensations very late, and that therefore, abortions are painless to them. Abortion opponents have tried to make the opposite point, that pain sensation develops relatively early, and that babies in the womb desperately try to escape from the instruments of death. A different pro-abortion position is that the issue is a red herring, or as they put it, anesthetizing the unborn baby is “unnecessary,” because after all, the very purpose of an abortion is to produce a dead baby; and that furthermore, anesthesia adds risks to the mother (Discover, 12/2005).

There is more and more sentiment among physicians such as neurologists that unborn babies develop consciousness and pain awareness much earlier than had been assumed, and that the anti-abortion protagonists who had been claiming that babies felt pain when being assaulted in the womb by various abortive procedures had been right. There has been quite a bit of debate about this in Britain (NRLN, 4/2003).

We are constantly being told that scientists do not know when life begins, which is a lie. They know exactly. What is true is that they disagree on when a human life should be accorded human and/or moral and legal status and rights, all of which are “religious” issues, not scientific ones.

Abortion of the Impaired, &/or Unwanted for Other Reasons

A 1995 study concluded that every child born with Down’s syndrome will cost society about $450,000 over a lifetime. Other authorities have estimated the cost to be at least $1 million (Weekly Standard, 2 Dec. 1996; source item from Irene Ward). Such figures have been cited in support of “prevention” of Down’s syndrome, meaning, of course, the abortion of such children.

According to DAA (Special Supplement, December 1997), a British Medical Journal report claimed a few years earlier that screening for enough women to “avoid a Down’s syndrome child” by abortion cost up to £38,000, while the lifetime health care costs of such a child are £120,000.

*Time (21/9/05) carried an enthusiastic story of how pre-natal screening techniques are becoming ever more effective in identifying unborn babies with Down’s syndrome. It referred to this as a “breakthrough,” but as far as we can tell, this merely consists of combining already established procedures in order to improve prediction. One of the physician perpetrators asserted vehemently that “prenatal counseling and diagnosis are not a search-and-destroy mission” (Time, 21/11/2005).

In January 2007, the American College of Obstetricians and Gynecologists recommended prenatal genetic screening for all pregnant women in order to detect Down’s syndrome in the unborn, and presumably lead to their abortion. In February, the Canadian Society of Obstetricians and Gynecologists made a nearly identical recommendation, but phrased it in terms of broader concern
with “chromosomal anomalies” (rather than Down’s syndrome specifically) and “balanced health counseling” for pregnant women (NCR, 25/2/2007).

*The divorced parents of a child in British Columbia born with Down’s syndrome were awarded more than $300,000 for “wrongful birth” because their doctor allegedly had not informed them that they could have amniocentesis, and they said that they would have aborted had they known of the child’s condition (NRLN, 3/2003).

*There are increasing demands (e.g., in the NY Times) to make prenatal testing for abnormalities mandatory. Of course, the only reason is to promote abortions.

*Handicapped-rein? With the ever-increasing acceptance of a culture of death, we can anticipate a lowering of the prevalence rate of severely impaired people, plus also of people with lesser impairments which, however, can be detected in utero and aborted. Already, people with Down’s syndrome are becoming almost rare.

One of the things Dörner (a defender of life) points out is that technical capabilities are now at hand to almost assure that we could have a “handicapped-free” society, at least as far as impairments are concerned that occur prior to, during, or shortly after birth. While this language has not been widely used as yet, it may very well be soon, and it would most certainly be very parallel to the Nazi expression Juden-rein, which was the term to refer to a locality as being “clean of Jews.” (Dörner, K. (1989). Euthanasia: For the newborn handicapped as well? Paper presented at the European Symposium on “Bio-engineering--ethics--mental handicap: Health for All and Life Prospects of Persons with Mental Handicap,” Marburg/Lahn, Federal Republic of Germany, June 4-8, 1989.)

*Pay-back time? It has been drawn to our attention that in the Deaf culture (with a capital “D”), it has become politically correct to abort one’s children who seem to have normal hearing!

*The Newcastle (England) Disability Forum sent out invitations to an open debate (in 2/1999) on the motion, “This House believes that advanced and progressive societies need the benefit of prenatal screening and selective termination. This will be beneficial to disabled people in the long term.” The pro was presented by a Newcastle University professor, the con by a “disabled” person. Very considerately, handicapped attendees, while still alive, were afforded lip-speaking and sign language interpretation, and overhead projections at the debate (source item from Ruth Abrahams).

*In the 1970s, the normalization culture had many bad things to say about the deviancy-making of the freak show. What was then not anticipated was the advent of a diversity celebration that has no tolerance for the diversity of freaks, and tries to kill them off before or at birth. Maybe paying to see Poobah the fire-eating dwarf, or Jo-Jo the dog boy, was less worse than paying to kill them (First Things, 2/2007, p. 71).

Lest this sound extreme, let us recall that currently, babies are being aborted because of club feet, cleft palates, webbed fingers and extra digits.

*Scientists who are obviously of a pro-death mentality have started to claim that they can predict whether an embryo will grow into an adult who will develop “Alzheimer’s disease,” for which the cure of course is abortion (SPS, 27/2/2002). And no one is laughing!

*It is estimated that 10 million unborn females have been aborted in India since the 1980s, based solely on the fact that they were female. In China, a “one child per family” policy was instituted in 1979, leading to the abortion of scores of millions of females because families wanted their “one child” to be a son and heir. As predicted, males now outnumber females in China as much as 130 to 100 (NCR, 25/2/2007).

Because so many baby girls in India are being aborted, the government has decided to institute “the cradle scheme,” which refers to setting up orphanages to accept unwanted girls, and thus encourage women to abandon rather than kill their girl babies. However, it seems dubious that the government will spend the money for this scheme, beyond maybe some show places (FT, 5/2007).
Professionals in the prenatal screening business will often withhold their knowledge of an unborn child’s sex if they are trying to persuade one or both parents to abort the baby because it might be impaired. Telling parents of the child’s sex might prejudice them against aborting (e.g., Mouth, 9/2000), perhaps because it “humanizes” or “personalizes” the child.

Contrary to abortion propaganda, fewer than 1% of abortions are for cases of rape or incest, while the two biggest stated reasons by the mothers are either that the baby would be too expensive, or that they are “not yet ready” (usually because of their youth) to raise a baby (NRLN, 1/2003).

Consequences of Abortion

Apart from the consequences to the unborn infant—death—there are additional consequences of abortion to the mother, to women in general, to society, to fathers, etc. After all, everything is connected. [*There is a huge correlation (relatively) between women having abortions, and their subsequent death rates. During the subsequent 12 months, women who have had an abortion have a 76% higher likelihood of dying than other women; they are 102% more likely to die than women who miscarry; and 252% more likely than women who carry their baby to term (NC Reg., 9 Nov. 2003). What is not clear is whether abortions contribute to this, or whether women who are unhealthy, or engage in unhealthy practices, are more likely to get abortions.*

Pregnant women are now more likely to be murdered than to die of other causes. Aborting women are twice as likely to die of homicide as women who bear their children. They are also 6 times as likely to commit suicide, and many times more likely to have all sorts of problems after an abortion. Child abuse has risen greatly since 1973--350% just since 1980. Pregnancy out of wedlock has also vastly increased. Unsafe abortions are most likely to occur in abortion clinics, not in the “back alleys” (HLA Action News, Winter 2007).

A rare large-scale longitudinal study in New Zealand confirmed that young women who had abortions subsequently experience all sorts of mental problems. Even pro-abortion parties have not been able to brush the study aside on the argument that it was poorly conducted. The study confirms what a number of less thorough previous studies and anecdotal reports have long asserted (HLA Action News, Spring 2006).

In 1998, a 34-year old mother in Los Angeles tried to burn to death her 4 children aged 5-14. She had been abandoned by 2 husbands (one of whom had once been married to her mother) and by her most recent boyfriend. Five days earlier she had undergone an abortion of that man’s child. This sort of thing adds fuel to what many abortion opponents are saying, namely, that many women do have something like a post-abortion syndrome that crazifies them at least temporarily if not life-long.

Now that do-it-yourself chemical abortion has arrived, some people believe that passing a dead baby in the toilet or the shower may be more emotionally traumatic to women than any of the surgical procedures, gruesome as they are, and also that this certainly does not create an image of abortion as being “humane”.

We have seen several items in the news media about the rise of infertility in young women that said not a word about promiscuity, abortions, and venereal diseases being major causes! When advising how to prevent infertility, the advice is, “safe sex, normal weight, no environmental toxins, don’t smoke, limit alcohol” (Newsweek, 13/3/2006). What were blamed were “ovarian dysfunction, endometriosis, blocked tubes, other structural malformations and hormonal disorders” (e.g., Newsweek, 27/3/2006). That abortions contribute to any of these is never mentioned.

For some years now, there has been a “Plan B battle” over the so-called “morning after” pill. The usual suspects (including CBS “60 Minutes,” 11 June 2006) have declared it to be “perfectly safe,” based on 40 research studies, and wanted it freed to be sold without “prescription” over the counter. Among the things that remain to be seen is how “safe” it is when girls age 12 and up start buying and using it in order to afford themselves a perfectly safe promiscuous lifestyle.
*One research area which is being pushed into the transempirical domain because of competing ideologies is whether women naturally bond with their babies before or shortly after birth, or only gradually over a period of weeks after birth. (The same thing is happening over whether there is a connection of abortion to breast cancer.) The reason this issue has become ideological is that the abortion and infanticide people would prefer if women could be shown to bond late, while the people opposed to abortion and infanticide would prefer to demonstrate early bonding (e.g., Discover, 3/2001, p. 8). Because each side can point to supporting evidence, a third party can be left bewildered and confused, which is then more apt to tilt them toward a pro-death than an anti-death position.

*The politically correct abortion advocates have been thrown into great consternation by research that purports to have shown that decades of abortion-on-demand have contributed to a dramatic containment or reduction in crime, mostly because “blacks” get a disproportionate number of abortions. The foremost abortionist and abortion promoter in Canada, Dr. Henry Morgentaler, said that this was “an unintended, yet happy, consequence” of choices made by women. Other abortion supporters are squirming and squirming about this (FT, 10/2005).

*Pity the poor employees of waste water treatment plants all over the US who keep finding aborted and stillborn babies in the sewage. This is now happening all the time.

Who is Having Abortions

*For many American college students these days, college is a time of exuberant sexual license and promiscuity, and it is estimated that 20% of all abortions in America are performed on college students. Furthermore, extremely few single college students who get pregnant will bear their baby, exemplified by data from one university where there were only 6 live births in one year, but 300 abortions (CS, 8 Nov. 2001).

*Contrary to all promises by pro-abortion parties, 64% of women who abort do so because they are under intense pressure, in 40% of the cases by male “lovers,” and often in the form of abuse (HLA Action News, Winter 2007).

*Though Tolstoy was not speaking about abortion, the following passage from The Death of Ivan Ilych and Other Stories could apply: “they [women] do not sacrifice themselves for a beloved being, but sacrifice a being whom they might love, for their own sakes” (p. 196). He was speaking of women who refuse to have children.

*A study (AJMR, 1/2000) found that religious affiliation had no effect upon the willingness of adults to abort a child diagnosed prior to birth as impaired, while church attendance did, with people going to church at least once a week being vastly less willing to abort than those attending less often.

*According to a major survey, Democrats in the US have 40% more abortions than Republicans, and the more liberal Democrats are, the more abortions they have, while the more conservative Republicans are, the fewer they have. There has been much talk lately about pro-abortion social circles losing political strength because they have aborted so many of their children, while people opposed to abortion procreate more and transmit their values to their children. However, even among Republicans, the abortion rate is very high (35% versus 49% among Democrats) (FT, 11/2004, p. 77).

*Five American cities topped the list of world cities with the highest homicide rate averaged for the years 1995, 1996 and 1997. Amazing is that on top of the list was Washington, DC, with a homicide rate more than twice as high as second-place Philadelphia (Speak Out, 7/1999). The violence permitted on the unborn by the Supreme Court, the presidency and the Congress in DC gets generalized or translated to other forms of private violence.
Proponents & Practitioners of Abortion

*The World Association of Girl Guides and Girl Scouts invited one of the world’s leading promoters of condoms and forced abortion, a former executive director of the UN Population Fund, to give a keynote address, and gave her a world citizenship award. She had previously been honored by Communist China, which she had lauded for its one-child policy (NCR, 1 Sept. 2002).

*Most non-Western countries (and they make up the majority in the UN) oppose abortion, and the United Nations started out as a pro-family organization, but social policy programs and the UN governance structure have been taken over by a very aggressive pro-abortion, pro-euthanasia and pro-homosexuality faction that is hostile to traditional families, and pro-abortion persons even from anti-abortion countries dominate UN committees. They are sneaking language promoting the above agendas (often in code, such as “women’s health”) into every conceivable topic, including the rights of handicapped people and the welfare of children.

A lot of lower-class women in Mexico and Peru claim that when they went to health clinics under the auspices of the UN Population Fund, they got tubal ligations without having asked for them or being told that they would get them. They also report that very coercive methods have been used to get them to accept contraceptive devices, and since such women are not considered to be reliable, it is the ones that are foisted off on “stupid women” that are promoted, such as IUDs (NCR, 9 Feb. 2003).

The problem is that UN dicta by agreement have the force of law in member nations, and some of these laws—and how the courts interpret them—can come as a big surprise to a nation and/or its people. The pro-death UN people have been very successful in systematically eliminating or excluding opponents from their bodies (NCR, 23/7/2006; Touchstone mailing).

*One reason why the promoters of promiscuous sex and abortion have made so much headway in international forums is because they seek out those international bodies and meetings that have little if any democratic accountability to the electorates of the nations that participate, or any political oversight by their governments. These meetings and bodies are then used to create new “norms,” including of international laws and regulations that would never have been adopted through the democratic processes of most of the attending or member countries (FT, 3/2002).

*In 4/2007, Amnesty International, which has advocated for political prisoners and prisoners of conscience, fell off its high horse and began to embrace de facto abortion on demand as a basic right of women, who it said would be “oppressed” if this were denied. It also began to pursue “sexual and reproductive health,” and we know what that means. The organization thus made a fundamental error (undoubtedly because of PC pressure), in leaving its previously clear identity and mission, and becoming like any number of other organizations. Many people will no longer support it because of its new direction, and many other people will start supporting it because of this.

*The Kaiser Foundation has developed a little sex guide book intended to subvert parental supervision of children. Addressed to children, it is entitled, “It’s Your Sex Life.” The guide promotes sex outside of marriage as long as condoms are used, and denies that contraceptive pills have abortifacient effects (they do). MTV promotes this booklet, and gives a toll-free number that children can call to have a free guide sent to them in a plain white envelope (LA, 1/1999).

Amazingly, at about the same time, the Kaiser Foundation publicized a survey that revealed that TV shows teem with “sex without responsibility” (SHJ, 13/2/1999).

*High school students in Pennsylvania were taken on a field trip to an abortion center, but were denied a visit to a “pro-life” center to hear the other side (HLA Action News, Winter 2007).

*For decades, people had warned that behind the proposed US “Equal Rights Amendment” (“equality of rights under law cannot be denied on account of the sex of any person”) on the state level, and as a constitutional amendment, there lurked many agendas other than the announced ones. E.g., during the 1970s and 80s, many ERA supporters denied categorically that the ERA would or could be used to promote abortion. But sure enough, the Cassandras were right. After New Mexico had passed an equal rights amendment, its state Supreme Court ruled that the amendment implied that
the state had to pay for “medically necessary abortions” for poor women. Under US federal court rulings, “medically necessary abortions” refers to abortion on demand that is performed by licensed medical personnel (NRLN, 10 Dec. 1998). Thus, the ruling does mean that ERA guarantees citizen-paid-for abortions on demand for poor women.

*Civil liberties groups have increasingly begun to question the phrase in the US Declaration of Independence that proclaims that people are “endowed with an inalienable right to life,” believing that this is a sneaky euphemism for opposition to abortion. The New Jersey legislature forbade a school practice of daily recital of the Declaration of Independence because it refers to the “creator” (NCR, 17/2/2002). Perhaps a piece of the US should be set aside to become a British colony again to which all such protestors can retire?

*What are America and academia coming to? When Dartmouth College played Columbia in an Ivy League football game in Fall 2003, the Columbia band began its part of the show by making a disparaging remark about Governor Jeb Bush of Florida trying to save the life of Terri Schiavo; and the Columbia part of the show invited the crowd to celebrate partial-birth abortion, followed by some rantings against the then Pope and his “drooling and stuttering speech” (NCR, 23/11/2003).

*With all of the problems of New York City, one of the very first acts of new mayor Michael Bloomberg was to require that all the public teaching hospitals in the city provide training in doing abortions (FT, 4/2002).
And a California law mandated that medical schools provide abortion training starting in 1/2003.

*The one time all 9 Democratic party presidential candidates got together before the 2004 US presidential election was in 1/2003 at a NARAL Pro-Choice America dinner. The same thing happened at a debate in April 2007. Abortion is the one issue that unifies Democrats.

*Pro-abortion co-optation of anti-abortion themes and symbols. In 2002, the Planned Parenthood Federation of America sent out Christmas cards that said, “Choice on Earth.” This is of course a parallel to the angels in Bethlehem singing to the shepherds about “Peace on Earth.” But considering what “choice” is a code word for, this meant “Abortion on Earth.” It now turns out that Planned Parenthood had used Christmas cards with this slogan for almost a decade, but until now had never tried to sell them to the general public. Planned Parenthood also came out with T-shirts inscribed with a “Choice on Earth” design. In the resultant furor, Planned Parenthood claimed that it was not trying to mock the sacred, but “bringing out the sacredness of choice,” and one Protestant minister who advises Planned Parenthood said that Jesus was “pro-choice” (ES, 19/12/2002 & NRLN, 12/2002).

Some years ago, anti-abortion groups adopted the red rose as their emblem, and some of them later added the white rose which was a symbol of one of the German resistance movements against Hitler. More recently, some abortion services have begun to feature a red rose as well.

*In 4/04, Planned Parenthood of America for the first time hired a chaplain, a Los Angeles Methodist minister, to function as its national spokesman on the theological justification for abortion and contraception (SPS, 10 April 2004).

*Among people who identify themselves as being “pro-choice,” 23% say that life begins at conception, while among people who identify themselves as “pro-life,” 88% do. As is to be expected, among those “pro-choice” people who do not believe that life begins at conception, there prevails much disagreement as to when it does begin: 38% believe it begins at “viability,” 14% when fetal brainwaves or motion (quickening) are observed, and a full 15% say that it begins only at birth (NCR, 21/5/2000).

*Even as abortions have gradually declined in the US over recent years, the number of abortions performed by Planned Parenthood affiliates has increased almost without let-up every year, reaching a record high in 2001 of about 215,000. At the same time, the US government has been giving more money to Planned Parenthood almost every year as well, reaching about $225 million a
year in 2001-02. This money has come from many federal sources, including Title X, Medicaid, social service block grants, maternal and child health services block grants, and other sources (CL, 7/2003).

*Some pro-abortion advocates or sympathizers have recently been pushing the pro-abortion movement to admit that babies are brutally killed in abortion, rather than to euphemize the reality. For instance, the short film “My Fetus” tries to do this. However, these parties still think that there should be a “right” to “choose” abortion. Most abortion advocates are strongly opposed to such honesty, recognizing that once people understand the reality that abortion murders babies, and especially if they get a visual picture of what is entailed, they would reject abortion (Sydney Morning Herald, 12 July 2004; source item from John Armstrong).

*Many media and other authorities that run or control advertisements have refused to run anti-abortion advertisements. Common criteria for whether an advertisement is acceptable are whether an ad is (a) fraudulent, (b) libelous, or (c) in poor taste. Apparently, anti-abortion ads are commonly rejected by the PC media moguls with the stated argument that they are in poor taste.

*In Canada, the government has been issuing news media injunctions against abortion reporting because it might endanger abortionists (LA, 7/1999). Some people have called this “abortion wagging the culture.”

*It is hard to believe that any public library in the US would hand over part of its premises to Planned Parenthood to promote abortive contraception and other abortions, but the city-owned library of Waco, Texas, did. It even agreed to a provision that no one can enter the Planned Parenthood part of its premises who has participated in protests against PP in the past (NCR, 8 Dec. 2002). As we keep saying, freedom in America is on its last leg. We had our republic, but we “couldn’t keep it,” as Benjamin Franklin warned us.

*In 1971, a philosopher—Dr. Judith Jarvis Thomson—at the Massachusetts Institute of Technology wrote an article, “A Defense of Abortion.” Even though it is full of embarrassing errors of logic and invalid similes, it became the most widely reprinted essay in the history of philosophy!!! (NCR, 19/1/2003), which shows how bankrupt modern philosophy is.

*Edith Weisberg, one of the last Jewish children to make it out of Austria on a child rescue transport in 1939, ended up in Australia. Her mother, left behind, died in a concentration camp. Edith became a physician and a feminist—and one of Australia’s leading proponents of abortion (Sydney Morning Herald, 4 Feb. 2006; source clipping from John Armstrong).

*While we have reported before on the high correlation of being an abortion doctor and being engaged in activities that the law has declared illegal (money theft, sexual offenses, etc.), Dr. Brian Finkel is a prime example. He is an Arizona abortionist who reportedly had performed more than 30,000 abortions over 20 years, and had been a public spokesperson for the abortion lobby. He was sentenced to 34 years in prison for sexually abusing more than 30 women who came to his clinic for abortions or gynecological care, and that surprisingly over the same 20-year period during which he performed all these abortions (CL, 3/2004). He was eventually convicted on 22 counts (NRLN, 12/2003). To us, this seems to take the cake, and chutzpah as well.

*The physician who had carved his initials into the belly of a woman whose baby he had just delivered was promptly hired by an abortion clinic in New York State (NCR, 5 March 2000).

*We suggest the Mesopotamian demoness Lamashtu as the patron of pro-abortion feminists, because her specialty was causing pregnant women to miscarry, and to attack newborn babies (BAR, 11/2000).
Financial Supporters of Abortion

*Every once in awhile, we are surprised by what commercial firm has made it its business to donate money to abortion causes. One of these is Berkshire Hathaway, long famous as a maker of men’s shirts, which is headed by tycoon Warren Buffett, one of the wealthiest men in the world, who has been promoting abortion and the legalization of the abortion pill RU-486 in the US. About 75% of the Buffett Foundation’s contributions in 2001 went to such causes (NCR, 17/8/2003). Not long ago, the firm also took over Pampered Chef, a seller of high-end kitchen tools (NCR, 2 March 2003). Some people have called for a boycott of products of both companies.

*The Bill and Melinda Gates Foundation, established by Microsoft’s Gates and his wife, has donated more than $20 billion to the International Planned Parenthood Federation which promotes “family planning” and a great deal of abortion in more than 180 countries (NCR, 31/12/2000; Newsweek, 4 Feb. 2002).

*The Packard and the Hewlett who co-founded the Hewlett-Packard company were conservatives (eugenicists, actually) who believed that poverty should be eliminated by eliminating poor people, and they left billions of dollars to a foundation which has lavishly supported population control measures, including the Planned Parenthood organization which, in turn, has been promoting abortion among the poor of the world. One way to show one’s disapproval is by not buying Hewlett-Packard products (FT, 6/2001).

*The National Education Association with its huge membership of teachers has for a long time supported abortion, and for years has made hefty donations to Planned Parenthood and pro-abortion lobbying, to say nothing of its support for sexual promiscuity as taught in almost all sex education programs (NCR, 7 Sept. 2003).

*A labor union that supports abortion has been promoting a pledge that includes the phrase, “I respect the sacredness of human diversity.” Holding diversity as sacred, but human life not, is a most grotesque inversion of the moral order (AFSC MarStar, Spring 1999; source item from Peter King).

*We have further information on the March of Dimes supporting abortions in some way or another from shortly after the March of Dimes turned from polio to birth defects in 1958. It began to fund in vitro fertilization as early as 1968, and research that used intact aborted babies since 1973, to mention only a few new examples, in addition to those we have mentioned before (CPN, 3/2002).

*There are now numerous credit cards, telephone plans, etc., that allow one to donate/designate a certain portion of one’s payment to non-profit corporations, such as charities. These typically advertise themselves as “socially conscious” cards or plans that donate to “progressive non-profits.” Unfortunately, some have a decidedly left-leaning bias: in addition to environmental causes, which both liberal- and conservative-minded people might support, they also give money to Planned Parenthood and other agencies that “protect a woman’s right to choose.” There is no mention in their advertising of associations that would protect the unborn’s right to live. An example is the long-distance telephone carrier Working Assets. If one uses it, one supports abortion.

*Because US policy prohibits taxpayer funding of groups that promote abortion abroad, the British government announced that it would make up for the short-fall by contributing $5.3 million for this purpose, and it called on other nations to do the same (HLA Action News, Spring 2006).

Incoherent Positions/Stances on Abortion

*There is a new form of “pro-life” position, namely one that condemns late-term abortions while supporting abortions in hardship cases. However, this is probably no more than the articulation of the sentiments of the majority of the population in at least some Western countries, such as the US (drawn to our attention by Peter Millier).
When the (West) German constitution was drawn up in the late 1940s, it granted the right to life to everyone, and thereby made abortions illegal. Nonetheless, abortions have gotten performed but simply have not been prosecuted. However, a later law made abortion legal (source information from Susanne Hartfiel). All of this is rather schizophrenic, and illustrates how meaningless law can be.

A 2001 Florida state law required that before a baby can be adopted, the birth mother has to publish in local newspapers, for 4 consecutive weeks, the names of her recent sexual partners so that any father would have a chance to adopt his child. It is believed that the impact of this law will be to motivate pregnant women to have their babies aborted instead (NCR, 1 Sept. 2002).

It seems that many parties that have opposed stem cell research with tissue from aborted babies are falling into a trap of consenting to other forms of artificial baby-making and/or life manipulation that do not require abortions, merely in order to “win” the battle of preventing abortions from being thusly commodified, even though the alternative research still involves an arrogant intrusion into the mysteries of life, and efforts to gain control thereof (FT, 12/2005).

A lengthy article (NCR, 16/9/2001) documented that the so-called “Greens” (i.e., a political movement to protect the environment) are combating all sorts of genetic engineering of animals and crops, but stop short of protesting the genetic engineering of humans, in part because the Greens are also pro-abortion, and genetic modification of humans has very close links to the abortion culture.

While the American Bar Association supports “abortion rights,” its members did endorse a moratorium on capital punishment in 1997 (source information from Dr. Nancy O’Connor).

A major figure for a long time in the Children’s Defense Fund (Marian Wright Edelman) said “we will no longer permit the killing of our children.” However, the same woman has been among the forefront of abortion rights advocates (FT, 10/2000).

The typical incoherency of people, and something much worse, are illustrated by the writer and occasional columnist Barbara Ehrenreich, who published in 2002 a book on how difficult it is to support oneself and a family working full-time but earning only minimum wage. Despite her obvious sympathy with the poor and lowly, she also has had multiple abortions—and how would we know this, except that she has admitted it publicly, in writing, with her one regret being that the money they cost could “have been spent on something more pleasurable.” It is one thing to have an abortion and yet another thing to broadcast it to the world in an almost braggadocio manner. An analogue might be an SS member talking openly and with pride about how many Jews he killed.

Feminist guru Susan Faludi pointed out the irony that the anti-gun control lobby has (unconsciously?) been using language and imagery first developed by the anti-abortion movement. The pro-gun lobby has always had a strong anti-abortion sentiment, and the leadership of the two movements had a “marked overlap,” as have their sources of funding and organizational ties. At militia gatherings, one will often find anti-abortion material, and at anti-abortion events, one may find material on the right to bear arms. Faludi noted triumphantly that the anti-abortionists now can no longer claim that it was the feminists who were trying to take their guns away (Newsweek, 15/5/2000).

Failure of Catholics to Be Catholic About Abortion

A report released in 5/2004 claims that with few exceptions, Catholic academic campuses in the US have de facto promoted a “culture of death,” which includes practices of, or advocacy for, contraception, abortion, “euthanasia,” sexual promiscuity and especially more recently, homosexuality or its glorification. For instance, Catholic colleges have funded pro-abortion student clubs and offered students internships with pro-abortion organizations. One Catholic college hosted an entire series of 7 pro-abortion political candidates to speak on campus. Many such colleges refer students to Planned Parenthood clinics for all the things that Planned Parenthood does. So-called emergency contraception—which is really an abortifacient—is made available to students on some of...
these campuses (NCR, 2 May 2004). And a number of Catholic colleges have recognized so-called same-sex unions.

*The Jesuit Loyola University in New Orleans invited a major abortion proponent, Kim Gandy, to give a speech and receive an award from the university’s law center, ignoring the local archbishop’s warning that this would call into question the university’s Catholic identity. Gandy promptly said that the archbishop was trying to distract attention from the church’s cover-ups of “pedophilia” (NCR, 14/4/2002), which is what the PC like to call homosexuality when it is done by people whom they do not like.

*After abortion on demand was ruled constitutional in the US in 1973, the Jesuits in the US started to ponder this very deeply for 30 years, and after the most careful deliberations declared officially that abortion was very wrong (FT, 6/2003). If one thought so long about whether Jew-killing was wrong, all the Jews might be dead before one came to a conclusion.

*There is hardly anything Catholic about Catholics For a Free Choice, which claims to speak for millions, but is actually an extremely small group of disaffected--or only pro-forma--Catholics who actively promote abortion. Their agenda has been enthusiastically embraced by many wealthy morality- and church-hating parties. The organization is supported by some of the biggest and/or best known philanthropic foundations (NCR, 25/2/2001). For instance, it has received $4.4 million from the Ford Foundation, $3.8 from the Packard Foundation, $1.6 million from the MacArthur Foundation, and other huge contributions from the Hewlett Foundation, the Playboy Foundation, the Sunnen Foundation (the latter being funded by the manufacturer of contraceptive foam), and by billionaires Ted Turner and Warren Buffett. No wonder this organization does not need members (FT, 11/2/2002).

*According to an information package received in 1/2003 from “Priests for Life” (at one time, who would have thought there was any other kind?), abortions, including so-called “live-birth abortions,” have been performed at Christ Hospital in Oak Lawn, Illinois.

*In 2/03, the Pope said that Catholic health care workers had an “urgent task of doing all they can to defend life,” but many Catholic hospitals are unmoved by this, and came up with one of the sleaziest ways of getting abortions performed. In order to enable them to merge with other hospitals, or to get certain kinds of funds, some simply set aside a ward in part of their hospital which they declare to be not under their jurisdiction, and have other parties perform abortions there (NCR, 16/2/2003 & 2 March 2003). Would anyone entrust the rest of their lives to such a Catholic hospital?

*In 2003, New York State passed a law requiring all hospitals to provide so-called “emergency contraception” to any rape victims. California, New Mexico, and Washington already had similar laws. Unfortunately, as noted elsewhere in this issue of TIPS (and in earlier issues), if conception has occurred, these drugs cause the fertilized egg to be sloughed off--causing an abortion, not preventing conception. This would of course force Catholic hospitals to do something opposed to the tenets of their faith, facing them with the choice of obeying the law or risking being shut down. Also unfortunately, it appears that most Catholic hospitals will surrender their Catholic identity in order to keep the funding coming and remain big, rather than be truly Catholic. One way they have tried to get around this requirement is via the so-called Peoria Protocol (developed in Peoria, Illinois), which requires verifying that fertilization has not (yet) taken place, in which case the “emergency contraception” may be administered. However, in this case, what is being given is a true contraceptive, which is still illicit according to Catholic teaching. So this protocol seems to attempt to finesse one “moral dilemma” by substituting another one. Not very coherent, to say the least.

Real Opposition to Abortion

*The French physician Jérôme Lejeune discovered in 1959 that Down’s syndrome (then called mongolism) was caused by an extra chromosome (trisomy 21). Ordinarily, that would have earned him a Nobel Prize. However, he went before a UN meeting and denounced the then ever-growing approval of abortion. That night he told his wife that after this, he would never get the Nobel Prize--
and he was right. A child with Down’s syndrome watched a TV program debating abortion for children with Down’s syndrome, and the next day came to Lejeune begging him, “They want to kill us; you’ve got to defend us. We’re just too weak and don’t know how.” For his opposition to abortion, not only was he persecuted and even threatened with death, but his children were ostracized as well. He died in 1994 (NCR, 29/7/2001).

*Someone has founded the Atheist and Agnostic Pro-Life League which seeks to abolish abortion by non-violent means. The last we heard, the league had 8 members (FT, 11/1999).

*In 1990, University Faculty For Life formed. By 2006, it had a mere 250 members from 100 colleges and universities (NCR, 20/8/2006).

*At many colleges and universities where students pay a mandatory student activity fee, or have to buy a student health plan which students may not be permitted to waive, they are thereby subsidizing abortion because some of the money goes to abortion services, though the university publicity material may make no mention thereof. A good example is Yale University, so that students must now decide whether to go to Yale where they are committed to paying for abortion services. What is ironic is that Yale prides itself on “diversity” and “choice,” but offers no choice and conscience option for students who do not want to pay for other people’s abortions.

One of the less well-known reasons why colleges are permissive about abortion is that they have dormitory policies that encourage promiscuity, and therefore see abortion as a necessary backup to contraception.

At the same time, incoming college freshmen these days are a mere 51% pro-abortion, compared to 65% 15 years earlier. One possible reason is that more young people have known a girl who has gotten an abortion and found the experience extremely agonizing.

*One of the relatively few tid-bits of good news about abortion in the US is that the membership of pro-abortion groups is steadily getting older, while the membership of anti-abortion groups has steadily been getting younger (NRLN, 10 Aug. 1999).

*Some good news is that the number of nurses who said they would not serve on an OB/GYN unit that performs abortions increased from 48% to 61% between 1988 and 1998 (NRLN, 4/1999).

*The 2 women “Doe” and “Roe” in two of the most decisive US Supreme Court rulings in 1973 that legalized abortion on demand both eventually disavowed the Court’s ruling. Among other things, they never had abortions, and their lawyers never told them how they would be used in the respective court cases. Since the cases were based on “lies and deceit,” they wanted them overturned (NCR, 17/7/2005), but lies and deceit never kept the US Supreme Court from lying and deceiving.

*Defiant Birth: Women Who Resist Medical Eugenics, edited by Melinda Tankard Reist (published in Australia), is about resistance to medical search-and-destroy surveillance and campaigns. These women describe themselves as “genetic outlaws” who may be among the last to “get away with it.”

*We have been struck over the years by how often one sees pictures of people on anti-abortion marches in almost a party atmosphere, everybody smiling and laughing. Particularly young members of such marches seem to feel that they are on stage where one is supposed to be displaying “cheese.” It seems to us that if one were marching against Jews being gassed to death at Auschwitz, one would be somber, at least if one did it as part of a Christian witness (as so many of these anti-abortion protestors do), rather than a secular civil rights demonstration, or riot.

Efforts to Suppress Opposition to Abortion

*Any academic these days who is “found out” to be “pro-life” is apt to be denied tenure, or not to have his/her teaching contract renewed. Also, they are not likely to have any publications accepted—not even research studies—in mainline journals if these publications do not support the PC
pro-abortion party-line. Also, to many liberals, being opposed to abortion is equivalent to being a "bomber" (NCR, 21/7/2002 & 20/8/2006).

The dean of a well-known law school admitted that he would never hire a "pro-life" professor.

*One of the people who does maintenance on one of our office machines once asked if the people our work was concerned with included the unborn. When told yes, he said that we were probably the only people on university hill who were, and that if only we were in favor of abortion, we would have lots of money and one of the biggest buildings on the university campus.

*Increasingly, laws are being passed to coerce health care providers to provide contraceptive services and abortion drugs, without conscience clauses for those who believe that it is immoral to do so (CL, 9/2003). Similarly, health care providers who refuse to participate in "euthanasia" are also being squeezed out. What remains to be seen is how many health services affiliated with churches will have the courage to go out of business rather than be parties to deathmaking.

*More and more, American citizens who wish to disassociate themselves from certain deathmaking practices find that they may have to leave their state or even the country in order to do so, and/or incur phenomenal risks. Almost all the major health insurers, and certainly the government insurance plans (Medicare, Medicaid), pay for abortions. For instance, as of 1/2000, 10 states had already required that all health insurance plans the states regulated had to cover contraceptive and abortion-causing prescriptions, and many insurance plans cover surgical abortions. So whenever one's employer, and oneself, pays a premium to a health insurance firm, or to a government insurance plan, one is helping to pay for abortion. One can opt out of this provision from some of them, but only by paying more, which is ironic and shows that insurers believe that they benefit from people having abortions (NC Register, 7 May 2000). There are two private insurance firms that have developed policies that seem to reflect a sanctity of life position (ValuSure in Michigan and Golden Rule), but these can be very expensive for individuals, and few employers (other than some church-affiliated ones) insure via these (CWR, 12/1998). Finally, some HMOs are beginning to do what we have recommended all along: let people pick and choose whatever medical benefits they want to have covered, and have the premiums adjusted accordingly, instead of having everybody pay for other people's crazy, immoral, or even non-medical benefits (Time, 10/2001).

*Has anyone ever heard of a law that required stores to post signs announcing that customers had a right to buy soft drinks, or paper tissues, or apples, or whatever? Some pharmacists and pharmacies have balked at selling abortifacient products, and there have been efforts to legally force them to do so. Now there is an executive order by the governor of Illinois requiring pharmacies to post signs saying that women have a right to buy the Plan B contraception-abortion drug (Celebrate Life, 9/2006). While it has been common to force stores not to sell certain things, there does not seem to be a precedent for forcing them to stock and sell specified items. One foreigner naively asked how it is possible that private stores can be legally forced to sell certain things, and asked "Can I sue a store to force it to sell my favorite Limburger cheese?"

*There are millions of CD disks, tape cassettes, and other media being sold freely that advocate rape and murder, and the pro-rights people vehemently defend these as constituting free speech. However, the mere listing of abortion providers on an Internet site has been declared an incitement to violence by the American Civil Liberties Union (ACLU), Planned Parenthood, and at least some feminist groups, and courts have begun to agree with them (LA, 1/1999).

The ACLU used to say that the remedy for speech one does not like is "more speech" (meaning counter-arguments)--except when it comes to abortion, because it has been trying to outlaw license plates that say "Choose Life." Counter-speech to that would be license plates that say "Choose Death," or at least "Choose Abortion." The ACLU has become largely an abortion defense group, that takes some scattered other cases here and there to maintain the illusion that it is defending free speech. The ACLU has also been trying to outlaw advertising by crisis pregnancy centers (FT, 10/2006).

One thing has become absolutely clear: If it should come down to a "choice" between whether to preserve a constitutional right to free speech or a constitutional right to abortion on demand, the abortion lobby will sacrifice free speech.
For instance, in early 1999, Planned Parenthood won a sensational trial against various anti-abortion parties in a federal court in Oregon, and in essence convicted the abortion opponents of creating an atmosphere conducive to violence, primarily through things such as their posters. (Planned Parenthood had deliberately chosen a federal court in Oregon because of its known liberalism; Oregon is also the "euthanasia" state.) Some people have called this ruling the death of the First Amendment of the US Constitution. Again, amazingly, the ruling received hardly any attention in the media, nor interpretation of what it implies. Actually, attempts to stamp out anti-abortion speech may have exactly the opposite effect of driving abortion opponents to violence, once they see no other way to express their opposition.

Similarly, if it were up to the abortion lobby, any kind of public demonstration against abortion in the vicinity of abortion clinics would be made illegal, which is what this lobby has tried to obtain by court ruling, since court rulings are now the shortcut to the undermining of the Constitution, and one can obtain court rulings from judges who have not been elected when one could not get the same from the elected representatives through laws.

In many ways, the pro-abortion lobby reminds us of the Serbians with their victim complex. When they kill a few hundred thousand Bosnians or Albanians, it is the Bosnians and Albanians who are the aggressors and the poor Serbs who are the victims. In the abortion mentality, the unborn infants are the aggressors and the mothers are the victims. As one feminist put it after the above 1999 trial, "the expression of those attempting to restrict the rights of oppressed groups needs to be condemned" (LA, 3/1999).

One wonders then what kinds of public speech will be forbidden next. One candidate obviously has already been announced, namely efforts to forbid (by federal law) informing the public of what political candidates stand for. We are also reminded about the success of certain lobbies in outlawing criticism of vegetables such as broccoli.

In some respects, the US media are practicing a form of reverse fascistic control of the news that is extremely dangerous to the American tradition. Threats or vandalism to abortion clinics receive huge news while threats and vandalism at anti-abortion counseling centers and pregnancy support centers receive virtually no news coverage at all; even bomb threats are not reported (LA, 3/1999). This was happening at the same time as then President Clinton had called for allocating $4.5 million for security measures against "escalating violence" against abortion clinics.

*At the annual St. Patrick’s Day parades in the US, it is very common to have a man dressed as a Catholic bishop, symbolizing St. Patrick, in the parade or leading it. However, the real St. Patrick would turn in his grave if he knew that in the biggest St. Patrick’s Day parade of all, the one in New York City, Catholics who define themselves as “pro-life” are banned from marching under any such banner. Apparently, this was a compromise so as to also be able to ban homosexuals from marching in the parade under their banner (FT, 3 Feb. 2002).

*For years, pro-abortion lawyers have managed to terrorize abortion protesters by invoking the Federal Racketeering Act against them, and lower courts had sustained this. In 2/03, the US Supreme Court ruled with a resounding 8:1 vote that this law could not be invoked for this purpose, and that the acts of abortion opponents did not qualify as “extortion” (NRLN, 4/2003).

*In Little Rock, Arkansas, a man was convicted of a federal crime for no more than parking a Ryder rental truck in front of 2 abortion clinics each. Yellow Ryder rental trucks acquired a very bad reputation after one was used to blow up the Oklahoma City Federal building. Thus, this incident was interpreted as violating a federal law prohibiting the "threat of force" to intimidate anyone seeking "reproductive health services" (LA, 1/1999).

*In countries such as the US, one can get arrested for merely standing in front of an abortuary, praying. Even worse, now anyone photographing someone else being arrested for standing in front of an abortuary praying can also get arrested (FT, 3/2000).

*In California, a person dressed as the devil stands around in front of an abortuary with a sign, “kill now, pay later,” and calling upon women to come on in, to practice control over their bodies, and to exercise “choice.” He also suggests to them that if they had had a child before, they surely would
find it difficult to support another one, that the money could be used to improve their standard of living, etc. (LA, 1/1999). We wonder what crime he will be convicted of.

*A US senator opposed to abortion was called a “Taliban” by a political opponent (NCR, 11/11/2001).

*An observer at a trial of an abortion protester (Martin Wishnatsky) wrote “The Holocaust Train” (LA, 2/1999). Below are excerpts from it.

“Unalienable rights
Mean nothing to me.
They do not apply
If we say you can die.
We are the masters
Of life and of death.
If we give the signal,
You’ve drawn your last breath.
God is a concept;
You say life is His.
I follow the law
Whatever it is.
If you want to live,
Then respect what we say.
Five men in black
Can lay you away.
No one can stop us.
We’re bigger than all.
We’re ruling you now,
And you’ll answer our call.

Five days or ten,
Two months or six,
You’ll do what we say;
Give them shovels and picks.

It’s no harm at all
To the baby that dies;
It’s perfectly legal
Says the father of lies.

I belong to the system,
Says the man on the bench
While blood rises to heaven
In an ungodly stench.
The judges are mild,
But their hearts are of stone,
They speak in tones of kindness
While the innocent moan.

Fire up the inferno,
For the holocaust train
Is riding the rails
To the judgment of Cain.

And forever and ever
The smoke will arise
From the judges who served
The father of lies.”

Martin Wishnatsky
goodmorals@hotmail.com

*Similar attempts upon free speech have been made in Britain where a 1983 law had severely restricted people’s rights to inform voters of the positions of political candidates on life issues. Surprisingly, the European court that is usually very liberal declared the British law inconsistent with the European human rights agreement (NRLN, 11 March 1998).

Miscellaneous

*Dellapenna, J. W. (2006). Dispelling the myths of abortion history. Durham, NC: Carolina Academic Press. Even though the author is “pro-choice,” he utterly demolishes the legal justification of abortion on demand produced by the US Supreme Court’s 1973 Roe vs. Wade decision, written by Justice Harry Blackmun. Dellapenna says that the decision avoided rudimentary facts of biology and physiology, jettisoned moral and legal customs held for about 1700 years, invented a new right to abortion, and imposed it on an entire nation. This book is said to be the most masterful treatment of the topic so far with 8400+ footnotes. Among other things, it demolishes the work of Cyril Means, Jr., who had written the foundation work for the pro-abortion cause, which stands now exposed as a de facto historical fraud.
There is much misinterpretation of the 2007 US Supreme Court ruling that the current partial birth abortion is unconstitutional. The fact is that the abortion is still legal if the baby is killed first by a poison, such as a lethal injection. Anti-abortion groups should not celebrate so much, and pro-abortion groups should not exaggerate what they lost.

The first legal abortion in the United States was reportedly performed in Syracuse, NY, on 2 July 1970, after New York State had legalized abortion in 1969, and one day after the new law went into effect. This happened at a Planned Parenthood "clinic," and it has been estimated that since then, 3 million abortions have been performed at Planned Parenthood sites nationwide. Apparently, the high-point of Planned Parenthood occurred in 1993 when it had 938 "clinics" across the US with 30,000 staff and volunteers. By 2002, this had declined to 875 clinics with 21,000 staff and volunteers (CS, 11 April 2002).

We received a letter from the Planned Parenthood Federation of America that was headed, in large letters, "Stop Clinic Violence," which we thought reflected the profoundest unconsciousness, considering that almost a million unborn babies are slaughtered each year in Planned Parenthood clinics and other abortion services.

At the end of 1972, 33 US states had defeated efforts to legalize abortion. Only Hawaii and New York had allowed abortion under certain circumstances; in New York, under a 1970 law which had actually been overturned two years later, but which had gotten sustained by a veto of the governor. Only a few weeks later, in January 1973, the US Supreme Court shot down the abortion laws of all 50 states, and legalized abortion on demand, contrary to the overwhelming will of the electorate. At first, even legal and medical experts did not understand the radical and sweeping nature of the court's decision, which is also one reason why the decision did not make as much news as one might have thought (NRLN, 1/2003). This only became clear gradually in a series of subsequent additional Supreme Court rulings. The crux of the Supreme Court's decision was the stipulation of the "right of personal liberty," which was interpreted to include a "right to privacy" that was actually not mentioned in the Constitution, and this in turn was interpreted to include in turn a "woman's decision as to whether or not to terminate her pregnancy." Altogether, the sequence of reasoning was tortuous, with three implausible conclusions built on each other. E.g., even if one granted that a right of privacy could be deduced from one or more constitutional clauses, it would not follow by any means that this legitimizes the privatization of abortion. At least at that time, even some scholars and lawyers who wanted to see abortion legalized were taken aback by the forced and dubious reasoning that the court invoked.

The liberal culture is profoundly consternated by the decline of abortions in the US, and has been claiming, sometimes in headlines, that this is the result of "better contraception," even though lots of research in recent years has shown that the support for abortion, which increased significantly over the years after the legalization on demand in 1973, then began to decline again, particularly among younger people.

An article in the National Right to Life News (1/2004) very naively proposed that one way to combat abortion is to teach children at ever earlier ages "information technology, so that they can have access to valid information."

Pro-abortion organizations are scandalized by the fact that there has been an increase in abstinence teaching in public schools. By 1988, such teaching had declined to almost zero, but by 1999 had risen to 23%. Planned Parenthood groups are mystified how teen birth rates can be dropping under these circumstances (NCR, 22/10/2000).

Kentucky has begun to require that abortion clinics give women seeking abortions informational brochures, but the state has ruled that the brochures may not mention any of the medical risks associated with abortion, contrary to the intent of the legislators who drafted the requirement (LA, 1/1999).
*The governor of Louisiana issued an order that body-piercing establishments, tattoo parlors, and abortion clinics should be subject to health inspections. The abortion lobby promptly tried to get abortion clinics excepted (LA, 3/1999).

*At one time, Judaism was radically opposed to abortions except to save the life of the mother. One by one, the major denominations of Judaism have abandoned this morality, including finally even the ultra-orthodox branches. They have become fanatical about rooting out unborn babies that seem to have Tay-Sachs disease, a degenerative neurological condition, but orthodox branches generally have given in to other rationales as well, including rape, incest (even though cousin marriages have been very common in Judaism), and even psychological distress (NCR, 25/2/2007).

*When the medical establishment tells a woman that she will almost certainly give birth to a deformed baby, all sorts of resources will be made available for her to have an abortion, but if she asks what resources there are for women who want to carry such babies to term, she will generally discover that there are none (NCR, 5 Jan. 2003).

*When prenatal tests indicate that a baby will be impaired, hospitals may refuse to admit the mother for delivery. (So much for “choice”!) A couple in Pennsylvania were turned down by 4 different hospitals when they refused to have an abortion. Even once a hospital was finally found, the couple discovered that everybody there was trying to make the baby dead after birth, and that it was major warfare to get various kinds of treatments (NRLN, 12/2003).

*A new machine has been brought on the market that can measure the brain waves of unborn children. Like all evil things, this can certainly bring some good, but essentially, it will be another search-and-destroy tool for identifying likely impaired children, followed by pressure to abort them.

*A 16-year-old Texas girl tried unsuccessfully to abort the 4-month-old twin babies she was carrying. She finally asked her boyfriend to stomp on her stomach. He obliged, and the babies died. He was charged with murder, but she was not (FT, 10/2005). After all, she was exercising her constitutional right which a woman has, while a man has no equivalent right unless he is the woman’s physician. This meant that the boyfriend was practicing medicine without a license, which is illegal.

*The fact that a woman gave birth in Quebec in September 2003 to a child that came to full gestation in her abdominal cavity rather than her uterus amazed the medical world that had taught that ectopic pregnancies (which this pregnancy probably started out being) could never be carried to term (NC Register, 8 & 9/2003). This was so contrary to rock-bottom medical science that some people have been using the term “miracle.”

*A Harvard and Oxford graduate and Nobel laureate has made the point that campaigns for contraception and abortion may actually become obstacles to population control because economic development is more effective at reducing population growth than any of these other strategies, which often divert funds from economic projects (NCR, 13/8/2000).

*Women who have had miscarriages have begun to beg health care providers not to refer to these as (spontaneous) abortions because to most people these days, the word “abortion” refers to a willfully sought and induced termination of pregnancy (LA, 1/1999), and these women thus feel stigmatized by the term.
A Syracuse woman who had 6 abortions (!) was debating on having a seventh but changed her mind after a conversation with a Birthright member, and cancelled her appointment at the abortion clinic (Birthright News, Winter 2002).

If pregnant women had a strong sense that their baby would be brought up in a good adoptive home, they might be less inclined to seek—or be virtually forced into—an abortion (FT, 10/2006, p. 74). That is why major sectors of the pro-abortion movement (exemplified by Ann Fessler’s 2006 book, The Girls Who Went Away) see adoption as an enemy of abortion.

Germans must have strange ways of spelling their names, or else they pronounce their names very differently than they spell them—like the French. For instance, the name of the new Pope, who is German, is pronounced as if it were spelled “B e n e d i c t.” But here is what the International Planned Parenthood Federation said: “New Pope spells Trouble...” (CL, 7/2005, p. 19).

*Former Governor Davis of California apologized for a 1909 state law that resulted in involuntary sterilization of about 19,000 Californians, while at the same time being a rather rabid supporter of abortion (NCR, 30/3/2003).

*In the crazy 2003 California gubernatorial election, we discovered that the media now refer to a Republican or Conservative who is in favor of abortion as a “moderate” (e.g., AP in SPS, 26/8/2003).

A Mississippi Republican said, “I’m pro-life, but you can’t wear the thing out,” meaning that efforts at anti-abortion legislation are going too far (Newsweek, 20/3/2006).

It now turns out that one reason why so many Baptists endorsed abortion-on-demand in the 1970s was that they thought they could thereby deal a blow to Catholicism, because they saw abortion as “a Catholic issue.” In fact, the Southern Baptist Convention hailed the Roe v. Wade court decision as a victory for “religious freedom” against Catholic efforts to “impose” their doctrine on others (FT, 8/2003). But a 2003 resolution by the Convention acknowledged the “initial blindness” of the Southern Baptists to the “enormity of Roe v. Wade” (NRLN, 7/2003).

Artificial Baby-Making & Deathmaking

A lot of people have difficulty with the idea that conceiving babies in any way other than through natural intercourse has connections to deathmaking. They think, very simplistically, that “this is creating new life, so how can it be deathmaking?” Its connections to deathmaking are at least the following three:

- It contributes to the separation between sexual intercourse and reproduction. The more these are separated, the more does sex become seen as only the pursuit of pleasure, and the more does reproduction become seen as something that can and should be separated from a life-long marriage between a man and a woman, and from all the things that can contribute to a healthy and secure growth of the infant to adulthood.

- The majority of embryos conceived—-we might say “manufactured”—-in a laboratory end up being “discarded,” i.e., killed. There are thus strong connections to the abortion mindset, the abortion culture, and a utilitarianism that facilitates deathmaking, as covered elsewhere in this issue of TIPS.

- It is an expression of the demand by contemporary humans to be in total control of every aspect of their lives, in this case: whether they will have children, when, how many, what “kind,” etc. With this mindset, people are also willing to get rid of ones they have conceived—either artificially or naturally—that do not appear at the right time, are not of the right sex or have an impairment, etc. Also, this same demand to be in total control underlies a number of other deathmakings, such as suicide assistance and “euthanasia” if one thinks one will have to suffer, the demand that other people be killed so that one can have their organs so that one can have a long life that one thinks one is entitled to, and so on.

*We were struck by a newspaper headline, “What to Do With Unused Embryos?” (SPS, 1 October 2006, p. A 21.). The message clearly is that when one engages in artificial baby-making, one
“uses” some to implant, and leaves the rest “unused.” This is baby (human) as a means rather than an end—a definite moral no-no, as even Kant also said. By the way, there are three ways of disposing of “unused” embryos: destroy them outright, donate them to research to be destroyed there, or donate them to someone who wants to raise such a child.

*That couples who take recourse to artificial baby-making do so out of selfishness rather than concern for life is underlined by the dramatic fact that they abandon 99.999% (all but 128 out of 400,000) of their frozen embryos once they got what they wanted (Newsweek, 31/7/2006).

*One objection to having such embryos adopted and carried to term by couples other than the ones whose germ cells made the embryo comes from pro-abortion advocates, one of whom said explicitly, “It elevates embryos to the status of a child in many people’s minds, and then you end up on a slippery slope. If you can adopt embryos, how can you do stem-cell research on them or discard them?” (Newsweek, 24 March 2003). Exactly.

*Some people have speculated that about half the people of Europe have Charlemagne as their ancestor, in part because he was a prolific breeder of many women. It now turns out that something similar may be happening in the future, insofar as hundreds of women may get impregnated by the same anonymous sperm donor.

As more and more children are conceived using “donated sperm” (meaning usually an anonymous male who “donates” his sperm to a “bank” that then sells it to many individuals and couples), more and more people thusly “made” are finding themselves related by blood without being related by marriage or other traditional family ties. One donor alone, “No. 401,” has thusly fathered at least 25 known children by at least 18 women. Thanks (!) to the computer Internet, such people are now trying to connect to each other for peculiar reasons, since they already know the “donor’s” medical and family history from the information he provided to the “bank.” One woman turned out to have 17 vials of No. 401’s “donation” which she was willing to sell to those families who want more of his children. Apparently, she is making this offer because families who already had one child from the sperm of a specific donor were often not allowed to try to conceive a second child with the sperm of the same donor, which would make their children full siblings rather than half-siblings. Instead, they had to accept the sperm of yet another different “donor,” even while the sperm of the first “donor” who had fathered their already born child was allowed to be purchased by yet other couples (SPS, 14 May 2006--a Mother’s Day story; New York Times, 11/20/2005). Who could ever have predicted how weird things could get—and this is by no means the end of it. As a matter of fact, since that story appeared, it has come to light that the children conceived by the sperm of at least one “donor” have a rare congenital disease, so rare that the “donation” was not screened for it. We foresee many lawsuits in the offing over this.

*A well-kept secret of artificial baby-making is that such babies have higher rates of congenital defects, especially if they are test-tube babies.

*Apparently, many British students had gotten used to “donating sperm for beer money” (as Time, 21/9/2005 put it) until they learned that new laws would no longer protect their anonymity. One result was that the number of applicants at one “fertility center” dropped precipitously to the vanishing point—while the amount of purchasable beer increased sharply.

*With more and more women, including a rising percentage of single ones, being willing to conceive from anonymous sperm donors, there are now about 70,000 babies born a year in the US from such anonymous donors (Newsweek, 13/8/2001).

*Most people are under the impression that DNA testing is virtually 100% accurate, e.g., as in establishing paternity. However, there are many factors of nature and human gestation (e.g., the common swapping of cells between twins in utero, the fusion of nonidentical embryos), and of human error, such as mislabeling and switching of samples, and misinterpretation of the findings, that lead to errors.
*One recent addition to the artificial baby-making culture and its total control mentality is that women can now have eggs extracted during their healthiest period, in their early 20s, and put in storage to have babies decades later, maybe even in their old age (Discover, 10/2005).

*When eggs are “harvested” from aborted fetuses (called “gamete harvesting”) to be used for artificial baby-making, and a baby is actually made therefrom, then its biological parent or parents was or were other dead babies.
The reason artificial baby-makers prefer eggs from aborted babies is that they are easy to get. The dead can no longer be inconvenienced, and no longer need to be asked for consent as donors.

*Every day, artificial baby-making capacities increase, while inhibitions against it decrease. Some prominent figures in the US who used to be opposed to cloning and embryonic stem cell research have recently reversed themselves.

*Many of the current abominations in reproductive cellular biology had their beginnings in 1973 (the same year as the legalization of abortion on demand by the US Supreme Court) when a battle was fought over whether to allow recombinant DNA technology (AS, 11-12/2001). As usual, elitist, hubristic, and arrogant science won.

**Infertility: The Musical That’s Hard to Conceive** is an off-Broadway play that started in November 2005, its costs being sponsored in part by a fertility drug manufacturer, Serono. Of course, its cast of characters includes not only a married couple, but also a lesbian couple and an unmarried woman, all seeking to have babies the unnatural way (Newsweek, 5 Dec. 2005).

*Some thinkers have noted that with the relentless publicity about artificial baby-making, in vitro reproduction, cloning, stem cells, etc., pregnancy and maternity are less and less often mentioned. In fact, pregnancy has been increasingly depreciated or even caricatured in the media. A major sector of modernistic feminism seems incapable of seeing the value of women’s lives in any terms other than their participation in the paid labor market. To the degree that having babies is discussed, it is put into the context of supervision and practice of medicine, and gestation is a dangerous stage to be passed through as quickly as possible on the way to getting the baby out. In all of this, there has been a shift from thinking of babies as God-given to thinking of them as human-made, and finally now as self-made. Women nowadays hardly need a man anymore to make babies.

Critics of all this have said that poor thinking about child-bearing obscures important aspects of what it means to be human (First Things, 3/2006). One author noted that the word “reproduction” has replaced “procreation,” that the two have very different connotations, and that we should talk more about the latter. Among other things, procreation has connotations that subsume everything starting with the sexual relations of husband and wife, conception as a co-creative act with God, and the bearing and rearing of children.

**Infanticide**

*In the Netherlands, there is now a “Groningen Protocol” (named after the city of Groningen where it originated) that spells out a 5-step process for deciding to euthanize an infant. Infant “euthanasia” has now caught up with adult “euthanasia” in the Netherlands. The protocol got put into action even before the public was informed that it existed. The news media ever since have hardly mentioned it. We can fully expect infant “euthanasia” to once more catch on big-time. (Source material from Exceptional Parent, Stephen Drake, & Jack Yates.)

*A survey of neonatologists in Australia and New Zealand found that two-thirds had hastened or induced death in infants by means of sedation. Those neonatologists who had a personal fear of their own death were the most ready to kill (Update, 2007, 21(1)).

*At least two prominent British parties have recently called for the legalization of the killing of impaired infants. In March 2004, a man who is a member of the British Medical Association’s (BMA) ethics committee, a university professor of bioethics (already all one’s antennae should have become alerted), and a senior medical adviser to the British government, said such killing is morally
acceptable. He invoked the reality of the slippery slope, saying there is “no moral change that occurs during the journey down the birth canal,” meaning if it is legitimate to kill impaired infants in utero, then it is legitimate to do so once they are born (NCR, 3/2004). And in November 2006, the Royal College of Obstetricians and Gynaecologists said that “active euthanasia” should be allowed to spare parents the burdens of rearing handicapped children (Ottawa Citizen, 6 Nov. 2006; source item from Beth French). When such leading moral authorities call for the legitimization or even legalization of such practices, one can be very confident that they are already taking place, and that people merely want to be able to do them more openly and on a broader scale.

And in June 2006, a former member of the BMA ethics committee called for **all** forms of “euthanasia” to be legalized, arguing that “doctor-assisted deaths” are already taking place and “should be better regulated” (NCR, 6&7/2006).

*In our sanctity of life workshop, we mention that some years ago, deathmakers began to talk about an impaired baby as a “fetus ex utero,” so as to equate killing a born baby with an abortion, which is interpreted as both moral and legal. However, it was only in the 5 March 2007 issue of Newsweek that we first encountered a reference to an infant born 4 months prematurely as a “fetus”!

*The latest argument in favor of allowing direct killing of severely impaired babies is that then, some parents will eschew a late abortion so that they can see how severely impaired a baby really is, and then have it killed if they want to (Update, 2006, 20(5)).

*Like Nazi Germany, North Korea is aiming at a purified super race by killing most impaired infants right after birth, either in hospitals or at home (HLAAN, Summer 2006). There are reports that there are no congenitally handicapped people in North Korea because they all get killed at birth by medical personnel (Update, 2006, 20(5)). Also, Korean women suspected of conceiving with a Chinese father are forced to abort (NCR, 10&11/2006).

*A young woman living in a high-rise apartment in Germany killed 9 of her 12 babies, and buried them in plant boxes in the window and on the floor of the apartment. No one seemed to have noticed her many pregnancies followed by lack of babies (4/2006 clipping from Susanne Hartfiel), but they probably did notice her luscious plants.

*One effort to reduce the killing of unwanted newborns by their mothers has been to decriminalize the abandonment of one’s infant, and set up “safe havens” where mothers can deposit their newborns, no questions asked. However, very few infants have been received in these safe havens, in good part because—it is theorized—those infants would have been surrendered for adoption anyway. The mothers who kill their newborns by drowning them in toilets, throwing them into garbage dumpsters, or onto the street, or into a field, are more concerned about their own image and the continuation of their ordinary routines than about saving an infant who is a terrible inconvenience.

That such laws and safe havens exist is now being incorporated into health and sex education classes for teenagers in public schools. Similarly, because so many young, often unwed, parents have been injuring their babies by shaking or hitting them when they cry, instruction on “shaken baby syndrome” is now being mandated as part of required “parenting skills” classes for teenagers as young as in 9th grade (multiple sources).

*A couple had a baby who died shortly after birth, and after they had the baby cremated, the husband discovered to his horror that his wife had thrown the ashes into a dumpster, commenting that she had never wanted the baby in the first place (SPS, 19/1/2004). We can see here a close connection with the now widespread practice of throwing unwanted babies into some form of garbage disposal.

### Other Child Killing

* A woman in New South Wales, Australia, killed her 10-year old autistic son in 2003. She was said to have been a good mother until the day she killed him, and after she had done it, she declared that she loved him very much, never resented him, but “It just happened...I snapped.” The
judge felt so sorry for her that he said “she had suffered enough,” and sentenced her to five years of a
good behavior bond. But then it came out that she had sold the rights to her story to the media, upon
which some of the usual public sympathy for her evaporated (Sydney Morning Herald, 3 June 2004).

*In 7/2004, a “military security specialist” in England, just returned from the war in Iraq,
suffocated his 10-year old son to death with a pillow. The boy was deaf, and could not talk or walk,
but the father claimed his son had communicated “by a look in his eyes that he wanted to die.” (Self-
determination!) In 12/2005, a jury convicted the father of manslaughter, but the judge gave him a
two-year sentence--and immediately suspended it, letting the man walk free. Strangely enough, even
though his wife expressed shock at the killing and divorced the man, the court inferred that she had
colluded in the killing--and deemed this yet another mitigating circumstance.

The press characterized this as one of many cases of “altruistic filicide,” and said that it
foreshadowed legalization of “euthanasia” and assisted suicide (Inclusion Daily Express, 13/12/2005;
source items from Marc Tumeinski & Linda Higgs).

*Celebrate Life (9/2006) carried an article pointing out that whenever a parent murders a
handicapped child, there is an outpouring of sympathy for the parent in the media. Commonly, the
child’s impairment, and the amount of care needed by the child, are drawn up and often exaggerated.
Also commonly, there is much regret expressed that genetic or other tests had not been done
prenatally, and that--tests or no tests--the baby had not been aborted, because then it would never
have come to child-killing.

*One mother in Quebec drowned her autistic 6-year-old son in the bathtub in 1996. When the
Autism Society of Montreal “saw what she had done,” they gave the mother (who got off on
probation) a public relations job!

*An Ohio couple not only pretended that their daughter had leukemia in order to raise
$31,000 in donations, but even shaved her hair, gave her sleeping pills, and made her wear a
protective mask to make it appear she was receiving so-called chemotherapy, and put her in
counseling to prepare her for death (SPS, 25/9/2003). It makes one wonder whether they would have
killed her in the end in order to make sure that their charade was not uncovered, and to collect yet
more sympathy money.

*A Spanish-speaking immigrant in the US South smothered her three young children after her
husband asked for a divorce. However, she first fed them pesticide (multiple 1/2006 clippings).
More and more, reports are coming in of parents killing their children, but not in any way that
can be interpreted as kind or merciful, including poisoning them with bleach, tormenting them first,
and making them witness the killings of others first.

*A woman in Erie, Pennsylvania, used her 4-week-old son as a weapon against her boyfriend
who was child’s father, swinging the infant in the air and striking the boyfriend with the baby’s head.
The infant survived but with serious injuries; four other children were removed from the home and
placed in protective custody (WTG, 10/10/2006; source item from Susanne Hartfiel).

*In our teaching on the sanctity of life, we explain that contemporary values exalt self-
indulgence and the immediate gratification of desires, and eliminate controls that would inhibit
impulses towards violence and deathmaking, thereby releasing the brutish animal within the human.
One expression of all this is that children are increasingly being very violent against other, often
younger, children--and this violence goes far beyond the fistfights and pummeling that children have
always subjected each other to.

In February 2004, 2 teenage girls and 3 adult women dared a 12-year old girl to kiss the
boyfriend of one of the teenagers. She took up the dare, and as a result was beaten for 30 minutes by
the 5 females, landing her in a coma (SPS, 11 March 2006).

In March 2003, a 10-year old boy lured a 3-year old boy out of the library, sexually assaulted
him (!), and beat him to death with a baseball bat, leaving his body in a ditch (SPS, 28/3/2003).
Other Child-Junking

*This is almost a “wild child” episode. Near Syracuse, an incompetent mother failed to take care of her child with Down’s syndrome from birth on, and for 6 years, nearly starved him so that he only weighed 15 pounds and could not walk. Her other 2 young children were also malnourished, but less so. The local welfare department (as is so often the case) knew of the situation, but failed to act.

*There have been a number of stories in the news in recent years of couples adopting a whole series of children, and then neglecting them, sometimes to the point of death. The most parsimonious explanation is that the parents adopt these children for the subsidies they are getting. The responsible child welfare offices have often been aware of these bad situations, and done nothing.

*We have come across a relatively large number of news items about teenagers, or people in their early 20s, dying in car or motorcycle accidents, often after having been drinking, and/or out late at night with raucous companions, or drag racing, and in some instances also injuring or killing other motorists. Also, many such teens are then found not to have been wearing seat belts. A most peculiar phenomenon that we have noticed in connection with this is that so many bereaved family do not act particularly bereaved, but are almost casual. For instance, some will say that the youth died “doing what he liked to be doing,” that their antics were just “harmless fun,” etc. Non-drivers in the cars who get hurt or killed in these accidents are often equally casual, and do not blame the driver. This seems to be yet another sign of parental disengagement, of child-junking, and of a “depraved indifference toward life.”

*When male adults commit sex crimes against male children, and male children only, then they are almost certainly homosexual. A 43-year-old male claimed that 30 years earlier, he had been sexually abused for 7 days by a male kidnapper. When the victim (hopefully not suffering from false memories created by shrinks) came to Syracuse to speak during National Crime Victim Rights Week (which we had not previously known to exist), the local Gay and Lesbian Chorus performed (SPS, 26/4/2007, p. B3). Not exactly a positive image for victims of homosexual crimes.

*An article by 2 pediatrics professors at the University of Washington in Seattle proposed to do something to profoundly retarded young children so that they would not grow but remain child-sized (in essence, dwarved) because this will make caring for them easier. The method they proposed was to put such children early on high doses of estrogen, and in girls, after first performing a hysterectomy. They called this “growth attenuation therapy” (Archives of Pediatric & Adolescent Medicine, 10/2006). The authors also favored early hysterectomy even if no estrogen is given, so as to lessen later care-taking tasks. An editorial response to the article waffled on the issue; it was of the “on the one hand ... and on the other” type (article reprint from Steve Taylor). A child to whom this was done has since become known as the “Ashley case.”

Other Family Killings

A dozen boys were arrested in Germany during World War II for stealing coal, and sent to Auschwitz. SS chief Himmler learned of it and was upset for days that the boys would be subjected there to homosexual acts by the adult male prisoners. To prevent any such outrage, he had them killed by injections of naphtha. Similarly, when he visited Auschwitz in 1944, he was so upset by the miserable conditions of the few remaining gypsies that he had them quickly gassed to death (Conot, 1983). This is another “when he saw what he had done, he did more of it” case, and reminds us a lot of the current modernists who want debilitated people made dead in order to save them suffering, except that gassing and naphtha injections are a lot more merciful than slow starvation/dehydration and other methods that many families now use to kill.

*Oops! In October 1998, a 76-year old man in Nebraska shot to death his wife of 57 years in order to end her suffering from cancer— but an autopsy found her to be free of cancer (multiple sources).
*In Britain, a 69-year old woman tried to poison to death her 90-year old mother, supposedly because she could not bear to see her suffer--but as in so many instances, it may be supposed that she was actually trying to end her own suffering entailed in seeing her mother’s decline (Guardian, 1 Sept. 2001).

*On Easter 2005, a 66-year old woman in Buckinghamshire, England, gave her 36-year old son with Down’s syndrome 14 sleeping pills and then suffocated him with a plastic bag. She then unsuccessfully attempted suicide. Later, when arrested, she explained that she had “snapped” (NY Times Internet Magazine, 12 March 2006).

*We are not aware of any statistics about deaths due to violence or negligence within families where one, more, or all members are mentally retarded. However, one keeps running across a steady trickle of news items of deaths due to violence in such families. There are many versions of such violence and deaths, such as a retarded parent being unable to cope with a baby and responding with violence to a baby’s crying. The liberal circles in advocacy and human services are ecstatic about how wonderful it is for mentally retarded people to get married and have children, or even to have children without being married, and there is a whole culture of human services that tries to help retarded parents to raise their children. Undoubtedly, there are some successes, but in his long career, the TIPS editor has never seen any, but instead has seen endless disasters. Another disaster happened in Connecticut when a mentally retarded mother shot to death her 7-year-old mentally retarded daughter because she could no longer handle her behavioral problems (AP in Worcester Telegram & Gazette, 17/4/2003; source item from Marc Tumeinski). Another scenario is violence among mentally retarded siblings. Often, such violence and deaths are taking place in families where the mentally retarded member or perpetrator is only mildly retarded. More severely retarded persons are either less likely to commit violence, or are less likely to be in situations where they might respond with violence. For instance, few such persons would be married or have, or live with, babies that they have to take care of.

*There is a website, http://thiswayoflife.org/murder.html, that tries to document all cases of murder of “autistic” persons, mostly by family members, in recent years. Typically, in the courts, the killers got vastly lesser sentences than if they had killed a person of the same identity but without the diagnosis of “autism.”

*Morris, G. W. (1985). The kids next door: Sons and daughters who kill their parents. New York: W. Morrow. To the liberal mind, everything that is wrong is “society’s” fault. There are never any bad people (other than right-wingers, Christians, “pro-lifers,” etc.), or good people doing bad things. So when children kill their parents, they must either be “mentally ill,” or “society” failed to deal with their problems early enough. That seems to be the message of this book.

Medical(ized) Deathmaking

A wide range of deathmakings in addition to abortion and some infanticides are being carried out by medical personnel, in medical settings, using medical means and medical language, and interpreted as medical treatment. Eventually (and not too far in the future), this alliance of health care with death will take a terrible toll on the medical profession and health care generally.

Deathmaking in Hospitals, Nursing Homes, & Other Medical Settings

*It is important to distinguish between two kinds of deathmakings that occur in Western health systems. One is definitely tied to devaluation, and involves doing (or not doing) things so as to lead to the deaths of people held in low esteem. The other one has to do with the implosion of complex health care--particularly in hospitals--resulting in deaths, as we have described in our 1-day “Hospital Implosion” workshop. Modern hospital medicine is so complex that it is humanly unmanageable, and this is what results in many medical “misadventures,” with injury and death. This is the category into which falls the death of the Mexican teenager at Duke University from receiving organs that were not compatible with her bodily systems.
With World War II, a branch of psychology became prominent that dealt with the efficiency of human management in and of personal environments, such as how the layout of an airplane cockpit might affect pilot performance. This was called human factors psychology. It is now claimed by human factors psychologists that a great many medical errors are caused by systems’ shortcomings rather than human culpability. For instance, some computer systems that document and monitor the daily care of a patient may be more or less likely to result in users making errors (Monitor, 12/2000).

*As an example of this complexity, according to one study, the typical hospital patient had 178 “activities” performed every day as of 1989, and each such occasion is of course an “opportunity” for errors, which are believed to occur at a rate of about 1% for all “activities.”

In addition, there are of course the many errors that do not lead to fatalities, but that may prolong a patient’s medical conditions or actually inflict some harm. It is also estimated that only 5-10% of medical mistakes are ever reported to hospital authorities. This is equivalent to one hospital patient out of 200 dying from these so-called “medical misadventures.” An estimated one million survivors of hospital stays are believed to have been injured in some way by their hospital stay and treatment. The risks are greatest for patients who undergo surgery. When a mistake is made, patients rarely are informed or otherwise find out.

*We continue to encounter estimates of somewhere between 44,000-98,000 people dying every year in US hospitals due to medical errors (Monitor, 12/2000), down from 120,000 fatalities reported in 1996.

*World-wide, 60% of hospital-acquired infections are resistant to antibiotics; and in the US alone, 14,000 people die from such infections acquired while they were in hospitals (Smithsonian, 10/2000). In 2000, 103,000 people died in US hospitals from infections that they caught there, and about 75% of these were deemed preventable, being caused by unsanitary environs, non-sterile instruments and unwashed hands. Such death rates are continuing to increase as hospitals are trying to save money, and are less vigorous in policing their staff on these issues (SPS, 21/7/2002).

*According to Mouth (7/02), 218,000 people in America died in 2001 because of adverse reactions to prescription drugs, making this the leading cause of accidental death in the US. All this is in addition to deaths in hospitals due to “misadventures.”

*Viscott, D. S. (1972). The making of a psychiatrist. New York: Arbor House. According to Viscott (p. 21), the time when new interns and residents are coming into a hospital or one of its services—commonly in July—is one of the most dangerous for patients (because of human error), and it is not uncommon for death rates to go up then.

*Most people have by now heard about the early 2007 scandal involving medical services for US veterans, particularly in the Washington, DC, area, with reports of filthy facilities, impaired veterans left to fend for themselves, and being unable to negotiate a tremendously complex system for ongoing care. However, people may not remember that in 1999, the veterans’ medical system was one of the first to document “adverse events” in its hospitals, with 24%—almost one in four—of patients who died having died as a result of such “events.” Since then, there have been studies of other hospitals and hospital systems reporting similar findings, but most hospitals are not willing to voluntarily make such admissions (SHA, 12/19/1999).

In New York State, hospitals are supposed to report medical errors and other life-endangering incidents, but many hospitals have failed to comply (SPS, 13/2/2001). This makes one wonder what the situation is in other states.

*Medical privacy laws are also now functioning so as to conceal from the public and the government the medical errors that have taken place in health care settings (SPS, 4 Oct. 2003). It is important to understand that the dramatic escalation of “privacy laws” in health care since the mid-1990s has hardly anything to do with protecting patients, but is primarily in order to protect health care providers from litigation.
*Among the many risks of installing a stomach feeding tube surgically are not only infections and diarrhea, but also pneumonia by either reflux up from the stomach into the lungs, or from secretions in the mouth down into the lungs. The less competent a patient is, the more is the person at risk of such problems (e.g., Taylor, 2002).

*A coalition of advocates for the elderly has been campaigning for a federal law that would permit families of people in nursing homes to install hidden video cameras that would record how personnel deal with their family member, and thus also document abuses. Nursing homes are fighting the proposal. The main objection, very familiar to us, is that it would violate the privacy of the elderly resident (who is being abused). This has been a main defense against the uncovering of abuses in institutions for many decades (USA Today, 14/9/1999).

*There have been a whole series of studies and news reports that tell us 3 things about health care in Britain: (a) elderly people are given terribly bad medical care, (b) they are being badly mistreated in the medical and nursing home system, and (c) de facto “euthanasia” is being practiced on elderly people by the health system in order to “free up beds.” At the same time, the British Medical Association strongly rejects physician-assisted suicide (IAETF Update, 2000, No. 1).

*According to the AARP Bulletin (11/2003), older Americans are severely discriminated against in their health care, mostly because the health problems of the elderly not being given the same importance as those of younger people. On the one hand, they are often denied life-saving surgeries, and on the other hand, subjected to inappropriately invasive procedures. They are less likely to be screened for life-threatening diseases, and disease processes are often interpreted as simply being a natural part of aging rather than as treatable diseases.

*We have been told that more and more health conditions of debilitated people in hospitals no longer get treated, even when the conditions are quite treatable. For instance, when debilitated people in hospitals develop jaundice, nothing may be done about it even when it is treatable. This deathmaking is becoming really awful.

*A mammoth study of 4.7 million elderly US Medicare enrollees who died between 2000-2003 and had at least one of 12 chronic illnesses showed that Medicare spent 30-35% of all of its money on these patients during their last 6 months of life. The researchers reported that more aggressive medical care at the end of life often led to worse outcomes, and concluded that about 1/3 of the spending on these patients is “unnecessary.” However, the study also showed that on the average, these patients spent only about 14 days of their last 6 months in hospitals (SPS, 17/5/06).

The question arises to what degree this study is valid, or reflects a conscious or unconscious deathmaking mentality by the researchers. In the current deathmaking climate, we would not be surprised if this study was just another piece of propaganda meant to encourage denial of medical services to chronically ill elderly people. On the other hand, we also do not find it difficult to believe that very aggressive medical measures on very debilitated elderly people would be yet more debilitating rather than helpful.

*German chronic care institutions are in collapse. Among other things, 800,000 residents annually get pressure sores, and 40,000 (5%) die from them (17/2/2006 clipping from Susanne Hartfiel). We have never head of comparable US or Canadian data, but pressure sores are one of the indices highly correlated with good/bad levels of care.

*CBS “60 Minutes” on 20/5/2007 reported of hospitals in California for years dumping handicapped people onto the streets in the 60-square-block Skid Row area of Los Angeles. Some aged senile persons were dumped in diapers and pajamas; one was a paraplegic who was left crawling on the sidewalk without any prostheses. Until this was finally captured on camera, the hospitals had been able to deny this for 20 years. However, the county jail had been doing the same thing.

In 2/2007, Hollywood Presbyterian Hospital in Los Angeles was caught sending a homeless man wearing nothing but a soiled hospital gown in a van to Skid Row, and dumping him in the street.
He was found crawling on the street, wearing a broken colostomy bag. Amazingly, the hospital had been accused of doing this since 2005, but had been denying it (AP in SPS, 10 Feb. 2007).

Perhaps in imitation of this practice (“when he saw what they had done...”), a shrink from another state’s department of mental health suggested releasing a long-term prisoner at a hospital emergency room and leaving him there (story told us by C. Cignoni).

*A nurse in Hungary killed 40 elderly patients in a single year in a Budapest hospital in 2000.
An attendant in a nursing home in Bavaria was charged in 2003 with killing at least 8 residents, possibly as many as 14, with insulin (multiple sources).
A young woman worker in an old age home near Bonn in Germany was convicted of killing (mostly by suffocation with a pillow) 4 old women aged 79-93 (23/2/2006 clipping from Susanne Hartfiel).
A nurse in London was being investigated in the deaths of 18 children from drug overdoses over a 4-year period through May 1999.
A nurse in Indiana killed 6 patients with lethal injections of drugs over a 13-month period in the early 1990s.
Two thousand doctors and nurses in France signed a statement that they had committed “euthanasia” of patients, and called for its legalization (NCR, 25/5/2007).

*A nurse who worked in New Jersey and Pennsylvania confessed to killing as many as 40 patients, but was convicted (in 2006) for “only” 29 of them, and 6 attempted murders. He was able to continue his spree for so long (almost 20 years) because the hospitals and nursing homes where he worked did not tell the truth about him to prospective other employers for fear of being sued (multiple sources).

*One nurse in a New York hospital in 2005 only had his license revoked because he increased a potent drug to a patient 7 times in 3 hours, and failed to notify other medical personnel for 90 minutes while the patient’s blood pressure precipitously dropped. The patient died (SPS, 20/9/2005).

*In a 2006 book (A Doctor’s Diary), an intensive care doctor actually said, “on a ventilator, patients just don’t look human.” He also said, “during my first tour in the intensive care unit, I was almost afraid to touch my intubated patients through their nests of catheters and tubing. Looked like I would break them pretty easily” (Syraucuse Post-Standard, 15/5/2006, p. C1).

However, consistent with our teaching on Social Role Valorization, and in A Guideline on Protecting the Health and Lives of Patients in Hospitals, Especially if the Patient is a Member of a Societally Devalued Class (2005), he also noted the following: “Thank God for knickknacks. Because nothing penetrates a shellacked exterior or a hollow interior like an outside-the-lines Crayola drawing from a granddaughter. The ones Scotch-taped to the window with the message ‘Get Well soon Nana.’ Suddenly, the old woman in bed with end-stage heart failure is a grandmother of 12, the wife of 48 years. The random patchwork quilt here, the odd snow globe there, and the man in room 25 almost becomes human.”

*Considering how much deathmaking there is in the health care system, some people have suggested it be called the death care system. While this is certainly an exaggeration, it is at the same time consciousness-raising.

*In 11/2004, we saw for the first time a brochure given out by a health care provider to patients that contained some of the “from the bottom-up” pointers similar to the ones in our 2005 book entitled A Guideline on Protecting the Health & Lives of Patients in Hospitals, Especially if the Patient is a Member of a Societally Devalued Class, rather than “from the top-down” kinds of material that one usually receives. This brochure informed patients that more tests or more medications may not always be better, and advised them to grill the doctor about what any of them are likely to achieve. It encouraged patients to request written information about the drugs that people want to put them on, including their brand and generic names and their “side effects.” It even advised patients to read the legend on the bags of intravenous fluids, and to make sure what the drug is that one is being given to swallow. Nurses should be asked how long an IV is supposed to run, and
how fast. Patients are even asked to bring a trusted family member or friend to be their advocate, and told how to instruct such a person, including in doing all the above things that one cannot do oneself.

**Life Supports--Mostly, Taking People Off Them**

*The deathmaker gurus pronounced a lot of people as being in a “persistent vegetative state,” and were confounded and embarrassed when more and more reports came in of such people showing functionality, and even waking up. Once the gurus recovered their second breath, they came up with a predictable interpretation: the unconscious people had been misdiagnosed--never mind that the leading neurologists had often testified to the diagnosis in many deathmaking efforts. We are now told that there are four states: coma, a relatively brief post-traumatic state; “minimally conscious state,” with some functionality; “locked-in state,” with full consciousness but inability to control any movements; and “vegetative state,” with “minimal brain activity,” no purposeful behavior, and only reflexive reactions (APA Monitor, 6/2007). Actually, this classification does little to explain how a person who seemed to qualify for a “vegetative state” could recover consciousness, unless one posited that the person had been in a “locked-in state” and managed to crack some locks.

#37 **PERVERSION ALERT--**It has been brought to our attention (by Marc Tumeinski) that there is a new bad development in connection with the construct of “brain death,” especially as an avenue to obtain organs that are wanted for transplant. Namely, brain death criteria, if strictly applied, require the passage of a few minutes once life supports are disconnected to make sure the brain is really dead. These minutes mean that some otherwise “useful” organs will no longer be useful. Some physicians are therefore recommending that death be once more defined as inability to breathe and maintain heartbeat on one’s own, even if the brain is otherwise still functioning. In other words, someone who is alert, but who is on a ventilator, may be declared to be dead so as to be whisked into surgery to have his insides removed for transplant into someone else. Even Catholic hospitals are more concerned with “harvesting” high-demand organs than with waiting a decent interval to make sure a person declared dead really is dead, because the interval means the desired organs are no longer useable.

*We are told that at one time, it was not considered ethical to take a person off life supports until 90 days of efforts had passed. Then it became 30 days; and now, there is no longer any lower limit.

*The promoters of the brain death criteria try to convey the impression that brain death is a phenomenon that can be objectively determined, and that there is some kind of agreed standard as to what constitutes brain death, none of which is true. Even if there were an agreed-upon and relatively objective standard, this would still not mean that the construct itself is valid, nor at least that brain death as such a standard defines it is a reality.

There also continues to be a persistent minority of physicians who question the validity of a brain death construct, or at least the brain death criteria that are currently widely used. They ask how it is possible that a person with a beating heart, functioning vital organs, ability to sustain a pregnancy, and who is warm to the touch and has good skin color, can be called dead (NCR, 6/6/2004).

*It has been reported to us that even when a legitimate decision is made to forego or withdraw a treatment for a dying person (e.g., because the treatment really is futile), then other treatments may also be withdrawn that one had not wanted withdrawn. And all this may happen very quickly. In other words, the medical people may interpret a decision to forego one specific measure as a blanket permission to forego everything.

*Georgetown University Hospital performed a six-organ (liver, kidney, pancreas, small intestine, colon and stomach) replacement operation on a man in a marathon surgery session. Amazingly, his surgeon said that his prognosis was “quite good” (SPS, 15/9/05). We would call this a truly heroic procedure (perhaps an idolatrous one for the medical team) that would be moral to decline.
*Three Japanese who were visiting or working in North America were declared “brain dead” (e.g., after a stroke) by US and Canadian doctors, but their families did not agree that they should not be treated and had them flown back to Japan, where they received treatment and recovered! Six other Japanese for whom the same pronouncement was made were not flown back home, and died (Mouth, 5-8/2006). Obviously, the term “brain dead” is being used to mean “we want this person to die,” not that the person actually is dead.

*More and more reports are coming in of people said to be in a “persistent vegetative state” or something similar, waking up after being given the sleeping pill Zolpidem (tradename Ambien). One youth had, by 11/2006, been on the drug for 7 years, enabling him to go through rehabilitation. In time, the drug dose can be decreased if it starts working (Update, 2006, 20(5)).

*As noted, reports also continue to come in of people awakening from comas or “persistent vegetative states,” including with memories of what went on around them while they were supposedly unconscious. Not many people in such a state may recover, but they will almost certainly not recover if they are not given any stimulation, exercise, or brain re-training. And indeed, most people pronounced comatose or “PVS” do not receive any such treatment. They may even be given this diagnosis so that such treatment can be withheld.

*The now 12-year old Massachusetts girl, Haleigh Poutre, who was assaulted by her stepfather so badly that she was comatose, has continued to improve, including saying a few words. Within 3 weeks of her initial hospitalization, the state made indecently hasty legal efforts to take her off life supports. Her grandmother said that the social service people now do not want people to know how well she is doing, since that would reflect badly on their earlier intent to end her life (multiple clippings).

*It should come as no surprise that the way that doctors “frame” possible treatments and their likely outcomes for patients affects how the patients receive the information, and whether they will decide to refuse a treatment, or opt for a treatment that is less aggressive than another possible one (NYT, 24/12/2005; source item from Peter King). What is at issue is inculcating and sustaining hope in the patient, but without being unrealistic. Hope, of course, is the biggest component of the badly named “placebo effect,” which refers to the fact that people can show improvement from even totally invalid treatments--sometimes even from harmful ones--if they have faith and hope in the treatment and in the people administering it.

*Friedman, S., & Gilmore, D. (2007). Factors that impact resuscitation preferences for young people with severe developmental disabilities. Intellectual and Developmental Disabilities, 45, 90-97. This article reports on several recent findings about what kinds of decisions are requested (e.g., by families) for severely retarded medically fragile children. The more the decision-makers are told what resuscitation entails (probably in the form of horror stories), the more like it is that the decision-makers will request a “do not resuscitate” (DNR) order. Family members who looked to other family members and religious leaders for opinions were more likely to choose full resuscitation. Those who looked to medical people for opinions were more likely to choose DNR. One vernacular translation of this might be: the medicos want you to make your impaired child dead, other family members or clergy are more likely to favor life.

*One constantly hears of instances where it is argued that a teenage girl is perfectly capable of making up her own mind whether she does or does not want an abortion; and quite often in these situations, there is an idiom that refers to such girls as “women.” At the same time, one constantly hears of instances where children--and often their parents as well--want to refuse a certain life-saving treatment for religious reasons (e.g., blood transfusions in the case of Jehovah’s Witnesses), but child welfare agencies and children’s courts go to war on behalf of mandatory treatment. In such cases, even a 16-year-old who wants to refuse treatment is interpreted as a “child” rather than a woman, and the parents’ opinion is given no weight.
A British Court of Appeals, and the European Court of Human Rights, have ruled against 46-year-old Leslie Burke, an English Catholic who suffers from a degenerative condition, and who has declared that he wants to be given nutrition and liquids even if he cannot take them the usual way by mouth. This means that doctors can decide to starve and dehydrate him to death (NCR, 8/2005 & 9/2006). As we have been teaching, even putting one’s wishes in writing, as is so often encouraged by the medical service system, is no guarantee that one’s wishes will be honored.

Texas is yet another jurisdiction which (on the initiative of the Texas Hospital Association) passed a law in 1999 that permits physicians to withdraw “futile treatments” from patients contrary to the patient’s advance directives or family wishes (Mouth, 12/2006).

A newspaper headline (SPS, 7 Jan. 2000) proclaimed, “Middle Ground Found for Dying Woman.” First we wondered if they were planning to bury her only 3 feet deep, and then whether they had found a grave in-between 2 others. It turned out that it referred to a retarded woman who had been pronounced “dying,” and whether a second feeding line should be installed after the first one failed. The “middle ground” was to add sugar to her hydration tube, plus morphine, until she died.

*Already by 18/9/2000, Time had adopted the name of the series, “Dying on Our Terms,” as a theme of its cover story on the dying. Here are some nuggets from that issue.

One reason some physicians are hesitant to prescribe sufficient pain medicine to dying people in pain is that some drugs that would be effective require a triplicate form to be filled out, which is a lot of bother. Also, 40% of neurologists were found to hold the mistaken belief that morphine in doses big enough to control some symptoms would be fatal, whereas morphine is relatively well tolerated as long as it is phased in gradually.

Further, physicians are poorly trained on issues of pain management generally, even in respect to facts that have been known for a quarter century.

One study found that when physicians make predictions about the likely life expectancy of terminally ill patients, they were wrong about 80% of the time.

Researchers have found strong ethnic differences in respect to attitudes toward treatment. African-Americans generally want aggressive ongoing treatment even if it means high technology, pain, drugs, and the loss of all one’s savings, because they see it as a sign of respect for their lives.

*A small number of rich foundations have poured over $300 million (!) into end-of-life (mostly deathmaking) issues over a 15-year period (State Initiatives in End-of-Life Care, May 2006; source item from Elizabeth Wickham).


Among other things, we learn that the word “euthanasia” originally referred to relief of pain for the dying, which currently is often called “palliative care.” The late 19th-early 20th century eugenicists gave it its current meaning, and then expanded it to “death with dignity” and “aid in dying.”

Withdrawal of Health Care from the Poor

A reminder that in the US, upwards of 47 million people (out of a population of almost 300 million) are without health insurance. A large proportion of other Americans—the poor and the elderly—rely on government-provided health insurance, and the rest have insurance mostly, though not only, through their employer.

We are not under any illusions that a government-guaranteed medical insurance system for all would take care of problems; it would introduce its own set of disfunctionalities, as the experience of countries that have such systems has shown. However, when people today have no health insurance, they are at extremely grave risk both of becoming bankrupted if they should get ill, and of not receiving all sorts of potentially beneficial treatments.
Also, it ends up being costlier to everyone over the long run, because people do not seek treatment early on when a condition may be treatable, but wait until it is overwhelming and much more expensive.

This is also one reason why the US infant mortality rate is up since the late 1950s, and is relatively high compared to other developed nations, despite the great wealth of the US.

*Not having health insurance is not only perilous to one’s own health and economic welfare, but also to that of the general public. For instance, there is a much higher rate of TB among people without health insurance. Deaths directly (rather than only indirectly) traceable to lack of health insurance in the US are estimated to have numbered 18,000 in the year 2000.

The fact that US patients with heart attacks who have health insurance have a 20-30% higher likelihood of surviving than those who do not seems to be very strong evidence that failure to provide proper health insurance for people is a form of deathmaking. However, health insurance alone is not the only differentiating factor. In Canada, everybody has health insurance, but the rich are still more likely to survive a heart attack than the poor, with every $10,000 (Canadian currency) differential of income accounting for a 10% difference in risk (SPS, 1 Aug. 2001).

So-Called “Hospices” for the “Dying”

As we have long predicted and taught, so-called “hospice” services to people in their last stages of life have unfortunately been increasingly taken over by the deathmaking culture. If one uses such services, one should do so with caution, and be alert to possible deathmaking.

*As of 2004, there were 3200 hospice services in the US (State Initiatives, 5/2006).

*Not-for-profit so-called hospice services are rapidly being replaced by for-profit ones, some of which cut corners to maximize profits. Strangely enough, this would have a benefit: not-for-profit hospices have an interest in patients dying soon, while for-profit ones do better if the patients survive longer (CL, 9/2006).

*A group called Hospice Patients Alliance consists of family members of people who were killed in hospices for the dying.

*The very word “hospice” has negative connotations to many Americans because Medicare will only reimburse its cost if 2 physicians will certify that a patient has less than 6 months to live. Many physicians are reluctant to do this because they are afraid (rightly so) that this will become a self-fulfilling prophecy, and one result has been that the average length of stay in US hospices has only been 2-3 weeks, which is not much of a benefit. On the other hand, one incentive for hospice service is that Medicare will then pay for prescriptions which it otherwise will not. But what is the use of having one’s prescriptions paid for if the hospice will dump a patient who wants to take advantage of it, on the grounds that the patient has refused to acquiesce to death?

*One problem with hospices is that they may deny expensive and somewhat high-tech procedures which in other cases are used to prolong life, but which for some critically ill persons would serve the purpose of palliation, such as dialysis.

According to recent figures, 90% of hospice patients have been living at home (Time, 18/9/2000).

*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 and for assisted suicide. However, a study (Cancer, 1 July 1999) found (see also earlier item) that physicians’ predictions are not very accurate for cancer patients.

*It seems that the “palliative care” movement was targeted as a “lever of change” by the pro-deathmakers, and has already largely been encaptured by the deathmakers. Palliative care gets promoted as comfort care, but with strong economic (money-saving) motives behind it. “Palliative
care” also seems to be drifting into all sorts of crazeish and cultish things, such as “music thanatology.”

*The German Association for Palliative Care will not reveal who its members are (source information from Susanne Hartfiel). This is a new development in voluntary associations, except for so-called “secret societies.” Perhaps the organization feels that taking care of dying people, instead of killing them, is jeopardizing to one’s career or identity.

*Here is very bad news: many Faith in Action coalitions in the US have offices in hospice service centers (source information from Dr. Elizabeth Wickham).

**Other Medical Killings**

#38 PERVERSION ALERT--It has come to our attention that when a medical decision is made to make a patient dead, and morphine doses are administered to bring that about, the word “morphine” may never be mentioned outside the inner deathmaking circle, as perhaps to family members or advocates.

*The University of Toronto ethics centre, headed by a Peter Singer (not the infamous one who is at Princeton) recommends that dying patients be kept pain-free even if the dosage required to do so hastens their death. This is not news; but the centre also recommends that if necessary, the dying person be given so much pain medication as to be kept unconscious all the way through to death. We would suggest self-regulation of pain at least some of the time.

So many contemporary forms of deathmaking deprive the victims of a chance to consciously face their deaths and to prepare for it. Insofar as modernistic deathmakers are explicit or de facto materialists, this does not particularly bother them.

*An intellectually gifted but physically very impaired woman had contacts with health care providers who had conveyed to her that she would surely not want to be treated if she lost consciousness. Therefore, when she required hospitalization, and despite being then doubly afflicted, she forced herself to stay awake for 48 hours straight because she was afraid that she would be denied life-saving treatment if she fell asleep or lost consciousness (SpeakOut, 3/2004).

*Some people who are in a coma are given tranquilizers (Mouth, 9/2003) which makes one wonder whether such tranquilizers keep these people in their coma.

*Handicapped people, particularly if they have been impaired for a long time, do not respond as well as the ordinary person to all sorts of medical procedures. For instance, such a person can die from attempts to remove enlarged tonsils, as happened to one handicapped man shortly after he was finally released from an institution after many years there (Indianapolis Star, 28/2/1999).

*To the credit of the American Medical Association (AMA), its House of Delegates (rather than merely some functionaries) approved a resolution to oppose any legalization of either “euthanasia” or physician-assisted suicide, because “these practices are fundamentally inconsistent with a physician’s role as healer” (Life at Risk, 2/1999). However, we can also see a generation clash in medicine: In 1996, the AMA opposed the legalization of physician-assisted suicide while the American Medical Student Association endorsed it. In 1997, the AMA supported the criminalization of partial birth abortions, while its student section opposed such criminalization.

Furthermore, medicine is also divided by gender, with women physicians being vastly more in support of killing of patients than men (JAMA, 1 Oct. 1997).

Also, we earlier reported as good news that the AMA is opposed to participation of physicians in legal executions, but we now have to report that the majority of physicians themselves approve of such participation (SPS, 23/10/2000).

*A Missouri pharmacist was found to have diluted almost 100,000 prescriptions from 400 doctors for about 4200 patients over a period of close to 10 years, reaping fabulous profits thereby. This cost the lives of a number of patients, and caused all sorts of problems to many others. One
attorney called him a de facto serial killer. On the positive side, he pleaded guilty and expressed remorse at his sentencing (AP in SPS, 6 Dec. 2002).

*In order to practice “euthanasia” without offending against Jewish law, Israel plans to hook up people designated for death to a respirator which will automatically turn itself off after a set period of time, thus insuring that no person engages in the act of killing. The Health Minister said the law “represents a major moral value for the terminally ill and their families” (NCR, Jan. 2006). Given our society’s infatuation with technology, and the distantiating power of technology, expect this practice to be imitated elsewhere.

*Australia’s own Dr. Death, Philip Nitschke, has argued that children as young as 12 years old should have the right to end their own lives, and called the Dutch government’s moves in the same direction (see the item in the section Infanticide) “courageous” (source item from Greg Mackay).

Nitschke also had plans to conduct his killings--variously assisted suicides and euthanasias--on a boat in international waters, in order to get around Australia’s laws that forbid the practices. This is similar to the boat that picked up Irish women and took them into international waters to perform abortions when Ireland’s law still outlawed it (NCR, 9/2000).

*Doctors in England have been warned by the Lord Chancellor (chief law officer) that they may be imprisoned for refusing to euthanize patients who request it (HLA Action News, Winter 2007).

*In the US, people with medical problems who could benefit from getting oxygen to breathe can have a terrible time getting it. One must be almost at death’s door to get it, and/or sign oneself into a hospital or nursing home. Yet amusement parks can sell oxygen doses, and now there is a train in the Himalayan mountains on which every seat has oxygen masks. What is going on?

#39 PERVERSION ALERT (very sadly, our last one)--We foresee the possibility that the agony of being dehydrated and starved to death, as is now very commonly done to debilitated people, will be used as an excuse to advocate for a quick euthanasia killing of such people.

Suicide & So-Called Assisted Suicide

*In 2003, Canadians favored assisted suicide by 49 to 37. The legal system has been becoming ever more tolerant of “euthanasia” and suicide assistance, and these may soon be legalized outright (NCR, 23/10/2005).

*Quill, T. E., & Battin, M. P. (Eds.). (2004). Physician-assisted dying: The case for palliative care & patient choice. Baltimore: John Hopkins University Press. This is yet another scholarly pro-death book with 23 essays in favor of physicians killing their patients, or helping them to kill themselves. The title explicitly links killing with “palliative care.” The senior author is a well-known medical pro-killing guru.

*A late 1999 US federal law allowing people in extreme pain, such as certain terminally ill ones, more ready access to pain medication has been erroneously but widely interpreted to ban physician-assisted suicide.

So-called physician-assisted suicide has been legal for some years in Oregon where 21% of the population claims no religious faith (NCR, 12/2003), and its proponents constantly scan the scene to determine which other states are the most likely to pass similar legislation. Strangely enough, there are currently 4 leading candidates: California (no surprise), and Arizona, Hawaii, and Vermont. Arizona was probably “ripened” by the influx of spoiled seniors from elsewhere, Hawaii by its large population that has not had roots in Christian cultures, and Vermont because of its rugged Yankee “let me do what I want” individualism, not to mention its highest court ordering its legislature to legalize “marriage” between homosexuals.

The so-called legal safeguards on all sorts of deathmaking measures, such as Oregon’s assisted suicide law, are mostly concerned with protecting the physician deathmakers, not debilitated people.
*The American Association of Retired Persons charges its members only nominal dues, because its main income is from health insurers whose insurance plans the organization promotes. One consequence is that over the years, the organization has gradually shifted ever more--though in subtle ways that most of its members may not detect--toward favoring suicide assistance and de facto "euthanasia" in its newspaper, the AARP Bulletin, that all members receive. As we pointed out, it is in the interest of health insurers that people die quickly and do not cost too much in their old age or debilitated condition. An example of this kind of propaganda is found in the 11/05 issue of the Bulletin, which interpreted the US court case testing whether medicinal drugs on the market may be prescribed to people in Oregon so that they can use them to commit suicide as an assault upon the rights and the self-determination of elderly people, which merely by its language would elicit support from a lot of elderly readers who will think that someone is trying to do them out of something. The article also claimed that 67% of Americans favor laws permitting physician-assisted suicide.

*According to some observers, Japan is a society in collapse--a terrible example of what happens when a people embrace a materialistic mentality even as they give up spirituality. Observers see in this the future of the West: modernism without spirituality. Neither nationalism nor prosperity have given the Japanese meaning in and for life. This is seen as the reason for the rising suicide rate, and the strange phenomenon of people going on the Internet to find total strangers with whom they then meet for the only purpose of committing group suicide together--usually by parking in a secluded spot, taking sleeping pills, and burning briquettes in the car to generate carbon dioxide (FT, 6/2007).

*The post-World War II "euthanasia" movement started in the early 1970s with the argument that severely impaired infants should be "allowed to die" by simply not giving them life supports and treatments. Next came a similar argument that life supports should be withdrawn from people who were as good as dead, and who even came to be defined as "brain-dead." The third stage was to take away the liquids and nourishment of such people, with the fourth being to take it away from people who were far less debilitated. The fifth stage was to offer "suicide assistance" to people facing a nasty dying, and the sixth was to offer it to people who were merely "suffering," even if they did not face an imminent death. Now we are in a yet more advanced stage that grew out of the "women's choice" ideology, namely suicide help being offered to anyone who asks for it, for any reason whatever, because of the ideology that people own themselves and are free to decide any time whether they want to live or die (Update, 2006, 20(3)). Wesley Smith has called this "the abandonment of pretense." Many "euthanasia" and assisted suicide promoters who once invoked pain and suffering, and quality of life, as their rationales no longer do so. As one of these parties--a Swiss suicide emporium--put it, "we never say no."

*The slippery slope is an iron reality. The Swiss suicide assistance body called Dignitas (that has made Switzerland a suicide tourism place) has begun to call for the legalization of suicide assistance for chronically mentally disordered people, including the depressed (Update, 2006, 20(5)). A lot of depressed people say that they don't want to live anymore, but most change their minds when the depression is over.

*A Swiss court ruled in 2/2007 that it is legal to assist in the suicide of a person who wants to die because of his/her "mental illness," the same as is already legal for real illness.

*As we have reported before, Switzerland has become a sort of Mecca for those who want to commit suicide. But a California man who founded the Assisted Euthanasia Society of Paradise has also been advertising on the web that Cambodia is a good spot to come to commit suicide. However, the Cambodian government did not agree, and arrested him (WTG, 5 March 2006; source item from Susanne Hartfiel).

**"Gloomy Sunday" is a song written in 1933 that we don't believe we have ever heard. It was resurrected in a recent film of the same title, in which two men and a woman shack up in a menage à trois, and in the film a lot of people who have committed suicide have been found to have played this theme song as they killed themselves (Time, 17/11/03).

*Who is most likely to commit suicide? Here are some not surprising facts along these lines.
The suicide rate of US soldiers who have been in Iraq is admitted by the Army to be “above average,” though some veterans’ groups claim it is much higher than even the Army admits (Newsweek, 9 February 2004).

And a Canadian study found that women who had breast implants had a 73% higher suicide rate than the general population (Discover, 12/2006), which may reflect the externalistic shallowness of these women, and their despair when their physical beauty fades.

US physicians have a 91% higher suicide rate than the general population, but female physicians have a 227% higher rate (PHAL, 3/2006).

This does not surprise us, namely that poets who very disproportionately write about themselves, and use “I, me, mine, myself,” etc., language were much more likely to commit suicide than those who use “we, us, our,” etc., terms. Also, suicidal poems are much less likely to use terms such as “listen,” “talk” and “share” (Discover, mid-2006).

*The government of Catalonia, Spain, concluded that “the concept of God has been strongly questioned from all points of view,” and has produced a Civil Ceremonial Manual. It includes a “Farewell Ceremonial” for people committing suicide, and a substitute for baptism of babies with readings from Charlie Chaplin and music by Cat Stevens (whoever he is) and the Beatles (FT, 4/2007).

*The censored dissident Catholic theologian Hans Küng has come out with a book, Dying With Dignity (why do all these books always have the same titles???), in which he endorses suicide and assisted suicide, and even upholds the murderous medical practices in the Netherlands as a model.

**Deathmaking From Abuse, Neglect, & Bad Conditions in Human Services**

It should not be surprising that where the attitude prevails that service recipients’ lives are of low value, then bad conditions in services to them would be permitted, and would in fact abbreviate their lives.

*In one 200-person nursing home, part of a chain of for-profit nursing homes, a man in his late 50s in a supposedly “vegetative state” was neglected, did not receive the exercises he was supposed to get, was not cleaned, nor turned regularly to prevent pressure sores--but at least 5 employees falsified records stating that he did receive such care. A spokesman for a nursing home association said the use of cameras, as were used to document this instance, was a violation of patient privacy (SPS, 13 Jan. 2006).

*Mentally impaired women are at risk of sexual assault in services, especially if they are also physically impaired and therefore unable to get away or fight off an attack. (Some are too impaired to know what is happening.) There continue to be reports of such women becoming pregnant, with rape--often by staff--being the only conceivable way such a thing could have happened. In one 5/2007 instance, the rapist weighed nearly 400 pounds.

*Other forms of abuse are reported to be on the rise as well, in numerous locales, in part due to increasing proportion of less competent/less well-suited personnel in services. Soon, we may be back to the bad old institution days when services to large numbers of people were staffed by the fewest number of staff, and those few staff being of the lowest quality imaginable.

*In some states where there are still institutions, stories of neglect and abuse in these facilities are endless, Indiana being an example. In 1999, 3 senior staff members at 3 of the state’s institutions resigned after it was found out that they had had sexual relations with residents, or homosexual relations with staff subordinates.

In the late 1990s, a case manager walked into a unit in one of Indiana’s state institutions for the mentally retarded and heard a residential staff member screaming into a resident’s face, “I hate your ass, and I wish I didn’t have to take care of you” (Indianapolis Star, 5 March 2000, pp. D1, D6; source item from Joe Osburn).
*In a minimum and medium security prison (not a maximum security facility for the most serious offenders) in Florida, 13 staff—including the warden and an assistant warden—were fired or resigned for abuse of prisoners that included beating and choking them, and forcing them to clean the toilets with their tongues (SPS, 9 May 2007). As we have said repeatedly in TIPS, while prisoners themselves may have done some awful things, they are often subjected to many forms of deathmaking in prison, and much of it goes undetected, unreported, and unpunished.

*The use of physical restraints and “holds” continues to result in the death of the restrained party, usually a service recipient who was, or was reported to be, “acting up” or “out of control” before being restrained. Even children as young as 9 years, weighing as little as 50 pounds, and even blind and with brain injuries, get restrained unto death (multiple sources). Unfortunately, there seems very little effort devoted to structuring physical and social environments so as to reduce the likelihood of violent “acting up” occurring in the first place, nor to recruiting staff who are gentle and peaceful, nor to reducing the stresses upon both recipients and servers. Instead, teaching various forms of restraint has become one of the major thrusts of staff training in many services. In the Canadian province of Ontario, it is mandated for all services to mentally retarded people! In many places, it is the only mandated training, and/or the earliest one that is provided.

Also unfortunately, as our society continues to produce ever more violent people, both recipients and servers are more prone to be violent than they would be under the best of circumstances. Thus, we can only expect the incidence of violence in human services to continue to increase, just as it is doing in society broadly, and therefore the use of restraints to increase, and therefore the numbers of deaths from restraints to increase.

*A topic that is beginning to acquire quite a bit of special interest is abuse of, and violence to, handicapped people. However, to our amazement, we have noticed that people who deal with this topic tend to divorce it from the broader context of deathmaking, and narrowly focus on things such as domestic violence, sexual exploitation, rape, robbery, etc. (e.g., TASH Newsletter 8/2000). To us this is yet another way of trying not to face up to the broader context of deathmaking of not merely physically and mentally handicapped people but of devalued and unwanted people in general. Also, by narrowly focusing the topic, speakers and writers do not find it necessary to refer to the pre-existing literature on the broader context, or to the people who have spoken to it for a long time.

*It has been estimated that only about one of every 14 cases of elder abuse in the US gets reported (Casa Cry, 11/1999).

*In 12/2000, it hit the news that a 23-year-old man living in a nursing home has slashed the throat of a 64-year-old fellow resident in a dispute over a cookie. However, what was not as widely publicized was that the young man had been in the nursing home because he had been sentenced to live there as a condition of his probation (Mouth, 3/2001), which of course raises all sorts of problems. (In Social Role Valorization, this would be called an incoherent grouping.)

Apparently, during the 1990s, the nursing home business built more facilities than there was demand for, and therefore began to accept people who otherwise would not have been considered suitable for nursing homes, in order to fill its beds or earn income (Mouth, 3/2001).

*An assessment of services provided to mentally retarded persons in the District of Columbia found, among other things, that during the preceding year, 5% had been assaulted; in addition, 3% had been injured; almost half were receiving prescription mind drugs; 2/3 of these latter had not gone through the required review and justification processes for these; and close to 40% of the clients were at risk either because of these drugs, or other problems with health care (AAMR News & Notes, 11/2000; Washington Post series, 12/1999).

*In the late 1990s, a flurry of controversy erupted when several studies began to report that mortality rates were higher for retarded people in the community than in institutions. The TIPS editor had warned of this for years, but not only was this warning ignored, it was not even acknowledged after the data came out.

A British study looked into mortality rates of mentally retarded people transferred from institutions to community services. Despite the fact that the staffing in community settings was
almost double that in institutions, there was a very significantly higher death rate there in the subsequent 18 months. None of many measures looked at was able to explain the increase. In fact, the people transferred to community services got better control of their epilepsy, had their mind drugs reduced, and generally enjoyed better health. However, the transferred group was older and in poorer health than the one that stayed behind, and that, in connection with so-called transfer shock or "relocation syndrome," may have accounted for the difference.

This article claimed that the rates in all of these studies might be explained simply in terms of age differences, with higher age being correlated with a great number of infirmities. However, we are uneasy that this explanation may be an ideologically motivated one.

**Deathmaking Via Social Marginalization**

*When the heat wave broke out in France in summer of 2003, vulnerable people began to drop dead like flies, and even though emergency rooms and morgues were taxed beyond their limits, nothing was done about it, and for many weeks the French government denied the extent of the die-offs. At first, 2500 deaths were reported, then eventually 5000, then more than 11,000, and finally 15,000. It also turned out that most of the people who had died were elderly, and many of them were alone and died because nobody was checking up on them. Their families and relatives were away on the traditional August vacation, and even when the vacationers learned of the danger to the elderly back home, they did not deign to give up their vacations and return. Even after all these deaths, many bodies remained unclaimed and were put in a mass grave in a potter's field outside Paris (AP in SPS, 4 Sept. 2003).*

*As evidence of the extreme vulnerability of people without social ties, in one county in Florida alone, 36 homeless people died in 2002, out of an estimated 5700 homeless people there. In 2001, 49 homeless people died. Causes of death included drug overdose, being hit by a car, murder, and suicide. One was found dead in the toilet of a restaurant, and another was found in the woods, already decomposing (St. Petersburg Times, 22/12/2002, p. 4B).*

*No one in Britain knows how many homeless people die in the streets because nobody is responsible for collecting such information (Speak Out, 3/1999).*

*According to the AARP Bulletin (6/2004), elderly people have a much shorter life expectancy in urban areas than in rural ones, largely because of the poorer environmental conditions there.*

**Detoxifications of Deathmaking**

In order to make deathmaking less repulsive, to recruit supporters, and to make it easier for the deathmakers, it gets interpreted so as not to seem bad at all.

*At the Harvard Stem Cell Institute, artificially created embryos are destroyed after 14 days. The scientist in charge is a Dr. Douglas Melton. When someone said the embryos were "killed," a Harvard University spokesman said that "the words 'kill' and 'killing' are not in Dr. Melton's professional vocabulary" (Newsweek, 26/2/2007, p. 27). He is probably right about that.*

*In 1942, after much resistance, the New York Times finally published a very brief account that a million Jews had been killed in Europe, burying it on page 14, thereby reflecting its skepticism about the truth of the story. By a peculiar coincidence, it was also on page 14 that in 1982 almost exactly 40 years later, the New York Times reported what turned out to be the discovery of 16,000 aborted bodies in storage containers in Wilmington, California (from Brennan, W. (1983). The abortion holocaust: Today's final solution. St. Louis, MO: Landmark Press; pp. 159-160).*

*Apparently in order to distract the population, when the Germans established a Jewish ghetto in Warsaw, they had a gay carousel installed right outside the ghetto wall. One consequence was that when the Germans began to eliminate the ghetto--and while there was fighting within in it, and houses were systematically burned down by the Germans with all the people in them--the carousel
and its music were being merrily enjoyed by the Polish population. Young people on the carousel would even try to catch the flakes of ashes drifting over from the burning ghetto, and make merry of the wind from the fires billowing the skirts of the girls (1999 PBS documentary on Pope John Paul II).

*Many of our readers will have heard of the Wannsee conference near Berlin where on 20 January 1942, a small group of key Nazi leaders laid out the outline of the planned Holocaust. Then sometime around 1970, pro-abortion leaders reportedly got together to plan how they could best propagandize the public so as to get it to support legalized abortion. Reportedly, they came up with the brilliant term “choice,” as in “pro-choice.” People have called this meeting “the Wannsee of abortion,” and the choice idiom caught on like wildfire.

We have now learned that there has been a continuing series of Wannsee-like conferences in the US where, under the guidance of Daniel Callahan, “bioethics” leaders have laid out their plans for promoting deathmaking. The group in charge calls itself “Last Acts,” and its first “leadership” conference was held 12 March 1996 in Arlington, VA (near Washington, DC). Its second conference was 23-30 October 1997, with Rosalyn Carter as honorary chair—perhaps she was innocent of what this was all about. These meetings laid out systematically who the change agents were to be, who the prime targets of recruitment were (“boomer consumers,” media, funders, etc.), what the “levers of change” would be (e.g., accreditation and certification), etc. Apparently, US business leader George Soros and the Robert Wood Johnson Foundation have been major funders of all this (source material from Dr. Elizabeth Wickham).

*By construing pregnancy as a “disease,” modern medicine has also construed it as something to be fled, the way people ordinarily try to prevent, avoid, and escape disease. And of course, abortion is one way to escape the disease of pregnancy.

*In the 1990s, the deadmakers began to refer to babies born to “brain-dead” women (sometimes months after the “diagnosis”) as “children of corpses.”

*One of the trump cards of the deathmakers is to pronounce a child to be “decorticate,” i.e., to be without cerebral hemispheres. Such children are interpreted as living in a vegetative state, as never living very long, as not being human, as better off dead, etc., etc. However, a 1999 study found 4 such children between ages 5-17, which invalidates the death-talking. Also, among these 4 children one could find discriminative awareness, distinction of familiar from unfamiliar people and environments, social interaction, functional vision, musical preferences, appropriate affective responses, and some associative learning. The study concluded that failure to develop consciousness in such children could be the result of a self-fulfilling prophecy.

*A genetic disorder in which the lungs are too small to support the body has the awful name thanatophoric dysplasia. It is almost invariably fatal, though with rare exceptions, but the term “thanatophoric” means “carrying death,” implying inevitable quick death—and these days, unfortunately inviting deathmaking (SPS, 17 Feb. & 16 March 2005).

*In earlier issues of TIPS, we reported on the methods for performing late-term abortions, and for killing a child while it is in the process of being born, that are called “partial birth abortion.” This term is rejected by those in favor of abortion, because “partial birth” reveals that the infant is, in fact, almost completely through the birth canal when it is killed. However, the term itself is a detoxification of three possible procedures that are used to do the killing: dismembering the baby, called “disarticulating the fetus”; sucking the baby’s brains out of its head, called “reducing the calvarium”; and severing the baby’s head from its body, called “separating the calvarium” (SPS, 23 April 2007).

*The US Supreme Court ruled narrowly (5 to 4) in early 2007 that so-called partial birth abortion was unconstitutional. Many people exulted, but overlooked the fact that the court said that it was not illegal to mutilate or dismember the child during birth, including by decapitation (“separation of the calvarium”). Actually, a normative partial birth abortion (a “calvarium reduction”) is less gruesome than its two alternatives. So there is really nothing to exult about.
*Despite evidence to the contrary, in late 2005, the hyper-liberal New York Times once again proclaimed that 29-week-old “fetuses probably feel no pain and need no abortion anesthesia.” It quoted the opinion of two physicians, apparently unaware that one runs an abortion clinic, and the other is vice president of a pro-abortion organization and has performed over 10,000 abortions. Denying fetal pain is an important tactic in denying the humanity of unborn babies, and in making an abortion seem less gruesome (FT, 11/2005).

*Let us be utterly clear: When a female takes any of the pills/drug combinations referred to as “emergency contraception” after she has had sex, the drugs “work”—i.e., prevent a child being born—by preventing a fertilized ovum from implanting, if fertilization has occurred. Abortion advocates were able to get the US Federal Drug Administration to not include a statement that such drugs can cause an abortion by merely redefining pregnancy as beginning only once implantation has occurred.

*Apparently, US college campuses have gone big into prescribing so-called morning-after pills to their female students—which is not particularly surprising except that the contraception, abortion, and liberal people keep insisting (also not surprising) that these pills do not induce abortion, which however they do, in that the pill causes fertilized eggs to be sloughed off. However, the pragmatic public does not really want to know this fine distinction and only wants “results,” and therefore ignores the abortifacient effect of this drug (e.g., SPS, 10 Mar. 2002).

*In 1998, we first ran across abortionists and abortion clinics being referred to as “providers.” Whenever there is deathmaking going on, one needs to mentally substitute the word “Jews” for whoever the intended victims are, and things will immediately become vastly clearer: what if concentration camps and the SS were referred to as “providers”?

*Stunned by the criticism about the way abortion clinics do their business, a new type of abortion clinic has been springing up that tries to be more “sensitive,” and that has many of the trappings of a birthing place. Among other things, these places are prettied up, offer the mothers a form of baptism for their aborted babies, and give them a pretty colorful stone to take home in lieu of a baby (NCR, 2 Nov. 2003). Maybe they can later have the stone implanted where their heart would have been.

*There is a new phrase in the medical jargon, namely a “sentinel event,” which refers to an unanticipated death, injury or permanent functional loss while under hospital care.

*It is believed that more than 3000 clowns are volunteering at hospitals and hospices around the US. For decades, we have pointed to the ancient link between clownery and death, and the TIPS editor has a sign to tape to his door in the event he has to go to hospital that says, “Absolutely no admittance to anyone in clown costume.”

*It is interesting that there are sad-looking clowns and smiling clowns, and that it is the smiling clowns that show up when people are handicapped, sick, or dying.

*It is also becoming increasingly common for clowns to show up at people’s funerals. Some families even explicitly ask a so-called “caring clown” to attend a funeral in costume (National Post, 14/5/2005; source item from Bill Forman).

*It is amazing to discover that in the medical literature (e.g., Global Health Care Newsletter, 1/1996; source item from Dr. Nancy O’Connor), the legalization of “euthanasia” is interpreted as “progressive legislation.” The Nazis probably thought that their treatment of Jews was progressive too.

*Some of the prominences in the deathmaking culture have gotten gun-shy about the phrase “assisted suicide,” and want to detoxify what it means by switching to the phrases “terminal sedation”--already being called (even better) TS--and “comfort care.” What is not revealed by these phrases is that they also subsume withdrawal of nourishment and liquid.

The American Public Health Association (no less!) proposed in 11/2006 to change the phrase “physician-assisted suicide” to “aid-in-dying” (Update, 2007, 21(1)). This disguises that physicians
would be involved, and also sounds more helpful. Strangely enough, the US Surgeon General had said in 1999 that “suicide is a serious public health problem.” Maybe the change solves that problem by no longer calling suicide aided by physician “suicide.”

Pollsters found that if Americans are asked whether physicians should be allowed to end a patient’s life painlessly if the patient and his family request it, 75% said “yes.” However, if asked if doctors should be permitted to assist patients to commit suicide, only 58% agreed. Thereupon, death-promoting bodies quit talking of suicide and physician-assisted suicide, and even started suing parties (the State of Oregon) that used these terms. They now want the terms “aid-in-dying,” “directed dying,” or “assisted dying” (Update, 2006, 20(5)).

*Here is a good example of how language can obscure reality, and in this case a very evil reality. In German, a term that has become very popular is Sterbehilfe, which literally means “dying help.” The problem is that it can refer to either assisted suicide, or to “euthanasia,” or to refusing a patient treatment, or hospice service, and so one has to carefully read news items to find out which of the four is being referred to.

*In mid-summer 2003, it was decided that the new name of the Hemlock Society would be “End of Life Choices.”

*Bill Moyers produced a hefty documentary for public television, shown over 4 days in 9/2000, which was a de facto promotion of end-of-life deathmaking even by its very title, “On Our Own Terms.”

*Both while it was going on, and ever since, the judicially-permitted starvation killing of Terri Schiavo in Florida in 2005 by her estranged husband was called a “right to die” case, rather than a “right to kill” case as it really was.

*President Bush referred to the hanging of Saddam Hussein as “the proceedings,” and wished that “they had been done in a more dignified way” (NCR, 14/1/2007).

*Ideal executions in Iraq. In 1/2007, Saddam Hussein’s intelligence chief was so clumsily hanged that his head was ripped from his body (“separation of the calvarium,” if he were being aborted), and blood was everywhere. But a spokesman for the prime minister said, “There were no mistakes this time” (as there had been at Saddam’s hanging), “it was almost ideal” (SPS, 16/1/2007).

*In the poultry-raising business, when large numbers of chickens have to be destroyed because of a disease outbreak, they are commonly fed into a meat chipper, and this cruel killing method is called “euthanasia.” Apparently, the growers feel that they have no cheap and quick alternative to killing thousands of fowl (Worcester Telegram & Gazette, 17/4/2003).

*There are at least 200 euphemisms for death in the English language (Discover, 9/2006).

**Utilitarian Exploitation of Deathmakings**

In a materialistic context in which people are not accorded intrinsic value, but are valued depending on how beneficial they are seen to be, it is no surprise that people will get made dead if their deaths are useful in some way to others, especially others who are seen as more valuable. All the following items testify to this.

*The position of philosophic materialism was clearly stated by Peter Singer, one of the most prominent leaders of the animal rights movement, and proponent of the killing of impaired newborns. He said that since humans were not made by God, there is nothing intrinsically sacred or precious about them or their lives, and they possess no unique or exalted dignity.

*One of the more fundamental errors of Marxism (one embodiment of materialism) was that it judged the value of life by its contribution to the economy. In this respect, it resembled Nazism that in less explicit ways also tried to get rid of people who were “useless eaters.”
There are reports that before the Communist regime in East Germany collapsed, elderly people were given normative health care only if they were in productive employment. Also, they were the one population group that was not discouraged from emigrating to the free world after retirement, because they thereby reduced the social burden (BMJ, 23/7/2005; source item from Susanne Hartfiel).

*In the culture of modernism, the mind stands in for the soul, and in turn, the mind is equated with brain power. Thus, when a person’s mentality declines or vanishes, the person is seen as losing, or even having lost, “personhood,” and therefore as being exploitable “for a good purpose.”

*Readers should be under no illusion that very debilitated people in hospitals are at great danger of being made dead so that their organs can be “harvested” for transplant. One will be told that a person has died when that is not so, death will be redefined so as to include people who are near death but still alive, and procedures will be performed on the person that do not benefit that person but merely serve to ascertain the person’s condition, and keep his/her organs “usable.” Once death has been declared (whether true or not), the person will be immediately--within a few minutes--whisked away to an operating room, to have the desired organs taken. And all this will be detoxifyingly interpreted to concerned family and allies as a good and generous thing for them or a “dying” person to do. Other parties’ desire for organs will be interpreted as almost a right to them, and the person who currently has those organs will be interpreted as having a virtual obligation to surrender them. One will not be told that as long as a person is alive--no matter how weak and debilitated they may be but still alive--then taking any of their vital organs constitutes killing the person.

*A peculiar irony is that these days, people who have indicated that they will donate their organs, and who then show up sick at a hospital, are likely to get better treatment than people who will not donate their organs, because the transplanters want to sustain the desired organs so that they will be very usable. However, as death approaches, the organ donor may be made dead (e.g., declared to be “brain dead” and then rushed into the operating room to be eviscerated), whereas the person who will not give organs may be left alone and not hastened into death.

*The people who want organs now have full-time paid people whose job it is to recruit families of very ill people (called “the griefstricken”) to surrender their loved one’s body for organs. These recruiters are called, very detoxifyingly, “family service coordinators” (source item from Joe Osburn).

*Now that physicians have begun to perform “face transplants” (e.g., for people who have been badly burned, or mauled), people will be declared to be “brain dead” but circulation and respiration will be maintained until the person’s face can be taken, a procedure referred to as “degloving” (Newsweek, 12/12/2005).

*200 years ago, the Cleveland Public Library, Harvard Law School, and Brown University (in Rhode Island) all had books covered in human skin (Discover, 2/2007). Today, the Chinese are said to strip and sell the skin (as well as other organs) of executed criminals (LifeNews.com, 14 Sept. 2005; SPS, 20 & 23/4/2006); and in Switzerland, university researchers have grown skin from aborted fetuses and used it for skin grafts on burns (Discover, 1/2006).

*A poll of American women found that 63% approve of using genetic technology to conceive a child who is a compatible tissue donor for an already born sibling who is sick, and 59% believe it is moral to use such technology to conceive a child who does not have an inheritable disease; 30% thought a divorced couple who have frozen embryos in storage should have them destroyed, but 25% think the couple should divide the embryos up between them (LHI, 3/2001). Of course, the article reporting these findings concluded that “there are no clear-cut answers to any of the questions posed by these difficult medical controversies.” In our circles, this elicits guffaws.

*The National Bioethics Advisory Commission that has been trying to get approval for the utilitarian exploitation of human embryos acknowledged in 1999 that it was aware that most
Americans believed that human embryos deserved respect “as a form of human life,” but this did not interfere with its efforts.

*Many childhood vaccines are now derived from cell lines of aborted babies: measles, mumps, rubella, polio, the adult vaccine against shingles, and hepatitis A and B. To our knowledge, that did not used to be the case initially, but apparently, using aborted babies enables faster or cheaper manufacture of vaccines than available alternatives.

Some of these vaccines are mandated either generally, or by certain bodies, such as schools. Surprisingly, this is tolerated by moral authorities, such as the Catholic church, if no alternatives are available. Some states allow conscience exceptions, but some Catholic dioceses do not, for fear a child could infect others, including teachers.

One of the firms that has used tissues from aborted babies to develop all sorts of drugs and vaccines is Merck, and it has done so for more than 30 years. Most recently, it has used such tissues to develop an HIV drug. Some people have called for a boycott of Merck products (NCR, 29/6/2003). However, Merck eventually decided to develop vaccines for certain conditions from chick embryos (NCR, 21/9/2003).

*The Institute for Regenerative Medicine in the Caribbean nation of Barbados imports aborted babies or their parts (mainly from the Ukraine), makes them into baby puree, and then injects them into rich people at $25,000 a shot, for virtually any health complaint, including--ironically--sexual impotence (FI, 11/2006).

In early 2006, there was a scandal over trafficking in stolen body parts that were then sold to researchers and hospitals. When the bodies were being prepared in funeral homes for burial, bones would be removed and replaced with pipes. The quality of the stolen bones, organs, and tissues was often very poor, so that recipients might have been unknowingly contaminated via a transplant. The US Food & Drug Administration which regulates so-called “tissue establishments” plans to address the problem by...tighter regulations, and the use of computer technology to identify and track tissues (multiple 2006 clippings).

*"Bioethicists" have begun to speak of “brain-dead” people as “aspiring (or living) cadavers” (aspiring here meaning breathing), and say that it should be legal to bury them, except that this would be “unaesthetic.” Also, it is becoming ever more popular in the medical culture to demand that such persons be used for experiments, in part in place of primates or other animals that one would not want to see hurt (Update, 2006, 20(5)).

Very premature babies are being called “bed-blockers” in Britain, because they tie up hospital beds. The proposed solution is to withhold treatment, and let them die (HLAAN, Summer 2006). We have to recognize this as a cost-saving utilitarian measure.

*As we mentioned before in earlier issues of TIPS, there is a large cohort of elderly parents who have a severely impaired child at home, and whose caretaking is coming to an end. Combined with a reduction in the increases in community service funding, this is creating a growing crisis. In some residential services, there are growing death wishes toward aging or feeble residents, and much relief when one dies, because this opens up a “bed” for the huge number of people waiting for one. All this also adds to the motivation (conscious or unconscious) for deathmaking, and a hardening of hearts (source material from Randy Webster).

*Diane Coleman of “Not Dead Yet” said in Mouth (5/2005) that the people on the right want to kill the handicapped slowly and painfully by cutting their health care, public housing and transportation, while those on the left want to kill them quickly, call it compassion, and also save money for their more worthy causes--both sides justifying the deathmakings in utilitarian terms.

The Interpretation of Animals as Humans

While interpreting humans as animals devalues the humans, and makes it easier to do bad things to them (including deathmaking), interpreting animals as humans also leads to bad things being
done to humans. Because if humans are no better than animals, are not even very different from animals, and if some animals are even better than some humans, then some humans can be treated even worse than animals may be.

*One way to blur the lines between animals and humans, and to legitimize deathmaking, is to combine the genetic material of humans with that of other species: so far this has been done with viruses, plants, pigs, goats, mice, and cows. Brave new world, anyone? In 2000, scientists inserted the nuclei of human fetal cells into a pig's egg. What would have grown out of this had it been implanted into a woman or a sow is unknown because the embryo was deliberately destroyed when it reached the 32-cell stage. The purpose was apparently to eventually design a subhuman human-like creature for scientific and medical uses. However, maybe the freak show hype would have become real, and we might get a "Jo-Jo, the Pig-Faced Boy," or "Bertha, the Sow Woman," and revise a dying show genre.

*In his 2006 State of the Union address, US President Bush expressed disapproval of making "human-animal hybrids." A lot of people were puzzled about what he meant, but the scientific community got the message loud-and-clear, and erupted into fury, because such hybrids are makeable, and its religion is to do whatever is do-able, and it acknowledges no higher authority to set limits to it (Discover, May 2006).

*When it became public that the US was using trained dolphins to find mines in the waters off Iraq, animal-rights groups went up in arms, so to speak. A PETA spokesperson said that "wars are human endeavors," but that animals never decide to go to war and should not be involved (AP in SPS, 2 April 2003).

*A Lebanese division of PETA, called Beirut for the Ethical Treatment of Animals (BETA), sent 300 dogs and cats left behind by their owners who fled the fighting there to new homes in the US (SPS, 23 Sept. 2006). To many people, animals are more important than their fellow humans.

*For many people who never had children, pets are a sort of substitute. However, many people never had children because they did not want the inconvenience of children, and in such cases, the pampering of pets is very morally problematic. People not only buy gifts for their pets but have them gift-wrapped; enroll their pets in yoga classes, swim therapy, and treat them to acupuncture and massage; spend $500 on a cashmere dog sweater; buy perfume for their pets; and read to their pets. Apparently, it is no longer uncommon for people to set up e-mail sites for their pets. A survey already in 1999 found that 84% (!) of pet owners refer to themselves as their pet's mom or dad (SHJ, 26/12/2000; Weserkurier, 20/8/2004; Der Spiegel, 12/2004).

*People are also having their pets' DNA stored for the possibility of future cloning, and at no small cost (SHJ, 22/2/2000).

*Maine became the first US state to pass a law protecting pets against domestic violence (WTG, 2 April 2006).

The Plight of Vulnerable People in Crisis Areas

*In December 1992, 50 children with physical and mental impairments in Haiti were mysteriously tied up and left to die in a cave. The Haitian government was embarrassed by the resulting publicity, and tried to keep the lid on it. Some of the children were put into an American orphanage in Haiti, and others shipped to the US for care. One of the children had a head the size of a soccer ball due to hydrocephaly, and was severely malnourished (American Association on Mental Retardation News & Notes, 3&4/1993).

*Aged, handicapped, and institutionalized people all over the former Yugoslavia have suffered terribly from the civil war there. Even institutions in non-combat areas, and even those of the winning Serbian side, have suffered devastating losses. Inmates at Belgrade's main mental institution were said to be in terrible shape, down to so few personnel and supplies that residents were
tied to their beds cold, hungry, vermin-infested and sick. Staff felt that killing them was the merciful thing to do, and four staff members actually killed themselves out of despair by early 1994 (Reuters, 18/2/1994).

*In the war of the Tutsis and Hutus in Rwanda in 1994, orphans were selected for killing on the basis of their ethnic identity (SHI, 3 May 1994), and in one instance, 13 would-be protector Red Cross workers were also killed.

*This is really sad-funny: Two psychologists are teaching that peace can be brought to Rwanda, and genocide stopped, if only someone would teach the Rwandans about “the roots of genocide” (Monitor, 4/2006), and never mind the realities of AIDS, high unemployment and extreme poverty. This underlines yet again the peculiar stupidity and blindness of the Enlightenment liberals, to whom “education” is the equivalent of repentance, conversion, being born again, metanoia, etc.

*The impact of disasters on peoples’ attitudes toward procreation is very paradoxical. Consider, for instance, the impact of the Holocaust on the Jews. Before World War II, many Jewish populations in Europe (e.g., in Czechoslovakia) had one of the lowest reproduction rates in the world. One would have thought that Jewish survivors of the Holocaust would have said to themselves that one of the highest priorities would be to bring Jewish babies into the world, and replace some of the Holocaust losses—but amazingly, this did not happen, either among the Holocaust survivors themselves, or among Jews in safe areas, such as the US. Thus, even Israel had to rely on continued Jewish immigration (“in-gathering”) because its Jewish citizens did not reproduce at even a replacement rate. Even worse, many Holocaust survivors became supporters of abortion, and some even became very prominent promoters or even performers of abortion. It seems to us that all of this bespeaks a profound failure to have learned one of the most important lessons of this awful episode in history.

One Jewish boy in Hungary lost all of his family in the Holocaust but survived to come to America, marry and have 2 daughters. It was the 2 daughters who resolved that when they got married, they would have many children as a gift in memory of the lost family, and they made good on their intent (E&C, 3/1999).

Another contrast is what happened after the 2004 tsunami in countries such as India and Indonesia. People who had lost children in that disaster became desperate to have more children afterwards, and this motivation has been a major factor in their rebuilding of their lives. Population control groups, such as Planned Parenthood, usually are among the first on a disaster scene offering contraceptives and free abortions, but these victims asked for surgery to reverse the sterilization procedure that India had been sponsoring as a state policy for some time—but nobody is prepared to subsidize that (HLA Action News, Spring 2006).

Some Deathmakings in (Recent) History, & Some Lessons From Them

Humans have always made each other dead; what varies across time and cultures is who gets made dead, for what reasons, how massively deathmaking is carried out, and--very importantly--whether the deathmaking is seen as wrong, as very regrettable even if justified, or as legitimate and even desirable. The latter is the case in our society today about virtually every form of deathmaking reported in TIPS.

*We had written (in an earlier issue of TIPS) about the human cost of gold mining. Now we learn that things are as bad with silver. The Spanish started oppressive silver mining in Bolivia 400 years ago, and this has claimed 8 million (!) lives since then. To this day, most such miners start as children, and die by age 40 from black lung disease (Parade, 21/5/2006). This could turn one against silver.

The practice of paying foster families for the care of a child they take in was pioneered by the Massachusetts State Board of Charities in the 1860s. Presumably, the foster family previously felt recompensed by the anticipated labor of the child.

*Masterman, C. F. G. (Ed.). (1901, 2nd impression). The heart of the empire: Discussion of problems of modern city life in England, with an essay on imperialism. London: T. Fisher Unwin. Some books in the late 1800s and very early 1900s sketched the conditions of the lowly of society very much in the same terms as later eugenicists, but without invoking eugenics itself. They would tell terrible stories about the incompetent, the poor, alcoholics or drunkards, the insane, idiots, the criminal, etc., and call for something drastic to be done, but eugenic thinking had not yet been systematized enough for them to spell it out. However, the “something that had to be done” often included a call for outright merciful and painless killing of certain individuals and classes. For instance, Masterman (1901) said that if nothing else was done to stop the propagation of the lowest classes, or if what was done did not work, than a “final solution” would have to be applied to them, and that this would entail some form of killing.

*Kolata, G. (1999). Flu: The story of the great influenza pandemic of 1918 and the search for the virus that caused it. New York: Touchstone (Div. of Simon & Schuster). One example of a successful attempt at image manipulation is that prior to this epidemic, people referred to the main sitting room in their houses as the parlor. But during the epidemics the parlors across the US were used so much to lay out so many dead that the Ladies' Home Journal magazine declared that from now on, the parlor should be called the “living room” because it was for the living, not the dead—and the idea actually caught on (p. 48).

*McFarland-Icke, B. R. (1999). Nurses in Nazi Germany: Moral choice in history. Princeton: Princeton University Press. Starting in 1938, nurses in some of the psychiatric institutions were given an opportunity to acquire handguns and take training in their use, in part in order to shoot inmates who might try to escape during anticipated air raids (p. 212). There is fascinating research on how nurses justified their cooperation with the killing of their patients even when they were radically opposed to such killing, and outright refused to do it themselves. But then again, those who did refuse suffered no consequences worse than being assigned undesirable duties, such as housecleaning. Some nurses cooperated because they said that none of the evidence they had of the killings was sufficient to provide absolute certainty that killing was taking place, and short of absolute certainty, they felt justified in continued collaboration. One still commonly hears this argument.

*Skeletons are tumbling out of closets everywhere. Not only was it discovered that in Sweden, 63,000 people were sterilized between 1936 and 1976 under eugenic laws, but also, imitation of German practice went so far that between 1941-43, 200 of the more “difficult to handle idiots” in Sweden’s only specialized institution at Vipeholm in Lund were starved to death. This number has to be considered in relation to Sweden’s small population (Boston Globe, 21/2/1999; source item from Jack Yates).

*Recent research has uncovered yet another mass deathmaking of World War II that had previously escaped publicity. In the last few weeks and days of the war, 250,000 German refugees from the Russians on the Eastern front managed to make it to quiet peaceful Denmark, mostly by sea. They were quickly interned into hundreds of camps, the biggest of which had 37,000 inmates. The Danish Medical Association and the Red Cross decided not to give any help to the refugees, many of whom were already undernourished, underclothed, and otherwise distressed. Soon, a mass dying set in, including of 10,000 children under age five. This recent discovery has set off a controversy in Denmark, with some parties justifying the mass deathmaking and others being ashamed of it (Spiegel, No. 19, 2005; source item from Susanne Hartfiel).

*When in 12/1937, the Japanese began “the rape of Nanking” in China, a German representative of a German firm there put on his Nazi party swastika armband, and together with some American missionaries, set up a safe zone that is credited to have saved 250,000 lives. The 1976-1980 German ambassador to China wrote a book about this (in German) a few years ago.
*One is hardly ever told that perhaps the staunchest opponents of Hitler were the Jehovah’s Witnesses in Germany, mostly because of their opposition to any kind of military service. About 300 were executed, and more than 6,000 were imprisoned, of whom 1700 died in prison (AP in SHJ, 13/10/1998). Unlike the Jews, they could have escaped persecution by submitting.

*The German Jewish chemist Fritz Haber invented a way to gain the nitrogen from the air in order to make explosives, which helped Germany to almost win World War I. He also invented poisonous gases that the Germans, and later the Allies, used on each other. Finally, he invented Zyklon B, a nitrogen-based cyanide insecticide/vermicide gas used to kill millions of his fellow Jews (and others) in Nazi concentration camps during World War II. (After WW II, nitrogen was made into fertilizer, and enabled the “green revolution” that made us so rich.) Already in 1918, Haber got the Nobel Prize. When the Nazis came to power in 1933, he fled to Switzerland, and died a broken man in a Basel hotel room in 1934--only 16 years after getting the Nobel Prize (Smithsonian, 7/2006).

*It was mid-April 1945, and the Red Army began its final assault on Berlin with 40,000 pieces of artillery and 2.5 million soldiers, but on 12 April, the Berlin Philharmonic gave its last performance, namely of Beethoven’s Violin Concerto--and very appropriately, the finale of Wagner’s opera “Götterdämmerung.” There is a story that on their way out, members of the audience were offered cyanide capsules from baskets held out by uniformed Hitler youths (First Things, January 2007, p. 50). At least, they knew how to go out with Kultur, rather than vulgarly, as people do today.

Deathmaking In & Via War

At all times, there will be war going on somewhere because humans are in their nature violent, and especially human collectivities are. Boundaries, food, mates, other desired resources and goods, differences in race, ethnicity, language, religion--anything can become a dynamism of war.

In addition to the direct deathmaking that war causes (of soldiers killing each other), there are all sorts of other both direct and indirect deathmakings: the killing of civilians, even women and children; the destruction of land and animals on which people depend; the pollution of nature, sometimes for generations; the remaining weaponry that may claim the lives of children even decades later when it is accidentally discovered; the slaughter that often accompanies rape which always accompanies war; and so on.

*The ancient Greek Aeschylus (525-456 BC) is credited with having coined the saying that “The first casualty of war is truth,” and he continues to be vindicated many thousands of years later. Recently, the US military has been revealed to have been deceptive in the heroic story it told about the rescue of Private Jessica Lynch in Iraq, and about the deaths of many soldiers who were killed in accidents, or even by accident by their own fellow soldiers, but who were reported to have died heroically in battle or attempting to save their fellow soldiers (e.g., SPS, 5 Nov. 2006).

*We have reported in earlier issues of TIPS how the first war in Iraq, under the first US President Bush, was interpreted to the American public as virtually a video game. This is also testimony to how the playing of violent video games prepares people’s minds to be desensitized to the killing of real humans. Now, war is being trivialized as a big sports game, with terms such as “line of scrimmage,” “play-by-play coverage,” “downfield blocking” (all terms from football and rugby), and comparison of the American public to sports fans who want their team to win, and when it starts losing, withdraw their support. One reporter said his 6-year old son briefly saw a war report on the TV, and asked his father, “What’s the score?” (USA Today, 7 April 2003).

*We have reported in earlier issues of TIPS on the recruitment of children as warriors, and that this does devastating things to the child’s identity--yes, even if the children are resilient enough to recover. Now we learn that even young girls in Africa, as young as 6 or 7 and up to the early teens, have been forced into armies, sometimes for behind-the-lines chores but sometimes also to fight. Typically, they are raped repeatedly and also typically contract all sorts of diseases. This is reported to be occurring in 27 of 55 countries currently engaged in some form of conflict (Monitor, 2/2007).
*We will probably never know how many people are being killed in the war in Iraq. The figure is deeply contested for ideological reasons, but 500,000--mostly Iraqis civilians--is not unreasonable, especially considering how many ways people are being made dead there, and how long that war has been going on.

*It is one thing to be opposed to war, or even only the war in Iraq, but it is obscene to go to funerals of soldiers who died in Iraq and harass the mourners there. This has gotten so bad that people have formed the Patriotic Guard to attend military funerals in order to shield them from heartless protestors (SPS, 1 Feb. 2007).

**People's Failure to Deal With Deathmaking, Genocide, & Evil in Their Own Times**

*Happy Anniversary, ye of little insight. In March 1939, the King of Sweden awarded the highest Swedish military order to Herman Göring, then third in the Nazi hierarchy, and later second. Who is honoring the monsters of our age who are unrecognized by most?

*In February 1939, the Australian Prime Minister Lyons sharply rebuked writer H. G. Wells because during an interview, Wells spoke depreciatingly of Hitler and Mussolini. Lyons said that this was no way to promote international understanding (Amerika Woche, 4 Feb. 1989). Imagine what Lyons would have said about the TIPS editor! However, the point is that those who pronounce the truth before most people--or even everyone else--have seen it are always in trouble.

*By 12/1942, anyone who had read the New York Times, or a Jewish periodical or newspaper, knew that two million Jews had already been murdered, and that several million more were threatened with a similar fate. And yet despite this, the response was slow even in Jewish circles. One reason may have been that prior to World War II, Jews were still a fearful minority in the US, and secondly, the enormity of the reality may have been such that the human mind was simply not able to relate to it. The latter reason certainly contributed to the fact that many Jews did outright refuse to believe the news reports. After all, the Jews in the Warsaw ghetto itself did not believe that transportation meant death. As late as 12/1944, 75% of Americans in general still believed that the number of people who had perished in Nazi concentration camps was less than 100,000 (Lookstein, 1985), apparently because larger figures were not humanly conceivable. Even by 5/1945, when all sorts of news stories about the liberated camps had appeared, the median estimate by members of the American public was still only one million. Lookstein (1985) also mentioned a third reason why American Jews failed to relate fully to the reality, and that is that they had placed an implicit trust in the leadership of President Roosevelt. Little had they reckoned with Roosevelt's personal and political cynicism. Thus, to publicly proclaim the facts and call for action would have meant a rather direct confrontation and refutation of the president--and that yet during war time.

*It is not very well known (in part because of repression of unpleasant truths) that the Jews in Rome prior to World War II were largely pro-Mussolini. Having been there for over 2000 years, they thought themselves invulnerable. When a German-speaking rabbi (Italo Zolli) suggested that they destroy their local membership lists, so that the lists could not be used to track down Jews, they refused. When the fascist state collapsed in 1943, he suggested it again, and they told him to “go buy some courage in the pharmacy.” After this collapse, the Germans took over and began to hunt down Jews, and deport them to extermination camps. Also, the Germans demanded gold for Jewish lives, and what the Jewish community lacked was made up by collections of gold in Catholic parishes, and the Vatican was ready to furnish any further shortfall (HC, Spring 2006).

*We are seeing a strange phenomenon of book after book on social Darwinism, eugenics, and efforts to kill the impaired during the first prominence of these movements (1875-1945), that laid bare the atrocities of the past--and then endorsed those of the present that are politically correct. These include the following 3 books:


*Communist regimes killed about 100 million people world-wide, not counting the hundreds of millions who were imprisoned, tortured, or otherwise persecuted. In China, cannibalism was not only practiced but encouraged (Time, 18 Jan. 1993). Under the Spanish Inquisition, about three people a year were killed, but in the mythology of certain circles, the Inquisition is right up there with Communist gulags and concentration camps (FT, 6/2006).

*Writer Kurt Vonnegut who recently (April 2007) died in old age had seen Dresden before it got firebombed in 1945, survived it, came out of the air raid shelter, saw it in flames--and did not see evil at work, but a lack of humanism. He died a humanist.

**Miscellaneous Deathmaking**

**Yet Other Forms of Contemporary Deathmaking**

* Few people have ever given the nature and magnitude of indirect deathmaking much thought. Yet the input and effect of such deathmaking are absolutely massive, and almost all-pervasive. For instance, a study by Cornell University scientists has claimed that 40% of deaths world-wide are caused by pollution and other environmental factors (SHJ, 19/10/1998).

* Here is how computers contribute to death in the world. It takes 1.8 tons (3600 lbs.) of raw materials (fuel, water, ores) to manufacture a single desk-top PC and monitor. A cathode ray tube monitor contains between 2-8 lbs. of lead, which is a very toxic heavy metal; its glass front alone has a lot of lead in it. Where lead is mined in Peru, 99% of children have lead poisoning. Many other countries in Africa and Asia tear up their land to find or mine the metals used in computers. The US government actually subsidizes mining, or computers would be more expensive, and recycling more profitable (Smithsonian, 8/2005).

   Here is how cell phones contribute to death. Americans alone discard 100 million(!) cell phones a year. Each cell phone requires the metallic mineral coltan, which is mined in the Congo. To mine it, the Congo is being devastated, and the forests of the gorillas destroyed, already resulting in a 50% reduction of gorillas (Discover, 8/2005).

* There is a subculture of active exaltation of mate-slaying. On the one hand are wildly popular pop songs on killing one’s bitch, while on the other hand we see great tolerance for women slaying abusive mates.

* Nobody has the nerve to call it that, but what was done to the 3 Duke University lacrosse players (in 2006-2007) was an old-fashioned lynching with reversed colors, led by African-Americans, starting at Duke itself, then quickly joined by the Duke administration, and the whole PC establishment that did not want to be seen as out-of-step. Some African-Americans even clamored for a guilty verdict even if the players were innocent, as a sort of “pay-back time.”

* While the so-called COX-2 inhibitors, such as Vioxx and Celebrex, are said to be a godsend for some people with a lot of rheumatic and certain other pains, the risk of heart attacks that temporarily took Vioxx off the market seems to have been high mostly for people who take the drug for a prolonged period of time, rather than sporadically and for a short-time. However, one is stunned to learn that Vioxx nonetheless may have caused as many as 100,000 heart attacks, and 30,000-40,000 deaths therefrom, and that the people who survived these heart attacks are believed to have shortened life expectancies because of it (AARP Bulletin, 2/2005).

* Of the residents in a 1200-bed nursing home in San Francisco, 80% were found capable of living on their own with a little help, and wanted to (AARP Bulletin, 2/2007). Obviously, being kept in a nursing home under such conditions is bad for one’s mentality, one’s health, one’s life.
One aspect of the current defining-down of deviancy concerns the increase in deathmaking. As all sorts of deathmakings become more normative, less deviant and more accepted, they attract and receive less and less notice and publicity. For instance, where previously, each incident of a rage random mass killing, or a rage killing of an entire family, would have received its own news coverage, now there may be one news item—and a relatively small one at that—that reports on several such killings that took place on one day. For instance, 2 enraged men killed their families, one in Minnesota and one in Maine, and these were reported together in a single brief news item (AP in SHJ, 8 Dec. 1998, A11).

A forensic scientist for the Oklahoma City police department gave evidence in thousands of cases over a 13-year period, including at least a dozen death penalty cases, some of which ended with executions. It was finally discovered that much of her evidence was faulty, and at best based upon poor scientific procedure if not outright fraud. This raises the question whether a person like this can be characterized as a serial killer, and of a kind that we have not known before, who manages to make people dead long distance. Together with several similar other cases, it also raises the question how many more such forensic specialists there are who have been giving false testimony.


"Wenn auf den Gräbern aller Ermordeten ein Lichtlein stünde, wären die Friedhöfe hell erleuchtet" (If every murder victim’s grave had a small light on top, the cemeteries would be brightly illuminated) seems to be the summary of this book. The book focuses mostly on killings within the family or among non-married couples, such as one spouse killing the other, or one or both killing their child; but it also mentions killings in hospitals, nursing homes and paid care situations in people’s private homes, as well as serial killings by strangers.

Rückert says that most killings are not discovered, especially not if somebody kills only once. For instance, in nursing homes, killings only get discovered if somebody kills many people so that it becomes harder for witnesses to deny that it happened. Estimating the numbers of undiscovered killings is very difficult, and there has never been a systematic study in German-speaking countries to come up with such estimates.

A big part of the book describes why and how different people and organisations—especially doctors, police, forensics, public prosecutors, and witnesses—participate in the covering up. For instance, most doctors do not like to examine dead bodies, and therefore do not discover incidents of violence when called to the scene; the doctor who treats a person (or does not treat him or her) while he or she is alive, and the doctor who examines the person after death, is often one and the same; doctors are afraid to lose patients if they call in the police, because family members might be upset about it; the police sometimes intimidate doctors who want a thorough examination because it creates more work for police; doctors try to protect colleagues and their careers; and so on. If called to the scene, a doctor has to decide right away whether somebody died a natural death or not, which in many instances is impossible. On old forms, doctors could check the category “do not know,” but most German provinces changed the form, so the only option, if a doctor is uncertain, is to check “unnatural death” and take all the blame if it turns out to be an error. In regard to the police, reasons for not thoroughly examining the scene or not acknowledging that someone might have been killed are, for instance: tiredness after long working hours; loathing, especially if the person has died a long time ago; the knowledge that each suspicious death creates additional work; and unwillingness to participate in the required autopsy. Rückert says that most killings can only be proven through autopsy. Many forensic institutes in Germany got closed down in recent years; therefore fewer autopsies take place and, because of increasing transportation costs and efforts, the further away the forensic institute is from the scene, the less likely it is that a death is considered unnatural. Forensic institutes are disliked by police, public prosecutors, and doctors, because they create work for the former, and uncover bad treatment by the latter. Therefore they are under constant pressure from different sides. Although the public prosecutors are required by law to investigate cases themselves, this almost never happens. Instead, the public prosecutors make decisions on the basis of the case records presented to them by the police, who did not investigate well in the first place. And according to Rückert, there are hardly any instances in Germany where a public prosecutor had to stand trial because he did not do what the law required him to do.
Rückert illustrates all of this by numerous killing stories that she often recounts in great detail. She says that in Germany the overall interest in discovering killings has very much decreased over recent years.

The book also contains some comparisons between different European countries as to how efficient the investigations are. Holland seems to be the country where one gets away with murder most easily because only one doctor is needed to testify to a natural death, and then the body can be cremated and thereby the evidence is destroyed. So there seems to be a sort of burial tourism in that some Germans who live along the border ship their dead relatives to Holland to be cremated there.

The main problems of the book are the following.

1. Rückert provides very detailed descriptions as to how to kill somebody so as to increase the likelihood of getting away with it. So if one does not know how to kill secretly before reading this book, one certainly knows it afterwards.

2. Although Rückert mentions that the groups most likely to be killed are vulnerable and devalued people, and although she sees the systematicness of the disinterest in investigating the circumstances of their deaths, she seems to believe that killing is committed mostly within families or among relatives, and that deaths in human services (especially hospitals) happen mostly accidentally, e.g., out of sloppiness of doctors, but not systematically or willingly. She also believes that “the state” really has an interest in discovering as many “unnatural deaths” as possible—in order to uphold the norm not to kill. The state can attribute a certain limited number of murders to outsiders, and not to people in valued positions. Therefore, all that is necessary is to make a scandal of the ineffectiveness of the structures under which the investigating organizations operate. Her recommendations as to how to deal with the problem are very much on the technical level, as she does not believe that societal norms and values are at issue.

3. Rückert seems not to disapprove of abortion, because according to her, one has to ask whether “this kind of life really is life.”

The book was drawn to our attention by Dr. Henning Stein, and obtained for us by Andreas Hartfiel, both of Germany. (Detailed review written by Susanne Johanna Hartfiel.)

*The US military has a new unmanned “drone” (i.e., a flying machine that is controlled from the ground and afar by people who are not in it, and which drops weapons on specific targets) which it has named “the Reaper.” Death has often been referred to as “The Grim Reaper” (source information from Jack Yates).

*In recent years, there has been a great public outcry about athletes, starting already in high school or earlier, taking anabolic steroids to build up their muscle mass. This has been found to incur a very heavy cost in terms of physical health and likely longevity, mental functioning, and particularly mood and anger control. The US Congress held hearings on this, athletes got busted, the National Institutes of Health (NIH) started funding research on this, etc.

These steroids are synthetic, but there are other synthetic steroids which have been given massively to probably a majority of women, namely contraceptive pills, and later in life the estrogen replacement hormones. Already in junior high, girls are encouraged to get on the contraceptive pill, and continue it through adulthood, except for brief periods to have their average 1.4 children. Furthermore, about 3% of women on contraceptive hormones conceive anyway, and then expose the developing baby to these drugs which have been shown to cause fetal defects in laboratory animals.

And further, these hormones are often prescribed mainly as a sort of technological fix, to regularize a young girl’s menstrual cycle, rather than looking at underlying causes and address these. All of this also gives the message that the female body is poorly designed and needs artificial hormonal treatment on a virtually lifelong basis.

The risks of estrogen replacement drugs were found to be so great that the NIH even prematurely stopped a research study in progress. And yet these risks are not much different from those of contraceptive pills, except that the women on the contraceptive pills have even greater health risks.

There is a clearly-established link between sex hormones and many kinds of female cancers. For instance, this accounts for young women having about 50% more cancers than young men. Women who have children in their 20s gain a major protective advantage against all sorts of cancers which women who spend decades on the pill forfeit. And yet, there continues to be persistent denial...
that the administration of sex hormones to women (e.g., as part of chemical birth control) affects their cancer rate.

Altogether, the risks of oral contraceptives are played down or tolerated primarily in order to allow for greater sexual license. Women seem not to have woken up to the fact that they are the ones who bear the risks. Obviously, all logic has flown out the window in the face of ideology (NCR, 27/11/2005).

The pro-abortion and pro-fornication lobbies are finally prepared to admit that women who use the oral contraceptive pill for more than five years are apt to triple or quadruple their risk of developing cervical cancer (NCR, 14/4/2002). However, we were not aware that the mainstream media carried this news item when the World Health Organization released it, and the American Cancer Society and the US Centers for Disease Control and Prevention promptly announced that women should not change their pill-taking habits. Of course, we have here once again a foundation for elephantine lawsuits in the future if women are put on “the pill” without being told of this risk. These things are so inevitable that it staggers the mind that the people who will have to be paying damages later do not anticipate it.

Yet another birth control pill that would limit women’s menstruation to four times a year seems to us to be yet another assault on women and their reproductive systems, and we suspect that in due time, as always happens, the adverse effects will be found to be considerable. One of the banners under which this is being promoted is—of course—“choice” (Newsweek, 3 Feb. 2003).

However, so far, none of the parties that have made a stink about athlete steroid use have made a link to the use of synthetic hormones by females.

Nor has there been much discussion about the effects—on the unborn, on males, or fertility, on “gender identity”—of huge amounts of artificial female hormones now in the water supply.

The Apparent Hopelessness of the Decadence & Violence in the African-American Ghetto Subculture

In Syracuse, NY, as in other American cities, there is constant violence and killing in the local poor African-American and so-called Hispanic population. In response, some people in Syracuse have begun to try to combat this with alleged anti-violence programs that seem either somewhere out in “lulu-land,” or at the very least, as they say these days, very unclear on the concept.

One of these insanities is to try to combat the violence by means of more of the same culture that feeds into and sustains the violence, such as holding events featuring the very kind of decadent music (rap and hip-hop) and entertainment that is popular in it. One such insanity has been to invite members of the rap music culture to preach a message of anti-violence to youths—yes, the very culture that has become infamous for promoting various kinds of violence, and for debasing African-American music culture. The rationale has been that these are the kinds of people that the children will listen to.

Similarly, after a rash of summer killings in 2002 in Syracuse’s racial ghettos, people trying to stop this kind of violence decided to hold a “stop the violence party” to commemorate the death of one of the earlier murder victims. Very unwisely, they held the party in a bar. The tickets to the party announced that only people 21 years or older with proper ID would be admitted, and the announcement also said “come-in-peace or not at all.” However, most of the participants turned out to be under-aged youths who were indiscriminately admitted. Once the liquor started to flow, fighting broke out, guns and knives materialized, at least a dozen shots were fired, two people were shot and one stabbed, and one of these died. At the funeral of the youth who got killed at this anti-violence party, more violence broke out, and three more youths were shot. Later, despite the large number of people who had been present at the party, the police had trouble getting anybody to tell them what had happened. Later the news also reported that the bar had a “substantial negative history.”

Then an anti-violence carnival was held where two people were shot and a third one stabbed, and when it was all over, none of the people who had been there claimed to have seen or heard anything. Many of the very people who call for an end to ghetto violence are the same ones who refuse to testify to the violence that they have witnessed.

So-called loitering has become another casus belli in the culturality wars. An awful lot of crime and violence gets schemed, motivated or transacted in the African-American communities when groups of mostly men—mostly unemployed, predominantly younger ones who often are gang members—gather at certain places such as outside bars, convenience stores, and on certain street
corners. Efforts to pass or enforce anti-loitering laws in order to combat this immediately get interpreted as racist, even by the very people in the racial ghettos who are most likely to be the victims of these loiterers, and say they want violence reduced.

Relatedly, even in areas where African-American crime rates are vastly higher than those for the rest of the population, the fact that African-Americans are disproportionately likely to get arrested is interpreted as racism yet again, and some police departments have in effect been told that they must have proper arrest quotas, meaning that they either must find reasons to arrest more non-African-Americans, or they must forego arresting African-Americans caught in a criminal act. The media who should know better are in the forefront of this kind of insane PC propaganda (various Summer 2002 clippings).

Also in this subculture, people do not seem to connect how a certain lifestyle is bound to contribute to a high level of violence. Here is an example. Another shooting occurred after 11:00 p.m. in mid-2002 in the poor part of the city, directed at some young teenagers. One mother of 5 children in the neighborhood said about this, "our kids are trying to live a normal life hanging out at night with their friends" (SPS, 27/8/2002)--about which we can only say if a normal life for children is hanging out on the streets with friends that late at night, or even later, what did they expect?

By early May 2003, 7 people had been murdered in the city that year, most of them poor African-Americans, most of them within a 4-week period, and there had been a much larger number of shootings and stabbings that did not result in death. In response, the city government unveiled yet another in a series of plans to "stop the violence," or at least to "stem the violence." This one entailed identifying 250 youths "at risk"--though the plan did not say at risk of what: becoming victims of violence? perpetrators of violence? or both? (However, the context allowed one to infer that they are mostly delinquents.) Caseworkers and outreach workers were to be hired, yet more advisory groups were to be formed, and 100 new summer jobs were to be created. This will cost another $100,000, on top of over a million dollars that taxpayers had already spent, and other monies they continue to spend each year on so-called anti-violence programs, with no end of the violence in sight. One local anti-violence project had received a $900,000 federal grant, of which the federal government eventually took back $300,000 because the recipient agency failed to show how it was spending the money on reducing gun violence. Money simply disappearing is an old problem with inner-city projects.

In another incident, the grandson of a 20-year church sexton shot up cars in the church parking lot while the church was holding Sunday morning services, and in response, the church held yet another service to "show support" for the church and its neighborhood.

In the midst of all this violence, a "crusade" was held in Syracuse at which two famous Pentecostal preachers were invited to speak. One of the preachers called for "male role models," but not outright for marriage, nor for fathers and mothers to raise their children together. During the crusade, a symposium on youth violence was held, and considering that so many of these kids have guns, it was not very promisingly--indeed, ominously--entitled "Empowering Our Youth and Keeping It Real." However, at least one speaker did tell the youths present that they are responsible for the decisions they make, regardless of their situation and its hardships.

Other strategies that have been proposed to "stop the violence" have so far at least not resulted in further violence and shooting, but they have been rather low-level, such as: providing free meals to neighborhood children at the Boys' and Girls' Clubs, keeping the Boys' and Girls' Clubs open longer hours, and of course, more money to fund such after-school and weekend programs. Nobody, but nobody, locally is calling for less bearing of children out of wedlock in the African-American community, for young African-American youths to be less sexually predatory (many have children by multiple young women, including children of the same age, which means they were sexually involved with several females at the same time), for more marriages and more stability of marriages, for more going to school and staying in school by African-American youths, for willingness to seek and keep a job, and for less emphasis on materialism and possessions--in addition to whatever else may be needed to reduce the violence.

A man in his early 20s was shot to death in April 2003, apparently in connection with gang wars over turf and perceived offenses. The headline read "Gangster Killed," for which an irate letter-writer took the newspaper to task a few days later, complaining that this man had been someone's son, brother, and father. True--but he had also been a gang member, and the implication was that this fact of his identity was irrelevant, or should have been kept secret, when it was apparently the reason why he was killed. It also turned out that, like many poor young African-American men, he had fathered numerous children with numerous women--all of whom testified at his funeral what a good
father he was, even though he had married none of the women, and lived with none of them or the children, but he did take one daughter to Burger King whenever he visited with her (April & May 2003 clippings). If this constitutes being "a good father," what can one expect of the children sired by such men, or the women he sired with?

On top of all of this, those who are models in the "black" culture--gangsta-rappers, violence and rape celebrators, drug lords, etc.--have been going on a rampage of intimidation of people so that they will not cooperate with the authorities in clearing up crimes. Indeed, this population often outright misleads the police. The new motto is "don't snitch," accompanied by threats; and "snitchers" are indeed hunted down. So we are sliding ever more into a subculture where there is no more rule of law.

When the population will not reveal to the police what is going on, then given the subculture at issue, it is bound to happen that revenge for acts of violence will be privatized, i.e., one shooting will result in a later counter-shooting, and on and on. That is what is happening, and it should not be hard to understand.

The Juneteenth festival (commemorating the Emancipation Proclamation) in downtown Syracuse in 6/2007 started out with gospel music, but when a band called FX started playing, a riot broke out as hordes of ghetto youths started rampaging and "cutting" each other (they apparently came prepared with their weapons). The police had to end the festivities early and send the crowds home. We were not surprised at such a development, especially considering what band had been invited to play.

All of the above is being recapitulated in cities all over the US. The number of nationally prominent “black” figures who have taken an honest and courageous stand on these realities can be counted on one hand. The situation seems--by ordinary human calculations--hopeless.

None of the above analysis implies that there are not yet other forces at work contributing to this decadence, such as economic policies that “manufacture” a certain percentage of unemployed and unemployable people, and a certain percentage of career criminals, all in order to keep the economy running smoothly. Nonetheless, there is much that is just plain self-destructive within these poor racial enclaves.

More and more, it looks like what is needed is a new kind of segregation: those who want to live decadently in a lawless jungle from those who do not, and who do not want decadence around them, regardless of race or skin color.

Miscellaneous Miscellaneous Deathmaking

*In the late 1970s, the TIPS editor coined the related phrases “dead-making,” “death-making,” “death-makers” and “making (someone) dead.” These were not phrasings that English-speakers would have been likely to hear before, though analogues thereof exist in other languages. These phrasings were disseminated mostly via Training Institute workshops, and to some degree by the editor’s writings. Very slowly, but since ca. 1990 increasingly, these phrasings entered the mainstream of English usage around the world. In 2005, Richard John Neuhaus, the chief editor of First Things, wrote about people wanting to “make Terri Schiavo dead” (see also FT, 5/2006).

*Some people who actually are in favor of non-violence have very naive ideas about it. For instance, they may assume that if only everybody were non-violent, all the problems of the world would be solved. The fact is that even without intentional violence, ours would still be a very disfunctional world, full of all sorts of problems, though admittedly a much less worse one.

Another romantic notion of many people is that the day may actually arrive when most people will embrace non-violence, which is utterly absurd. Even countries such as India, in which many people profess an ethic of non-violence, there is a vast amount of violence nonetheless, and sometimes even huge ethnic warfares and genocidal slaughters.

*Peace Be With You! The Catholic chaplaincy at Syracuse University had a “peace garden” by its office with a statue of St. Francis. In 12/2006, someone stole St. Francis, so the chaplaincy installed a metal fence and lockable gate around the replacement. A better way would have been to keep replacing the statues, until the world was saturated with them.

*Rieff, P. (2006). Sacred order/social order, Vol. 1, My life among the deathworks: Illustrations of the aesthetics of authority. Charlottesville, VA: University of Virginia Press. This work posits that social order requires the presence of “culture” as the author defines it, in contrast to how anthropologists do, to whom apes using sticks to fish for ants in anthills is culture. According to Rieff, culture functions to translate sacred order into social order, and when well done, there is little need to uphold order by violent means. Rieff asserts there are many people now (we would call them the politically correct) who want to “de-create” culture on the assumption that social order can be had without it, and that is what he calls “deathwork.” One reason is that culture-less people and societies only have violence left to enforce order, rather than the internal regulation that comes with belief in a sacred order. Relevant to this point is the motto that King Louis XIV had engraved on his cannons, ultima ratio regum (“the last argument of the king”), meaning when all else fails, the king lets cannons speak.

One way the enemies of culture destroy culture is by making war on memory, which Rieff calls “the abortion of memory.” This contributes to a “death cultus.” There is much overlap here with what we teach in some of our workshops.

*Garland, R. (1995). The eye of the beholder: Deformity and disability in the Graeco-Roman world. Ithaca, NY: Cornell University Press. Garland believes that the “new genetics” of our day may define health as synonymous with the optimal functioning of the individual, and hence advocate abortion or “euthanasia” as a health measure.

*At one time not long ago, people were very much aware that they might die at any moment, as from accidents or rapidly progressing diseases. In Western society, and particularly since the days of the Black Death, there was a very vivid cultural consciousness of the capriciousness of death, including a so-called memento mori art form that sustained this consciousness. Now, modernists take health and long life for granted--indeed, think they have a right to it--and no longer anticipate rather sudden death. This also explains why, when confronted with the news that they have a deadly affliction, some of them fly into rages, feeling that one of their entitlements has been violated, and they may enter upon a form of warfare against death, and/or much litigation.

*How times have changed when, to moral people concerned with the sanctity of life, the word “ethics” and what it stands for has almost become an enemy, as in “bioethics” and “medical ethics.”

*Insofar as academic philosophers and so-called ethicists seem to be more in support of assisted suicide and “euthanasia” than physicians, a Canadian professor of medicine suggested that the philosophers and ethicists should be trained to perform such killings so that the physicians could attend to healing (source information from Dr. Nancy O’Connor).

*One other impact of here-and-now-ism on deathmaking is that the longer the time between the commission of some type of deathmaking, and its discovery and/or a trial of the accused perpetrator, the less “real” do the deathmaking and the victim seem to be. Thus, the perpetrators get off very lightly, regardless of the nature of the offense.

*Dr. Andrew Fergusson of the Center for Bioethics and Human Dignity in the US has been speaking of “taking life, making life, and faking life.” Among other things, he said that abortion statistics are roughly equal for the US and the UK, but that unlike in the UK, it is much more controverted in the US. He believes that the UK is much more likely to legalize “euthanasia,” and has also made it legislatively more easy to “make life.” The US is ahead in life-faking through artificial intelligence, robotics, etc., in part because of the greater availability of money, and a more supportive American mind-set for such technologies (Dignitas, Winter 2005).

*There is a rock band with the name “And You Will Know Us By the Trail of Dead” (Newsweek, 17/5/2004), which seems very appropriate.
*The most expensive painting ever sold in Germany was Picasso’s “Still Life with Skull and Jug,” sold in 2004 for over $1 million (source item from Susanne Hartfiel). It is telling that the painting prominently features a death’s head, and speaks to the appeal of death to people of the culture of death.

*Since 1951, no American has died of old age, because that was the year when old age was eliminated from statistical reporting as a cause of death (Discover, 9/2006). And psychiatry critic Thomas Szasz once said that “the leading cause of death is being alive.”

*In every African country where AIDS has been opposed by condom-use campaigns, there has been no success, or things even got worse. Only Uganda chose to emphasize sexual morality—and behold, it worked! HIV prevalence declined from about 15% to 5% in just 10 years, 1991-2001 (NCR, 18/2/2007). But don’t expect the pro-death and pro-promiscuity parties to take a lesson from it, or even to report it.

*The Old Woman Who Lived in a Shoe. There is a record of a Russian woman who gave birth 27 times, each time to 2 to 4 babies, for a total of 69 (Black, 2003). Russians have a well-deserved reputation for stoicism, while people now think that having 3 children—or even only 2 or 1—is excessively burdensome.

*A young woman in Arkansas was making her first solo skydiving jump when first her main parachute and then her backup parachute failed, and she landed on the asphalt of a parking lot at 50 miles an hour. Still alive, doctors putting her back together in a hospital discovered that she was pregnant, and it eventually turned out that the baby was unharmed. The young woman said “not only did God save me but he spared this baby,” which the media quickly translated into PC as she and the “fetus” were doing fine (AP in SPS, 14/12/2005).

*US Supreme Court Justice Scalia thought that the US Declaration of Independence and the Constitution should be understood as being biased in favor of life, but that the court’s majority has turned it into a tool of death.

*Howard Brody, one of America’s leading “medical ethicists,” wrote an apology in the 11/04 issue of Mouth for having dead-voted handicapped people in the past.

*The Thomas More Law Center in Ann Arbor, Michigan, takes on US legal cases that are critical in the warfare against the culture of death. Compared to the legal resources of the culture of death bodies, its resources are miniscule. Pro-death organizations had over $100 million to spend on legal cases in 2000, while over 50 lawyers were donating their services to the Thomas More Law Center.

*Paul Williams, in SpeakOut (which is still being published), reported that hospital doctors were about to put a 14-year old boy to death by morphine injections, against his parents’ wishes, when his family intervened and saved him. As a result, 2 of his aunts and an uncle were sentenced to a year in prison for “violent disorder” and attacking the doctors. (The doctors were neither charged nor sentenced.) Williams noted that life-saving is now the new crime.

*Even into our own lifetime, it used to be customary in rural areas that whenever a person died, the church bells would be rung, and at least Catholic listeners would stop to say a prayer for the soul of the departed. In other words, a death was immediately made extremely public in order to inform the community of its loss. This practice can be contrasted to those of today where someone’s death tends to be covered up and hidden away. People in intensive care or hospitals can die with their close-by neighbors remaining totally oblivious to it. When someone dies in a hotel, every effort is made to conceal this fact from the other customers.

*A Catholic hospital in New York City (Calvary Hospital) serves patients who have advanced cancers and usually live less than a month after admission. It claims that all physical pain is manageable, and should be treated, but that physical pain is not the greatest pain of those who are
dying. Instead, it reports that mental, emotional, and spiritual pains are more difficult for them to bear, especially the feeling that one is abandoned, unloved, and unlovable. The medical director of the hospital says that these pains too must be addressed, and can be, by the staff. He says that if staff cannot honestly say to patients, “I love you and I will be with you,” then they should not serve upon dying people. Also, one of the hospital’s emphases is “glorifying the body” by keeping it clean, especially when patients can no longer take care of themselves. The medical director also said that the indignity patients suffer from being in restraints can be more harmful than whatever might happen if they were unrestrained (e.g., a fall from a chair or out of bed), and therefore restraints are not used. Staff must be a “spiritual presence” for the patients (CS, 6-12 June 2002, p. 14). Very old-fashioned, remindful of early Christian ideologies of serving, but now largely forgotten in supposedly Christian hospitals and other services.

**Hurricane Katrina Update**

We continue our coverage of the effects and the lessons of Hurricane Katrina.

*The people who were dysfunctional in New Orleans brought their disfunctionalities with them wherever they went. Houston, Texas, had a record-high murder rate in 2006, due in large part to all the people who had been charitably evacuated there from New Orleans. In Upstate NY, an evacuee smothered his girlfriend’s 4-month old son; and evacuees have been lying and cheating to obtain jobs. One church in Tennessee gave a $75,000 house to a New Orleans couple who said they had been made homeless by the storm--then without ever living there, the couple sold the place at a profit, took the money, and went back to New Orleans (multiple 2006 & 2007 sources).*

*New Orleans itself has not done much better than the locales to which its residents were sent. The murder rate, which had already been 8 times the national average, rebounded faster than the population, prompting city officials to consider imposing a curfew, and the federal government to send a small army of its own law enforcement people. One observer said that kids were coming back to the city “with guns, but without parents” (multiple January 2007 sources).*

*When helicopters flew in to try to evacuate people from the roofs of hospitals and parking garages, they were unable to land because people were shooting at the helicopters (SPS, 11 Sept. 2005). See our above section on the ghetto subculture.*

*A couple who received a lot of publicity following the hurricane as resilient city residents came to a horrific end in October 2006: the boyfriend strangled the woman, then cut up her body and tried to cook the parts, keeping them in his apartment for almost 2 weeks, then killed himself by leaping from the roof. They lived above a voodoo shop, and the woman reportedly had made a practice of flashing her breasts at police cars, apparently to keep them patrolling her neighborhood (multiple sources).*

*Lesson unlearned. Prior to the hurricanes, New Orleans was known to have a long history of corruption in all branches of government (see earlier issues of TIPS). After the hurricane, the city re-elected its congressman who was the subject of a federal investigation for big-time bribery and extortion. As his losing opponent said, “I guess the people are happy with the status quo” (SPS, 10 December 2006).*

*Here is one big reason why no money should be wasted trying to rebuild New Orleans. Its Katrina destruction was due in good part to the willful destruction of the delta ecology, and the huge loss of wetlands and mud flats. “When they saw what they had done,” the same kinds of stupid people went out (after Katrina!) and began to cut and mulch the coastal cypress forests to sell to gardeners (Time, 13/3/2007).*

*Imperial shenanigans in the face of disasters simply cannot be trusted: people must learn to put their faith, and their energies, in other people, and they must work at building a pro-social society where people are both able and willing to help each other before disaster strikes. When the mandatory evacuation order for New Orleans residents was issued in late August 2005 just before the
hurricane struck, people with money and cars clogged the highways, but did not try to take with them out of the city people with neither money nor cars. As one poor old woman put it, “If you don’t have no money, you can’t go.” And one mother of 4 young children who ended up at the ad hoc shelter in the Superdome said the reason she came there was “No funds” (SPS, 28 & 29 August 2005).

*That personal commitments, and not legal rights nor government funding, will be decisive when things collapse was illustrated by what happened to 29 hospitalized infants, many of them very premature and too weak to be evacuated. For 5 days, the nurses carried the infants to keep them warm because with no electricity, the incubators stopped working, and they had to “hand bag” those babies who had been on respirators. All the while, the nurses were getting frantic phone calls from the families of the babies and their own families. Twice a rescue was attempted and both times it failed, but the nurses kept to their duties, and all the infants survived (Time, 26 December 2005).

Miscellaneous Updates

*We had reported before on “toilet snakes.” While usually a prank joke, a blocked toilet in Australia was found to be blocked by a 7-foot python that stuck its head out of the toilet bowl to see what was going on. It was too fat to be pulled out, and had to be removed via the septic tank, to be released into the wild (SPS, 16/12/2006).

*With election fever having broken out in the US earlier than ever (for the national fall 2008 election), we were struck by a map showing voting patterns in the US by counties at the last presidential election. Geographically tiny but highly populated areas of democratic (“blue”) voters carried three blocks of states into the democratic column: the west coast, the northeast, and four north central states. So except for the four north central states, the rest of the country was all red (republican) “fly-over country.” Another way of putting it is that density of population was highly correlated with democratic voting.

*Update on the Old Jaw Bone. In three previous issues of TIPS (4/2004, 12/2005, and 12/2006; 2&4/2007), we had commented on the song “The Old Jawbone on the Almshouse Wall.” We since discovered that the jawbone--in this case, that of a cow--showed up again in one of Walt Disney’s earliest cartoons, “Steamboat Willie,” where it got turned into a xylophone. Disney was probably inspired to do this by the minstrel shows.

Conclusion

As long-time readers of TIPS will have no difficulty imagining, our files of potential sources and text for TIPS remain quite large, taking up about 12 feet of shelf space. Some topics we had envisioned and hoped to devote an issue of TIPS to we never got to; others were topics that we had visited repeatedly.

Remember that back issues of TIPS can still be purchased. They may be needed to complete a set, not to mention they make wonderful--if at times disconcerting--gifts. It is also possible to purchase back issues on specific topics, such as deathmaking, human service history, SRV, etc. Contact the editorial address for information on numbers of issues and prices.

*GOOD NEWS*

The revised 3rd edition of PASSING (a multi-year project) has just been published. It updates (and replaces) the 2nd 1983 edition, which has been out of print for several years. The new edition uses all Social Role Valorization language and concepts; its format is improved; and the rating levels have been reconceptualized and “standardized.” The forms to be used in conducting a PASSING assessment and to write a PASSING report have also been revised. Anyone who is interested in developing competency in SRV, and in applying it to services, should obtain a copy. We strongly recommend that every service have at least one copy in its staff development library.

A combination flyer/order form is enclosed with this issue of TIPS. Please feel free to copy and disseminate the flyer.
We are very sorry to have to discontinue TIPS, not least because its demise deprives the TIPS Editor of a wonderful title and role (though not so wonderful as his initial title of TIPS Editor Supreme). Also, we keep running across items that we would like to put into TIPS, but now there is no more TIPS to put them in, which is very frustrating. And we ourselves would like to continue receiving a publication like TIPS, if only someone else published it. But alas, it is not to be. Maybe we would have had and kept a larger readership if we had published TIPS on-line—which we would have commented on as a “sign of the times.”

Wolf Wolfensberger

To everything there is a season, and a time to every purpose under heaven: a time to publish, and a time to cease publishing. But we are sad nonetheless. We hope we will continue to have contact with our readers through our training workshops, for however long they continue. Also, a reminder that the SRV Journal contains much that TIPS readers will find relevant and instructive, though only on SRV (contact Marc Tumeinski, Editor, SRV Implementation Project, 74 Elm Street, Worcester, MA 01609, USA, phone 315/752-3670; email: journal@srvip.org), as does SpeakOut which contains material only on deathmaking (contact Paul Williams, 2 Eastbourne Road, Trowbridge, Wiltshire, BA14 7HN, England, phone 44 1225 753 984; email: paulwilliams@binternet.com).

Susan Thomas

I would like to thank the subscribers to TIPS—many of whom have been with us since the beginning (June 1981). It has been my pleasure to get to know all of you in one way or another; from your submissions for TIPS; through phone conversations; having you visit and/or study at the TI; even printing your address label for 15 years!

Carol “Mrs.” Flowers

So long! Farewell! auf Wiedersehen! Good-bye! Good-bye, good-bye, good-bye...