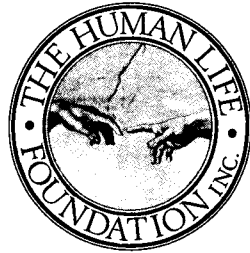


the HUMAN LIFE REVIEW



SUMMER 1988

Featured in this issue:

Jo Ann Gasper on The Child-Care 'Crisis'
George Gilder writes An Open Letter to
Senator Orrin Hatch
Joseph Sobran on The Non-Debate of 1988
Tina Bell on Operation Rescue
Faith Abbott on Mothers' Lib
John Wauck asks Whatever Happened to Sex?
Richard Neuhaus on The Return of Eugenics

Also in this issue:

◀ Nat Hentoff on 'The Pied Piper Returns for the Old Folks'
plus Timothy Harper • Norman Podhoretz • Anna Quindlen

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. . . FROM THE PUBLISHER

Herewith our 55th issue, an unusually large (and heavy?) Summer issue for us—we ordinarily try to provide lighter fare this time of year—but we hope you find it at least timely, given all the political commentary (also unusual for this review) included.

There is of course no vacation from the “life issues” we deal in. And we may be starting a trend? The lengthy article by Pastor Richard John Neuhaus, which we reprint here, first appeared in *Commentary*, the highly-regarded monthly published by the American Jewish Committee. If you are not familiar with it, we recommend it (\$36 a year, address *Commentary*, 165 East 56 St., New York, N.Y. 10022). If you *are*, you’ll know that the Neuhaus article indicates a new editorial interest in “our” issues, as does the syndicated column by its editor, Norman Podhoretz, which we also reprint in this issue.

This journal has often argued that the Nazi Holocaust is rightly compared to the present abortion one. This has angered some, on the grounds that Hitler & Co. were *malign*, whereas abortion may be committed for “the most admirable social reasons,” as Walker Percy says its proponents argue (see his letter in our *Spring* issue). We were reminded of this when we chanced upon the following, in William L. Shirer’s famous book, *The Rise and Fall of the Third Reich*:

. . . I also want to talk to you quite frankly on a very grave matter. Among ourselves it should be mentioned quite frankly, and yet we will never speak of it publicly . . .

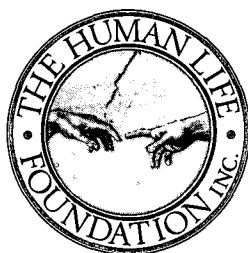
I mean . . . the extermination of the Jewish race . . . Most of *you* must know what it means when 100 corpses are lying side by side, or 500, or 1,000. To have stuck it out and at the same time—apart from exceptions caused by human weakness—to have remained decent fellows, that is what has made us hard. This is a page of glory in our history which has never been written and is never to be written . . .

That was Herr Himmler addressing S. S. generals in 1943. The point is, once you accept “the principle of the destruction of human life” (Percy again), there will be “decent fellows” available.

But as our editor notes, this issue is gloomy enough without our adding more. We hope you will enjoy the *upbeat* parts—there are some, look for them please, and we’ll do our best to provide more such in the next issue.

EDWARD A. CAPANO
Publisher

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INTRODUCTION

THE READER MAY FIND this issue more political than is our wont, but it is a presidential-election year, and what the voters decide this November will surely have a considerable effect on the future of the issues we regularly cover.

As Mr. Wm. F. Buckley Jr. put it recently: "Second only to the 'war' on drugs, the cry among Democrats is for federal child-care programs." Republicans may well wonder how the *opposition* has got hold of the "family" issues, so soon after President Ronald Reagan made them virtually his own in two landslide victories. In our lead article, Mrs. Jo Ann Gasper gives you her own explanation of this surprising phenomenon, and we think you will find it very interesting.

Mrs. Gasper *ought* to know something about the subject, both personally and professionally. She has five children of her own, which is nowadays an unusual feat. And she has been closely involved in the controversies she describes here—at a high political and professional level—for more than a decade. For instance, she got her initial whiff of what she calls "the liberal social agenda" at an International Woman's Year session back in 1977, and was so concerned that she began her own publication (*The Right Woman*) to report on what the Congress was actually doing "for" women and their families. Thus, while hers may be an unabashedly partisan view, it is also a well-informed view.

We might add that, after serving for over six years in the U.S. Department of Human Services, her strong views on "population" affairs—the abortion issue was of course involved—became a national news story last year, as did her departure from that agency. So expect some strong opinions.

Expect more of the same from Mr. George Gilder, the well-known *bête noire* of ardent Feminists. He is concerned (and *then* some) that even those who know better are joining in the child-care craze. Here, he singles out Utah's Sen. Orrin Hatch, whose "long-standing doubts about government-funded day care have been vindicated," says Gilder, "by scores of studies that show the damage to children" inflicted by such programs. As anybody who

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has read his numerous books knows, Gilder is not the guy you would willingly pick to critique your own legislation: he certainly has studied his subject in depth, and he gives the Senator a stiff dose of advice. To which Hatch has replied vigorously (see *National Review*, May 27), concluding: “Thoughtful conservatives cannot afford to sit on the sidelines. If we respond to the child-care issue with inapt platitudes, out mutually-held concerns . . . will be ignored as the rest of America fashions a solution to the problem.”

As we say, all this has become a major political issue which can greatly effect the nation’s future. We are glad to contribute to the debate.

The fundamental issue was, we’d say, brilliantly described by G. K. Chesterton, who long ago said that our “popular modern” debates are really a means “to shirk the problem of what is good.” Thus we say we are “for progress” which, said GKC, “logically stated, means, ‘Let us not settle what is good; but let us settle whether we are getting more of it.’” So the question is: Will *more* public child care get us more of what is *bad* for children? Gilder’s emphatic *Yes* certainly convinces us.

Next our old friend Joe Sobran brings politics back to our own primary issue, abortion. Partisan or not, Sobran is correct when he says that “For the first time in American history, one of the major political parties in 1988 will field a presidential candidate who unequivocally favors abortion on demand.”

Sure enough, it seems to have escaped the notice of the Major Media that Gov. Michael Dukakis sponsored a bill—in 1970, well before *Roe v. Wade*—to repeal *all* Massachusetts state laws “prohibiting or limiting abortion.” Back then, it hardly seemed the kind of thing an ambitious politician would do. Yet Mr. Dukakis did it, presumably out of strong convictions he still holds. And it has not prevented him from gaining his party’s nomination, from which Sobran concludes that his party has become the official “party of the new morality.” It’s a, well, sobering thought, especially for the millions of traditional Democrats who remain strongly anti-abortion. What *they* do in November could not only decide the election, but also the abortion issue itself.

Unless that crucial moral issue is “decided” by other means, as the slavery issue was. We are not suggesting another Civil War, but it remains true that slavery, “civil rights,” and other such politically-indigestible moral issues have been solved—to the extent that they *have* been solved, which is hardly perfectly—by forms of civil disobedience which produced laws mandating their prohibition.

Now the anti-abortion movement, frustrated by political failures, is beginning to employ such methods with ever-growing force. Mary Meehan (in our *Spring* issue) gave us an in-depth view of the origins of this new strategy.

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Here, Tina Bell provides a first-hand report of the largest-to-date tactical application, the “Operation Rescue” demonstrations carried out (with military precision) in New York City last May. True, it mobilized only a thousand or so “activists” but, as you will see, they vastly outnumbered the “pro-choice” opposition. More important, they did succeed in winning support, not least from a police force troubled by the necessity of arresting people supported by many of the cops themselves.

In short, Operation Rescue may well grow into a formidable new phase of effective anti-abortion action, a “Long March” to out-flank the political stalemate. As Mrs. Bell’s first-hand report vividly shows, the Rescuers are above all *believers*, and they now believe they can win, as did the Abolitionists. We expect we’ll be having more on this “non-political” story before long.

As is our custom, we next provide a short refreshment break from our never-ending procession of serious stuff. Not that Faith Abbott isn’t serious: she’s worried that she hasn’t been serious *enough* about “women’s lib”—she’s shocked to belatedly discover all the outrageous things Feminists were saying while she was too busy to listen. But she’s pleased that it seems a case of All’s Well That Ends Later—the Feminist fad is already fading, and the much-maligned “housewife and mother” will not become a “relic of history” after all. Even Snow White has made a successful comeback, despite the fact that she remains guilty of “singing charmingly as she slaves away for those seven male chauvinist dwarfs”!

We hope you enjoy the whimsey, before our colleague John Wauck brings us back to weighty matters. For reasons that don’t concern us here, the whole question of “contraception” seems to have been relegated to a “Catholic” concern—and one none too popular among Roman Catholics themselves. We certainly haven’t had much to say on the matter, even though it is clearly related to the “abortion mentality” from which our world suffers.

That is Wauck’s point: indeed, he extends the relationship to the many other “sexual problems” we now face—or rather *don’t* face. We might quote Chesterton again: he describes his typical “modern” as saying, “Neither in religion nor morality, my friend, lies the hope of the race, but in education”—which is really to say, “We cannot decide what is good, but let us give it to our children.”

The “Sexual Revolution”—unquestionably made possible by contraceptives—has unquestionably been bequeathed to our children, and the results are there for all to see, if they will but look. Wauck here takes a very hard look, like Chesterton, at the fundamental question: Are the results *good*? To be sure, it depends on what you believe (not “feel”) is good, and Wauck impressively argues his own beliefs. There was once a famous ad here in New York, for

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Levy's Rye Bread: it pictured various "ethnics"—Chinese, Italians, even an American Indian in full headdress—the caption was "You don't have to be Jewish to enjoy Levy's"! You don't have to be Catholic to ponder the questions Wauck raises here.

In fact, we think that you will find his article a kind of introduction to our final article, which argues that we once again face a bout with Eugenics, that "long-discredited" inhumanist nostrum which flourishes periodically, most recently in the heyday (the '20s and early '30s) of Margaret Sanger, founder of Planned Parenthood—before, as our friend Malcolm Muggeridge puts it, "Hitler gave it a bad name"!

Pastor Richard John Neuhaus, a Lutheran theologian, was a well-known civil rights and anti-war activist in the 60s—a self-described "person of the left"—but he broke ranks over the abortion issue: he believes that "the liberal flag ought to be planted firmly on the pro-life side." More, he believes strongly that we are indeed on the proverbial Slippery Slope (as does Mr. Wauck); that the logic of legalized abortion leads not only to euthanasia and infanticide but also to eugenics. He finds evidence, in our medico-legal journals, of a revisionism which argues that "The problem . . . was not so much with eugenics itself but within the Nazis: they abused eugenics, they went too far, they were extremists."

That they were. And Neuhaus fears that, with all our technological "improvements," we too will go too far, to "the manufacture of synthetic children, the fabrication of families, artificial sex, and new ways of using and terminating undesired human life." Now is the time to say Stop, lest we end up, like the Germans, claiming that we didn't know what was happening.

Is it really possible that we could repeat the Nazi "experience"? Well, Primo Levi, an Italian Jew who survived the Holocaust, recently published an account of how Hitler's camps really worked (*The Drowned and the Saved*). He wrote that "what it was possible to perpetrate yesterday can be attempted again tomorrow, can overwhelm ourselves and our children." (It evidently overwhelmed poor Levi, who committed suicide shortly before the book appeared.) No crime is unthinkable, and Neuhaus believes we had better start thinking about the New Improved Eugenics before it is marketed.

As usual, we have added several appendices. *Appendix A* contains two more articles by the redoubtable Nat Hentoff, whose remarkable series on euthanasia ("The 'Small Beginning' of Death") we published in our *Spring* issue. Here he writes about the latest suggested "improvement"—put forward by such as Daniel Callahan, the well-known promoter of new "ethical" ideas—that we can no longer afford to keep the aged alive, so we should set a

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limit, after which the old folks will just be . . . let go. Hentoff's title puts it perfectly—"The Pied Piper Returns for the Old Folks"—he should get an award for that devastating line alone. And another for asking the questions that, as Pastor Neuhaus says, most of us are afraid to ask.

Appendix B is a report from Holland, which is evidently the most "advanced" country in the world. As Timothy Harper carefully explains, euthanasia is already a "way of death" there: your friendly doctor can put you away mercifully—you can pick the precise hour—even the police co-operate, it's all a model of what we nowadays call compassion. It's not yet *legal*, but that too will come, never fear.

By now you'll be ready for *Appendix C*, a refreshing column by Norman Podhoretz, the editor of *Commentary*, the distinguished Jewish monthly that first published Pastor Neuhaus's article. Without doubt Neuhaus has influenced his editor: when abortion was legalized, Podhoretz rejected the Slippery Slope predictions. As you will see, he doesn't reject them anymore—the "right to lifers" seem to have enlisted a battle-hardened recruit?

Finally, we provide (*Appendix D*) what we'd describe as another salutary event. Anna Quindlen is a popular columnist for the New York *Times*, that great grey flagship of the pro-abortion fleet. Like Podhoretz, Quindlen has been at best ambivalent about the right of a woman to "choose" what she will. But when it came to a choice of her own, Ms. Quindlen decided that she knew "only one thing now. This child is ours, for better or for worse, in sickness and in health." The *Times* evidently received a great deal of mail (see, e.g., *Letters*, June 9) about her column, including one from a woman aghast that Quindlen would not choose "the more merciful" solution of abortion. Alas, the quality of mercy clearly isn't what it once was, but like Snow White, certain "outdated" notions seem to be making a comeback. We'd say Ms. Quindlen too deserves an award. Perhaps Faith Abbott's First Annual Mother's Lib Trophy? (Fittingly, Faith is a long-time Anna fan.) We trust you will join us in adding a prayer or two, for a richly-deserved "for better" ending—a happy note on which to close this issue.

J. P. McFADDEN
Editor

The Child-Care ‘Crisis’⁹

Jo Ann Gasper

The hand that rocks the cradle is the hand that rules the world.

W. R. Wallace

CHILD CARE HAS BECOME an issue of public debate for the third time in this decade. It was an issue in 1980 when President Jimmy Carter held the White House Conference on Families, and again in 1984 when the U.S. House Select Committee on Children, Youth and Family held hearings. Now, we have the widely-publicized introduction of child-care legislation—called the Act for Better Child Care (or “ABC” bill)—by Senator Christopher Dodd (D, Conn.) and Congressman Dale Kildee (D, Michigan). The *ABC* bill has received strong support from a broad array of liberal organizations.¹ Senator Orrin Hatch (R, Utah) has also introduced child-care legislation which is similar to the *ABC* bill.

In fact, more than 140 bills dealing with child care have been introduced in the Congress. In my judgment, most of them have problems similar to *ABC*—few recognize the importance of having *parents* control child care, rather than the government.

Also in my judgment, the Democrats have never been reluctant to use children as political pawns in their bidding war to buy votes. That is one of the reasons why “child care” has received such public attention in the election years of 1980, 1984, and now in 1988. Liberal social-engineering Democrats are expert crafters of what one observer calls the “politics of greed and envy.” In national elections, they turn to “social issues” and “family policy.” They do so for two reasons: liberals recognize the importance of family policy in achieving their long range goals, and they recognize the virility (if you’ll pardon the word) of family issues in mobilizing constituent groups and getting voters to the polls.

The family is obviously the basic unit of society. It is within the

Jo Ann Gasper, mother of five, has had considerable child-care experience, both personal and professional. In 1980 she was a member of the Reagan/Bush Family Policy Advisory Board, and from 1981 until 1987 she served as a Deputy Assistant Secretary of the U.S. Department of Health and Human Services, specializing in social-service and population affairs.

family that children learn the fundamental values necessary for a civilized society. The family comes before, and is therefore superior to, the State. The family determines the warp and woof of the tapestry of civilization. It is within the family that the child learns caring and sharing, and the importance of self-sacrifice. In short, it is within the family that *values* are transmitted. And, as R. H. Tawney put it (in *Religion and the Rise of Capitalism*): “The virtues of enterprise, diligence and thrift are the indispensable foundation of any complex and vigorous civilization.” Only the family teaches these values. Without their transmission from one generation to the next, our culture will die.

The fragility of civilization and culture has long been recognized. From classical thinkers like Plato to modern “social planners,” few would disagree that the future of a society depends on how it rears its children.

Children do indeed come with some innate abilities and natural predilections. But the family is responsible for the nurturing and *education* of children. A stable family life makes it possible for a child’s natural abilities to develop, so that he (or she) can bloom into a mature, caring adult.

A child naturally seeks the truth, and values life. What parent has not been cornered by a child’s third “Why?” Or not been called upon to rescue some small creature? A child’s natural love for life is clearly seen in his instinctive revulsion against abortion, which I have found to be total and absolute. A child has to be “taught” by someone that killing an unborn child is not an evil. This should be easy to understand. A child instinctively identifies with the unborn child; he knows intuitively that if the unborn child is not safe in his mother’s womb, then no child is safe—his *own* personal existence is endangered.

As important as child rearing is, both for the development of the child and the future of society, it is a task best done at home by parents who can provide warm, responsive and consistent care. Dr. Raymond Moore, a developmental psychologist, and his wife Dorothy, a gifted reading specialist, point out that “There are a lot of very good nursery schools, kindergartens, and elementary schools in the world. Yet there are none whose programs can match education by loving parents of even modest ability, working with their own children in the simplest of homes.”²

For liberals to succeed in selling their ideas, future generations must

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be inculcated with radical liberal values *early*. At present, children are usually under the control of parents until they enter government schools at age 5 or 6. Although parents may leave their children in the care of others, the parents are able to set the standards, quality, and values of the care provided. Parents who must have others care for their children usually try to find someone who can provide care that is compatible with the family's values and life style. Most families, in fact, utilize informal child-care arrangements and frequently use family members. Parents, as long as they remain in control, are able to protect the values and character formation of their children. When the family's values are religiously based—and most are—parents utilize child-care arrangements which reinforce those religiously-based values. The reinforcement may be as simple as saying grace over meals or following dietary restrictions.

The importance of having strong families cannot be overestimated. It is only when there are strong families that a nation can maintain and preserve freedom. One has only to observe history to see that inevitably totalitarian states move to undermine the integrity and unity of the family. This is frequently done by separating parents and children, by encouraging children to report “unacceptable” behavior to government authorities, or encouraging children to pressure parents to do what is deemed by the government to be appropriate behavior.

The government does have a responsibility to the family. In a well-ordered society, the state will provide those things which the family itself cannot provide. It will insure freedom from foreign invasion, and provide for an economic system which will permit the family to flourish.

The Politics of the Family

Family issues are the most potent political issues because they are felt by *all* voters. Whether it is child care, employment, housing, or taxation, it will have a very real impact on the quality of family life in America. Jimmy Carter understood the political importance of the family when he set up his White House Conference on Families. But what had been intended to help his re-election backfired when conservatives were able to clearly articulate the difference between what Carter meant by family and what the American people meant.

During the Conference, it became obvious that there was a sharp

dichotomy between what liberals and conservatives meant by “family.”
To the liberal social planners:

The definition of families is a broad and inclusive one and reflects the pluralism of families and family structures in America. . . . It is a unit of two or more persons who share resources, share responsibilities for decisions, share values and have a commitment to one another over time. Family is the climate that one “comes home to” and it is the network of sharing and commitments that most accurately describes family, *regardless of blood, legal ties, adoption or marriage* [emphasis added] . . . The definition and focus on the family life cycle permits the . . . accept[tance of] *dramatic changes* in families and to view families as resilient, flexible, and strong [emphasis added].³

Conservatives define the family as consisting of persons who are related by blood, marriage, or adoption. Thus conservatives see the family as inherently bound with rights and responsibilities which supercede other relationships. A family is not restricted to a roof over two heads. Rather, family crosses state lines—and it extends back through history and looks forward to future generations. A family by its very nature has certain rights and responsibilities, including the primary right and duty of parents to educate their children. The rights and responsibilities of family members are not determined by physical location but by the relationships within the family.

The political impact of the difference between the two understandings of what constitutes “family” is enormous. If “family,” as liberals maintain, is not related to blood, marriage, or adoption, then the family is destroyed. The family has always been understood in the context of relationships circumscribed by birth, marriage, or legal responsibilities. The notion that family is simply a common commitment or climate that one “comes home to” would result in a radical restructuring of American society. Such an iconoclastic society would be forced to look to some other institution to be the transmitter of values and authority. This inevitably would be the government.

It should be remembered that the government does recognize and provide support to families. The traditional family which has received governmental support has been based on blood, marriage, or adoption. To provide governmental support to a different kind of family would mean taxpayer support for such divergent “families” as homosexuals, cohabiting adults, or even a group of children who want to live together.

Ronald Reagan played to the strength of social conservatives. Blue-

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collar Democrats tend to be social conservatives, and in 1980 they crossed over in droves to vote for Reagan. The rest is history.

The *ABC* Bill

The Democrats' major effort in 1988 to radically restructure the family is the Dodd/Kildee *ABC* bill (the "Act for Better Child Care," Senate bill 1886 and House bill 3660). Dodd and Kildee claim that:

- there is a national shortage of child care,
- the quality of child care is low and needs regulation,
- the *shortage* of child care keeps parents from jobs and training, and
- employers and the Federal government are not providing adequate resources to help parents meet their child-care needs.

These claims are both unproven and untrue—in short, myths.

Based upon such false assumptions, they have proposed legislation which would have significant consequences on the provision of child care.

The *ABC* bill will increase the cost *and* the regulation of child care while *decreasing* the supply. It would create yet another federally-funded bureaucracy, discriminate against families that choose *parental* over government care, endanger the health and development of children, and also protect low-quality child-care providers from prosecution. Worst of all, it will undermine family rights and responsibilities. Yet, the *ABC* bill is being touted as legislation "needed" to improve the quality of family life in America.

The bill authorizes an initial \$2.5 billion to establish a new federal child-care spending program, which is the proverbial nose of the camel under the tent. Dr. Edward F. Zigler, of Yale's Bush Center in Child Development and Social Policy, estimates that a comprehensive child-care program would cost between \$75 billion and \$100 billion a year.⁴ Most of the authorized spending would go to the funding and establishment of a new federal bureaucracy, and the growth of state bureaucracies. The legislation would create a federal child-care czar, establish federal and state inter-agency advisory committees, require the establishment of minimum Federal standards, provide for expensive data collection, expansion of licensing and enforcement, and *prohibit funds going to any program that has the purpose or effect of advancing or promoting a particular religion or religion generally* [emphasis added].

Although the legislation would establish “child care certificates” which would be provided to parents (so that parents could better afford child care), there will be little money left for parents after the bureaucrats and child-care professionals have been paid. One of the most dangerous concepts in the bill is that the use of this certificate—another name for a voucher—requires the child-care provider to meet all federal standards. Parents would function merely as go-betweens: the government would assume full responsibility for the *type* of child care provided.

Myth vs. Fact

Let us look first at the misrepresentations.

Myth: There is a national shortage of child care. True, it may be difficult for a parent to find the type of child care she *wants*, but there is no shortage of child care.

Everyone is by now familiar with the thrust of this argument for increased federal involvement. There has been a significant increase in the number of working mothers with children under six years of age. In 1950 only 12% of mothers with children under six worked. This has grown to over 50%.⁵ At the same time, the number of one-parent families, usually headed by women, has risen significantly.

These increases in “demand” are then compared with the only slight increase in the number of licensed child-care providers (“supply”) to show that there is a growing shortage.

This comparison is not appropriate. Looking only at the number of “licensed” child-care providers to determine the total supply is to assume that the tip of the iceberg is all there is. But the “supply” of child care is extremely varied. Organized, licensed child-care centers are just one component. Other ways that working parents fulfill their child-rearing responsibilities include (but are not limited to) other family homes, flexible work schedules, in-home child care by a relative or other person, and working at home.

Fact: the majority of young children (over 75% of children under 5 years of age) receive care in *informal* settings.⁶ Furthermore, child care has been a rapidly-expanding industry. From 1960 to 1986 the number of children in formal group-care centers increased from 141,000 to 2.1 million—an increase of 1,500%! The number of centers increased from 4,400 to 39,929.⁷ And it is estimated that there are at least another 1.65 *million* unlicensed family day-care providers.⁸

Myth: the quality of child care is low and needs regulation. The advocates of this argument usually view unlicensed child care as low quality and think that the only “high quality” child care is provided in licensed and regulated centers. The notion that licensed centers are better than other forms of child care, or that unregulated care is by definition of poor quality, is simply wrong.

Fact: center-based care may be harmful to the health and well-being of children—and it may be particularly harmful for infants. There is no clear evidence that center care is better than informal arrangements. Rather, the evidence indicates that informal care is better for infants than formal care. Children who are cared for in centers are more likely to be exposed to infectious diseases than children cared for at home. Furthermore, the National Infant Care study funded by HHS showed that children in child-care centers received the *least* amount of adult attention, and spent the *most* time in solitary activity. And yet, in caring for small children, appropriate interaction with an adult is critical for the development of the child. Is it surprising that children cared for in their own homes have the most one-on-one activity with an adult, the least amount of time in solitary activity, and the most appropriate responses?

It is certainly no surprise that most working mothers with children prefer more informal settings to center care, although it is true that better-educated mothers make greater use of organized child-care facilities for their preschool-age children than do other mothers. Over 30% of the children of employed mothers who completed four or more years of college use either day/group care or nursery/preschool as their primary child-care arrangement, compared with 15 percent for the children of employed mothers who did not complete high school.⁹

Myth: the shortage of child care keeps low-income women from working. Advocates of a massive expansion of government control over child care and its concomitant intrusion into family responsibilities frequently argue that the lack of child care keeps low-income mothers from working and thereby causes an unnecessary burden on taxpayers. Federally-supported child care, under this erroneous assumption, would enable low-income mothers to be employed outside the home and thus reduce welfare costs.

Fact: there simply is no clear evidence that a lack of child care prevents women, especially welfare mothers, from working. There is also

no clear evidence that there is a shortage of “affordable” child care. The largest federal experiment looking at the effects of welfare policies was the Seattle and Denver Income Maintenance Experiments (SIME/DIME). Researchers for SIME/DIME concluded that since low-income families utilize inexpensive or free informal arrangements, provision of free child care had no impact on their employment.¹⁰

Furthermore, in an analysis of the 1970 Aid for Dependent Children (AFDC) Recipient Survey, it was found that over half of the working welfare mothers of children under 14 did not take advantage of the child-care benefits available under AFDC or Title XX of the Social Security Act. Thus, a substantial number of mothers find care for their children which is either free or of minimal cost.¹¹

In addition, only four percent of unemployed women surveyed by the Census Bureau in June 1982 stated that they had turned down a job offer in the last month because of difficulties in arranging child care.¹²

Myth: employers and the federal government are not providing adequate resources. This is probably the most dangerous of the myths. It is based on the misconception that government has a rightful role in child care. It should always be remembered that when the government becomes involved, the government ultimately will *control*, and there are endless examples of what happens when government controls.

Look at one government-controlled service—the U.S. mail. Government mail service has resulted in increasing cost and declining quality of service. Education is another example: government control has resulted in increasing cost and declining quality. Surely our children deserve better?

Fact: employers have become increasingly concerned about assisting working parents. In the last five years there has been a four-fold increase in the number of companies providing direct or indirect child-care assistance.¹³ In 1982 only some 250 companies provided child-care support to working parents.¹⁴ That number has grown exponentially to 3,000 in 1987.¹⁵ The assistance employers provide ranges from such minimal support as information and referral to on-site child-care facilities.

Employers may offer child-care vouchers as part of their compensation package, offer “flexi-time,” or form consortium child-care centers. It is clear that employers are concerned about the ability of their work force to find appropriate care—the employer *and* the parent benefit

from stable child care. When a working parent is pleased with the care his/her child is receiving, employee morale improves, tardiness goes down, and the employee is more stable on the job.

The federal government, through various federal programs, e.g., the dependent-care tax credit and the tax-exclusion for employers, provides taxpayer support for child care. Taxpayers are currently subsidizing child care for working parents by more than \$5.7 billion a year.¹⁶

The Effects of Government Child Care

Given that the underlying arguments in favor of the *ABC* bill are so flawed, what are the likely results? One is that the *ABC* bill will provide taxpayer support for Yuppies (Young Upwardly-Mobile Professionals), who don't need or deserve it. For "ordinary" parents, passage of the bill will decrease the supply of child care, destroy a flexible child-care delivery system, and significantly increase costs. More mothers will be forced to leave their children for work, to keep the family financially afloat because of increased taxes.

Consider: although very little of the \$2.5 billion will actually go to parents, the child-care certificate will subsidize the type of child care preferred by Yuppies. The certificate will be usable only for organized and licensed care. Informal care, such as another family member taking care of the child, will not be supported under the bill. But the certificates will help mothers employed in more professional jobs to purchase child care of their choice (as noted above, better-educated mothers make greater use of organized child-care facilities).

Women employed in "service" jobs show a *very low usage* (11%) of organized group-care facilities for pre-schoolers, compared with women in either managerial or professional occupations (30%). The former tend to depend more heavily on parental care, either by the women themselves or their spouses.¹⁷

The *ABC* bill will most likely cause a significant reduction in the supply of child care, because it would eliminate religious programs, and would subsidize only certain types of child care rather than *all* types, both by restricting the manner of payment and by increased governmental regulation. Religiously-based providers will automatically be excluded: *ABC* clearly eliminates the eligibility of any program "that has the purpose or effect of advancing or promoting a particular religion or religion generally."¹⁸ Other child-care providers who do not

agree with the government-mandated ideology will also be excluded. For example, Montessori schools will find it extremely difficult to meet the government class-size and age-separation restrictions. The Montessori method encourages a mixing of ages which is different from what the government will require.

Groups and organizations which are opposed to abortion and believe that children should be taught to abstain from premarital sexual intercourse will most probably find themselves under attack from the American Civil Liberties Union if they attempt to accept child-care certificates. The ACLU has already argued that being opposed to abortion and encouraging children to abstain from premarital sexual relations is the “promotion of religion.” Judge Charles R. Richey, of the U.S. District of Columbia Court, has agreed with the ACLU.¹⁹ Even if an organization is not religiously-affiliated—but is “pro-life”—it will be attacked under the prohibition against “religion generally.”

Furthermore, it has been shown that government purchase of services through contractual arrangements, or the delivery of services, typically has limited parental choice because of defined government specifications about service providers, methods of control, and accountability. If an acceptable government provider does not meet a parent’s specific needs, there is frequently no other service arrangement available.²⁰

The fact that child-care services expand when financing methods are broadened to include vouchers, cash subsidies, and tax reductions is well documented.²¹ This permits day-care services *via* independent, family-operated, and home-based businesses.

Since the *ABC* bill will result in a child-care delivery system which is much more restrictive (i.e., funding of licensed care only), the supply of quality child care will most likely decline, and the cost of that care which is available will rise—as supply goes down, costs go up.

The entire thrust of the *ABC* bill is to move the locus of control of children from parents to government.

Since the bill calls for federal standards for child-care centers, the federal government will have a tremendous impact on *who* takes care of children. If one looks at the Federal Interagency Day Care Requirements (FIDCR) which were developed in 1978, one can see the types of regulation which will result. FIDCR would be revitalized by the *ABC* bill, with far-reaching impact: FIDCR estimates show a 150% increase in the cost of child care provided by a nonprofit child-care

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center. Cost for care provided by for-profit centers was also shown to increase, because of such items as: staff-salary requirements; child-staff ratio; educational services; social services; consultation from a “qualified” nutritionist or food service specialist; administration and coordination.

These increased costs would have to be paid by both those receiving subsidized child care and those who are paying for the care without any taxpayer subsidy, because providers of subsidized care would also take care of children *not* subsidized, thus increasing the financial burden for all families with incomes exceeding 115% of poverty.

Even such innocuous-sounding services as providing “information and referral” (I&R) will result in increased governmental control. This happens because most I&R providers will only refer to *licensed or registered* providers. The vast network of family and in-home providers will be excluded.

School-age child-care programs (typically operated by using facilities before and after school) tend to restrict private providers and thus expand the local governmental bureaucracy. And they are used to entice children out of private education into public education. This is done by permitting only the local *governmental* child-care agency to manage and operate the centers, while permitting only children who attend the school to attend the center.

These restrictions of parental choices, increased cost both for subsidized and unsubsidized child care, and increased taxes at both the state and federal levels will make it difficult for *all* parents. Mothers who would prefer to stay home will be forced to enter the work force to meet the growing costs/taxes. Already-working mothers will find child care significantly more expensive—and have greatly-reduced options.

Who Cares—Parents or the Government?

Who benefits from a government child-care-program? It is clearly not parents, or children. They would be much better off with less government control and lower taxes for families with children, which would permit mothers a free choice. Parents could *choose* to work rather than be forced to work because of unfair taxation. Reduced taxes would permit parents to spend their dollars for the child care of their choice.

Let me say again: it is *not* “easy” for parents to find the type of care

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they want for their children; there are difficulties no matter what child-care arrangements are made. However, the problems are not usually “supply” problems, but rather finding care that best meets parents’ needs at the right time and right price. The problem is exacerbated by the guilt that many working mothers feel when they are compelled to leave their little child in order to work.

The point is, the parental-preference problem will not be solved by federal legislation which institutionalizes tax-payer subsidization of *restrictions* on the types of care available. Such problems can only be solved by *expanding* options and opportunities for parents.

In determining what the federal or state governments can or should do to assist parents to fulfill their responsibilities, some basic principles cry out for our attention. The *foundation* of any child-care policy must rest solidly on the recognition that *the family has the primary right and responsibility to care for, nurture, educate, and protect the child*. Therefore one must be careful to insure that any governmental action will:

- strengthen the family’s ability to fulfill its primary responsibilities, and *not* infringe on its natural rights;
- *not* discriminate against the family that chooses to have child care provided by a parent who stays at home;
- provide fair-and-equal treatment—including access to the various types of child-care treatment available to parents who choose non-parental care;
- use tax dollars and tax policy to support *all* families with young children, and
- establish no new government program that will increase regulations and expand the bureaucracy.

The natural family is extremely resilient: history shows that it can—and does—survive, function, and fulfill its responsibilities under very adverse circumstances. But governmental intrusion, and the undermining of family rights and responsibilities, can jeopardize the American family, and thus the very freedoms that are the American heritage.

NOTES

1. Organizations supporting the Act for Better Child Care (*ABC* bill) include: Americans for Democratic Action, Child Welfare League of America, Children’s Defense Fund, Church Women United, National Education Association, National Organization for Women, LOW Legal Defense and Education Fund, Women’s Equity Action League and Women’s Legal Defense Fund.
2. Raymond and Dorothy Moore, *Home Grown Kids: A Practical Handbook for Teaching Your Children at Home* (Home Books), p. 13.
3. *The Right Woman: Congressional News for Women & the Family*, Vol. III, No. 11, Nov. 1979, p. 74.
4. Edward F. Zigler, “A Solution to the Nation’s Child Care Crisis: The School of the Twenty-First Century,” speech presented at the tenth anniversary of the Bush Center in Child Development and Social Policy, Sept. 18, 1987.

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5. Jo Ann Gasper, Statement for the Record, House Select Committee on Children, Youth and Family, April 4, 1984, p. 4.
6. The Bureau of the Census, U.S. Department of Commerce, "Who's Minding the Kids?" *Household Economic Studies*, Series P-70, No. 9, May 1987, p. 15.
7. "The American Family and Day-Care," The Heritage Foundation Issue Bulletin, April 5, 1988, p. 4.
8. "The American Family and Day-Care," p. 4.
9. "Who's Minding the Children," p. 6
10. *Final Report of the Seattle-Denver Income Maintenance Experiment: Design and Results*, SRI International, May 1983, p. 416.
11. Jo Ann Gasper, Statement for the Record, House Select Committee on Children, Youth and Family, April 4, 1984, p. 7.
12. *Idem.*
13. Dennis, Shirley, Testimony before the Subcommittee on Employment and Housing, September 11, 1987, p. 2.
14. "Child Care Accomplishments," unpublished, U.S. Department of Health and Human Services, 1983.
15. Dennis, p. 3.
16. This figure includes only the major sources of taxpayer subsidy for child care: Social Services Block Grant (HHS), AFDC Work Expense Disregard (HHS), Dependent Care Tax Credit (Treasury), Tax Exclusion for Employer provided Day Care (Treasury), Child Care Food Program (Agriculture) and Head Start (HHS). Other programs and special projects provide further assistance.
17. "Who's Minding the Kids?" p. 6.
18. Section 1885, p. 60.
19. Judge Richey's opinion filed April 15, 1987 in *Kendrick v. Bowen* has extremely far-reaching impact if it is not overturned by the Supreme Court. Judge Richey has equated being pro-life, pro-adoption, and pro-abstinence from premarital sex as religious dogma. He states that, "The definition of 'religious organizations' so clearly means organizations with a religious character and purpose . . ." Judge Richey is concerned that religion may be advanced, even inadvertently, through a federal program and is distressed that there might be so much as a "symbolic union" of government and religion.
With the clear statutory anti-religious bias of *ABC*, the ACLU and Judge Richey's declaration that being anti-abortion is religious dogma, any pro-life organization which attempts to provide child care will immediately be attacked by the ACLU.
20. "Alternative Mechanisms for Financing Public Social Services: Final Report," CSR.
21. *Idem.*

An Open Letter to Orrin Hatch

George Gilder

DEAR SENATOR HATCH:

For over a decade you have been the most stalwart friend of the family in the U.S. Senate. You have been subjected to fierce pressures and suffered ugly religious smears. You have ignored the orchestrated chorus of the *Washington Post*, the *New York Times*, the news magazines, and the networks, and upheld the sanctity of marriage. You conducted a series of Senate hearings that brought the case against the unisex Equal Rights Amendment to the public, and you were second only to Phyllis Schlafly in achieving its final defeat. While most other conservative senators cowered in their offices surrounded by feminist aides, you again and again have bravely made the case for sexual sanity in an America sinking into a slough of family breakdown and subsidized moral decay.

On all points you have been entirely vindicated. Your belief that only traditional families could be relied on to raise children into responsible adults finds confirmation in the chaos of female-headed families in the ghetto, mired in poverty and assailed by waves of crime. Your skepticism toward government programs designed to “help families” is vindicated by the epidemic of broken families we witness amid the proliferating government programs of this nation’s cities and of the semi-socialist welfare states of Western Europe.

In particular, your long-standing doubts about government-funded day care have been vindicated by scores of studies that show the damage to children in public institutions and by spreading scandals in existing day-care centers. Of course, day-care advocates can (and do) point to a few extraordinary cases where expensive facilities help a few troubled children. But a massive federal program will necessarily be manned by mediocrities.

Senator Hatch, you know about the chaos in Sweden where the proliferation of government “family policies” has not halted a steady increase in child abandonment and a steady decrease in numbers of

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children—to a point where the birth rate is now less than 60 per cent of the population-replacement level. You know that the steady enlargement of child-care responsibilities assumed by the Swedish state has led to an ever more rapid repudiation of child-care responsibilities by families—to the point that now more than 50 per cent of Swedish children are born out of wedlock.

You remember Midge Decter's ringing testimony before your committee: "For a generation now, millions and millions of Americans—I will not say all—have been engaging in child sacrifice. Less bloodily, perhaps, but no less obediently than certain ancient groups of idol worshippers, we have been offering up our children on the altar of a pitiless god . . . In our case, the idol to whom we have sacrificed our young is not made of wood or gold but of an idea. This idea, very crudely put, is that we are living in an altogether new world with not yet fully understood new moral rules . . . [in which] we have no right to cling to or impose upon others outmoded standards of behavior. . . . Out of historic error, out of sloth, out of cowardice, out of lack of collective will, we are permitting ourselves to become a society that punishes the virtuous. That punishment is every day being incorporated into the laws of the land written, and unwritten."

Now you, Orrin Hatch, seem ready to join this strange cult of child sacrifice. You seem ready to capitulate to its central demand: that the state exalt the full-time working mother above the mother who cares for her children at home—that the state financially punish the traditional mother by making her subsidize the mother who assigns her children to state-approved day care. There is no further demand that matters from the forces of family breakdown in America. That is the beginning and end of it. If you give in on that one point, all your previous struggles will go for nought.

Amid the general rout of conservatism in the final months of the Reagan Administration, your surrender on day care is the single most shocking event. You want traditional families to provide money to promote child abandonment by other families under siege. You want "seed money" for community centers and tax incentives for work-place care; you want to attack existing day-care provisions by giving "federal assistance for setting state standards," which will merely mean that only taxpayer-funded institutions will be able to afford the paperwork and the credentialism.

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Finally, you declare that a compromise with Senators Christopher Dodd and Edward Kennedy—both long beloved by every organization of the unisex child-abuse lobby—will be your “number-one legislative priority.” Thus you concede that your own proposal of \$375 million in the first year is only a round-heeled first step on a legislative slope oiled by pro-family sanctimony and deceptive public-opinion polls. As Assar Lindbeck, the leading Swedish economist, has observed, the result of such programs is to bring the state increasingly into the domain of child care, which it cannot perform, while steadily eroding the financial ability of working-class families to raise children themselves.

For your rationale, you accept the familiar claim of all child abusers—that they couldn’t help it. In this case, that the mothers had no choice: they had to work. “It’s preferable to have parents raise the children in the home,” you concede, before adding a craven “but . . .” Then you turn to the old alibi that “with 54 per cent of women working, it’s apparent that no one is in the home.”

The fact is, however, that the vast majority of mothers today put their families first and work, if they must work, part-time or in the home. As of 1984 only 29 per cent of married women held full-time, year-round jobs (including teaching jobs); on average, wives supplied only 18.6 per cent of their families’ incomes. Women continue to vote with their feet against full-time careers. In fact the more credentials and qualifications (and therefore options) mothers have, the less fully they will exploit them and the more likely they are to prefer part-time work.

The most comprehensive analysis of this issue was conducted in the mid Seventies by the Institute for Research on Poverty at the University of Wisconsin. Even stipulating substantial discrimination against women, researchers found that while single men and single women exploit their earning capacity almost equally, married men exploit their earning capacity at nearly three times the rate of married women (87 per cent for married men of working age versus 33 per cent for married women). Women with the best credentials—the top 10 per cent in earning capacity—exploited their earning powers at only about one-fourth the rate of similarly qualified men. The higher the salary a married woman could potentially command, the less likely she was to work full-time, year-round. More recent data show no significant change in this pattern.

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In the real world, data on the work force overwhelmingly indicate that working women prefer to work intermittently or seasonally, or to work in the home, and that they prefer to make neighborhood or familial arrangements when they do require someone to care for their children. This pattern of working behavior by women does not represent a revolutionary change in family structure. It is a reflection of the existing familial order that expanded federal day-care programs will steadily and inevitably erode.

The social-work bureaucracy resents women who take prime responsibility for their children. It wants to declare their provisions inadequate and wants to tax their families to finance women who wish to raise their children without marrying the fathers. With the support of the National Education Association, the child-care bureaucracy wishes to make child care a professional role and thus increasingly difficult for ordinary families to provide.

But no government program in the world, however expensive, can make up for the economic and emotional disaster of the father's departure. No day-care program can enable most single women to both raise their children successfully and earn incomes above the poverty level. In most cases, female-headed families cannot even begin to discipline teenaged boys or provide role models for them; in many families that I have interviewed, the mothers are actually afraid of their teenaged sons. But by solving the immediate problem of where to park the kids, government day care creates an illusion that families may break down with impunity. The children will come back and punish the society soon enough.

Effective executives, says Peter Drucker, don't solve problems; they pursue opportunities. The broken families of America constitute an insoluble problem that can absorb unlimited funds and efforts and provide a pretext for unlimited expansion of government. The current welfare programs already do all that the state can do to provide minimal care; any enrichment of these programs with job training and day care will further accelerate family breakdown. With every new initiative by the state, the problem will grow inevitably worse and demand ever more extreme government action.

As Jack Kemp says, "If you want more of something, subsidize it; if you want less, tax it." The day-care bill will tax families that care for their own children in order to subsidize families that place their chil-

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dren in another's care. The more the state subsidizes the breakdown of family responsibilities, the more families will break down. But there is simply no way on earth for government to supply the love and attention and self-sacrifice that mothers spontaneously offer their children. There are not enough resources on this entire planet to raise a new generation of civilized children if mothers defect. Every government day-care center represents an irretrievable net loss for children.

The current day-care mania, however, does provide a major political opportunity. For decades the tax burden has been shifting from single people and families without children onto families with children. The child deduction for federal income tax would be worth some \$6,000 today (rather than \$2,000) if it had risen apace with inflation and incomes, not to mention educational costs, since 1950. Whenever the Democrats demand support for children outside the home, the Republicans must demand support for children in the home as well.

Senator Hatch, your response to your new Democratic friends should be: "Fine, Teddy and Chris, you want money to care for children. Great. But the bulk of children are in families. Give all families tax deductions and credits or child allowances as you wish. Give all mothers money for child care. But every payment for a day-care center must be compensated by an equal outlay for mothers in the home. Let the mothers decide whether to buy day care or not."

Senators Kennedy and Dodd won't like this. They do not want money for child care, which is urgently needed by the families of America. Instead they want money for the NEA and the child-care bureaucracy, which are a menace to the nation's families. They do not want to help families meet the increasing costs of raising children; they want to ratify the female-headed family as the norm in America. They do not want to subsidize families; they want to subsidize feminism.

When mothers are looking for someone to care for their children, a high proportion of the people they voluntarily choose have always been immigrants. Around the world potential immigrants are literally dying to come here and assist American women with their children, cheaply and well. If child-care assistance, rather than buying off special-interest groups, were the senators' prime goal, they would do well to promote new immigration. Instead, they support laws attempting to bring existing immigrants under the heel of the welfare state and to trap Asian women at airports to prevent them from relieving the so-called child-

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care crisis. While Vietnamese still die in boats off the coast of Thailand and Mexicans swim the Rio Grande, the Senate wants to seal off low-wage jobs by means of higher minimum wages and to bring child care into the regulated domain of the state.

The stable families of America both sustain the American economy and produce virtually all the country's productive new citizens (most of the rest are immigrants from stable families overseas). The child-free families of today are the freeloaders on Social Security tomorrow, for they have failed to produce the next generation of workers to support them in their old age. The female-headed families of today create an unending chain of burdens for tomorrow as their children disrupt classrooms, fill the jails, throng the welfare rolls, and gather as bitter petitioners and leftist agitators seeking to capture for themselves the bounty produced by stable families.

There is no doubt that American competitiveness suffers more from the declining quality of American family life and resulting deterioration of school performance than from any other factor. But we have no trouble competing with the European welfare states. Throughout this decade, they have been losing nearly 2 per cent of their jobs annually, have suffered declining investment and shrinking economies, and have been slipping steadily further behind in the key technologies of the information age. The competitors who give trouble to American firms come from the patriarchal family structures of Asia where women take care of their children, and where schools teach physics and calculus rather than sex education and Indian rights.

Liberal Democratic politics today is chiefly a conspiracy of parasites against the society's productive citizens and families. There is no way to compromise with this force of self-destruction in the middle of Western culture. There is no homeopathic cure for socialism, no vaccination against moral decay. A visit to the welfare states of Western Europe will give ample evidence to anyone unconvinced by the stagnation and collapse of Eastern Europe and the socialist Third World. As analysts around the world are increasingly coming to recognize, socialism is the death wish of Western civilization. Senator Hatch, I implore you, choose life.

The Non-Debate of 1988

Joseph Sobran

FOR THE FIRST TIME in American history, one of the major political parties in 1988 will field a presidential candidate who unequivocally favors abortion on demand.

Michael Dukakis, the Democratic nominee, has been quiet about the issue for some time. I presume this is the effect of prudence: he would prefer not to make easy abortion the theme of a presidential campaign, even in this enlightened age. He would prefer not to discuss it, or to have too many others discussing it.

True to the style of Democratic “ethnic” politicians, he has rediscovered his roots, a little late, for the purpose of giving his candidacy a conservative and traditionalist tone. Though he has cut himself off from the Greek Orthodox Church in nearly every way, from marrying outside it to opposing in politics the morality it has always upheld, he has been showing up at colorful Greek ethnic functions, doing Greek dances, and speaking fluent Greek. But apparently the language of his native Church is Greek to him.

Like many Irish and Italian liberal politicians, Dukakis is trying to make the ethnic cover the gap left by his ethics. It serves his interest now to reaffirm an affiliation by superficial culture that he has abandoned in his profoundest public choices.

The clearest of these was his sponsorship, in 1970, of a bill to repeal all Massachusetts state laws prohibiting or limiting abortion. He has subsequently said he merely did this “on request,” as a favor to the pro-abortion activist William Baird. But this is an obvious evasion. It simply isn’t credible that he would have done this without regard to the bill’s contents. He’d hardly have introduced a bill, “on request,” to *tighten* existing abortion restrictions. He sponsored the bill three years *before* the Supreme Court made abortion on demand the law of the land, so he can’t even claim, *a la* Kennedy or Cuomo, to have merely bowed to the Court’s wisdom. As if to prove his commitment, he later opposed a constitutional amendment banning abortion, and even sup-

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ported legislation requiring taxpayers to pay abortionists. Now he seems to hope that what can't be denied can at least be forgotten.

The media are helping him. The Adversary Press has become an Amnesiac Press. The media rarely raise issues that would embarrass progressive politicians in the eyes of conservative voters: this is almost an iron law of major-media coverage, and it constitutes most of what is dimly felt as "media bias" in favor of liberals. Liberals aren't exempt from embarrassment on other grounds, as Gary Hart and Joseph Biden can attest, but the media almost never treat as scandalous or even controversial a discreet step to the left of the political continuum. Such discretion is respected and protected. The liberal who moves to appeal to a radical constituency will get no more publicity for it than he wants to get.

Unless, that is, his opponent chooses to make an issue of it. That's about the only way the current media silence about Dukakis's record on abortion could be broken. But it seems unlikely that George Bush will take the initiative in this. My point, though, is that the media themselves won't take that initiative, and they would probably try to make the issue embarrassing to Bush himself if he raised it. So Bush will probably try to run his campaign in keeping with the media's tacit ground rules, which include: Thou shalt not discuss abortion.

The press corps is full of feminists of both sexes, and it's easy to imagine what would happen if George Bush got out of line. The substance of his position would be ignored. Attention would immediately fasten on his motives—his desire to appeal to a "hard-core" or "right wing" constituency. (Dukakis's position would be taken at face value: no question of sincerity or opportunism would be broached.) Feminists—"spokespersons for the women's movement"—and constitutional "scholars"—actually, advocates of a certain way of construing the Constitution, in accord with the progressive agenda—would be shown deploring Bush's demagogic attempt to turn back the clock on women's rights and thwart the will of the Supreme Court. (Dukakis wouldn't have to say a thing.)

In short, media dramaturgy would present Bush as "politicizing" an alleged constitutional right, not as introducing his own item on the agenda for political debate. He would have to debate alone, as far as the campaign was concerned. Dukakis's side of the debate would be

handled by everyone but Dukakis. And Dukakis would win. He'd win by not showing up.

Actually, Bush might win anyway. The mere reminder of Dukakis's record might overwhelm any impression the media tried to create. But this is the impression they *would* try to create, and Bush could count on unfavorable coverage for the mere act of bringing abortion into the campaign. It might be worth the risk. But a risk it is. I am probably saying nothing that Bush doesn't already sense. The media subtly set limits on the permissible agenda of any candidate. He may talk about the performance of the economy, or the need for a stronger defense. But the restriction or prohibition of abortion? No.

As I have written before, the media are quick to treat key liberal gains as matters of virtual consensus. If Bush fails to stir the electorate the way Ronald Reagan did, it's partly because people sense that he respects that bogus consensus more than Reagan did. By background and style he seems to be Mr. Status Quo. It *would* seem out of character for him to challenge *Roe v. Wade*, and he would be liable to charges of hypocrisy. Every inconsistency in his record would be thrown up to make the charge plausible. Nobody now thinks that he is very passionate about abortion, one way or the other. If he makes an issue of it, the media will do everything they can to minimize the gain for him, and the cost to Dukakis.

On the other hand, the media aren't everything. If Bush says nothing about abortion, the fact will register in its own way, quietly, unrecorded, but not without effect. Millions of people who voted for Reagan will conclude that Bush, unlike Reagan, acquiesces in the status quo, and therefore isn't worth voting for. He may risk more by failing to take the obvious risk of hostile media coverage. Last year's slur that he's a "wimp" has faded. But he does seem to be a typically pain-averse Republican. If he is willing to take a certain amount of heat from the media, he could correct that appearance, and in the process remind the country that there is more dividing him and Dukakis than their resumes.

Having debated the abortion issue myself for many years, I understand the sense of futility a politician must feel if he is tempted to oppose it. I can debate it (if I can find anyone willing to debate it) without too much fear of reprisal, because I debate it in arenas where I

don't have to worry about winning 51 per cent of the audience over to my side, let alone major media coverage. A commentator has a relatively safe perch—though I should add that one newspaper dropped my syndicated column because I wrote about the issue “too much.”

But if it's an issue at all, it's a compelling issue, one we should be willing to take risks for, not out of political or professional calculation, but because of what it is: the taking of innocent human life.

“Politician” has become a bad word, even in democracies. The most popular politicians are those who communicate a sense that they are *more* than mere politicians, and that there are things that matter more to them than winning elections. This is what the tattered word “charisma” gestures at, the sense of a man who is larger than his role, more than “competent,” and offering something better than “experience.”

Abortion is an issue where legalism, the counterpart of “competence,” just won't do. The argument that legalizing it is a sensible way to come to terms with it wouldn't satisfy its proponents even if that argument were true. This is why they are bound to insist that abortion is a *right*.

The old argument that abortion “happens anyway” is rarely heard any more. All offenses against good order happen despite the law: burglary, murder, rape. But the law does affect their frequency, or there would be no use having laws at all. I have yet to hear anyone argue that the enormous murder rates in Detroit and Atlanta prove that those cities might as well stop enforcing murder laws. And by now everyone knows how implausible it would be to say that more than a million and a half abortions would occur yearly if they were illegal. The abortionist who advertises in the classified section presumably knows that he isn't wasting his money drumming up trade that would have come his way even without the ad. The market may have a natural ceiling, but every market is affected by incentives and disincentives, including legal penalties.

Emboldened by a success they didn't earn politically, abortion advocates have shifted to the more inspiring line that abortion is a “fundamental human and constitutional right.” But it's a right nobody is proud of having exercised. It's a right nobody looks forward to exercising, except the abortionist, whom even the feminists stop short of exalting. It's also a right a President Dukakis would have a hard time rallying the West to the defense of: what soldier would risk his life to

preserve the right to kill the child in the womb? But it *is* a right that the totalitarian states don't mind conceding to their subjects, even when they recognize no right of worship or free speech.

The South swallowed equal rights for blacks with difficulty, but those rights have proved digestible. The country has had a harder time digesting abortion rights. The very idea is hard to make sense of. We can learn to live with it only by closing our minds and hearts. Even then, it comes back at us.

In a recent Indiana case, a young man sued to prevent his former girlfriend from aborting their child. He argued that he wasn't interfering with her abortion rights, because he wasn't the state, but a directly interested party. She proceeded to abort before the courts could resolve the case.

And a Long Island man sued his estranged wife for damages when she had an abortion against his will. He charged that she was retaliating because he refused to tear up their prenuptial contract, but the details don't greatly matter.

These cases did remind me, though, of an encounter I once had with a feminist who asked me how I could call myself "pro-life" (a term, by the way, I usually avoid) when I didn't oppose capital punishment. I gave the obvious answer: that an unborn child has done nothing to deserve death.

I added that there's another disparity. When a man is on trial for his life, his fate is decided by impartial people. No friends, enemies, heirs, or victims can sit on the bench or jury.

But when a woman wants to abort, only one person's will is consulted. The child's interest isn't represented, since the law now doesn't recognize the child as a child at all, merely as a mass of tissue that belongs to the woman. Her interest is not merely treated as no disqualification; it is, according to the feminists, the *sole* qualification for deciding. The father has no say in the matter. The devoted husband has no more rights than a vagrant rapist.

Such is the feminist position, apparently supported by the American legal system. It gives a woman a tyrannical power over not only the unborn child, but over her husband too. There's a certain parallel in Islamic law, which permits a husband to divorce his wife at his whim, simply by saying, "I divorce thee" three times. Unlike an American

husband, he needn't present a cause of his action before a court. His wife's interests aren't represented.

On a TV talk show, the Long Island husband made similar arguments with great passion. A feminist lawyer insisted, nevertheless, that the right to choose should be absolutely and exclusively the mother's. The moderator interjected: No matter how trivial her reason or how impassioned her husband's protest? Yes, she said, because by the time the woman decides to abort, "the relationship is already in trouble." No Islamic husband could put it better.

But turn the case around. Suppose a man wants his pregnant wife to abort, but she refuses. Is it fair that she can unilaterally burden *him* with an "unwanted child," which he must support, at whatever cost to his career, finances, peace of mind, and even mental health? A hard case, to be sure, but that never stops the feminists. And clearly the differences between husband and wife would suggest a relationship already in trouble. The prognosis for the child's welfare and happiness is poor: surely such a child would be a prime candidate for abuse and neglect. Most battering of children, after all, is done by men, not mothers.

One problem with the arguments for abortion is that there are too many of them. What they lack in quality, they try to make up in quantity. But rationally speaking, they lose almost every time, and they can win only within an artificially narrow framework (mere positive law, for example), and even then their victories are dubious.

So arguing against abortion is like cutting up a starfish: sever the limb, and it not only grows back, it grows a new starfish. But the resulting starfish don't always live well together. The woman's right to choose comes at the expense of a man's right not to be burdened with an unwanted child. The woman's right of conscience comes at the expense of the taxpayer's. The woman's right to live her own life comes at the expense of the child's.

Roe v. Wade has engendered all these contradictions without helping resolve them. It may have seemed a simple solution at the time, but *Roe* is on "a collision course with itself," in Justice O'Connor's words.

And all these contradictions are fundamental, from the moment abortion is declared a "right." It might have made a limited sense as a compromise with reality, but the feminists couldn't leave it at that, permitting the anti-abortion side to monopolize the rhetoric of "rights."

An English friend of mine—an outsider to our abortion debate who isn't absolutely opposed to abortion in some cases—pointed out to me that the “right to control one's own body” has a specious generality about it. “Women aren't claiming the right to cut off their own thumbs,” he said. “If they did, we'd have no hesitation about stopping them. It's obviously someone *else's* body that's at stake.” Disparaging talk of “the fetus” bears him out. Nobody would talk about a part of her *own* body in that tone. (“Leave me alone—it's only a thumb!”) Women who are bearing their babies call them *babies*. (Try to imagine: “My fetus is kicking.” Or: “I used to be my mother's fetus.”) Nobody would advance a general right of self-mutilation, which is what abortion must be if the child is only part of its mother's body. The supposed “right to control one's own body” has one application, and one application only. No right can be as absolute as this one pretends to be; yet this one keeps dissolving into incoherence as soon as you try to reconcile it with other rights we traditionally recognize.

But there it is anyway, awkwardly imbedded in our system. It's also imbedded in the commitments of Michael Dukakis and the Democratic Party. And in the commitments of the people who dominate the mass media. How can this be?

One thing legal abortion *does* fit into is the aging New Morality. It's integral to that. Modern liberalism is a strange mixture of socialism and libertarianism; but so, in practice, is Communism. Every system tolerates *some* liberties. Even before *glasnost* and *perestroika*, the Soviet Union permitted abortion on demand, so that it has an estimated ratio of six abortions to every live birth. The New Morality can be seen as the moral residue of a generic communism, as seen from another angle. If man has no individual dignity, no immortal soul, no destiny outside political order, then abortion—like fornication, adultery, and sodomy—becomes a trivial matter. The totalitarian state may no more care whether you abort or give birth than whether you eat beans or corn.

There's an apparent paradox in the fact that as liberalism approaches full socialism, step by step, it also insists ever more stridently on a few liberties—not “liberty” as a substantial and undivided whole, appropriate to a being made in the divine image, but “liberties” as options too slight to impede by their individual exercise the great project of consolidating state power.

The essence of totalitarianism isn't the desire to control every detail of personal life. No system could do that, even if there were any point in doing so. The real essence is the principled denial that anything can have primacy over the purposes of the state, including the personal right to life itself. The assertion that a positive "right to choose" takes precedence over the very right to live is a signal that the state that asserts the "right" knows no bounds on its own power, and even the "right to choose" must then be contingent on the state's purposes, since it can only originate in the state's will.

Western liberalism has become a sort of confused tropism in the general direction of communism. Most liberals are ordinary human beings, not cunning crypto-communists, and if they don't comprehend their own tendencies it's probably because, like most human beings, they fool themselves first and others afterward. Their slogans of freedom and pluralism are sincere enough to let them function with as much good faith as politics requires.

Even so, they are ushering in more radical changes than they know (or want to know). The traditional state has been committed to a definite vision of the good, but impartial as between persons. The liberal state reverses the order, being neutral about what it calls "values" but favoring some citizens (those it defines as "victims") over others. It does this in the name of redressing "inequality" or "discrimination," which usually turns out to mean "correcting" the results of free choices in the formerly private areas of human activity. By enlarging the definition of wrongs and injustices, it also enlarges the area of state power, the principled limits on which gradually erode.

The apparent exceptions aren't exceptions at all. When the good is reduced to subjective "values," and when the state can even decide who is human and who isn't, we should begin to understand that any "new morality" is just the obverse of a new power. And there is another angle here: *Roe* also marked an expansion of the federal government's power to override the prerogatives and distinctions that used to make the several states sovereign and diversified. The new state power is not only growing, it's also being centralized in *one* state, the federal government, so that the fifty "states" are gradually becoming mere administrative units under a single welded sovereignty.

It's hard to recall now that the Bill of Rights was originally meant as a set of limits on the federal government, not on the states. The most

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comprehensive passage—the Tenth Amendment, reserving to the states and the people all powers not conferred on the federal government—has become about as effectual as the freedom of religion guaranteed by the Soviet constitution. The only powers remaining with the states now are those the federal government hasn't bothered to claim for itself, like the personal "liberties" that remain under socialism, only because they don't get in the way of the sovereign agenda.

So I don't think it's coincidence at all that the growth of the centralized state has occurred at the same time the "new morality" has become prevalent. They both have the same political vehicle: the Democratic Party.

This isn't to exonerate the Republican Party, except as you might exonerate a sleeping watchman from complicity in a burglary committed on his watch. At times Republicans have been parties to promoting the new order, including the new morality. But in general they have merely been even more confused about what was happening than the Democrats and their media allies. Republicans who go along with liberal gains once they occur, even if those Republicans opposed the changes at the moment of decision, are extolled in the media as "moderates." The relative few who see principle at stake and would reverse the changes are "right-wing," if not "far right" or "extremist." Liberals and moderates together comprise "the mainstream." (The media rarely spot a "left-wing" politician, though for some reason the country keeps moving leftward.)

The pace of change varies—and despite liberal hysteria on the topic, Ronald Reagan only slowed the pace, and didn't move the country "rightward"—but the pattern is clear. As the state grows, the new morality advances. Both not only have an internal logic; they also mesh. As the individual dwindles, his conduct and even his life matter less. He is absorbed into the state's economy like an ant in a colony.

Abortion is at the crux. It belongs to a "progressive" social order for the same reasons that make it abhorrent to a traditional order. It also forms part of a seamless garment of the new morality that includes a general sexual freedom, or indifference to family bonds.

Americans are still sufficiently religious and tradition-minded that no politician will announce himself as anti-family. Few even think of themselves that way. The new morality comes in *via* marginal changes, and in the name of something else: "choice," "rights."

What was most notable, and least noted, about the original slate of Democratic candidates this year was that, to a man, they favored legal abortion, one of them, Richard Gephardt, having hastily revised his “unwavering opposition to abortion” in order to make himself eligible for his party’s nomination. Most of them were also explicitly committed to “gay rights.” As Governor of Massachusetts, Dukakis only last year shepherded a homosexual rights bill through the state legislature. He stopped short of supporting full adoption rights for homosexuals while there are willing married couples, but otherwise he has courted the homosexual vote in his usual methodical way, sensing that “gay” issues are of a piece with the general progressive agenda. When attacked by homosexuals for his prudently anomalous stand on homosexual adoption, he replied that he has favored increased funding for an AIDS cure (perhaps forgetting that AIDS is “everybody’s disease”) and AIDS prevention. But “prevention,” for AIDS as for abortion, doesn’t seem to entail moral changes in the behavior that induces it, only technical adjustments: “safe sex.”

Dukakis prefers to be known as a “technocrat” rather than an ideologue. In part this means that he accepts the new morality as a fait accompli, its side effects to be counteracted not by a return to traditional morality but by technique itself. Promiscuous sex, like abortion, must be made “safe.” The state should foot the bill. Coercion will be used only against the taxpayer, not against those who enact the new morals.

But there is an ideology at the heart of this technocracy, and it’s not at all neutral about morality. Dukakis has been an active—activist—agent of the new morality. Now he wants to obscure that fact, taking refuge in the pretense that it’s by now a matter of consensus. This dovetails nicely with the media’s disinclination to recognize the conflict between the two moralities as a legitimate controversy.

The danger is that Bush will be disinclined to break the placid surface on this and carry the fight to Dukakis. You can’t entirely blame him. Opposing the *Zeitgeist* isn’t the responsibility of the Republican Party alone. When other forces that should be taking the lead in opposing the moral revolution—the National Conference of Catholic Bishops comes to mind—can’t even acknowledge that a revolution is in progress (and has already advanced very far), you wonder how much it’s

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fair to ask of politicians. Even some conservatives seem to believe that Ronald Reagan's election meant the final victory over liberalism. (I blush to recall some of my own columns in this vein during his first term.)

Nevertheless, the Democrats have become *the* party of the new morality. Their presidential nomination is no longer available to anyone who opposes legal abortion. Their current candidate has even charged ahead of the pack, positively favoring abortion on demand and homosexual rights before they were fashionable. If George Bush lacks the conviction or the nerve to fight him on these issues, the Republicans will have become the party of passive acquiescence. And 1988 will be the year the moral revolution was politically consummated.

Operation Rescue

Tina Bell

THE SYMBOL OF ANTI-ABORTION civil disobedience is the stubborn, lonely figure of Joan Andrews. In prison since 1986—for trying to rip an electrical chord out of a suction-abortion machine—she has refused to cooperate with the “authorities” or obey prison rules, for which she has been subjected to harsh privations during an unjustly long sentence. Her identification with the unborn (“Reject them, Reject me,”), with its strong overtones of Christian martyrdom, has made her a heroine to a large segment of the anti-abortion movement. But she is a heroine difficult to emulate, more useful as a symbol of voluntary sacrifice than as a model of political effectiveness.

Not so with Operation Rescue which, though inspired by activists like Joan Andrews, works for political victory *via* large-scale, organized defiance of the law. During the first week of May, it mobilized almost a thousand people who came to New York City for the purpose of getting themselves arrested.

The pamphlet advertising Operation Rescue (which was to be a series of nonviolent sit-ins at New York abortion clinics) offered a vision of leadership to inspire anti-abortionists frustrated by 15 years of futile opposition to legalized abortion. It’s a vision of “hundreds and hundreds of people around an abortion mill, praying and singing. . . . Imagine huge banners unfurled in the wind, declaring ‘Operation Rescue’ and ‘No More Dead Children’ . . . Imagine a rescue mission so well-organized . . . so well managed, with the participants so calm, free of hateful or bitter words . . . participants so decent and upright the American people are forced to consider the reasons for their actions and the merits of their arguments.”

Randall Terry, the 29-year-old evangelical minister who heads Operation Rescue, argues that moral—even political—victory is possible if his followers are willing to get arrested and, if necessary, spend time in jail in numbers large enough to attract media attention. The New York sit-ins were intended to initiate a “heroic uprising.”

Tina Bell, a mother of four now living in Virginia, came to New York to see Operation Rescue first hand.

By the time Operation Rescue got to New York, Terry had refined the crowd-control techniques of previous efforts, such as in Cherry Hill, New Jersey (outside Philadelphia), where 210 activists were arrested at a single abortion-clinic sit-in. He had also managed to attract some prominent anti-abortionists to his cause. By the end of the New York operation, he had also “achieved” more than 1,600 arrests (and re-arrests) of his disciplined, nonviolent troops. Among them were some 50 clergy and religious, including several rabbis, evangelical ministers, priests, nuns, and Bishop Austin Vaughan, an auxiliary to New York’s Cardinal John O’Connor. Also arrested were Mrs. Adele Nathanson, whose husband, Dr. Bernard Nathanson, is the now-famous ex-abortionist who has become a leading figure in the “Pro-life” movement. And Mark Bavaro, the All-Pro football star (of the New York Giants), who is vice-chairman of something called Athletes for Life. No doubt about it, anti-abortion activists are everywhere nowadays.

The success of a rescue mission is measured in three ways: babies saved (the sit-ins are intended to close down a clinic for the day), the number of arrests, and media coverage. By those standards, Operation Rescue was a success—it certainly got plenty of attention. I thought it would, so I came up to New York to see it first hand.

When I boarded the train to New York I had the peculiar sensation of being a spy among my fellow-passengers. I was going to watch, with some degree of approval, a lot of people break the law to protest an evil whose precise nature is kept secret, even by its loudest proponents. Anti-abortionists are the ones who show people what abortions do to babies. Abortionists never do. The drama of my ruminations was dispelled by the arrival in the seat next to me of a young congressional intern on the way to Philadelphia. We talked. He said he worked for a liberal pro-abortion Democrat from Missouri, mainly answering the congressman’s mail. A lot of it was from anti-abortionists, and he was impressed by their persistence. I asked: “You’ve never been in Washington on January 22, then?” No. I had to explain that every year since 1973 the March for Life brought marchers by the tens of thousands from all across the country to protest *Roe v. Wade* (he didn’t seem to know what *Roe* was), and lobby their congressmen and senators, and so on. If he was impressed, it was not by the political fervor of the anti-abortionists but rather that anyone would go to so much trouble for a political cause. His future was mapped out for him; he was

going to be a lawyer, by default (nothing he had studied in college had inspired him, it seems). It seemed odd that I, more than ten years his senior, was a romantic activist compared to him, dull and staid in his three-piece suit, not yet out of college.

How did young Randall Terry get almost a thousand Americans from across the political spectrum to come to New York City (the belly of the beast, if you're an evangelical Christian) for anti-abortion "direct action"? If you have an abortion mill in your home town, New York isn't any more "evil" than a quiet, middle-American community. The answer lies in the character of the participants and the nature and purpose of the sit-ins.

The participants are enthusiasts who've inherited the political legacies of the sixties. Many of the people I met both at rescues and evening rallies were young evangelical Christians who—with their blue-jeans, T-shirts and long hair—looked like the kind of people I saw when I went to Woodstock 20 years ago. Woodstock, in fact, makes a good comparison. The music was the unifying principle there, and its mood was intensified by the use of drugs which made Woodstock utopianism (Three Days of Peace and Music, remember?) easier to believe in. The unifying principle at Operation Rescue was religious fervor, an *internal* music. The Quakers, another group of politically-active enthusiasts, claimed that they were moved by a God-given "inner light." The young evangelicals I met seemed moved by something similar, accessible only to initiates—those who were willing to be, or had been, arrested.

And Randall Terry fits very well Ronald Knox's definition of an enthusiast: "He expects more evident results from the grace of God than we others. He sees what effects religion can have, does sometimes have, in transforming a man's whole life and outlook; these exceptional cases (so we are content to think) are for him the average standard of religious achievement. He will have no 'almost-Christian,' no weaker brethren who plod and stumble, who (if the truth must be told) would like to have a foot in either world, whose ambition is to qualify, not to excel."

This religious enthusiasm translates well into the spirit of Operation Rescue, where total commitment is the unspoken requirement for membership. Even Baptism has its analog in the rescue movement: getting arrested.

The young men in the movement have seasonal jobs, like construc-

tion, although some are full-time activists, living just this side of poverty. Some are church workers, some pastors of tiny evangelical churches in small towns. Barbara Page, a young mother and a spokeswoman for Operation Rescue, justified her commitment to direct action by explaining that for a year or two she and her husband had gone the route of picketing and letter-writing with apparent success until she spotted an article in her local paper about a rescue mission during which a number of participants were arrested. She kept the article up on her refrigerator for a year, yellowing, before she finally contacted the group that had sponsored the sit-in. She's been arrested a couple of times now.

Many full-time activists live on the outskirts of society, fuelled by fellowship and their own brand of the "inner light"—the unshakeable conviction that they are doing God's work. They are a sober lot, drunk only on God. One full-time activist, a bearded young man named Joe, told me he was an Evangelical Catholic ("Don't ask me to explain that," he said). He went out the night after the second rescue with some evangelical buddies. "I'm sorry if this bothers you," he told his friends, "but I'm gonna have a beer whether you like it or not!" (is that what "Evangelical Catholic" means?). But he is the exception not the rule.

The second reason for Operation Rescue's appeal is the nature of "direct action"—it is extra-political, enabling disaffected "pro-lifers" to work around a political system which has failed the 20-million-plus babies aborted since 1973; and it works. In the words of Ellen Caron, New York director of NARAL, "if they can't make abortion illegal, they'll make it impossible."

Dick Andrews, an activist from the state of Washington, has written a pamphlet called "Abortion-Free Zones: A Battle Plan for Pro-Life America." He says three counties in Washington were declared abortion-free after four months of action by a Christian coalition. Six abortionists were persuaded to stop performing abortions. Andrews' pamphlet targets the part-time abortionist: by using the tactics of boycott, community pressure, public exposure (part-time abortionists avoid that), a part-time abortionist can be persuaded to quit. "This ultimately drives the abortion industry into the remaining, hard-core, full-time clinics at a relatively few, tightly focused locations. Once that has been achieved, these hard-core clinics, impervious to public disclosure or boycott, will be confronted with massive, sustained, nonviolent action. This will include sidewalk counselling, picketing, prayer vigils, pray-ins,

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and other non-violent actions. The point is to utilize the media and attack the abortionist and his pro-abortion support base both politically and psychologically.”

This is the language of war; it marks the single most important distinction between Randall Terry’s approach and the approach of more “moderate” (i.e., law-abiding) anti-abort groups. Terry and leaders like him address abortion not as a violation of civil rights but as an evil. “Time is running out for America,” the Operation Rescue Pamphlet says: “If we don’t end this holocaust very soon, the judgement of God is going to fall on this nation.”

Operation Rescue was to stage four sit-ins at targeted abortion clinics in the New York metro area. Participants would close one clinic a day, thus saving, at least for a day, the lives of babies who would have been aborted. They would wage psychological warfare on the abortionists, and gain media attention for the abortion issue in a crucial campaign year. It was to be the largest civil-disobedience action to date for the anti-abortion movement.

The first rally was held Sunday, May 4, at a tiny church on West 33rd St. called the Glad Tidings Tabernacle. To “register,” I went to the grubby Times Square Hotel, where most of the rescuers were staying (five or seven to a room, for the price of \$12.50 a night). Registrants had to sign a card pledging cooperation with the goals of Operation Rescue: “I will be peaceful and non-violent in both word and deed . . . should I be arrested, I will not struggle with police in any way . . . I will follow the instructions of the Operation Rescue crowd control marshals . . . I understand that certain individuals will be appointed to speak to the media, the police, and the women seeking abortion. I will not take it upon myself to yell out to anyone, but will continue singing and praying with the main group.”

I signed, and was given a plastic zip-loc bag containing the Operation Rescue Psalter, a map of the New York subway system, four blank index cards (to be used in case of arrest), a right-to-life rose applique, and a piece of paper giving the time and location of the rally. The pro-abortionists, who had declared “Reproductive Freedom Week,” had already demonstrated in front of the hotel. The Rescue organizers were all pretty tight-lipped, looking for spies. I didn’t relish the prospect of walking the ten blocks to the rally alone, because I’d have to walk

down notorious Eighth Avenue. I saw two bearded young men holding zip-loc bags like mine who didn't seem to know where to go. "But we're not supposed to talk to anyone," one of them was saying. I waved my Psalter at them to show I was legit, and asked if we could all walk together to the rally. We strolled past some of the most unsavory sights in New York, prostitutes plying their trade, beggars, drunks, dopies, and "Adult" movie theaters blatantly exercising their First Amendment rights in a most extreme fashion. I asked the young men what they did when they weren't participating in rescues. "Oh, we're Jesuits," they said.

You could see the Tabernacle's red neon cross from the corner of Eighth Avenue and 33rd Street, and you could also see a band of "pro-choicers" across the street, behind police barricades. They were accompanied by the infamous pro-abortion activist (and abortuary-owner), Bill Baird. He carried a large wooden cross with a sign "The cross of Oppression." The pro-abortionists began what was to be a week of chanting and jeering: "Sexist, racist, anti-gay, born-again Bigots, Go Away!"

A long line of people were waiting to get into the church—there'd been a bomb threat and the police were checking it out (it turned out to be phony). The crowd-control marshals were checking for spies. Marshals are the flip side of Operation Rescue—Randall Terry provides the leadership, encouragement, and vision; his crowd-control marshals, wearing black armbands and behaving like a cross between boy scout leaders and military police, strictly control the sit-ins and the behavior of the participants. They were secretive and well-disciplined (a complement to the efficacious preaching of Randall Terry?). Perhaps the price one pays for civil disobedience is enforced obedience to movement leaders: the intention to break a law, any law, creates a power vacuum. The police, who ought to be one's allies, take on an adversarial role. That vacuum is filled, in the case of Operation Rescue, by the crowd-control marshals.

And there *are* good reasons for tight security: a rescue closes a clinic by blocking the entrance with a lot of people who are difficult to remove. The more people, the longer it takes the cops to clear the entrance, and the longer the clinic is closed. No one but the leaders were to know the destination of each day's rescue (we never knew where we were going until we got there). If the police knew, they'd

arrive first, barricade the clinic and prevent the sit-in. If the pro-abortionists got there first they could control the entrance and open the clinic or otherwise impede the rescue by harassing the sit-inners.

But tight security has its annoyances. I was not allowed into the church at first, because the marshals were checking everyone, and I was unknown. Luckily one of the marshals was a friend of friends, and OK'd my entry. But later, as I sat in the choir loft, two marshals approached ominously, one sitting down on either side of me, and a movement leader asked, "You're with Chris, aren't you?" (Needless to say, I received copious apologies once my identity was confirmed). A spy was caught at the door—a woman who'd spoken at a recent NOW convention. She wore a right-to-life rose on her jacket. I saw the same "disguise" used again, by other pro-abortion infiltrators, later in the week.

I met an old friend at the rally—the man who first got me involved in the anti-abortion movement nine years ago. Bill Martin, a roofer by trade, is one of the unsung heroes (there are many) of the anti-abortion movement: he's been organizing meetings and picketing the same abortion clinic every Saturday for almost a decade. He looked tired (he'd had a heart attack). But he was happy about Operation Rescue: "This is what we've been working for all these years!" There were many other "old hands" as well, some who had been in the movement for 15 years. One, a fireman, looked at Bill Baird and said, "Look, he's dyed his hair!"

The church was old, with creaking wooden pews and a worn carpet, but it felt homey and comfortable, the way one would expect a Protestant church to feel. There was a stage at the back with a faded mural of Jerusalem and potted palms on each side. It was refreshing to be safe inside the church and away from the chanting. The marshals patrolled, walkie-talkies in hand—a reminder of the gravity of our enterprise.

The rescuers being mostly evangelicals, the rally had a born-again flavor to it. I wondered what some of the other neophytes, conservative Catholics like myself who probably preferred Gregorian chant to "Rock of Ages," thought of it? The speeches were really sermons, punctuated with "Alleluias" and prayers. When a sermon really got going people would even stand up and shout "Alleluia!" in a chorus. Randall Terry, a very clean-cut young man who began in humorous self-

deprecation, built up to a fiery crescendo, speaking of martyrdom, sacrifice, and the blood of innocent children. He is a young man gifted with the ability to condemn sin without making his listeners feel guilty. We felt, rather, that we were his accomplices in a war against evil.

Bishop Austin Vaughan, of Newburgh, New York, was more moderate in tone; but he concluded by saying that his episcopal ring had three names inscribed on it—Christ, and Sts. Peter and Paul—and each man had been executed by a government. To rousing applause he said Operation Rescue was “the only game in town.” Miss Nellie Gray, organizer of Washington’s annual March for Life, was in the audience. She too was wildly applauded. The Battle Hymn of the Republic was sung militantly, not hesitantly, as it’s sung in most churches.

We were given instructions on how to sit-in: sit as close together and as close to the abortion mill as possible, and obey the marshals when instructed to “schooch” closer to the clinic door after the first wave of arrests. If the police got there first, there was another procedure to follow, and we were given a demonstration of it. At the rally’s end the sidewalk counselors (they accompany a rescue in order to offer spiritual and material aid to the women seeking abortions at the clinic) had a meeting, as did the guides. The rescuers were told where to assemble the next morning (my contingent, the New York group, was to meet in front of the Times Square Hotel at 6:30 a.m.). Some people stayed to chat on the church steps afterwards. I met a girl who’d had an abortion after she’d been raped. “I met a man who wants to marry me,” she said. “The baby would be two years old now, and he’d have loved to be a father to my child.” She witnesses a lot about her abortion, she said. Then there was Justine, a sweet-looking young blonde, about 19, who had already been arrested several times.

Monday, the day of the first rescue, was cold—too cold for May—and grey. Rescue people were milling around the hotel lobby chatting or reading bibles. After a wait of 20 minutes we were divided into groups of 25. There was an older woman in my group, from Pennsylvania. She was nervous. This was her first trip to New York, and her first sit-in. She was afraid to travel on the subway but kept reassuring herself: “It’s in God’s hands.” We were assigned guides who carried little American Flags (the kind children wave at parades) so that we’d see them in the rush-hour crowds.

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Around seven we set off for the subway at a fast clip. We were ordered to stay together and not talk to each other. Only the guides knew where we were going, and the route was deliberately roundabout. We went downtown to 14th street and then doubled back uptown. On the subway we saw advertisements for an abortion clinic on East 85th, which performs abortions up to the 24th week. The very clinic, it turned out, we were to close that day. We reached our stop at 86th and Lexington and ran up the stairs out of the subway's filth and gloom. Our guide, Chris Slattery (who runs a "crisis pregnancy" center in Manhattan) led the first wave, flag held high. As we rounded the corner of 85th street, a cheer went up: we had a clear field. No police, no spies.

The others arrived in waves, and the rescuers, directed by Terry and the marshals, sat down very quickly on the pavement in front of the clinic. Those of us who did not intend to get arrested moved back to watch, and the rescuers began to pray and sing hymns from the Psalter. Two rabbis arrived with a sign reading "NY Rabbis Demand Civil Rights for the Unborn." One of them, Rabbi Yehuda Levin, ran against Ed Koch in the last mayoral election on the Right to Life Party line. Bishop Vaughan arrived, with two other well-known priests, Father Benedict Groeschel, author and anti-abortion activist, and Father James Lisante, coordinator of Pro-Life Activities for the diocese of Rockville Center on Long Island.

The enemy arrived, too. One of their signs read—mystifyingly—"Down With the War on Women and All Other Preparations for World War III." Then the cops—some 300 of them—swarmed down the street, barricading each end of the block and fencing off the pro-abortionists from the rescuers. The small "pro-choice" group began chanting "Operation Rescue You're a Lie, You Don't Care if Women Die," plus other, less printable, shouts. They also blew police whistles. A woman next to me said the prayer of St. Michael ("St. Michael the Archangel, defend us in battle, be our defense against the wickedness and snares of the devil . . .").

The press appeared, out of nowhere. The street was full of reporters and cameramen. Ms. New York Times, chic in a plum-colored wool coat, was embraced by one of the pro-abortion women, who cooed, "Didn't I see you at the NOW convention last year?" It had begun to rain, but this didn't seem to bother the reporters. A television newswom-

an looked around for a suitable background against which to make her broadcast. Cameramen climbed onto a construction vehicle, elbowing each other to get a better shot. The press, an elite audience if ever there was one, really did act as if the whole event was staged for its benefit. (Later on, when the arrests began and the rescuers were being carried away on stretchers, one woman reporter looked down at them and said disgustedly, "My God, I can't believe this!")

A construction worker whose morning's labors had been interrupted (and a good thing, too: he was working a jackhammer) was interviewed by a reporter from the *Washington Times*, who asked him what he thought of it all. "I don't know what Bible these people read," he said, pointing to the pro-abortionists, "but mine says 'Thou shalt not kill.'"

Around nine, a large blue and white police bus backed up to the front of the clinic. The arrests began. Participants got onto the orange police stretchers and gave their index cards (the ones we'd all gotten at registration)—filled out with their names and addresses—to the marshals, so they could keep track of the arrestees. Randall Terry got the clergy to move closer to the front of the clinic, and sit together. As people climbed onto the stretchers the pro-abortionists—led by a woman named Merle Hoffman, founder of the New York Pro Choice Coalition—screamed "Arrest them! Arrest them!" ("Away with him, away with him, crucify him!") The rescuers were singing "Holy, Holy, Holy." My teeth were chattering.

Even though the pro-abortion leaders had declared it "Reproductive Freedom Week" and made copious announcements about Operation Rescue *via* their pet local radio station (WBAI-FM), very few showed up at the sit-in. One leader haltingly explained to a reporter that "We don't really encourage large demonstrations . . ." Meanwhile, as one bus filled up, another would arrive to replace it.

The clergy were arrested mid-morning. The rain had stopped and the sun was coming out, hesitantly. There were cheers from both sides when the priests and the bishop were arrested. A woman said, "Oh, look at the poor sisters, they're scared!" Three nuns, in full habit, members of the order of Parish Visitors of Mary Immaculate, did look frightened until they got on the bus: then they waved happily to us from the window. The rescuers were taken to the Police Academy auditorium ("It was warm, and we could use the bathrooms," exulted one

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woman) where they were charged with disorderly conduct, and given summonses. Feeling like a traitor to the cause, I went and bought a cup of coffee. When I came back I passed my two Jesuit friends, now in clerical collars, busy explaining the sit-in to some teenage passers-by.

Why were the arrests so orderly? Terry and Michael McMonagle, another leader, had met with the police beforehand, and agreed that no arrestees would return to get arrested again. So when the first group come back, they stood with the rest of us behind the barricades next to the pro-abortionists (who had been shrieking and blowing whistles all morning long). There were arguments. A pretty young girl in black yelled, "I hate the fact that I may have made a woman give birth to me because she had no choice!" When a pro-lifer told her abortion was a form of genocide against blacks and hispanics, she hissed, "I'm white, I grew up on the Upper West Side, I had an abortion. What does that make me?" She had tears in her eyes: of rage or confusion, it was hard to tell. I looked at the others in her group, four or five of whom had to be only 18 or 19 at most; one would have thought that young girls would be excited about the prospect of love and motherhood; it seemed somehow unnatural for healthy, pretty young women to scream taunts to support abortion.

The arrests went on. I saw a young girl get on a stretcher and someone yelled, "Way to go, Justine!" She lifted up her head and waved. Nellie Gray stood ramrod straight, looking on with approval. Merle Hoffman paced back and forth in frustration—the arrests were going too slowly. Bill Baird was back with his wooden cross, standing a few feet from Nellie Gray.

Merle Hoffman is worth describing. She has dyed blonde hair and a raincoat that looks like a cape. She reminded me of Margaret Hamilton in the Wizard of Oz, raging impotently at Dorothy. And perhaps Hoffman's frustration was based in fact. At least one policeman refused to arrest any more rescuers. A Massachusetts woman told me, "He looked at all of us and said 'That's it, I'm not doing this any more!'" (The cops were accused of being too gentle with the rescuers; by the end of the week the pressure was too strong, and when Operation Rescue returned to East 85th on Friday no stretchers were used—you either walked to the bus or were dragged—and 186 misdemeanor summonses were handed out.)

TINA BELL

The arrests ended at about 1:30 p.m. but the clinic stayed closed all day. No babies were killed there. A total of 503 rescuers had been arrested. The crowd at the rally that night was delirious. Adelle Nathanson spoke—she is Faye Dunaway to Merle Hoffman's Margaret Hamilton. She reported that her husband, the movement's token atheist, had "travelled the road from science to salvation." She got a standing ovation. "I will be with you all week," she said.

Tuesday was darker and grimmer, but not as rainy. We went to a clinic in Elmhurst, Queens that day, and spies came with us on the subway. Even though we ran to the clinic as fast as we could, they got inside the vestibule and sat along the walkway blowing police whistles, shaking noisemakers, and chanting (though they were still hoarse from Monday). One girl—in black, like the others—threw back her head and let out a long howl. She had a ring in her nose. Once again, hundreds of police arrived, with their blue and white buses. Two "pro-choicers" were arrested when the cops tried to remove them from the front of the clinic. One of them kicked an officer in the groin (no passive resistance for *them*). Bill Baird was back, cross and all, and so was Merle Hoffman. Those standing behind the blue police barricades chanted "Sieg Heil" and gave the Nazi salute. I decided that Merle Hoffman isn't really like Margaret Hamilton; she's a nightmarish version of Joan Rivers. Bill Baird called out to Terry: "Randy, we're waiting for you . . . I won't call the police Randy, just you and me!" Hoffman paced. The press arrived one by one.

I'd made a friend on Monday, a young man named Herlihy; he identified some of the movement bigwigs for me and told me about *his* arrest record. In Maryland a policeman had prodded him eight times in the groin with an electric cattle prod—and this while he was handcuffed. He wasn't supposed to get arrested, he worked for the city. But his eyes kept straying to the crowd of sit-inners. "Tina, I've *gotta* get arrested!"—like a small boy asking for candy. Tuesday he was back, getting information for me, gossiping about the pro-lifers who were there, pointing out the better-known activists. He kept coming up to me and saying, "I can't resist! I have to!" He was the last person arrested on Tuesday's rescue.

A woman came up to watch the television reporter make her newscast. She was one of those fearless old New York ladies; she had buttons pinned all over her fur coat, but what stood out was a life-sized,

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colored plastic replica of a 12-week-old fetus pinned on her chest. She began dressing down the newswoman, and when the report was finished the cameraman looked at her and said derisively, “C’mere mouth, wanna talk to us?” He must have thought she was the perfect right-to-lifer—crazy buttons, rasping voice. She looked into the camera and said, “That’s murder they do in that building! They’re carving it up like a roast chicken!” She turned away and said, “Aaahh, the editor’s gonna delete everything and twist it around anyway.” Adelle Nathanson gave a statement to the press: “I’m a pro-life feminist,” she said. Two college girls, ineptly manning a video recorder, looked at her in disbelief: “They *told* me I’d get mad!” said one.

Some who were watching prayed the rosary for the abortionist. One marshal, an older man, looked at Bill Baird and said, laughing, “Bill Baird has been prayed for by hundreds of people.” A pro-abortion woman started an argument with a sidewalk counselor: “Who’s watching your children? Your husband? Aren’t you afraid he’s back home sodomizing them?” The rescuers prayed and sang on, while the enemy chanted and cursed.

I talked to one sidewalk counselor. She had two kids, and cleaned houses for extra money while they were in school. In her spare time, she participated in rescues. She’d often put pregnant girls up in her own house until she could find housing for them.

The arrests were finished by noon. Because the clinic was in Queens, none of the arrestees had returned to the site. The sidewalk was empty except for the few pro-abortion picketers. The sidewalk counselor and I spoke with some neighborhood women who’d come over to see what was going on. In the peaceful aftermath of the sit-ins, on the empty sidewalk, in the sunlight that finally shone, we talked about abortion. The neighbors were angry: they’d had no idea there was an abortion mill so close to their homes. One of the women was an ex-teacher (now a professor of education at City University) named Elinor Kelly. “We are in trouble in this country,” she said. Another woman named Eileen glared at the “pro-aborts”—a pretty scraggly bunch—and said, “It’s not up to *them* to decide who lives and who dies.” We said goodbye and I headed for the subway with some of the others who hadn’t gotten arrested. They chatted about other rescues they’d done, and how cops in other states had treated them. One woman’s back had been scraped raw as she was dragged, handcuffed, across a concrete floor. New York

City cops were judged, by all of the activists I spoke to, the most civil of all the police they'd encountered. Until Friday, that is.

There had been 503 arrests on Monday and 422 on Tuesday. Newspaper coverage had been good—Operation Rescue made the front page of Tuesday's New York *Newsday*, and the New York *Post* featured a picture of Mark Bavaro. Both clinics were closed all day, and we found out that the largest abortion clinic in New York City closed for the week for fear of being targeted. My friend Bill Martin must have been pleased at one piece of news: on Wednesday, for fear of Operation Rescue, Gynecare, the clinic Bill and his friends have picketed all these years, closed for the day.

Wednesday was a day of rest. Some of the activists went to the Statue of Liberty and the Empire State Building. I went home (to my own kids) Thursday, but called the communications center. Barbara Page told me that Thursday's rescue at the Women's Choice clinic in Hicksville, Long Island, went well, with 401 arrests. The Long Island prosecutor, one Dennis Dillon, said he could not in good conscience prosecute the rescuers—he agreed with them. An independent prosecutor was appointed.

On Friday the rescuers returned to East 85th, though they had been warned not to return to Manhattan. Because of pressure from politicians and the media, who subtly hinted that the police were a little too considerate when arresting the anti-aborts, the kid gloves were off. I was told that the police had been "very efficient." No stretchers: rescuers who would not walk were dragged roughly, and charged with misdemeanors. There were 320 arrests and 186 misdemeanor charges. A New Jersey priest, Father Robert Pearson of Monmouth Beach, went limp and was dragged by cops to the bus—after his release he said the police "kicked me; they tore my pants." But no abortions were done at the clinic that day.

Although the clergy who were arrested (including Bishop Vaughan) acted as individuals, the leaders of Operation Rescue met with Cardinal John O'Connor on Wednesday. He congratulated them for their discipline and commitment to non-violence. The Archdiocesan newspaper, *Catholic New York*, said that Operation Rescue "followed the noble tradition of those whose conscience calls them to take a stand. For their stand, and for the way they carried it out, they deserve our thanks."

I don't think that the rescuers are out for thanks. Their inspiration comes from prayer, the Bible, and the Declaration of Independence. It was no doubt inevitable, given the complacency of political leaders who have lived with abortion for 15 years, that a movement would arise which would sidestep the political process. An angry *Village Voice* reporter wrote (not without envy?) that Rescue leaders have "appropriated strategies developed by the left—sit-ins, mass arrests . . ." Why not?

Randall Terry was only 14 when *Roe v. Wade* legalized abortion. The claim cannot be made that the members of Operation Rescue—many of whom would have been undistinguishable in a crowd of '60's anti-war demonstrators—are protesting the demise of a *familiar* moral order. They grew up in the sixties and seventies! They are trying to *resurrect* a moral order (based on Judaeo-Christian laws) they never knew. They lean on no political or theological traditions; no institutions support them directly. This is the attraction they hold, and the danger they present.

Why do rescues strike a jarring note in society? Because abortionists like to work behind closed doors, and society lets them. None of the abortion clinics targeted for sit-ins had the words "Abortions Performed Here" posted over their doors. Even those who defend abortion don't defend *abortion*—they defend "choice" and, lately, "constitutional rights." But rescues really do show the truth of it. Part of the impact of a rescue is its revelatory nature. The rescuers were always singing and praying—often for the abortionists and their supporters as well as the mothers and unborn babies. Their faces reflected the positive truths which move them. The angry, contorted faces of the "pro-aborts," who just wanted the rescuers to go away, radiated hatred.

Besides revealing the truth about abortion, rescues reveal something else: the emergence of a new movement based on inspiration and fellowship, in which rational thought (and hence participation in the political process) takes a back seat to emotionalism. In his speech on Sunday night, Randall Terry said: "Who wants to go to New York, stay in a fleabag hotel, get arrested and go back and do it again?" Who indeed? The very drama of the war on abortion makes anti-abortionists vulnerable to appeals to heroism—and heroism, in the eyes of Operation Rescue's leadership, means getting arrested and suffering privations (if possible, in front of a TV camera). But there is a quiet, persevering

TINA BELL

heroism too. I keep thinking of my friend Bill, who picketed that clinic every Saturday, rain or shine, for over nine years. If he hadn't picketed Gynecare, would they have closed when Operation Rescue came to town? A small victory, but a victory all the same.

"Obey God's law, not man's" is the sustaining principle of these people. Their ethic is "sacrifice, and more sacrifice." But dramatic sacrifices are not the only ones, and there is a danger in assuming that civil disobedience is the *only* effective weapon against abortion. Sit-ins provide an emotional catharsis, very rewarding to full-time activists and young people who, naturally, thrive on excitement. But activists must be careful, very careful, when they indulge in the satisfying tactics of civil disobedience which are, frankly, a bid for political power. Alexander Bickel once said: "Civil disobedience, like law itself, is habit-forming, and the habit it forms is destructive to law."

Still, rescue missions do much good. When I came home from Operation Rescue I thought about the abortionists and their opponents, and found this passage in the Gospel of John: "Anyone who acts shamefully hates the light, will not come into the light, for fear his doings will be found out. Whereas the man whose life is true comes to the light, so that his deeds may be seen for what they are, deeds done in God."

Mothers' Lib

Faith Abbott

I MISSED OUT on women's lib. Or rather it missed *me*; all during the sixties I was totally (and happily) absorbed in what the feminists were beginning to write their best-sellers *against*: we had our first child in 1960 and our last, the fifth, in 1969. And during the seventies, when the feminist movement was gaining momentum, so were our *kids*; and therefore "housewife/mother" continued to be my full-time job designation. I had no "second thoughts" about it.

Now, as of Mother's Day this year, it seems that many erstwhile feminists *are* having second thoughts, and that their movement may not be entirely alive and well.

It's not that I was completely unaware of the women's movement all those years. The ERA was making news, and there was a lot of talk about Betty Friedan's *The Feminine Mystique*, which millions of women were presumably heeding. But the feminists' rhetoric, when it filtered down to me, seemed cliché-ridden, and the whole "women's issue" grossly exaggerated: I simply didn't take it seriously. I am only just now learning how vitriolic some of those early radical feminists really were: that their attack on femininity, as epitomized in the housewife/mother role, had blossomed into a virulent *hatred* of—not just an attack *on*—the institution of the family itself. Why, it seems these architects of the "role revolution" had *never* envisioned giving women a choice: what they wanted was the complete *elimination* of housewife/mother.

Kate Millet, a self-described radical lesbian feminist, had written *Sexual Politics*, in which she said that most parents are unfit to raise their offspring; that the care of children should be left to the best "trained practitioners of both sexes who have chosen it as a vocation," and that "The family, as that term is presently understood, must go. In view of the institution's history, that is a kind fate." Wow. And Simone de Beauvoir, author of *The Second Sex* (published in 1953, and generally considered to be the "Feminist Bible") had said, in a talk with

Faith Abbott, mother of five, has been catching up on her reading while working as the Managing Editor of this journal.

FAITH ABBOTT

Betty Friedan, “No woman should be authorized to stay home and raise her children . . . Women should not have that choice . . .” Good grief. “Pro-choice,” one gathers, got into the rhetoric a bit later, when it became a handy euphemism for “pro-abortion.”

My belated interest, or curiosity, about feminism and women’s lib was sparked by something I read the day before this past Mother’s Day. As we all know, Mother’s Day has been sentimentalized and commercialized, but *motherhood* was still eulogized—until the feminists got radicalized, whereupon motherhood was trivialized and almost exorcised. But now it seems that motherhood has come full circle: it is being *feminized* again. I got this new “ized” word from that piece I’d read, which was in the New York *Post* (May 7). Syndicated Columnist Suzanne Fields writes that, for Mother’s Day this year, frilly nightgowns and perfume are *in*: briefcases are *out*. Motherhood, she confirms, *is* being re-feminized. After all, she reminds us, this was the year that Anne Archer, as the sensual wife and mother, beat out Glenn Close, “the Other (Career) Woman, in the movie *Fatal Attraction*.”

I remember one Mother’s Day some years ago when I asked for (and got) a Dustbuster. Black & Decker had just come out with these cordless wonders and as far as I was concerned it was a perfectly “feminine” gift. After all, what could be more fitting than a rechargeable time-and-energy-saver for a housewife/mother whose priority was home and family? (And who often needed to have *her* batteries re-charged?)

Had I known, then, what Betty Friedan had said in 1963: “Women, unite—you have nothing to lose but your vacuum cleaners . . .”—well, I would have been confused, if not downright angry. Who was *she* to separate me from my vacuum *or* my dustbuster, and what was she talking about anyway? Did she want to send us back to brooms and mops, or what?

Now of course I know that she wanted to send us *out*, with our briefcases. The home, in her view, was a “comfortable concentration camp” and housewives, brainwashed by “femininity,” were its prisoners.

But what, Suzanne Fields wonders, has happened now to radical feminists? In her *Post* column (titled “Women, it seems, are better suited for motherhood than anyone”) she says that even *they*, who used to accuse men of celebrating motherhood only to enslave women, “now

have second thoughts about the special value of a mother's concerns." She mentioned Phyllis Chesler, who sixteen years ago denigrated the glorification of motherhood as a "patriarchal conspiracy"—but is now attacking her "sisters" for "downplaying the biological connection between mother and child." In her new book (*Sacred Bond: The Legacy of Baby M*), Chesler asks: "How can we deny that women have a profound and everlasting bond with the children they've birthed; that this bond begins *in utero*?" [Suzanne Fields' emphasis—she adds "How indeed?"] Fields goes on to inform her readers that *Ms.* magazine had devoted its May issue to mothers and children,

. . . including one article that cites with approval women who choose to raise their children at home before seeking high-powered careers. . . . For such women motherhood isn't a trap, but an enhancement. . . . The exaggerated Freudian theories of the evils of Momism have vanished as a generation of children raised in single-parent families learned the hard way how heroic a Mom can be. For all of the arguments over the problems of good child care, double-burdens and fathers-who-want-to-be-mothers, a renewed 'doctrine' of appreciation of mother is emerging that is absolutely retrograde: motherhood is a role for which women have the superior capacity.

And what of Betty Friedan, now a grandmother? Is she herself having second thoughts? She too mentioned the Glenn Close movie in a recent *Life* magazine article: "And then these movies—*Fatal Attraction*—where you see this sexually aggressive editor, pure evil, a menace to the family and to the man who dared to toy with her, finally killed off by this sweet housewife."

A nice footnote to this: Glenn Close, in real life, made a statement—if you will—about motherhood, by having her first ("out of wedlock," as we used to say) baby just in time for this year's Mother's Day. And the day *after* Mother's Day, Mary Beth Whitehead, "Baby M"'s *real* mother, gave birth to a baby boy. No problem this time: the biological father married Mary Beth, so Baby Whitehead-Gould firmly belongs to *them*.

Tina Bell, mother of four, wrote in this journal ("What Hath Woman Wrought?" *Winter*, 1987) that "Having helped break down the barriers against women in our repressive, 'patriarchal' society, many feminists are understandably displeased by the bitter social fruits of their policies. Although the media, the schools, many politicians and many women (including Gloria Steinem, whose bread and butter depends on die-hard feminism) continue to champion the same old

feminist causes, there is a lot of re-thinking going on.” And “Betty Friedan admits that women need to have families, although she once called the family an “oppressive institution.”

Life says that even if Betty is still as contentious as ever, she worries that the movement she helped found has *stagnated*, that the young women are so busy *living* the rights she and others won for them that they’re no longer marching in the women’s movement. “If someone says to me, ‘I’m not a feminist but I want to be an astronaut’ or whatever, I have no patience . . . I’m still capable of losing my temper on the question of values.” She sees evidence of a “neofeminine mystique” (miniskirts, extremely high heels) . . . “How can a woman go about any serious business?” She cites the much-publicized Yale-Harvard study, which in her opinion was construed as saying that “if women aren’t married by 30, they’ll have a better chance of being killed by a terrorist.” And she muses about “this whole new slew of books based on the assumption that all a woman needs is the right man—and it’s her fault, and implicitly the fault of feminism, is she doesn’t get him.”

I wonder if Betty Friedan took her grandchildren to see *Snow White and the Seven Dwarfs* last summer? It was the 50th anniversary of the premiere of Disney’s classic, and the movie’s re-release was being hugely enjoyed all across the country. In New York, it was *the* big film event of the summer, playing to capacity audiences. Even the New York *Times* waxed nostalgic: it actually ran an *editorial* (“Snow White, the Second Time Around,” August 5), and the very next day added a long *feature* article in the Home Section. Perhaps even the *Times* was surprised by some of the letters it got?

The editorial had included this cheery bit: “In the world of ‘Snow White,’ justice will out, goodness will triumph, true love will prevail. To see the movie after a lifetime that would seem to indicate otherwise is to see the scales tip toward optimism once again.” Now, *that* sounds innocent enough; but the *Times* ran two letters (August 19) under this headline: “ ‘Snow White’ Stirs Memory and Feminist.” One man (the “Memory”) wrote that “There is, indeed, hope for us all if the New York *Times* can devote an editorial to the return of *Snow White and the Seven Dwarfs*.” Although he had no grandchildren to accompany him, he went anyway to see the movie and had “a marvelous time.” The nostalgia ends right about there, with the second letter. The Feminist so Stirred writes that “Your editorial on ‘Snow White’ could have

been written only by someone who has forgotten or ignored major changes as a result of the women's movement." *Her* memories of the movie are "tarnished" by the "distaste" she felt for the character who was so cheerful about housekeeping for seven (albeit little) men, and lived for the day when her prince would come. While she doesn't deny the appeal of finding someone to love, she found it appealing to go back to school and find a rewarding career—"just in case my prince turned out to be a frog . . . Heigh-ho, it's off to work I go. When I get home, I expect my prince to do half the housework!"

In the Home Section article ("Is Snow White Too Scary? Ask a 4-year-old"), author Glenn Collins says that "A new generation of parents is questioning the appropriateness of taking young children to see one of the best-loved children's films of all time." Parents are "reviving a longstanding debate among child psychologists about the effect of anxiety-provoking images on small children, in an era when youngsters at ever earlier ages are being exposed to episodes of violence on film and television." The article was decorated by movie stills of a happy Snow White, a frightened Snow White with Wicked Witch and Poisoned Apple, and the horrible Queen. An eminent child psychologist is quoted, as is a professor of educational psychology. One Brooklyn mother (who preferred to have her name withheld) said "This is the hottest topic that's been talked about in the playground since the chicken pox epidemic."

Maybe the *Times* should have titled its feature "Is Snow White Too Threatening? Ask a Feminist"?

While some of the letter-writers took the "4-year-old" question literally, ("My child laughed whereas when I first saw it I was under the seat") others thought "scary" was irrelevant. The real point, apparently, was *liberation*. Not violence, but Social Issues. There *was* a hint of violence, though, in feminist feelings about the persona of Snow White. (Would the feminists have felt "compassion" for her if the movie hadn't had a happily-ever-after ending?) Snow White just didn't conform to their image of an accredited victim: there she is, singing charmingly as she slaves away for those seven male chauvinist dwarfs. She wishes upon a star and knows that someday her prince will come. Meanwhile, she's perfectly content in her workaday role as—one might say—surrogate housewife/mother to those seven demanding little men.

Never mind that she taught *them* a thing or two: she just isn't a good role-model for your little girl. *Or* your little boy.

One mother (a Harvard Professor) wrote that her 4-year old daughter liked the Wicked Witch, and that was fine with *her*: "The character that had me really worried was Snow White. More than once I was tempted to cover my daughter's eyes when she appeared on screen with her improbably sweet voice and indistinct features." She says that Jacob and Wilhelm Grimm's "Nursery and Household Tales," the acknowledged source for the Disney version of Snow White, "shows us dwarfs who give new meaning to compulsive housekeeping" and she thinks that Snow White is at her most attractive when she's in a catatonic state under glass ("I couldn't help thinking of the Lady of Shalott, Clarissa, Ligeia and all those other dead women celebrated in Western Literature"). So when she observed her daughter mimicking the Wicked Witch, she didn't become alarmed: "The parental fears about violence described by Glenn Collins in his essay are misplaced. But when the adapters of fairy tales sentimentalize sex (as in Disney's 'Snow White' and 'Sleeping Beauty') and didacticize violence (as in latter-day versions of 'Little Red Riding Hood') we ought to start worrying."

Such sentiments might have soothed Betty Friedan and the others: perhaps their fears were unwarranted; obviously there is still lots of grass-roots support out there, perhaps they haven't toiled in vain after all. But any bubbles of optimism would have been pricked if they'd happened upon a column by Norman Podhoretz, which appeared just as the Snow White controversy was fading. He wrote that "Feminism in its contemporary incarnation—or women's lib, as it has come to be familiarly known—has been with us for nearly 25 years now. This is long enough to have compiled a serious record. Is it then a good record or a bad one? Are women better off than they were before? Are men? Are children?"

He doesn't ask these questions out of the blue—he had just read two novels, and the title of his syndicated column gives away his conclusion: "The Disaster of Women's Lib" (*Washington Post*, August 21, 1987). The novels he dissects—"50" by Avery Corman and "Hot Flashes" by Barbara Raskin—deal directly, he says, with the effects of women's lib on people who were hit by it when they were still young, but *after* they were already married and had begun raising children.

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“Given the profound literary differences between them, it is all the more remarkable that Corman and Raskin would offer such similar accounts of what women’s lib has done to the generation of which they are both members, as well as to the children that generation has produced and who are now adults themselves.” And given that they are both supporters of women’s lib, Podhoretz thinks it is remarkable that their separate accounts of the movement’s effects should “add up to a picture of total devastation.”

Indeed, he says, if one can believe them (and he does, having already seen with his own eyes so much of what they describe), “women’s lib has swept over the past two decades like a tornado, leaving behind it a vast wreckage of broken and twisted lives.” He thinks both authors would be “horrified” to see themselves summoned as witnesses against women’s lib: yet (he quotes D. H. Lawrence) “Never trust the artist. Trust the tale.” And what these two tales tells us, says Podhoretz, is that women’s lib has been a disaster:

They tell us that it has exacerbated rather than mitigated the female discontents and grievances which originally brought it into being. They tell us that upon those children it has visited the sins of their fathers and mothers in the form of a deep and disabling confusion about what as males and females they really want and need from each other. . . . Quite an impressive record to have compiled in a mere 25 years.

There are still some die-hard, briefcase feminists around, though. Less than a year after they’d vented their spleen on *Snow White*, they were busy writing letters to *Ms.* magazine. I’m not what you’d call “familiar” with *Ms.*, but after I’d read that New York *Post* column, I got the May issue. (My goodness—there’s an ad way up front for “Mother’s Work” stores, *Maternity Fashions!*) Apparently *Ms.* is, as the *Post* columnist had said, “new, improved, and definitely revisionist”—and some readers felt betrayed. “What used to be great about *Ms.* was its differences from the usual women’s magazines . . . ” . . . “I could hardly believe my eyes. Why would *Ms.* magazine be even *hinting* that any woman who cares about women would be voting GOP” . . . “If you are retreating from ‘feminism,’ that act is appalling . . . ” Another letter-writer wants *Ms.* to stay out of the “nuclear family fan club” and says “If I want to read about domestic life I’ll buy one of the regular women’s magazines . . . jeez, ladies (since that’s clearly what you’ve

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become again), there are millions of us out here who are *delighted* that we've escaped domestic slavery and the one-boss-forever life and can still support ourselves and hold our heads high. Less family life in the future, please?"

It will be interesting to see the letters about the May '88 "Special Mothers' Issue" of *Ms.*, which—no kidding—had a pink and blue cover, and a picture of a pretty mom holding a cute baby.

So: What now for the feminine mystique? When Simone de Beauvoir said that no woman should be allowed to stay home and raise her children—no woman should have that *choice*—she ended the sentence ". . . precisely because if there is such a choice, *too many women will make that one*" [emphasis mine]. I quote again from Suzanne Fields' Mother's Day column (which is what got me thinking about all this in the first place):

Every journalist, policymaker and politician who talks about day care and the importance of paternal child support invariably makes the point that most mothers work not because they want to, but because they have to. This is the idea that got lost in the rhetoric of radical feminism. But when the baby boomers began to hear the ticking of their biological clocks, they rediscovered an old idea that had a name. Babies have a mystique, too. We couldn't have Mother's Day without them.

Nor any future. I'm glad I discovered women's lib belatedly, now that the radical feminists' dream, once on its way to becoming a nightmare, has faded in the clear light of reality. The role of housewife/mother, the institution of family, seemed to be on its way to obsolescence: motherhood in the traditional sense was thought by some to be (like homosexuality) an "alternative lifestyle." I'm told that, during an ABC-TV program on the "aftermath" of women's liberation, a reporter called the stay-at-home housewife a "relic of history."

Not so, as of Mother's Day, 1988, in the new era of Mothers' Lib.

Whatever Happened to Sex?

John Wauck

OVER THE ROLLER-COASTER'S ROAR, beyond the garish horses on the carousel and the bobbing, pink clouds of cotton candy, came the shouts and squeals of little boys and girls. My niece tugged my hand, and we headed toward . . . the bumper-cars. They were jostling each other on an elevated, enclosed platform, which resembled a dance-floor at a country fair. The cars themselves were awkward, old contraptions. Sparks showered down from the metal runners that slid along the electrified ceiling.

Most of the cars floundered helplessly in the confused maze of collisions. One boy, a junior savage on a tiny, short-lived warpath, hooted and hollered as he slammed into every car in sight. Another kid, spinning his steering wheel frantically, remained wedged in a corner all by himself. My niece, only four years old, seemed a bit frightened by the spectacle. She didn't realize that, protected by rubber bumpers outside and foam padding inside, it was nearly as much fun to be hit as to hit; that the children's screams bespoke less terror than genuine delight at the percussive attentions of their playmates.

But soon the ride was over; the boys stomped on the accelerators, but the electricity was off. The boys and girls clambered from the cars with dizzy reluctance.

I think of the amusement park and the bumper-cars whenever I hear or read about sexual responsibility—"responsibility" being a euphemism for contraception. The syndicated columnist Ellen Goodman once shared with her readers a "personal fantasy" about a movie in which the stars discuss sundry methods of contraception before engaging in sexual activity. She thinks this is "realistic" and "responsible." Perhaps no such movie exists, but there is a popular song by Prince, called "Little Red Corvette," in which condoms make a brief but colorful appearance. Ms. Goodman might find it instructive. As people who live in the real world might expect, the song has *nothing* to do with responsibility (I'm afraid you'll have to take my word for it, as the lyrics are

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too obscene to print). Responsibility is supposed to be the willingness to accept the consequences of one's actions, but today's sexual "responsibility" is simply sex-without-consequences. Contraception, in life as in "Little Red Corvette," trivializes sex by making it—in the fullest sense of the word—inconsequential.

No one claims that the bumper-cars provide an example of responsible driving. They represent reckless and irresponsible driving rendered harmless. Similarly, today's sexual "responsibility" is doublespeak for sexual irresponsibility that has been rendered harmless. "Birth control is not control at all," wrote G.K. Chesterton in 1927, "It is the idea that people should be, in one respect, completely and utterly uncontrolled."

This sexual "responsibility" is what public sex education teaches teenagers. It is popular these days to speak of the failure of sex ed, because we are plagued by ever-higher rates of teen pregnancy and abortion. It is true that in Sweden (with sex ed in the nursery and family-planning clinics in kindergarten) half of the pregnancies still end in abortion, and of those babies that survive the gauntlet of gestation in Sweden one third are illegitimate. Sweden seems to have an advanced case of sexual "responsibility."

And it is true that, in the United States, there is no evidence that sex ed reduces either the likelihood of teenage sexual activity or the likelihood that teens who have sex will use contraception (as teenage sexual activity steadily increased between 1971 and 1982, the ratio between sexually-active teenagers and pregnant teenagers remained roughly 3:1). There is, however, ample evidence that sex ed means more sex. In North Dakota, the state with the lowest teen-pregnancy rate, there is no sex-ed program required by the state, and minors still need their parents' permission to get birth-control prescriptions. "Nice girls," says the head of the state's program for unmarried parents, "don't get pregnant." Although only 75 of every 1,000 teens become pregnant there, she says, "We're horrified by the amount we have."

But it would be a mistake to see in such data the failure of sex education, because Planned Parenthood and the sex-ed bureaucracy are not interested in discouraging sex among teenagers. Their supposed interest in "family planning" and parenthood reflects nothing but a desire to prevent babies from interfering with sex. Lest there be any confusion on this point, Faye Wattleton, the president of Planned Parenthood, has spoken clearly about her commitment to champion "the

right to say yes to sex, and to be protected from unintended pregnancy”—as if the natural inclination of men to “say yes to sex” needed institutional support.

This “right to say yes” is often called “sexual freedom,” but it is usually a bit more complicated than the name suggests, for it does not simply mean that you are free to have sex—a “freedom” that a little ingenuity always provides. It means that, having had sex, you *never* have to have a baby. Thus laws against abortion can be construed as limits upon “sexual freedom.”

The case with “reproductive freedom” is similar. It doesn’t simply mean that you are free to reproduce or not to reproduce. No one is being forced to reproduce; you are always free not to have sex if you don’t want to reproduce. Ah!—but there, as they say, is the rub: we are *going* to have sex. This is the “given” that cannot be compromised, not even in the hope of avoiding pregnancies, for although the obvious solution to teen pregnancy is less teen sex, the “right to say yes to sex” is never questioned. This “reproductive freedom” is often used to justify abortion, even though a woman who seeks an abortion has already used that freedom in order to reproduce; if she had not, there would be nothing to abort. (Questions of fetal personhood aside, sexual *reproduction* does occur at the moment of conception; the growth of an embryo is not reproduction.) And yet laws against abortion are said to limit “reproductive freedom.”

Contraception is designed to work against conception. Yet the legalization of contraception has had peculiar results: not just more contracepted sex, but also more sex without contraception, more conception, more pregnancy, and consequently more abortion. This puzzling fact does not disturb Planned Parenthood or the sex-ed bureaucracy. In fact, in one book recommended by the New York Board of Education (*Sex with Love*), you will read that an important step toward *sexual fulfillment* is “a willingness to have an abortion should an accident in the use of birth control occur.” And Planned Parenthood claims to see “abortion as an integral part of any complete and total family planning program.” Abortion is the logical culmination of the sex-without-consequences mentality; if the mentality is challenged in the flesh, then the flesh can be destroyed. It is *ex post facto* contraception, family planning after the fact of reproduction.

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So we are left with sex ed's only normative message: whatever you do—and you've a *right* to do it—*don't* have a baby. To this end, abortion and abstinence become strategic and moral equivalents, though abortion, because it fosters “sexual fulfillment,” seems morally superior to the New York Board of Education. And this message has had a stunning success. Our soaring pregnancy rate has not meant a soaring birthrate. Since *Roe v. Wade* legalized abortion, Americans have busily exercised their right to “say yes to sex” and kill the consequences.

For the young, the sex-ed message has a rather insulting corollary: “We don't really expect or even want you to control yourself.” Sex ed and free contraception reinforce the idea that “everybody's doing it,” and general expectation seems to play the major role in early sexual activity. In a Harris Poll for Planned Parenthood, 61% of the teens polled cited peer pressure as the reason for teenage sex. The truth is that, in the past, teenagers didn't have sex because it did not cross their minds as a serious, practical possibility. Now we make sure it does, over and over, with casual regularity. And lip-service to “maturity” and “respect” have been no match for the ubiquitous, full-throated “right to say yes.”

The contraceptive approach to sex assumes that man is neither obliged nor able to control himself; that in sex he should reject what makes him most distinctively human, his decision-making freedom and responsibility; that he should devise a harmless way to behave with the instinctive abandon of an animal. It means that a lack of self-control is no longer inconvenient, for with contraception and abortion, the consequences have already been handled. Like a newborn infant, man is naturally incontinent; he just needs what amounts to a “sexual diaper.”

The widespread acceptance of contraception revealed a new sexual ideal: sterility. For what is contracepted sex but sterilized sex? The ideal might shock our ancestors. They saw sterility in a different light:

Hear, Nature, hear! dear goddess, hear!
Suspend thy purpose, if thou didst intend
To make this creature fruitful.
Into her womb convey sterility;
Dry up in her the organs of increase;
And from her derogate body never spring
A babe to honor her!

That was the height of cruelty when Shakespeare's *Lear* first said it. But times have changed. Tom Wolfe describes a high-society dinner party

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in *The Bonfire of the Vanities*:

What was entirely missing from *chez Bavardage* was that manner of woman who is neither very young nor very old, who has laid in a lining of subcutaneous fat, who glows with plumpness and a rosy face that speaks, without a word, of home and hearth and hot food ready at six and stories read aloud at night and conversations while seated on the edge of the bed, just before the Sandman comes. In short, no one ever invited . . . Mother.

We have come a long way from King Lear's curse to Tom Wolfe's culture of sterility. Sterilization, because it is usually forever, is now the most common form of birth control in the United States, and each year 600,000 more women pay to embrace Lear's curse.

Despite the new ideal, laws restricting contraception lingered on the books until *Eisenstadt v. Baird* in 1972. These were not Catholic laws. They were laws passed by a Protestant majority, and they represented a broad consensus about the nature of sex. It cannot be claimed that the laws were designed simply to discourage promiscuity. As late as 1960, the state of Connecticut explicitly argued in *Poe v. Ullman* that it was the legislature's judgment that the use of contraceptives in marriage was immoral. The legitimacy of these laws had not been hotly debated.

How did we come to decide that laws which had seemed so right were suddenly so obviously wrong? Ordinarily, when a misconception is corrected, we can perceive the reason for the misconception. We know, for instance, that the world is round, but it is easy to see why we thought it was flat, and we can point to the evidence that changed our minds. But where is this evidence in the case of contraception? Are we to take for granted that in times of widespread pornography, rape, teenage sex, and promiscuous homosexuality, we have spontaneously arrived at a better understanding of what sex is all about? Are we to assume that, in wealthy countries with the scientific knowledge to regulate fertility naturally, the notion that baby-making is a side-effect of sex represents a more profound, mature view of sexual love? Or may I suspect that, since contraception has become the norm precisely in those countries that "need" it least, it represents the triumph of a crass, bourgeois spirit of convenience?

The change in abortion laws offers a parallel to the strange change in laws against contraception, for in both cases we changed the law without bothering to challenge the old reasoning. The *Roe* majority never "proved" that what had been protectable was now killable. When it

decided that abortion was an “integral part of any complete and total family planning program,” Planned Parenthood never bothered to disprove its earlier claim that “abortion kills a baby.” Likewise, no one disproved that contraception was immoral. In both cases, we did not so much change our morals as withdraw them. As a society, we now have nothing to say about the morality of contraception and abortion. We have created a “Why Not?” school of shallow morality, where ignorance is usually bliss of a quasi-sexual sort.

The key to this withdrawal was a “right to privacy older than the Bill of Rights,” which Justice Douglas discovered while legalizing contraception in *Griswold v. Connecticut*. Curiously, the right to privacy in *Griswold* did not rest on a withdrawal of morals or a refusal to “impose morality.” In Justice White’s concurring opinion, he made it clear that imposing morality *was* the state’s business. He said that “the State’s policy against all forms of promiscuous or illicit relationships, be they premarital or extramarital, [was] concededly a permissible and legitimate legislative goal.” By misconstruing the goal of the statute, White was able to conclude that the statute failed to serve this supposed purpose, but perhaps now—looking back on 23 years of unprecedented promiscuity—he thinks otherwise.

Griswold’s “right to privacy” was the imposition of a specific sexual morality, supposedly based on the sanctity of marriage. The “right to privacy” was introduced, according to the Court, to serve “the sacred precincts of the marriage bed.” Before long, however, the servant was the master. By 1973, in *USDA v. Moreno*, a federal court could assert that legislatures “cannot in the name of morality infringe the rights to privacy and freedom of association in the home,” to which the Supreme Court would add that restrictions based on marriage were “wholly without any rational basis”—even though privacy itself was just such a restriction based on marital morality. The Supreme Court had already put marital morality behind it when, in *Eisenstadt v. Baird*, it decided that the “right to privacy” also applied to the “sacred precincts” of a teenager’s Chevy or a cheap motel—so much for Justice White’s “permissible and legitimate legislative goal” of discouraging “all forms of promiscuous or illicit relationships, be they premarital or extramarital.” To the Court, there was no difference between fornication and conjugal love; as long as you were copulating (or, as it turned out in *Roe v. Wade*, aborting a baby), you were on sacred ground. It

was now clear that, back in *Griswold*, marriage had not sanctified the bed but rather copulation had sanctified marriage. In the new playland of privacy, removed from the real world that is full of moral judgments about sex, no one “imposes morality”; there, in effect, you can do no wrong. You are beyond good and evil. It would seem that sex, and whatever it takes to avoid having a baby, are always OK. And nothing may interfere with such a fine thing as sex.

This amoral, all’s-fair view of sex was rooted in the illogic of the *Griswold* decision. Although *Griswold* baptized contraception only within marriage, it could not maintain this limitation, for what *Griswold* says about contraception is completely at odds with what contraception (*especially* within marriage) says about sex: openness to new life is not an essential feature of sexual relations, and consequently sex has no necessary link with babies, families, or marriage; sex can be simply a demonstration of deep and abiding affection (and/or anything less than that).

Obviously, we do impose our morality through laws. That is what laws are about. We do not have a right to do something wrong just because we do it behind closed doors. If something is really wrong (prostitution, drug abuse, incest, rape, child abuse), the claims of “privacy” are irrelevant. Although Michael Dukakis (then a Massachusetts state legislator), at the request of abortion tycoon Bill Baird, moved to repeal laws against bestiality, sodomy, and fornication in his state, other “private acts” like incest, suicide, and self-mutilation remain legally unprotected even in that commonwealth.

The existence of such laws shows that the claim to privacy only seems to be morally neutral. In fact, the claim to privacy does not mean that, right or wrong, the government will stay out of the matter. It contains an unrecognized assumption of the basic innocence of the act in question, which explains why these “private” acts (like abortion and the use of contraception) receive public funding.

Some people see the *Griswold* right to privacy as protection from government authorization of something horrible like, say, euthanasia. But the truth is that because privacy means *no* laws, any fuller application of it would mean that the government could never *forbid* euthanasia. There really is no escape from the fundamental risk of democracy: we, who govern ourselves, may pass bad laws or neglect to pass necessary ones; we cannot escape from ourselves. The “right to privacy” tells

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us that we are afraid of ourselves, of the laws we will make, and the judgments we will pass. Yet, if we fear our public decisions, why should we trust our private ones—those we make when no one is looking? It would seem that part of privacy's appeal is that it facilitates the performance of acts of which we are ashamed, or for which we might be criticized.

Recently, a New York *Times* editorial bemoaned a Supreme Court decision that affirmed the public character of garbage, because it meant that someone might be discovered to have been using condoms or reading dirty magazines. But if these deeds are so shameful, why would the editors of the *Times* want to do them? We do not hide pregnant women lest they be discovered to have had sex, but the *Times* fusses about the tell-tale condom in the garbage. You'd think that contracepted sex was something to be ashamed of. The same might be said of the "confidentiality" that surrounds homosexuals with AIDS and children who use contraception or have abortions without their parents' approval. It reveals our fear of our own harsh judgments (we don't trust each other, our neighbors or our parents to be fair), and uses the government and the school system to hide what we are ashamed to have done—a national bad conscience hard at work. Is it really the government's task to help citizens avoid embarrassment?

Private "sex-without-consequences" has intruded rudely into the public domain. Not that the consequences weren't foreseen, even by those who favored legal contraception. In 1960, in his dissent in *Poe v. Ullman*, which upheld Connecticut's law against contraceptives, Justice John Harlan scoffed that the law against contraceptives was "no more demonstrably correct or incorrect than the varieties of judgment, expressed in law, on marriage and divorce, on adult consensual homosexuality, abortion and sterilization, or euthanasia and suicide." Has anyone mapped the "slippery slope" with more prescience and precision? What is striking is that the first step down this slippery slope, on which legal abortion is just one of many downhill consequences, is legal contraception. Malcolm Muggeridge, in 1968, predicted that legalized contraception would "lead inevitably, as night follows day, to abortion and then to euthanasia." It was no lucky guess. The empirical evidence suggests that an anti-life ethic has emerged. Contraception is, after all, against conception; it is against new life. The contraceptive act amounts to "sex-against-life." The new ethic sees life as a neutral bio-

logical fact at the service of “quality living,” whether that means sex whenever you want it or some anodyne for sickness and death. Is it a coincidence that the country closest to unrestricted “mercy killing” was the first to officially sanction birth control? Holland opened its first birth control clinic in 1882.

Conservative Anglican critics at the 1930 Lambeth Conference, which officially approved contraception within the Church of England, warned that it would lead to eventual approval of all forms of extra-marital “sex,” including sodomy. Time has proved them prophets, though somewhat naive—or perhaps they simply forgot to mention the part about lesbian “priestesses.” Mahatma Gandhi, familiar though he was with the difficulties of India’s huge population, taught:

Birth control by contraceptives and the like is a profound error. . . . It is bound to degrade the race if it becomes universal which, thank God, it is never likely to be. If artificial methods become the order of the day, nothing but moral degradation can be the result.

In 1968, the papal encyclical *Humanae Vitae*, while reiterating the Roman Catholic condemnation of contraception, predicted as a consequence of contraception a “general lowering of morality . . . especially among the young.”

¶ It is possible, I suppose, to contend that soaring divorce rates, rampant pornography, 1.6 million abortions a year in the U.S. alone, record levels of teen pregnancy, and widespread homosexuality represent an elevation of morality. It is an uphill argument.

The Czech novelist Milan Kundera once said that just outside of every Utopia grows a Gulag. Indeed, for the sexual revolution and the sexual “utopia” it inaugurated, we have paid a high price. Our sexual liberation has led, for example, to mandatory sexual education in the public schools. The state approves the texts, which means that the government determines the morals, or the lack thereof, that will be taught. “In such a way,” *Humanae Vitae* predicted, “men, wishing to avoid individual, family, or social difficulties . . . reach the point of placing at the mercy of the intervention of public authorities the most personal and most reserved sector of conjugal intimacy.” In one sex-ed video, funded by the New York Board of Education, a young woman tells the school-kids: “guys got to wear condoms and girls got to make sure guys wear them.” And we thought the government was getting out

of the bedroom. But of course it is, as Big Brother would say, for our own good.

After Faye Wattleton assures the children of their “right to say yes to sex,” we now need offensive advertisements on buses and in subways to tell them to use birth control, and tax-payers must pay to make free contraceptives available to those teens who exercise their “right.” We must pay for the Surgeon General to mail pamphlets on AIDS and sodomy to every American household. Those who exercise restraint must pay for the casual sex of others.

Women have borne the burden of the sex-without-consequences revolution. They bear the responsibility for avoiding babies. They have the abortions. So far, no man has been killed or made infertile by abortion, or suffered the side-effects of the Pill. The condom lags far behind the Pill and sterilization in popularity, and, as the AIDS scare among heterosexuals made clear, often it’s the women who must buy the condoms. Of course, sex-without-babies is fine with the boys, but the lack of commitment through sex hurts women more than men. It is usually the woman who will soon find herself alone, poor, and sexually *passe*. To judge from the advertisements, open-ended sexual freedom has given way to a new set of restrictions, and women are left holding the bag. One ad, for Lady Protex condoms, reads: “Choices—there aren’t many left for today’s women who want to protect themselves.”

Outside of the U.S., the sex-without-consequences mentality has brought even harsher restrictions. “Who,” asked the encyclical *Humanae Vitae*, “will stop rulers from favoring, from even imposing upon their peoples, if they were to consider it necessary, the method of contraception which they judge to be most efficacious?” Who indeed will stop the rulers of present-day China who have found it necessary to force sterilization and abortion upon Chinese women? Who will stand up for their reproductive freedom? Not Planned Parenthood. Mouthing “pro-choice” pieties, Planned Parenthood lobbies to make sure that U.S. tax-dollars fund China’s coercive population-control program. Because it is quicker, cheaper, and less trouble than the current system of threats, financial penalties, and neighborhood spying, China might consider shooting its citizens with the contraceptive bullets that the Australians have developed to control their kangaroo population.

But the worst effect of the contraceptive mentality has been to obscure the nature of sex itself; for, what exactly *is* sex—not in the sense

of gender, but as something one does? We use the word "sex" to describe many acts, but in what sense can procreative intercourse, contracepted intercourse, sodomy, bestiality, and onanism be the same thing? What is the common denominator that makes them all "sex"? Though in science "sexual" refers specifically to things (e.g., sexual reproduction) that involve male and female components, our common denominator is not a male/female factor. Perhaps it is simply pleasure in the "sexual" organs. Yet in all the permutations of what H. L. Mencken termed "non-Euclidian sex," the sex of one of the partners is quite beside the point, so perhaps the "sexual" organs are irrelevant and any involvement in the genital pleasure of another person constitutes "sex." But, besides ignoring masturbation, bestiality, and the question whether painful sex is sex, such a definition would already take us very far afield. Are we to expect a guide to nasal "sex," perhaps in a best-seller with a catchy title like *Eskimo Erogenous Zones*? And who needs an orifice? The definition might be extended to include, say, "elbow sex." If that sounds ridiculous, the question to answer is this: At what remove from procreative sex did we enter the realm of the absurd? When sex has been reduced, in George Gilder's words, to a "sensuous massage," then I think we have been too generous with the word. What goes on between two lesbians is, as an act, completely different from what goes on when a husband and wife conceive a child. These things do not deserve to be lumped together so carelessly.

Any attempt to avoid a physical definition of sex and concentrate on its unitive, interpersonal features (to redefine it as, for example, any expression pertaining to desire or loving union), will have difficulty explaining what makes a particular expression "sexual" rather than simply "unitive" or "friendly." Without specific reference to the sexual organs why would we call an expression of loving desire "sex"? Love can be expressed in any number of ways: a glance, a word, a thought. These expressions of desire are not ordinarily considered sex. Sex has to do with the body. If we can truly speak of a "sexual" glance it is because the glance expresses in some perhaps remote way an inclination toward a specifically sexual act; it expresses a sexual intention.

To the abstract interpersonalist, it must seem very strange that two people—having fallen in love with a personality, a manner, a look, a style of speech, a way of being, a pair of eyes—should in their most intimate expressions of love gravitate not toward, say, each others'

faces, where personality is most apparent, but instead toward an unlikely act involving the relatively anonymous parts of the anatomy uniquely capable of generating human life. We cannot pretend that the connection between interpersonal desire and reproductive biology, between *eros* and sex (which includes the possibility of procreation), is arbitrary. It expresses a truth about the nature of sexual love: it is essentially creative. Sexual organs are sexual because they have to do with reproduction. If we give the name “sex” to acts which have nothing to do with procreation, which do not involve two sexes, which don’t even necessarily involve two people, or which parody the act that makes new life possible while deliberately making new life *impossible*, it is because we have an incoherent concept of sex.

As George Gilder puts it, “sex is losing its very character as sexuality.” Even some, like the British philosopher Roger Scruton, who seem to approve of contraception might admit that sex has a “philoprogenitive” (i.e., love and babies) meaning. Yet in what way then can contracepted “sex” be sex, when it is a deliberate destruction of that progenitive meaning? The act now has a meaning different from the agreed-upon meaning of sex. To say that contracepted “sex” is still sex is like saying that a man who plays Russian roulette with no bullets is still playing Russian roulette. Potentially lethal and potentially life-giving games are essentially different from games that can neither give nor take away life. Openness to life makes all the difference in the world, and it ennobles sex. “Are we not brutes,” asked Montaigne, “to call ‘brutish’ the act that makes us?”—a beautiful thought, but one that does not apply to contracepted “sex.”

Sex is being replaced by eroticism. Of course, *eros* plays an essential role in sex, and certainly sexual *desire* may exist between contracepting couples and between sodomites, but true sex is more than *eros*, and its connection with biology seems anything but arbitrary. Homosexual *eros* is fixed on an unsuitable object. In fact, homosexual “sex” is an oxymoron. Only one partner in sodomy is using a sexual faculty, and sodomy itself is not really a sexual act. While contracepted sex might be seen as a genuine “perversion” of the sexual act (the partners go through the motions while denying their sexuality), in what way can a passive partner in sodomy be said to be “perverting” the sexual act? He is not using any sexual faculty. His act is nothing like the sexual act. He simply cooperates in someone else’s misuse of a sexual faculty for a

non-sexual end. To be sure, such acts deserve a name, but not the name of sex.

Contraception also uses the male sexual faculty for a non-sexual end. It doesn't use the specifically female sexual faculty at all. It hides the sexual "identity" of the organs in order to make them anonymous body parts without the unique capability that makes them sexual. With their life-giving nature masked by contraception, the man and the woman play essentially the same asexual role in their "sexual" relations: they provide each other with late-night intimacy, companionship and pleasure—gifts that you don't need to be male or female to provide. Thus, those who support contraceptive androgyny often find themselves led by their logic (can't I make him feel better?) to approve of sodomy. Inasmuch as the act (whether it be sodomy, fornication, or adultery) manifests an interpersonal desire for union, which is clearly a good thing, the act itself is good.

Arguments over the morality of contraception usually involve a debate about what is "natural" and what is "unnatural," and whether these concepts must carry moral consequences: Is creative sex good because it is "natural," and is contracepted sex bad because it is artificial? The objections to an affirmative response are obvious. How can "nature" be invested with such moral weight when human ingenuity is constantly improving on nature? It is not "natural" for man to fly, yet we have invented airplanes. Man does not "naturally" multiply a thousand numbers at once, but he uses his reason to build computers that will. So why should he not develop means to control fertility?

But contraception is different. Unlike airplanes and computers, contraception does not expand a natural capacity. It destroys the natural capacity to reproduce. To destroy a natural capacity is generally considered a form of self-mutilation. Humans also have a natural capacity to think and, although it may sometimes be convenient to escape from the responsibilities of being a rational creature, we consider the destruction of this capacity by drugs to be an abuse. Since man is a naturally fertile creature, drug-induced sterility would also seem to be an abuse, unless human reason is qualitatively more valuable than human reproduction. But it is not immediately obvious that it is more important to think than to give life. Life, after all, is a prerequisite for thought. Is it worse to make a thinking creature mindless than to make a life-giving crea-

ture sterile? We seem to take for granted one of the most precious facts about human life: we can give it to others.

Of course, we are sometimes naturally infertile; most sex does not produce babies. So, it might be asked, what's wrong with increasing the chances that a given sex act will not produce a child? But again, there's a distinction to be made between natural and artificial incapacitation. Though we are not always rational, we recognize a great difference between the naturally irrational world of sleep and a dream-world artificially produced by hallucinogens.

At the root of the contraceptive mentality is an alienation from the body, a confusion about what "nature" is. What is "unnatural" is not just different from what is found in nature, i.e., out of the ordinary; it lacks an essential characteristic of the thing it purports to be. An unnatural act is an act of a different nature; it is, in other words, some other act. Unnatural "sex" is simply not sex.

Sex touches the nature of man. To control, alter, and shape nature sounds fine, until we realize that the "nature" in question is the nature of man, humanity. It does not sound so innocent to control, alter and shape *humanity*. Genetic manipulation may soon force this realization upon us by offering the chance to make non-thinking "humans" (servants or pets perhaps) that are not really human. Having giving a whole new meaning to "crimes against humanity," we may then think twice about dismissing the moral imperatives of "nature."

The mistake comes in thinking that my body is not essentially what I am, in seeing the body as part of a nature separate from man—as, in effect, part of the environment. In this way, the body becomes a biological appendage at the service of the essential "person" and his relational ends. Man becomes, in the words of Walker Percy, "a ghost inhabiting himself." And reproduction becomes part of the bodily order subordinate to the "personal" order upon which "spiritual" human relations of love and union take place.

But my body is not my personal possession or tool, over which I happen to have unique property rights. We are not disembodied spirits. I am my body. When it is tired, I am tired. When you see me, you see my body. When it dies, I die. It's me. And nowhere is this embodiment more crucial than in sex, when I unite with another embodied person, for a person is a psychophysical unity. Sex is the act of personal embodiment *par excellence*. While transcending the simply physical, men and

women do not dispense with the body. Alone among creatures, man can enjoy love that is physical and sexuality that is spiritual—a privilege and a challenge that some seem eager to trade for abstract love and rather a lot of concrete “sex.”

Of course, the split between person and body occurs only at the level of consciousness. It is a matter of how I see myself, not of how I am. Our confusion and denials notwithstanding, we remain sexual—not just erotic—creatures, driven (as the pregnancy rates demonstrate) not simply to eroticism but to the sexual act itself. The increase in the amount of contracepted sex has done nothing to slake the thirst for the genuine embodiment, the full human living, of real sex. In fact, contraception, by denying the physical character of the sexual act, drives a wedge into man’s embodied nature at the moment where we most need a sense of identity with our body. It only feeds our alienation and our need for what we think of as sex. In fact, we are a sexually malnourished society, gorging ourselves on junk sex.

The essence of the contraceptive mentality is revealed when expressions like “merely physical” or “merely reproductive” are applied to the procreative dimension of sex, as if to say “just another human life”—as in the abortionist’s blithe dismissal of “just one more human life.” How ironic that we should denigrate the genetic (“merely biological”) humanity of the fetus in an age that, being dubious about the soul, trusts no other definition of humanity.

The truth is that procreation is the most mysteriously “personal” part of sex, for it is through procreation that a new person comes to be. It is no more “merely biological” than I am. Procreation has the most profound “personal” consequences: a new person, a new locus for rights, duties, relationships, and first-person perspective, now exists; a man and woman are suddenly a mother and father; they are related in a completely new way. Procreation is a “personal” revolution.

But if persons are by nature both body and soul, why does the union of man and woman in marriage fail to completely unite the whole person, body and soul? For, though we say that in marriage “the two become one flesh,” they don’t really become *one* flesh. It is a metaphor for the real spiritual union of mind and will in married love, in which he wants what she wants and she wants what he wants, and he knows her thoughts as she knows his. Not even in sex do the two become one flesh. In fact, the act of sex only makes the elusiveness of total union

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more clear; the body remains “other”—somehow opaque and impermeable. We wake up with our own bodies. Though our sense of separation may be temporarily submerged, the physical separateness is no more overcome by the touch of sex than by holding hands or kissing.

And yet . . . modern biology shows that the man and the woman can become one flesh. Part of the man’s flesh and part of the woman’s flesh do merge to become not the combined flesh of two persons but the one flesh of one new person, their child. This is, quite properly speaking, sexual union. At this deeper level, procreation is not merely a feature of sexual union. Union in the fullest physical sense *is* procreation. The facile dichotomy between union and procreation (contraception serving one but not the other) is a fiction, for one aspect of personal union, toward which sex is clearly designed, is procreation itself. Sexual union is the very definition of conception. The sex act tends not only toward a union of loving contact but toward this other union as well; it is shaped to make it possible. If love between persons naturally tends toward union, it seems that a complete union of persons—the soul *and* body of man—naturally tends toward creation. (The theologically minded may recall that the Creator is Himself a union of three Persons, in which the love of two is personified in the third.) The parents’ complete union of love is personified and embodied in the child, a material sign of the immaterial reality of married love. Contraception then, far from being a simple denial of procreation, is equally an obstacle to the true union of persons which is the end of *eros* and of sex.

Contraception seems to work against the fullest union of persons that nature provides. But is this denial of nature necessarily immoral? Can we recognize natural and unnatural uses of our bodies, and draw moral conclusions? I think we do. We are revolted by the vomitoriums of the late Roman Empire. Yet there is nothing wrong with eating two meals, or with its associated pleasures. A good shared meal may even help cement a friendship; it may serve our “relational” needs. Through digestion, it also serves the biological function of nutrition. Nutrition is not always the motive for eating, nor is nutrition always accomplished (we may, for example, become sick and regurgitate a meal). But to deliberately thwart the process, to induce regurgitation with an emetic, is properly viewed with disgust. Is it far-fetched to suggest that to deliberately thwart the natural end of sex for the sake of friendship or pleasure is also disgusting? If satiety or a child would be inconvenient,

could we not find another way to express our love?

It is safe to say that few people look at sex this way. Yet, despite the general acceptance of contraception in America since 1965, the old sense of revulsion has not completely disappeared. Certainly, the last 20 years have been sobering. I recently read an article in the *New York Times* written by a proponent of casual sex who complained that her old friends (presumably not Mormon mothers of eight) were now saying that the “birth-control pill was the worst thing that ever happened to the female sex”—and they were not talking about medical complications.

“You shouldn’t be f***ing all the time and not getting pregnant,” says Chrissie Hynde, the singer for the rock group The Pretenders. You’d recognize her anywhere: black leather, lots of make-up, a panting vocal style, a perpetual pout. She is also the 37-year-old mother of two—one out-of-wedlock. Speaking from her experience, this ex-debauchee says:

People get carried away with their own self-indulgence if they’re having sex and they’re not having children; it can only make you go slightly off the rails mentally because it’s just unnatural. You shouldn’t be f***ing all the time and not getting pregnant, because that’s not natural, so emotionally everything else is going to get out of balance. But if you have children, that keeps things in perspective and everything’s answered for.

Well, if what she says is true, our society should be emotionally out of balance and mentally “off the rails”—not quite sane, in other words. Insanity is typified by living in a world that does not exist. The temptation is always with us. Life can be difficult, inconvenient, cruel, and embarrassing. The very existence of other people, especially of relatives, makes demands that can often be challenging and unpleasant. And an intimate relationship inevitably compromises our freedom, autonomy, and convenience. Ordinarily it takes the overwhelming force of sexual desire to overcome our instincts for self-protection, and nothing is more compromising than the relatedness engendered by procreation. A child is an ineradicable embodiment of a bond between a man and a woman. Their relation to and through their child is forever—a life-long fact, an ongoing burden and responsibility. It is also a joy, but the joys of this relatedness do not come without self-surrender and sorrows. Thus, “protection” is the theme of contraceptive propaganda. We are afraid of what we do to each other: we make ourselves parents, permanently

related. With the proper sexual insulation, however, anyone can be an island unto himself.

In the contraceptive fantasy, every child is a wanted child, which is another way of saying that in a world of convenient transportation, recreation, and food-stores, every child should be a “convenient child.” (The simplest solution to “unwanted children” is to want them, though for us it seems easier to destroy them.) But all children are inconvenient. A child is expensive; a child demands attention. When people who practice contraception decide to have children, have they changed their criteria, or is the child now a means to some sort of personal fulfillment, compatible with a cost/benefit analysis?

Sex that is open to new life lifts not just the relation between parents and child, but also the relationship between man and woman out of the realm of means and ends, of give and take. It is a liberation. A contracepted sex life can be calculated in terms of what I give and what I get: you scratch my back, I scratch yours (in a profound “interpersonal” way!). The tenor of popular “sexology”—am I getting enough? am I fulfilled? how can I get more?—typifies this approach to sex. The very expression “have sex” (something akin to “having” lunch?) ignores the other person and makes sex itself the direct object of my actions. How different from the ancient sense of things: “. . . and Adam knew Eve.”

The mysterious genesis of a new person should free sex from any simple bargaining analysis, but the contraceptive couple makes the child part of their bargaining. Though what we make in sex is not *our* own, but its own person, the “family planning” mentality reduces it to a product. No longer an open invitation to new life, contraception denies the exuberance of fertility in favor of a transaction in which we get only what we order. But what man gives, man can take away: if, within nine months of purchase, you’re not completely satisfied, there’s a money-back guarantee, no questions asked. Abortion, as Planned Parenthood says, is “an integral part of any complete and total family planning program.”

Sex binds one’s future to the future of another person; it bespeaks a continuous gift of time, energy, humor, love and skill. The willingness to bear a child is the willingness to accept a responsibility that will link three people (perhaps many more) in a cooperative venture of love. And part of the gift of self in sex is our unique capacity to give new life. It is part of our identity as men and women. But in contracepted “sex”

this is, so to speak, set aside. Not all of the cards are on the table. The radical surrender of self is denied. It is no coincidence that the oldest contraceptive technique and masturbation go by the same name: onanism. They are essentially the same selfish act. Contraception mocks the gift of self in sex; nothing is irrevocably risked, because the self refuses to stand fully exposed. It is a niggardly business. As Evelyn Waugh once observed: "Impotence and sodomy are socially OK, but birth control is flagrantly middle class."

Our society no longer believes in sex. In fact, we are afraid of real sex, and we are drawn to substitutes (*in vitro* technology may even make sex completely unnecessary). At the heart of the abortion disaster is the contraceptive mentality, and at the heart of the contraceptive mentality is sex remade in the image and likeness of porn: the *Playboy* model—as physically perfect as a Barbie doll, and as sterile; the *Playboy* man—not the impregnating male, but the condom male. Babies are not part of the pornographic world. It is an adolescent "male" version of sex, far removed from any complete or female sexuality. There is an illuminating institutional alliance between pornographic magazines like *Playboy* and *Penthouse* and pro-abortion "feminist" groups such as the National Organization for Women, Planned Parenthood, and Catholics for a Free Choice (the last receives funding from *Playboy*). It should not be surprising. They all share the contraceptive ideal: sex without consequences; sex without involvement. Above all, sex without babies.

The ideal has nothing to do with love and respect for women, but it has everything to do with "sex." Condom brand-names do not advertise love and responsibility. Trojan, Ramses, Sheik—they advertise exoticism, war, dominance, and mythic fantasy. (I suspect the chest-thumping masculinity of these ads, and the cloying cuteness of the ads designed for women like *Lifestyles* and *Lady Protex*, protest too much the sexuality they have forfeited; contraception emasculates men and de-feminizes women.) Have we really come to the point of imagining that Hugh Hefner, with his harem in Bel Air, is the true friend of woman, while the working father who comes home to his wife and kids is her enemy? Are relations between the the sexes being served by contraception? Is sex being served? May I be allowed to doubt it?

The possibility of AIDS infecting heterosexuals scared up an oft-suspected revelation: how little we love each other, and how much we like "sex." One condom advertisement featured a worried woman say-

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ing: “I’ll do a lot for love, but I’m not ready to die for it”—the implication being that a man who might have AIDS will express his “love” by exposing his bed-partner to a fatal disease. Strange love. If he loved her, wouldn’t he make absolutely sure not to hurt her? If she suspected him of not loving her even that much, why was she sleeping with him? And if love is not worth dying for, what is? The assumption against love in today’s “sex” was also clear in another ad: “Don’t go out without your rubbers—because if a woman doesn’t look out for herself, who will?”

One interviewee in the New York *Times* revealed the true quality of love on today’s sexual playground. “I don’t trust anybody. I’m cynical about men. Nobody’s worth the risk. Who knows who the people they’ve been with have been with?” the woman asked, before getting to the bottom line: “But I’m not going to give up sex.” And she may die for it.

Sexuality stripped of its association with marriage and children, and supposedly rendered inconsequential by contraception, has been a failure. The world of contracepted “sex” is an amusement-park version of the real sexual world. (As it has given us abortion, AIDS, sick bodies and expended spirits, it’s beginning to look like a house of horrors, rather than the giddy ride on the bumper cars it seemed once seemed to resemble.) Secluded in amoral privacy, where nothing’s right or wrong because everything’s a game, it is a world of perfect convenience. Necessarily, it is a world without children. Teeming with eroticism and curious pleasures, it is, nevertheless, a world without sex.

The Return of Eugenics

Richard John Neuhaus

EUGENICS—THAT IS, THE MOVEMENT to improve and even perfect the human species by technological means—arose in the late 19th century and flourished in this country and in Europe until the 1930's. Then it was challenged by scientific counterevidence, and by growing uneasiness about its racialist implications. Later, or so the story was told, eugenics was definitively discredited by the Third Reich which enlisted its doctrines and practices in support of unspeakable crimes against humanity. But now, in the journals and in the textbooks, the story is being told differently. The problem, it is said, was not so much with eugenics itself but with the Nazis: they abused eugenics, they went too far, they were extremists.

Thus in the longer view of history, the horror of the Third Reich may have effected but a momentary pause in the theory and practice of eugenics. For today, four decades later, eugenics is back, and it gives every appearance of returning with a vengeance in the form of developments ranging from the adventuresome to the bizarre to the ghoulish: the manufacture of synthetic children, the fabrication of families, artificial sex, and new ways of using and terminating undesired human life.

To be sure, the literature on all sides of the current disputes about these developments remains riddled with references to the Nazi experience. But the mention of troubling similarities to the Third Reich is, as it should be, accompanied and qualified by other observations. No responsible parties suggest that America is, or is likely to become, Nazi Germany. That is patently absurd. What happens here is and will be distinctively American. And, because this is America, there are political, legal, and moral resources to resist scenarios of the worse inevitably coming to the worst.

In addition, the great majority of today's eugenists take pains to distance themselves from any hint of racialism, although some very respectable proponents of "population control" are not averse to writing

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about “inferior” population groups. Further, it must be acknowledged that there have in fact been very impressive technological advances, some of which are indeed breakthroughs to uncharted regions of control over the human condition—and some of which hold high promise for reducing misery and enhancing life. There is no room in this discussion for Luddite reactionaries who claim to discern in every technological change the visage of the “brave new world.” Finally, those who take a favorable view of the developments in dispute would seem to be motivated by the best of intentions. With few exceptions, their language is the winsome one of progress, of reason, and, above all, of compassion.

All that said, we *are* nonetheless witnessing the return of eugenics. And with it have come questions, inescapably moral questions, for which we appear to have no good answers. Indeed, it is doubtful that we still have a sufficiently shared moral vocabulary even for debating what good answers might be. Yet whether we like it or not, these questions are already being answered from one end of the life cycle to the other in terms that, were one not wary of alarmism, might be described as alarming. To begin, literally, at the beginning, consider first the putting together of human gametes (sperm or egg) in order to facilitate new ways of having babies, and to produce babies of higher quality.

It is hard not to sympathize with couples who want children but cannot have them because of infertility. What are they to do? Of course there is adoption, but the “right kind” of child is hard to find, and getting one can be very expensive. (One and a half million abortions per year has put a considerable dent in the supply side of the American adoption market, plus adoption is one area where discrimination on the basis of race or handicap is still eminently respectable.) In addition, many people want a child that is, at least in part, produced from their own biological raw materials. Techniques for meeting this market demand are several.

Artificial insemination by husband (AIH) has been with us for some time and is relatively straightforward. Artificial insemination by donor (AID) is technically identical but introduces a third party to the relationship, or, more accurately, biologically excludes the husband. These techniques are really quite simple and lend themselves to do-it-yourself procedures—with a little help from your friends.

A recently publicized example was the case of an Episcopalian priest

who wanted a baby but definitely not a husband. She invited three friends over (two of them priests) to masturbate for her, and she then impregnated herself with the mixture of their sperm. The purpose of having several sperm sources, she explained on national television, was to avoid knowing who the father was, and thus to make sure that the child would have an intimate bond to no one but herself. The child is now three years old and the mother has declared that she intends to have another baby by the same procedure. The *Washington Post* described her as the first artificially inseminated priest in history, which is probably true. Her bishop, Paul Moore of New York, appeared with her on television and gave his unqualified blessing to this undertaking, citing the need for the church to come to terms with the modern world.

In vitro fertilization (IVF) is yet another procedure. It involves the woman being given hormones to stimulate egg production. The eggs are then “harvested” and mixed with sperm from the husband or someone else, and some eggs that become fertilized are placed in the woman’s uterus. But ethical questions have been raised about the use and disposal of the many “superfluous” embryos that are not transferred to the uterus. Some practitioners of this technique—confronted with the argument that anything with the potential of becoming human life is human life—resolve the problem to their moral satisfaction by declaring that very little embryos are “pre-embryos.” On the other hand, there is intense interest—on the part of drug companies and genetic researchers—in letting such embryos develop in the laboratory so that they can be used for scientific experiments.

An additional problem is “superfluous” fetuses. Because the technique is time-consuming and expensive, and because success is by no means assured, “extra” embryos are placed in the uterus in the hope that at least one will “take.” With disturbing frequency, this results in two or three or more very healthy fetuses. When the procedure produces more fetuses than the mother wants or, in some cases, than she can safely carry to term, the practice is to use an ultrasound probe to guide a needle which punctures the hearts of the fetuses to be eliminated. Doctors who do this allow that there may be a moral problem in terminating fetuses that they helped bring into being. But then, it is observed, the morality of the thing is really not that different from the elimination or experimental use of unwanted embryos.

Yet another option for the infertile couple is to elect embryo transfer.

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Here the husband, or someone else, contributes the sperm with which a “donor” woman is inseminated. The resulting embryo is then “washed” from her uterus and placed in the infertile wife. This procedure is still somewhat experimental and poses high risks to both the donor woman and the embryo, but we are assured that progress is being made in ironing out the difficulties.

An additional option, surrogate motherhood, was the center of a media storm in 1986 in connection with the Baby M case in New Jersey. The terminology is misleading, since the woman is not a surrogate or substitute but is in fact the mother. The procedure might better be called “term” or “contract” motherhood, for she contracts to act as mother only until the child is brought to term. More than a dozen states are now considering measures to legitimate contracts for such rent-a-womb arrangements, but the debate over the practice has deeply divided feminists, and the Left generally. The anxiety is over the using of women, typically women who are vulnerable and in need of the money. There is also objection to what is, after all, a particularly gross capitalist act, even if between consenting adults.

Writing in the *Nation*, Katha Pollitt further complains that the man in these cases wants “a perfect baby with his genes and a medically vetted mother who would get out of his life forever immediately after giving birth.” (Some contracts also stipulate that the mother will abort the child if there is evidence that it is not up to standard.) Miss Pollitt observes that no other class of father—natural, step, adoptive—can lay down such conditions. While making some predictably contemptuous remarks about the Vatican’s position on reproduction, she does side with Rome about one thing. “You don’t have a right to a child, any more than you have a right to a spouse. You only have the right to try to have one. Goods can be distributed according to ability to pay or need. People can’t. It’s really that simple.”

But Katha Pollitt and others of like mind do not appreciate the reach of the eugenic vision, which is to eliminate the limits and risks in what was once deemed to be natural. In any event, contract motherhood is but a very small part of the transformations now under way. In ten years the procurers in that business have been able to sign up only five hundred women. It is an enterprise that fades in comparison with the real growth areas in the synthetic-child business.

In the past, a distinction was drawn between positive and negative

eugenics (though in usage the terms were sometimes reversed). Positive eugenics was thought to be relatively innocent, simply a matter of breeding good human stock in order to improve the race by increasing the number of the physically and mentally fit. Negative eugenics, on the other hand, made a lot of people nervous, since it meant preventing the birth of the unfit or eliminating them after they were born. In America in the 1920s more than half the states had mandatory sterilization laws applicable to people who fell into various categories of unfitness. (The laws were enforced mainly in California.) And of course, as the textbooks say, Nazi Germany took both positive and negative eugenics altogether too far.

The distinction between positive and negative eugenics is no longer always helpful. For instance, intervention to eliminate a defective gene rather than to eliminate a defective fetus may be viewed as either positive or negative. Still, some of the more striking changes today are in the area of the positive improvement of the human stock. Indeed, what is now being done and proposed makes earlier efforts at improving the race (for example, the socially and morally clumsy *Lebensborn* program for breeding the SS elite with superior Reich female stock) seem pitifully primitive.

At present, research focuses on detecting and remedying genetic ills or ailments by removing or adding genes. But discontents with the human condition as it is now constituted are almost infinitely expansive, and since it is almost impossible to argue against the proposition that the quality of human beings we have been turning out to date leaves much to be desired, the pressure to move the limits of intervention may be near irresistible. Is asthma a genetic disease? If asthma, why not baldness, or shortness, or having the "wrong" color eyes? And surely we still focus on diseases only because we have this ancient idea that medical interventions should be therapeutic. Instead of restricting ourselves to curing diseases, however broadly defined, why not be more positive and aim at the desiderata of human life? The combination of reproduction technology and engineering, or either one by itself, may be able to assure the production of socially desired personality types. In that event, presumably, "society" will decide which types are desired.

The enzymes that slice DNA produce nucleotide bases that scientists call "sticky ends" because they merge so easily with the genetic structure of another organism. Many are troubled precisely by the sticky

ends to which this technology is being put. But there are some who are not troubled. Lloyd McAulay, a New York patent lawyer, has written, "I understand the fear that we may be letting the genie out of the bottle as we expand our ability to alter biological evolution. I do not share that fear." He allows that there should be some control over developments "until we learn a bit more about where we are going." But, all in all, there is no cause for anxiety since what is happening is not really so new. "Switching genes around strikes me as little more than expedited breeding," he writes. "As an ethical issue, whether or not we wish to do that with human beings may not be much different from whether or not we wish to breed human beings." "Expedited breeding"—it is a reassuring phrase.

Another comforting voice over the years has been the editorial page of the New York *Times*, although, to be sure, the comfort is attended by stylistic rumblings of deeply pondered concern. Whether the subject is genetic engineering or experimenting with human embryos, the *Times* typically informs us that it is too late to raise the kinds of questions we wanted to ask. For example: "Critics are concerned that making life forms patentable will give animal and eventually human life too much in common with commodities, leading to disrespect for both. But society has already passed that point." On the *Times* editorial page, the big decisions are made by society, and society is forever busily bustling along. The editors simply report their sightings of it as it passes one point after another.

The *Times* acknowledges that genetic engineering is "at first sight disquieting," but the editorialist has taken a second look and concludes that "It's hard to object to improving a species' inherent characteristics." As to problems we may have with engineering that does change the "inherent characteristics" of a species, we are told that "Such conundrums still lie in the realm of science fiction." They may be as much as ten or twenty years off and, as John Maynard Keynes suggested, in the long run we are all dead.

One cannot help being struck by the blithe assumption that we can still agree on "the inherent characteristics of a species"—of the human species, for instance. For we have, after all, been through a systematic assault upon the idea that there is anything "inherent" or "natural" in the makeup or behavior of human beings. With respect to sexual identity and behavior, gender relations, familial bondings, and a host of

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other questions, the human condition is declared to be boundlessly various and malleable. In all these areas, the protester's appeals to what is natural are dismissed with enlightened contempt. But now, as we intervene to restructure human beings genetically, technicians and their apologists assume the tone of Thomistic philosophers explaining the self-evident truths of natural law, assuring us that they recognize and will respect what is natural, inherent, and essential to being human.

This is, at best, an instance of what Allan Bloom calls debonaire nihilism. More likely, it is a desperate effort to conceal from others, and from themselves, the consequences of what they do; of what they cannot bring themselves not to do—because it is possible, because it is progress, because the adventure of doing the thing that could never before be done is near to irresistible.

One such thing is the use of fetal tissue. Fetal brain, pancreas, and liver tissue is, it is said, admirably suited for the treatment of Parkinson's disease, Alzheimer's disease, Huntington's chorea, spinal-cord injuries, and leukemia. Fetal tissue is also excellent for implant treatments because it grows faster, is more adaptable, and causes less immunological rejection than adult tissue. Whatever one thinks of abortion, it is argued, it is a shame to let the material go to waste. There are literally millions of people who might benefit from these human parts. Dr. Abraham Lieberman of New York University Medical Center says of these developments, "This is to medicine what superconductivity is to physics."

Admittedly, there are concerns about collusion between abortionists and physicians, about how to decide whether the fetus is actually dead, about commercial trafficking in fetal parts, and about women becoming pregnant in order to produce fetal parts to order. Those are only some of the concerns that have been raised. But the decision to move ahead on this front is, we are told, another point that society has passed. As the director of the American Parkinson Association observes, "The majority of people with the disease couldn't care less about the ethical questions—they just want something that works."

Both pro- and anti-abortion groups have expressed uneasiness about the use of fetal parts. Pro-choice groups worry that, as with contract motherhood, it could invite the exploitation of women's bodies to produce custom parts, as it were. Pro-life groups worry that it could make abortion seem more attractive to some women because the parts would

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be used to help other people. "The worst possible ethical evil of all this," says Arthur Caplan of the Center for Biomedical Ethics at the University of Minnesota, "would be to create lives simply to end them and take the parts."

Unencumbered by the delicately nuanced inhibitions of some ethicists, however, the general media are generally enthusiastic. *Newsweek*, for instance, allows that some controls are necessary "to keep fetal research from becoming barbarous." But that does not blunt *Newsweek's* keenness on the new technology which "has created a surge of interest in fetal-tissue implantation, and research both here and abroad is beginning to offer an exciting glimpse at treatments that could lie ahead."

Recently a California woman asked a medical ethicist whether she could be artificially inseminated with sperm from her father, who has Alzheimer's disease. She intended to abort the fetus so that the brain tissue could be transplanted into her father's brain. The usual response to such questions is that this entire field is still in its infancy, so to speak, and clearer guidelines are yet to be developed. But the California woman's act of love for her father would no doubt meet with overwhelming support on the Phil Donahue show and similar popular seminars in contemporary ethics.

To more thoughtful students of these matters, the use of dead fetuses leads to some surprising confusions. Britain's Warnock Committee, for example, recommends that there be a 14-day-cutoff rule for experimentation on embryos that are fertilized in the laboratory. Charles Krauthammer, writing in the *New Republic*, basically agrees, while acknowledging that the 14-day rule may prepare society for 14 weeks or 40 weeks: "Does any such rule not place us on a slippery slope?" he asks. "The answer is that society already lives there. In fact, it has slid far beyond the 14-day period. In most English-speaking jurisdictions, one can do with an aborted fetus that is many weeks old pretty much what one wants: discard, research, implant. The 14-day rule moves us further up the slope from where we are today." Krauthammer is surely right about the slippery slope.*

*I am sometimes asked whether I "believe in" the slippery slope, as though it requires an act of faith. I believe in the slippery slope the same way I believe in the Hudson River. It's there. There is no better metaphor to describe those cultural and technological skid marks which are evident to all who have eyes to see.

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The oddity of the Warnock recommendation, however, is that its concern for the dignity of human life results in greater respect being shown for those who are fertilized *in vitro* (in the laboratory dish) than for those fertilized *in vivo* (in the body). Krauthammer suggests, delicately, that we cannot think clearly about the new questions related to the production and exploitation of human life without rethinking the old question of abortion. Because they view the abortion debate as wearied and wearying, as polarized and stalemated, many will resist that suggestion.

In any event, it can be argued that the eugenics project—in both what is proposed and what is already being done—has moved beyond disputes about life before birth, or about life that was never intended to be born. Once again society has passed that point. The new and more “interesting” questions have to do with the termination and medical exploitation of human beings already born. In September 1987, the *Newsweek* story was titled “Should Medicine Use the Unborn?” Having answered that question affirmatively, in December, three months later, the question agitating the media was “Should Medicine Use the Born?” The opening wedge to this new phase was the debate over what might be done with anencephalic newborns (babies born with most of their brains missing).

As with almost all the questions considered here, New Jersey is vying, successfully, for the honor of being in the legal vanguard. Assembly Bill 3367 would permit parents to donate the organs of an anencephalic child. At present, they have to wait for the child to die first. The new law removes that technicality by declaring the baby dead before it dies. In California, however—confident that the law would quickly catch up with practice, and ethics with the law—they did not wait for a change in law.

Loma Linda University Medical Center is connected with the Seventh Day Adventists, a highly moral, even moralistic, religious group that insists on abstinence from alcohol, tobacco, and—although not universally—tea and coffee. Everything done at the medical center is subjected to the strictest ethical scrutiny. The center, like hospitals most everywhere these days, has a highly qualified ethics committee. Indeed it has been observed, correctly, that in the last two decades medical technology has been the salvation of ethics as a profession. Thousands

of medical ethicists and bioethicists, as they are called, professionally guide the unthinkable on its passage through the debatable on its way to becoming the justifiable until it is finally established as the unexceptionable. Those who pause too long to ponder troubling questions along the way are likely to be told that “the profession has already passed that point.” In truth, the profession is usually huffing and puffing to catch up with what is already being done without its moral blessing.

The star of Loma Linda is a surgeon named Leonard Bailey. On October 16, 1987, Dr. Bailey led a team that transplanted a heart from an anencephalic infant into another baby delivered by Caesarean section three hours earlier. A statement from Loma Linda notes that the procedure was “innovative medically” and also “interesting ethically” because it “prompted further discussions regarding the moral wisdom of using brain dead or non-brain dead anencephalic human neonates as organ donors.” (Neonate is the term for children less than a month old.) The girl baby who “donated” her organs was, interestingly enough, named Gabrielle, the feminine of Gabriel, the archangel who reveals the things to come.

There are about 3,500 anencephalic children born each year in this country, and most of them die within a month. The problem is that their organs deteriorate and are not much good for transplanting if you wait until they die. Loma Linda recommends to parents that the children be allowed to live for no more than a week before taking the parts. The parents, we are told, find this procedure “deeply meaningful,” since their disappointment in having a handicapped baby is “redeemed” by putting the baby to good use in “helping others.” The language of redemptive suffering is very prominent in the discussion of these matters. The sorrow of being afflicted with handicapped children or older people with severe disabilities, we are informed, is significantly assuaged by “donating” them for altruistic purposes.

Dr. Jacquelyn Bamman, a neonatologist, is among those who are troubled about what is now being done and proposed, well knowing that today’s somewhat speculative proposal may be next week’s *fait accompli*. Dr. Bamman worries about the clear departure from traditional medical ethics by doing surgery that is not intended to benefit the child, and indeed is directly aimed at causing the death of the child by removing the heart. She notes “the lack of any rational way to prevent the extension of this same approach to involve other children with

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serious defects." If the prospect of a limited lifespan justifies the killing of children in order to use their organs, the issue goes far beyond the anencephalic to include children with Tay-Sachs, Werdnig-Hoffman, and other diseases. It might be argued that in these cases, unlike the anencephalic, there would be "benefit" to the children since it would relieve them of pain (it being assumed, although no one can know for sure, that the anencephalic feel no pain). If all whose brains are severely abnormal are potential "donors," Dr. Bamman observes, the field is opened to infants with hydranencephaly, grade IV intracranial hemorrhage, Trisomy 13 and 18, and a host of other handicaps.

Responding to Dr. Bamman on behalf of the Loma Linda ethics committee, Dr. O. Ward Swarner acknowledges that she has indeed raised some interesting questions. He assures her that at the present time "there are no intentions or justifications for putting some in jeopardy to harvest organs for others." At the same time, the ethics committee is in constant "consultation with other concerned staff members, nurses, social workers, ministers, and ethicists" and will "follow with interest" the work of other experts in this rapidly developing field. Dr. Swarner firmly states that "the ethics committee has not approved any harvesting of organs or procurement of transplants in any other than brain-dead patients."

But, of course, tomorrow is another day. Speaking of a mother who agreed to have her baby's organs harvested for others, Dr. Joyce Peabody, chief of neonatology at Loma Linda, said, "She has made a major contribution by getting us brave enough to face this issue head on." We can be confident that the brave surgeons and ethicists will not flinch in the face of the next "technological breakthrough." Nor is it likely that other institutions will long allow the stars of a few institutions such as Loma Linda to dominate the firmament of the bright new world now in sight.

To be sure, there are those who warn against the seductive appearance of the brave and the bright. The late Paul Ramsey is sometimes called the father of contemporary medical ethics, and he had reason to rue much of what he helped to wreak. Testifying before a government committee on medical ethics three years ago, Ramsey said, "I respectfully express the hope that the committee will be initially prepared to say 'Never' to a number of things that are now being done or proposed and that are now proximately possible to be done, and not merely to

things that may be only remotely possible. Remote possibilities are soon proximate, and soon done.”

But what about just saying no? It is possible to say it, but much more difficult to make it stick. Even a good reason for saying no makes little impression in a culture that has lost any shared understanding of the good. Pitted against every no is the logic of progress, the ambition of pioneers, and, not to put too fine a point on it, the lust for fame and fortune. Even those who have the nerve to say no almost never say never. Then too, and also hard to resist, is the impulse of compassion—to relieve the suffering of “meaningless” human lives, to contribute to the health and happiness of others.

Actually, organ transplants involving infants are still highly experimental. As of this writing, there have been only nine heart transplants involving newborns, four kidney transplants, and no liver transplants. But technology proceeds apace, and those who say no—never mind never—are politely but firmly informed that medical practice has already passed that point. And, of course, we are not talking only about infants, although for some reason “breakthroughs” in what we give ourselves permission to do to people usually begin with little people, and with the old or very sick.

There is, at all stages of life, an obvious connection between the harvesting of healthy organs and the decision about when someone is dead, or should die. The question of euthanasia is thus an integral part of the progress of the eugenics project.

Of course the dispute over the merits and demerits of euthanasia has been with us for a very long time, going back to the Greeks and Romans, long before people attributed their decisions to the force of technological breakthroughs. But today the discussion is taking interesting turns.

The Dutch, it is generally acknowledged, are a very progressive people. That country’s program of voluntary euthanasia, which is said to account for up to 8,000 deaths per year, has recently received a great deal of attention in the American media. In the last year several television programs have dramatically contrasted American practice with the more advanced and humane approach of the Dutch. A report in the *Wall Street Journal* declares, “The Netherlands is pioneering in an area that in the coming decade is likely to be a focus of medical, legal, ethical—and intensely emotional—debate in many industrialized coun-

tries." A spokesman for the Royal Dutch Medical Association explains, "What we are seeing now is the result of processes and technology that keep people alive too long, people who are suffering, people you cannot help in any real way." Daniel Callahan of the Hastings Center has made an intriguing contribution to our language by describing such people as the "biologically tenacious."

Not everyone, it should be noted, is enamored of the Dutch program. For instance, Dr. Richard Fenigsen of the Willem-Alexander Hospital in the Netherlands cites a number of studies indicating that one problem with the voluntary-euthanasia program is that it is frequently not voluntary. At some of the major hospitals, general practitioners seeking to admit elderly patients are advised to administer lethal injections instead. Involuntary active euthanasia (direct intervention to terminate a patient's life without the patient's permission) has not yet been incorporated into law, but there is great judicial leniency. For example, a doctor suspected of killing twenty residents of a senior-citizens' home pleaded guilty to killing five, was convicted of killing three, and was given a fine.

As might be expected, these developments both reflect and effect changes in popular attitudes. In a recent Dutch opinion poll, 43 percent of the respondents favored involuntary euthanasia for "unconscious persons with little chance of recovery." On another question, 33 percent had "much understanding" and 44 percent had "some understanding" for those who, out of mercy, kill their parents without their consent. Seventeen percent thought it "probable" that they would ask for involuntary active euthanasia for a demented relative.

The synod of the Reformed Church in Holland, desiring to offer moral guidance on coming to terms with the modern world, is perceived to be quite favorable in its attitude toward involuntary active euthanasia. Dutch of less advanced opinion, on the other hand, claim to have noticed a striking upsurge in the suspicion expressed by the elderly and sick toward doctors, hospitals, and their own families. (A Gallup poll reports that four times as many Americans would donate a relative's organs as would donate their own. "Trust is at issue here," commented Arthur Harrell of the American Council on Transplantation. "Some people are concerned that doctors will prematurely declare them brain-dead. Obviously, we try to allay that fear." Obviously.)

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On the Dutch situation, a historical footnote is of interest. The general humanity, indeed heroism, of the Dutch during World War II was made famous by the story of Anne Frank. Less well known is the story of the Dutch medical profession. When in 1941 Artur Seyss-Inquart, the Reich Commissar for the Netherlands, ordered physicians to cooperate by, for instance, concentrating their efforts on rehabilitating people who could be made fit for labor, the doctors of Holland unanimously refused. Seyss-Inquart then threatened to take away their medical licenses unless they cooperated at least to the extent of giving information about their patients to the Occupation authorities. Unanimously, the doctors of Holland responded by handing in their licenses, taking down their shingles, and seeing their patients secretly. They declared that they would not compromise their medical oath, which pledged them to work, solely and always, for the welfare of their patients. Seyss-Inquart persuaded and cajoled, and then he made an example of a hundred doctors whom he arrested and sent to the concentration camps. But all to no avail. The medical profession of Holland remained adamant. The doctors quietly took care of the widows and orphans of their condemned colleagues, but they would not give in. And so we are told that during the entire Occupation not one of the heroic doctors of Holland cooperated in the Nazi programs of slave labor, euthanasia, eugenic experimentation, and nontherapeutic sterilization.

But all that was a long time ago, and the Dutch doctors of today have so far forgotten it that the Committee on Medical Ethics of the European Community, in unanimously rejecting the proposals of the Dutch medical society on euthanasia, has expressed "hope that this strong reaction will induce [our] Dutch colleagues to reconsider their move and return to the happy communion of utmost respect for human life."

If the Dutch are being urged to return from the abyss, in this country the forward stampede gains momentum, it seems, almost day by day. This spring voters in California may have the opportunity to vote in a referendum being pushed by Americans Against Human Suffering, the political arm of the Hemlock Society, which has been around for some years and claims 26,000 members in 26 chapters nationwide. The Hemlock Society's motto is "Good Life, Good Death," and the referendum is promoted under the banner of the "right to die." "We need a public

debate on acts of euthanasia, and California has the best track record in the nation for taking unprecedented action," says Derek Humphrey, founder of the Hemlock Society. (Mr. Humphrey has written a much acclaimed book on how he provided lethal drugs for his first wife to commit suicide when she had bone cancer.) It is confidently predicted that, even if this referendum fails in California, it will "raise the consciousness" of the nation and open the way to other initiatives.

The referendum, which would legalize active euthanasia and "assisted suicide," is strongly opposed by the California Medical Association. "The public should realize that what we are talking about here is killing people," says Catherine Hanson, the association's legal counsel. "It is absolutely contrary to the entire medical ethic." Proponents of the referendum counter that, in the light of recent developments, such a statement of absolutes is obsolete. They may well be right.

Certainly there has been in the last several years a rash of books, articles, and television programs promoting the "right to die" and, although it is usually not put this way, the permission, even the obligation, to kill. In such advocacy, the linkage is commonly made among abortion, fetal experimentation and exploitation, infanticide, and suicide. The basic argument advanced is the need for rational and scientific control over the untidiness of the human condition.

Among the prominent writers in this campaign are Jeffrey Lyon, Earl Shelp, Peter Singer, Helga Kuhse, and Robert Weir. Singer, for example, has famously argued that your average pig has more consciousness and therefore more right to protection than fetuses or human beings suffering from severe disabilities. (Other animal-rights advocates have exhibited some ambivalence toward this line of argument, knowing that it is human beings, not pigs, that they need to persuade of the rightness of their cause.) In the eugenics literature dealing with issues such as infanticide and suicide, champions of progress typically inveigh against the baneful influence of Christianity in perpetuating irrational "taboos." This would seem to neglect both the proscriptions against homicide in the Jewish tradition and the wondrous flexibility demonstrated by many Christians in accommodating what are thought to be the imperatives of the modern world.

The current eugenics literature is admirably candid about the radicality of what is being proposed. Shelp, for instance, declares that "it is proper to treat unequals unequally," and warns against "a tyranny of

the dependent in which the production of able persons is consumed by the almost limitless needs of dependent beings.” Lyon recognizes that many severely handicapped people succeed in living happy, productive, and even inspirational lives. But such people are aberrations (“dynamic, overachieving supercripples”) and should not be permitted to distract our attention from the need for a rational public policy that must, perforce, deal with the generality.

In his very useful study, *The Nazi Doctors*, Robert Jay Lifton details the progress of the “medicalization of killing” under the Third Reich. The concept of *lebensunwertes Leben* (“life not worthy of life”) was used to cut a wide swath, including the unfit newborn, the mentally ill, the gravely handicapped, the useless aged, and, of course, several races that fell into the category of the “subhuman.” It must be acknowledged that, except for tracts issued from the fever swamps surrounding the eugenics project, few people today include a racial factor in calculations of who does and who does not have sufficient “quality of life” to continue living. Here the inhibition against racial discrimination seems to be one “taboo” still firmly in place.

It must be further acknowledged that in the literature there is considerably more moral agonizing about ending the lives of people who have previously been recognized as rational and productive citizens. But in the cases of unfit newborns and human life that is “incapable of full social participation,” the decision to terminate is relatively uncomplicated. A rational quality-of-life measurement makes it clear that their lives are not a good for them. Thus the Nobel Prizewinners Francis Crick and James Watson, co-discoverers of the structure of DNA, think that newborn infants should be subjected to rigorous examination and should be permitted to live only if they are found fit. Many who find the proposal repugnant are sure that there is a convincing argument against it, but it does not come readily to mind.

Critics contend, however, that the question of whether life is a good *for* the person gets things backward. The argument of the critics is that life is a good *of* the person, and that depriving the innocent of such life is tantamount to homicide. In current debates that argument is widely dismissed as “vitalism,” which presumably depends upon a metaphysical belief regarding the status of life rather than a rational judgment regarding the quality of the life actually being lived. Admittedly and

inevitably, in all cases somebody is making a decision. Such decisions become especially tricky in the instances of involuntary euthanasia or “assisted suicide.”

Despite the avid promotion of death with dignity, living wills, and related ideas, the vast majority of people do not, for whatever reason, clearly indicate in advance the circumstances in which they wish to be killed. This results in numerous instances, especially with respect to the biologically tenacious aged, of “subhuman life” being a heavy burden upon family and the medical staff. At this point the assistance offered in assisted suicide must be generously defined, including the decision to make a decision for people who cannot decide. Ethics committees around the country have helpfully developed quality-of-life indexes by which it is possible to make a “best-interest” judgment, also called a “reasonable-person” judgment. That is to say, others decide to terminate a patient’s life on the basis of what it is assumed the patient would decide were he a reasonable person acting in his own best interest.

This form of “substituted judgment” has led to concepts such as surrogate suicide or substitute suicide, although of course it is always the other person who dies. Perhaps not surprisingly, when the questions are posed in these ways it is usually decided on behalf of the other party that he or she would decide to stop being a burden to the people who are actually making the decision.

In current practice and discussion, there is not yet a consensus in favor of active euthanasia by administering a lethal dosage or otherwise actually killing the person. A consensus is rapidly forming, however, on withholding food and hydration in order to “facilitate the dying process.” This consensus requires the erasure of two distinctions of long standing in medical ethics and practice. The first distinction is between “ordinary” and “extraordinary” means of treatment. It is now widely, although by no means unanimously, agreed that, in the case of certain classes of patients, all treatment is extraordinary, and therefore not required and perhaps not ethically permitted.

The second distinction is between medical treatment and providing food and water. It used to be thought that providing food and water, also intravenously, is a matter of ordinary obligation. The argument is now on the ascendancy, however, that providing food and water constitutes medical treatment. And, again, in specified cases any medical treatment falls into the category of “extraordinary means” which are

neither required nor to be countenanced. With the withdrawing of food and water the decision has been made to intervene actively with the clear and sole intent of hastening death. That is to say, the decision has been made for euthanasia or mercy killing. The only question now is how death is to be effected. Starvation is a very clumsy means. The person may live for days, there is often frightful physical disfigurement, and there is the unknown factor of prolonged pain. The attractiveness of starvation to the morally queasy is that it is the "least direct" means of hastening death.

But once we have grown more comfortable with the euthanasia decision that has been made, it seems almost certain that medical practice will adopt means that are more efficient and less aesthetically disturbing. Starvation must thus be seen as a provisional technique to be employed only until medical practice and public opinion are prepared for more rational measures.

It should not be thought that these developments have to do only with the comatose, the "biologically tenacious" drug-sated aged, or others in imminent danger of dying. Those are of course the cases highlighted by euthanasia enthusiasts, for such cases lend themselves to emotionally powerful statements about needlessly prolonging "meaningless" human life, and about the burden that such life is to others. Traditional medical ethics has long allowed the removal of means of sustenance from those near death if the means are counterproductive or ineffectual. In other words, if the feeding instrument is causing other severe disabilities, or the body is not able to assimilate the food, or the person is within hours of dying no matter what is done, intravenous feeding should be discontinued. But what is now being proposed and what is now being done goes much further, including direct intervention to terminate broad categories of people suffering from quality-of-life deficiencies.

The new approach received intense national attention a few years ago in the Baby Doe case in Indiana. There a court allowed parents to starve to death their handicapped baby, even though dozens of couples volunteered to adopt the child. Since then there have been well-publicized cases of adults injured in accidents or suffering from crippling diseases who have been starved to death, although they gave no indication that they wished to die and, at least according to some observers, indicated a will to live. Many questions, of course, have been

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raised about such cases, most of which are addressed by a recent report from the Hastings Center, "Guidelines on the Termination of Life-Sustaining Treatment and the Care of the Dying."

The panel that issued this report in September 1987 proposes very broad categories of people for whom medical treatment, including the supply of food and water, might be terminated. One category, for instance, is "the patient who has an illness or disabling condition that is severe and irreversible." That would seem to offer distinct possibilities for reducing the population of nursing homes, mental institutions, and a good many hospital wards, thus dramatically relieving pressure on scarce medical resources. The panel focuses on people in such categories who "lack decision-making capacity" with respect to whether they wish to live. In these cases a substituted judgment is required and the "reasonable-person" standard should be applied. The standard is put this way: "Would a reasonable person in the patient's circumstances probably prefer the termination of treatment because the patient's life is largely devoid of opportunities to achieve satisfaction, or full of pain or suffering with no corresponding benefits?" The panel wants it understood that it is being cautious and is sensitive to possible "abuses" of the approach it recommends. Substituted judgments should be carefully reviewed by several parties, including doctors and ethics committees. After listing the several categories of people who are candidates for termination the report states, "*The above list in no way suggests that treatment should be forgone just because a person falls into one of these categories; nor does it mean that treatment may not be terminated for other patients.*" The latter statement, one notes, sharply qualifies and may in some instances nullify the former, despite the former's being italicized. (Treatment, keep in mind, includes supplying food and water.)

Much depends on what is meant by the person's "capacity" to make a decision about whether he wishes to die. "These guidelines define decision-making capacity as: (a) the ability to comprehend information relevant to the decision; (b) the ability to deliberate about the choices in accordance with personal values and goals; and (c) the ability to communicate (verbally or nonverbally) with caregivers."

Any experienced medical "caregiver" will recognize that this constitutes a pretty tall order for many patients. For example, deliberating about choices in accordance with personal values and goals is difficult

for many people under the best of circumstances. Yet the panel urges “respect for the patient as a self-determining individual” and cautions against “wresting control from the patient with decision-making capacity.” Capacity, we are told, should not be confused with competence, which is a legal term. “A person can be legally competent and nonetheless lack the capacity to make a particular treatment decision.” Capacity turns out to be a marvelously plastic measure. “Capacity is not an all-or-nothing matter; there is a spectrum of abilities, and capacity can fluctuate over time and in different circumstances.” For instance, “Extreme instability of preference may itself be a form of decision-making incapacity.” The patient who yesterday wanted to die and today just as intensely wants to live clearly does not have the capacity to understand what is in his best interest.

The Hastings Center guidelines, which emerged from a project involving twenty experts over two-and-a-half years, have been widely hailed. The *New York Times* reported that “experts say no such comprehensive guidelines have been developed before,” and the study “breaks important ground.” A closer look at the panel, however, indicates that the document, contra its publicity, may not reflect such an impressive consensus among experts.

Five of the twenty members of the project, including director Daniel Callahan, are from the staff of the Hastings Center. Of the remainder, there is a strong representation of people interested in medical malpractice law and of others involved in the administration of nursing homes. Without impugning motives, it might be suggested that such people have a vested interest in more relaxed rules for the treatment of people who lack “decision-making capacity.”

In addition, two members of the panel who are ethicists issued substantive written dissents. Leslie Steven Rotenberg of Los Angeles, who has also publicly challenged the Loma Linda proceedings discussed earlier, is quite forthright: “I fear these guidelines, if widely endorsed, may be used to give a moral ‘imprimatur’ to undertreating or failing to treat persons with disabilities, unconscious persons for whom accurate prognoses are not yet obtainable, elderly patients with severe dementia, and others whose treatment is not believed (to use the language of the report) ‘costworthy.’”

Despite all this, the Hastings Center report is celebrated as a landmark document by proponents of the eugenics project, and is now

being invoked in public debates, court cases, and state legislatures around the country.

The director of the Hastings Center, Daniel Callahan, is frequently described as the most widely respected authority on medical ethics in America. Be that as it may, he has certainly been at the center of these discussions for almost twenty years and has recently stirred a lively discussion with his book *Setting Limits: Medical Goals in an Aging Society* (Simon & Schuster, 256 pp., \$18.95). Callahan urges us yet once more to brace ourselves for the thinking of the unthinkable. The basic proposal is that there should be an age limit, perhaps eighty-five, beyond which there will be no government funding for life-extending medical care. Because Callahan is a decent and intelligent man, the proposal is almost painfully nuanced and surrounded by myriad qualifications. Indeed, his is a deeply conflicted and often confused argument. Thus, he offers extensive data indicating that America simply cannot afford quality medical care for a rapidly aging population but, at the same time, he insists that his proposal should not be adopted for purely fiscal reasons. Again, he repeatedly says that his proposal would be "dangerous" and "morally mischievous" without major changes in cultural attitudes toward aging and death, and such changes, he says, may take generations. Yet he persists in making his proposal now.

Some of the changes advocated by Callahan are surely to be welcomed. Drawing on the work of Leon Kass of the University of Chicago, he urges our accepting the idea that there is such a thing as "a natural life span." In this respect Callahan sets himself against the eugenics project with its delusory dream of immortality through technological control. Yet he simultaneously subscribes to a quality-of-life index by which "natural" limits, such as severe disability, are not accepted but taken to be signs of a life not worth living. Callahan is well aware of the Nazi doctrine of *lebensunwertes Leben* and notes that, in the light of the Nazi experience, "there has been a justifiable reluctance to exclude borderline cases from the human community." That reluctance can be overcome, however, if we keep it firmly in mind that the Nazis "spoke all too readily of 'a life not worth living,'" and if we ourselves are very careful when we speak the same way.

Callahan clearly wants to distance himself from the proponents of euthanasia, assisted suicide, and other such measures. But he also argues that "artificial" feeding is a medical treatment and should be discon-

tinued in the case of patients suffering from severe quality-of-life deficiency. Lacking any ethical framework other than liberal individualism, Callahan stresses respect for the patient's decision, or, as it turns out, those who decide for the patient when the patient is "incapable." What it comes down to is quite bluntly stated: "At stake is how far and in what ways we are emotionally prepared to go to terminate life for the elderly."

The sentence is typical of the logic of the eugenics project and interesting in several respects. For instance, it is said that we are terminating life "for" other people, rather than terminating the life "of" other people, it being assumed by the "reasonable-person standard" that we are doing them a favor. As important, we are told that what is at stake is what we are "emotionally prepared" to do. For many people, that is a slight barrier indeed. In this way of thinking, the accent is on freedom, voluntarism, and choice. Nobody is allowed to "impose his values" on others. You are free to decide not to terminate your elderly parent or handicapped child, but you must also agree not to interfere with my decision to "terminate life for" the incapacitated who fall within my decision-making authority. (It is worth noting that the Hastings Center guidelines do include "religious exemptions" for people who have religiously grounded inhibitions about the policies proposed.)

Daniel Callahan is a spirited opponent of the slippery-slope metaphor, insisting that one thing does not necessarily, or even probably, lead to another. But his own emotional preparedness with respect to the treatment of the dependent and incapable has undergone a remarkable development. In the October 1983 issue of the *Hastings Center Report* he wrote forcefully against withdrawing food and water. "Given the increasingly large pool of superannuated, chronically ill, physically marginal elderly, it could well become the nontreatment of choice." He added, "Because we have now become sufficiently habituated to the idea of turning off a respirator, we are psychologically prepared to go one step further." In 1983 Callahan was convinced that "the feeding of the hungry, whether because they are poor or because they are physically unable to feed themselves, is the most fundamental of all human relationships. It is the perfect symbol of the fact that human life is inescapably social and communal. We cannot live at all unless others are prepared to give us food and water when we need them It is a most dangerous business to tamper with, or adulterate, so enduring and

central a moral emotion.” Four years later Callahan invites us, not to tamper with or adulterate, but to discard that moral emotion. It is, after all, but an emotion. One may perhaps be forgiven for thinking that Callahan dramatically illustrates the slippery slope that he so vigorously denies.

To be sure, there is nothing wrong with changing one’s mind, and people like Daniel Cahllahan may simply say that they have thought things through more carefully. As he himself suggests, however, this is not a matter of thinking one’s way through but of feeling one’s way through. We need no longer think about the unthinkable when, in time, it has become emotionally tolerable, even banal. A useful term in this connection is primicide, the first murder. When it is first suggested that we do a murderous deed, we may respond, “But that would be murder!” After we have done it once, or maybe twice, that response loses something of its force of conviction. As a barrier to evil, novelty is a one-time thing; it cannot be reinstated. In the 1930’s a hit man for Murder Inc. was on trial. The prosecutor asked him how he felt when committing a murder. He in turn asked the prosecutor how he felt when he tried his first case in court, to which the prosecutor allowed that he was nervous, but he got used to it. “It’s the same with murder,” observed the hit man, “you get used to it.”

Champions of the eugenics project are deeply and understandably offended when it is said that they are advocating murder. For some reason they do not take offense when the statement is amended to say that they are advocating what used to be called murder.

The attempt to deny risk and suffering, the use and elimination of the unfit—these were all elements of the old eugenics. But what earlier eugenists could only dream about can now be done; and, if it can be done, it likely will be done. In the technological possibility of creating “a new man in a new society,” we have a vision that makes the similar ambition of political totalitarians seem modest by comparison.

Of course there are serious people worrying about that ominous prospect. But it seems that soaring hubris, joined to technical capacity, has broken the bonds of moral restraint. That the bonds are broken is evident enough in the very efforts designed to impose limits.

Thus not long ago textbooks in ethics used to set forth the moral principle that each person counts for one, and none counts for more or less than one. A standard illustration of the principle was the hypotheti-

cal case of a hospital with five patients, four of them persons of world-class accomplishment (a statesman, musician, mathematician, and philosopher), the fifth a mental deficient without means or kin. The fifth does, however, have the healthy organs which, if transplanted, could save the lives of the other four. The point was that it could never be right to kill the one in order to save the four, for people are always to be treated as ends and never as means. It was a venerable principle in the history of Western thought. Today the principle is becoming the hypothesis, and the illustration no longer illustrates anything but a “morally agonizing dilemma” to be gravely faced in consultation with surgeons, social workers, ministers, and ethicists.

Or consider, once again, Britain’s Warnock Committee. Its chairman, Dame Mary Warnock, flatly states, “There is no such thing as a moral expert.” This may suggest that, as a teacher of moral philosophy at Cambridge, Dame Mary is taking her salary under false pretenses, but that is a question for her and her conscience. More immediate to our concern is the assumption that on issues of life and of death, of birth and of the family, “everyone has a right to judge for himself.” This is the perfect formula of what Alasdair MacIntyre calls the ethics of “modern emotivism.” Step by step, the committee states that, since A is allowed, there is no rational reason for disallowing B. It is, as Daniel Callahan might say, a question of emotional preparedness. Of course the committee knows that some matters of life and death must be regulated by law, but law is a weak reed in the absence of moral reasoning. As Dame Mary writes, “We were bound to have recourse to moral sentiment, to try, that is, to sort out what our feelings were, and to justify them.” Most of us, it might be noted, are very good at justifying our feelings.

Studies such as that of the Warnock Committee are not done in a social vacuum. The people involved recognize that they are morally accountable to society and, we are told, “Society feels, albeit obscurely, that its members, especially the most helpless, such as children and the very old, must be protected against possible exploitation by enthusiastic scientists: and embryos are brought into the category of those deserving protection, just as animals are. This is a matter of public, and widely shared, *sentiment*” (emphasis in original). But the obscure feelings of society are marvelously malleable. So the committee states, “The ques-

tion must ultimately be . . . in what sort of society can we live with our conscience clear?" That, take note, is the *ultimate* question.

Dame Mary wants it known that she is not unaware of the dangers in this line of thinking. There is, she says, "an increasing sense of urgency" that social controls "should be brought up to date, so that society may be protected from its real and very proper fear of a rudderless voyage into unknown and threatening seas."

And so, according to the Warnock Committee, we have embarked upon this parlous voyage guided by public opinion, technological innovation, and obscure moral feelings, headed toward a society in which we can live with our conscience clear. (It is worth noting that eight of the sixteen members of the committee issued dissents of varying substance. Even so, the Warnock report is hailed as a landmark by the champions of the return of eugenics.)

Of a very different order is last year's document from the Vatican, "An Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation." Insisting on the unity of the relational and procreative in human sexuality, the document condemns the new eugenics in no uncertain terms. Procedures such as those countenanced by the Warnock Committee, says the Vatican, are not acceptable. "These interventions are not to be rejected on the grounds that they are artificial" but because they violate the dignity of the human person.

Charles Krauthammer, among others, has treated the Vatican Instruction with respect, acknowledging that it is "intellectually more satisfying" than committee products such as Warnock. But he thinks the Vatican statement is also "far less useful." He cites the injunction of the Talmud, "Make ye a fence to the law." A fence prohibits actions that, although not in themselves wrong, open the way to wrong. The problem with the Vatican statement, says Krauthammer, is that it is "a fence too far." The Vatican, he writes, "sees what hell lies at the bottom of the slippery slope, and rather than erect bulwarks, detours, and sandbags, it declares the entire mountain off-limits." For Krauthammer, "There is no way off the slope." "Better," he asserts, "to find a reasonable way to live on it."

At best, it seems, we can slow the slide to what Krauthammer calls the "hellish center" at the bottom. Reports such as that of the Warnock Committee recommend detailed ethical examination of every inch of our downward slide, and they would even put some provisional obsta-

cles in the way, but their very logic precludes the erection of any fences at all, whether near or far. More than that, they invite the conclusion that there is no hell that the fit and the flexible could not learn to live in with a "clear conscience."

When it comes to the elimination of the unfit, Robert Destro, law professor and member of the United States Civil Rights Commission, believes there might be some safety in the legal tradition and in existing laws. "The prejudice against the disabled and those with mental disabilities," he writes in the *Journal of Contemporary Health Law and Policy*, "is a strong one, with a long and sordid history." In recent years, civil-rights law in particular has been significantly extended to include the handicapped. If courts are now to countenance discrimination against the mentally and physically handicapped by permitting guardians to starve their wards, says Destro, "they should do so directly rather than mask their decisions in high-sounding arguments claiming to rely on 'privacy' and 'self-determination.'" In cases where the ward is incompetent, Destro goes on, the only privacy and self-determination being served are those of the guardian, not those of the ward. On a collision course with the entire history of achievements in civil rights, "the law is in the process of adopting a functional definition of the value of the human person, but it is doing so by indirection." Destro concludes: "Though it may take some time, I do believe that we will live to regret leaving to lawyers, doctors, judges, legislators, and ethicists the important task of deciding who among the disabled shall live, and who shall die. We have been down that road before."

Writing in 1963, Mark H. Haller, a historian of the American eugenics movement, noted that since the war against the Nazis there were signs of "a renewed interest in eugenic problems, although the word eugenics has seldom been used." He cited the noted eugenicist Frederick Osborn who urged the movement to be patient, waiting for scientific knowledge, technology, and social attitudes to prepare the way for the radical changes required. Otherwise, said Osborn, the movement would make the mistakes it did in the past and would once again "turn public opinion back against eugenics."

Twenty-five years later it seems the time is right. Perhaps the law, or maybe the remembrance of horrors past, will yet fend off the return of eugenics in its fullness. Perhaps popular moral judgment, drawn from

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older traditions of moral truth, will, through the democratic process, begin to erect fences. Perhaps our cultural leaders will rediscover modes of moral reason that appeal to a good beyond emotion. And perhaps not.

And so, quite suddenly it seems, we are facing questions for which we have no ready answers. The questions *are* being answered, however. Most of us, probably because we want to live with a clear conscience, prefer not to think about the answers that are being given. Later, we can say that we did not know.

APPENDIX A

[The following articles appeared in New York's Village Voice earlier this year, the first on April 26, and the second on May 3, and are reprinted here with the author's permission.]

I. The Pied Piper Returns for the Old Folks

Nat Hentoff

A doctor was not a doctor. A doctor was the selection. That was what the doctor was—the selection.

—An Auschwitz survivor, *The Nazi Doctors*, Robert Jay Lifton

In 1983, the *Times* ran an Op-Ed piece, "Our Elderly's Fate," by Northeastern University sociology professors Jack Levin and Arnold Arluke. The lead paragraph was, to say the least, compelling:

"American society may be heading toward a *de facto* 'final solution' to the problem of a growing elderly population. This trend raises the unthinkable prospect of the elderly one day being exterminated as a matter of law."

Having seized the elderly by the throat, the authors backed off a little. The deliberate massing of the old to take their last showers was not quite what they saw ahead. But already, "there is strong evidence that increasing numbers of frail, disabled, and financially dependent elders, most of whom are over 78, are even now, as a result of our social policies, being isolated from society and dying prematurely."

You don't need to rebuild Auschwitz to send a message to the old that it is time for them to enter eternity. The signals are everywhere. "Self-help manuals," wrote Levin and Arluke, "are showing the elderly how to commit suicide. Studies show that emergency room personnel tend to spend less time and effort to resuscitate elderly heart attack victims than their younger counterparts.

"There is also a growing tendency in medical circles to *emphasize quality over quantity of life*. 'Death with dignity' may in some cases be a euphemism for extermination." (Emphasis added.)

The two professors were also astute enough to look at the auguries in the popular culture. *Logan's Run*, a science fiction movie, starred Michael York as a man in the future who, at 30, had reached the age at which he must be executed by the state. The book *Triage* "conjectures that the Government would solve the problems of old age by burning all nursing homes and their inhabitants."

Not in America. It can't happen here. Not that way. But five years ago, there was no way Jack Levin and Arnold Arluke could imagine that a distinguished, widely respected bioethicist would come forth with what his admirers

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call a "humane" way, a "morally courageous" way, of solving the problems of old age.

The method: persuading the elderly that they can be socially responsible by having the government take away from them certain forms of costly, life-extending medical care.

After all, the kind of medical care he has in mind—heart bypass operations, for instance—would only make them live longer, vainly dreaming of immortality. But the Pied Piper would show old folks how to leave us with grace by being content with a "natural life span."

The Pied Piper, in his autumnal colors, has brought the news of his gentle proposal in magazines, on television, and in a widely praised book.

By having their medical care rationed, he says, the aged will learn to savor the meaning and significance of their final years, for they will *know* they are final. And since the rest of society will no longer be spending so much on the health care of the old, the money saved can be used for the vast numbers of the population who are not old but need more care than they can afford—single or widowed women, members of minority groups.

This benefactor of the elderly is Daniel Callahan, director of the Hastings Center—a pacesetter in medical ethics—in Briarcliff Manor, New York. His book is *Setting Limits* (Simon and Schuster), and it has been respectfully received in just about every important periodical in the nation. He has been asked to speak about his solution to all kinds of groups. Some disagree with him, but they all take him seriously.

I confess that when I first heard distant word of this notion of the elderly going gently into that good Callahan night, I thought he was putting us on. (I should have realized that the Hastings Center—where he and other bioethicists labor to tell us how to fit our lives and deaths into their designs—long ago found humor far too spontaneous and certainly too personal for its religion of utilitarianism.)

Still, I expect that the sardonic Dean of Dublin's Saint Patrick's Cathedral, Jonathan Swift, would appreciate Daniel Callahan's *Setting Limits*—though not in the way he would be supposed to. Swift, you will recall, at a time of terrible poverty and hunger in Ireland, wrote *A Modest Proposal*. Rather than having the children of poor continue to be such a burden to their parents and their nation, why not persuade the poor to raise their children to be slaughtered at the right, succulent time and sold to the rich as delicacies for dining?

What could be more humane? The children would be spared a life of poverty, their parents would be saved from starvation, and the overall economy of Ireland would be in better shape.

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So, I thought, Callahan, wanting to dramatize the parlous and poignant state of America's elderly, as described by Jack Levin and Arnold Arluke, had created his modern version of *A Modest Proposal*.

I was wrong. He's not jiving.

So let us look at the Callahan way of ordering the future of America's elderly.

First, Callahan sees "a natural life span" as being ready to say goodbye in one's late seventies or early eighties. He hasn't fixed on an exact age yet. Don't lose your birth certificate.

If people persist in living beyond the time that Callahan, if not God, has allotted them, the government will move in. Congress will require that anyone past that age must be denied Medicare payments for such procedures as certain forms of open heart surgery, certain extended stays in an intensive care unit, and who knows what else.

Moreover, as an index of how humane the spirit of *Setting Limits* is, if an elderly person is diagnosed as being in a chronic vegetative state (some physicians screw up this diagnosis), the Callahan plan mandates that the feeding tube be denied or removed. (No one is certain whether someone actually in a persistent vegetative state can *feel* what's going on while being starved to death. If there is sensation, there is no more horrible way to die.)

What about the elderly who don't have to depend on Medicare? Millions of the poor and middle class have no other choice than to go to the government, but there are some old folks with money. They, of course, do not have pay any attention to Daniel Callahan at all. Like the well-to-do from time immemorial, they will get any degree of medical care they want.

So, *Setting Limits* is class-biased in the most fundamental way. People without resources in need of certain kinds of care will die sooner than old folks who do not have to depend on the government and Daniel Callahan.

I am aware that there are more limits—in all respects—to the lives of the poor than to the lives of the comfortable. But there is something almost depraved about so brazenly discriminatory a plan coming from the director of a place that derives all its income and its considerable prestige from its reputation as a definer of ethical behavior—in the healing arts particularly.

Callahan reveals that once we start going down the slippery slope of utilitarianism, we slide by—faster and faster—a lot of old-timey ethical norms. Like the declaration of the Catholic bishops of America that medical care "is indispensable to the protection of human dignity." The bishops didn't say that dignity is only for people who can afford it. They know that if you're 84, and only Medicare can pay your bills but says it won't pay for treatment that will extend your life, then your "human dignity" is shot to hell.

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What does Daniel Callahan say about this—uh—imbalance of justice? In the course of an appearance on the December 25, 1988, *MacNeil Lehrer News Hour*, Callahan said:

“... After the age of 80 or 85, wherever we might set it [the age of limiting medical care], then I agree injustice might set in. However, it seems to me in the nature of the case, it would not be for a very long time.”

There's a logical man. It would indeed not be for a very long time, and all the shorter for the intervention of Mr. Callahan.

He noted on the same program that his is not an ideal proposal, “but I think the hard choice of that injustice at a later age is well worth the kinds of gains we would get in a more rounded, coherent health care system.”

Again, this is naked utilitarianism—the greatest good for the greatest number. And individuals who are in the way—in this case, the elderly poor—have to be gotten out of the way. Not murdered, heaven forbid. Just made comfortable until they die with all deliberate speed.

It must be pointed out that Daniel Callahan does not expect or intend his design for natural dying to be implemented soon. First of all, the public will have to be brought around. But that shouldn't be too difficult in the long run. I am aware of few organized protests against the court decisions in a number of states that feeding tubes can be removed from patients—many of them elderly—who are not terminally ill and are not in intractable pain. And some of these people may not be in a persistently vegetative state. (For instance, Nancy Ellen Jobs in New Jersey.)

So, the way the Zeitgeist is going, I think public opinion could eventually be won over to Callahan's modest proposal. But he has another reason to wait. He doesn't want his vision of “setting limits” to go into effect until society has assured the elderly access to decent long-term home care and nursing home care as well as better coverage for drugs, eyeglasses, and the like.

Even if all that were to happen, there still would be profound ethical and constitutional problems. What kind of a society will we have if we tuck in the elderly in nursing homes and then refuse them medical treatment that could prolong their lives?

And what of the physicians who will find it abhorrent to limit the care they give solely on the basis of age? As a presumably penitent Nazi doctor said, “Either one is a doctor or one is not.”

On the other hand, if the Callahan plan is not to begin for a while, new kinds of doctors can be trained who will take a utilitarian rather than a Hippocratic oath. (“I will never forget that my dedication is to society as a whole rather than to any individual patient.”) Already, I have been told by a physi-

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cian who heads a large teaching institution that a growing number of doctors are spending less time and attention on the elderly. There are similar reports from other such places.

Meanwhile, nobody I've heard or read on the Callahan proposal has mentioned the Fourteenth Amendment and its insistence that all of us must have "equal protection of the laws." What Callahan aims to do is take an entire class of people—on the basis only of their age—and deny them medical care that might prolong their lives. This is not quite *Dred Scott*; but even though the elderly are not yet at the level of close constitutional scrutiny given by the Supreme Court to blacks, other minorities, and women, the old can't be pushed into the grave just like that, can they?

Or can they? Some of the more influential luminaries in the nation—Joe Califano, George Will, and a fleet of bioethicists, among them—have heralded *Setting Limits* as the way to go.

Will you be ready?

II. 'Life Unworthy of Life'

Dr. Edmund Pellegrino, director of the Kennedy Institute of Ethics at Georgetown University, is also professor of Medicine and Medical Humanities at Georgetown University Medical Center. And he is a world-class bioethicist. He still sees patients because he does not want to forget what medicine is all about—the *individual* patient.

He will tell a patient, "In the moment of truth, the last thing protecting you is my character." At the core of his character is a resistance to what he calls "the physician as an instrument of productivity."

Health care has indeed become an industry, and there is increasing pressure—from government, from third-party insurers, from hospitals—to cut medical costs. The results, as Paul Starr, a Princeton University sociologist, puts it, are that "there has been a shift from clinical to financial control of ethical decisions."

Including, increasingly, the decision as to who shall live and who shall die.

Consider Dr. Devra Marcus, a Washington internist, who decided to work for a prepaid health plan. As she told the *New York Times* (March 20), her first two patients were diabetic, and therefore she referred them to an ophthalmologist. Dr. Marcus had to know if the diabetes had led to retinal changes which, if undetected, could lead to blindness.

The two patients were also referred by her to a podiatrist to check whether the diabetes had led to nerve damage that, in time, could make amputation necessary.

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Another doctor who worked for that health plan warned Dr. Marcus, according to the *Times*, "that the cost of those specialists would come out of a special fund earmarked for her. The fewer patients she referred [to specialists], the more money she would receive from this fund at the end of the year."

After all, unless the costs of the care in this prepaid plan were kept low, how could the plan and the participating physicians maximize their income?

Dr. Marcus is now back in private practice. Like Dr. Pellegrino, she does not want to be an instrument of productivity. She prefers to think about what is best for her patients.

There has been another change in medicine as a result of concern about costs. In my view, this change has its roots in a growing coldness in the society as a whole toward life—especially life that is unproductive or defective. Are such lives worth saving, particularly if the bill is high?

As Robert Jay Lifton notes in *The Nazi Doctors* (Basic Books): "The Nazis based their justification for direct medical killing on the simple concept of 'life unworthy of life' (*lebensunwertes Leben*)."

We do not directly kill the unworthy, although California may be the first state to make it legal for a physician, under certain conditions, to kill a presumably hopeless patient—at the request of the patient. The proposal is likely to be on the ballot in November.

Apart from what may happen in California, however, we do believe that some lives are not worth the cost of saving. The Nazis had different criteria for designating certain categories of life as disposable, whatever their natural life span might have been. We, on the other hand, do not gas Jews, gypsies, homosexuals, and other "inferior races." But we are becoming accustomed to thinking about denying life-extending treatment to people who cannot pull their weight in the world.

I mean, for example, certain categories of those people who do not have the money to pay for their own medical care, and therefore must depend on the state—on the taxes you and I pay—to keep them alive.

Britain is somewhat ahead of us in packing off to eternity those who are too expensive and/or are unproductive. Dr. Pellegrino tells of being in London not long ago for a medical conference where an English doctor told him he had recently refused to do a coronary bypass on a 52-year-old man. The procedure was clearly indicated, and without it, the patient would not be around much longer.

The English physician explained that the man was a coal miner, but even with the operation, he would never have a job again. Accordingly, the doctor decided that it was not fair to society to prolong this man's life because then

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society would have to keep putting money into this unproductive person for who knew how many years.

But was it fair to the patient to speed him on to death? Fairness to the individual patient is beside the point. In Britain already—and we are quite close to this—health care is seen as utilitarian in purpose: the greatest good for the greatest number. Keeping some individuals alive is too expensive to be justified as being for the greatest good of the greatest number.

Sorry, your ticket has taken you as far as your fellow citizens want you to go.

In this country, a woman identified as D.C. is one of those people whose needs are too much for society to want to handle. Of course, her medical needs are too much for her to handle, too. Her story is in a publication of the Health Care Quality Alliance, a coalition of organizations ranging from the American Cancer Society to the American Society of Internal Medicine to the National Caucus and Center on Black Aged:

“D.C. was so sick that she couldn’t eat. She suffers from Crohn’s disease, a chronic digestive disease of the intestines.

“To save her life, D.C.’s doctor hospitalized her for treatment with total parenteral nutrition (TPN), a technique in which a thin tube is surgically inserted into a large chest vein so a nutritious solution can be fed directly into her bloodstream. The treatment appears to be working. D.C. has gained 20 pounds over the last two weeks.

“But it’s not clear how long she will continue to receive the treatment, since D.C. lacks health insurance. And while [the state of] Virginia’s Medicaid program will pay [for] her treatment at the hospital, it will not pay for her treatment at home. And . . . her hospitalization program under Medicaid has already run out.

“The leaves D.C., her family, her doctors and the hospital with a classic dilemma: Who should pay for life-saving treatment for people with chronic illnesses who cannot afford to pay?”

We now come to a group that will increasingly be the target of this nation’s utilitarian approach to medical care—especially care for those individuals who, you know, ought to be glad they’ve come this far anyway and have a hell of a nerve expecting the rest of us to keep pumping money into their November years.

I mean, of course, the elderly. Daniel Callahan, director of the Hasting Center—the Tiffany’s of bioethical institutes—has a plan for the elderly that will certainly reduce the cost of caring for them.

In his book, *Setting Limits* (Simon and Schuster), Callahan projects a nation teeming with inconvenient ancient people:

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"Those over the age of 85—the fastest growing age group in the country—are 21 times as numerous as in 1900. In 1985, for the first time in American history, the number of those over the age of 65 came to exceed those under the age of 18. In the early 1960s, less than 15 per cent of the federal budget went to those over the age of 65. By 1985, that percentage had grown to 28 per cent.

"Those over 85 . . . now 1 per cent of the population, should rise to 5 per cent by 2050, and from 9 to 24 per cent of those 65 and older."

Why, it'll be hard to go anywhere without stumbling over people who look like Lionel Barrymore and Margaret Rutherford. What to do? What to do?

Let us begin, says Callahan, by deciding on how a "natural life span" shall be defined. It should end somewhere, he proposes, in the late seventies or early eighties. At that point, by congressional statute, the old person who has stayed too long will get no more from Medicare than routine treatment and the alleviation of pain and suffering.

Like the once and former coal miner in England, the elderly in America will be denied, for instance, a coronary bypass operation. (Unless they can pay for it themselves.) And the indigent old folks who are dependent solely on the state for life-extending care will also be barred from extended stays in intensive care units. And they will be prevented from having feeding tubes, among other amenities America can no longer afford.

In addition, Callahan would mandate that medicare and other government sources of funds not pay research on life-prolonging technology that might particularly benefit the aged. The money instead should go for research into the health problems of the rest of society. The greatest research for the greatest number.

Leading into an interview with Daniel Callahan in the November 10, 1987, *Los Angeles Times*, Allan Parachini seized the attention of his readers:

"It is 20 or 30 years from now. Your mother has Osteoarthritis, a condition in which, in extreme cases, the joints—particularly the hips—deteriorate so much that they can no longer function.

"Your mother has just reached this point, but at 82½, she is six months past the statutory definition of a normal life span. Joint-replacement surgery may not be offered since it is a high-cost service likely to prolong your mother's life without a cost benefit to society.

"She cannot receive surgery, but she can be given pain relievers. Organ transplants are out of the question [because Medicare won't pay for them under the Callahan rules].

"In today's society, this imaginary situation would be exactly that: imagi-

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nary, perhaps unthinkable. But in the view of a prominent ethics scholar, age-based rationing of medical services must necessarily come to pass, probably, he argues, before the end of the century."

Is this really possible? Daniel Callahan takes sardonic pleasure in telling me that practically no one has endorsed his specific way of cutting costs—limiting care for the elderly. Well, not exactly no one. I was present, with Callahan, at a Washington conference at which former Colorado governor Richard Lamm thumpingly endorsed the Callahan Plan. And that tells you something, if you remember Lamm opening the discussion in 1984 with his proposal that folks of a certain age and condition have a "duty to die."

But it's not only Lamm. Prestigious people in medicine have saluted Callahan's book—with John Arras, a medical ethicist at Montefiore Hospital, calling it "a very courageous book." In the *New York Review of Books*, Sidney Hook described it as "morally courageous." And Ruth Macklin, a bioethicist at the Albert Einstein College of Medicine, says solemnly: "The idea is not going to go away as long as there is a perceived need for cost containment."

I think she has a point. This country has already agreed to certain forms of *lebensunwertes Leben* ("life unworthy of life"). It is now legal in an increasing number of states to remove feeding tubes from people purportedly in a chronic vegetative state, although they are not terminally ill or in pain. And physicians, as in *The New England Journal of Medicine*, keep protesting bitterly that they are prevented by a 1984 law from arbitrarily and silently ending the unworthy lives of certain handicapped infants. The physicians expect they will yet prevail.

We don't have far to go, then, to set Callahan-style limits on the lives of the elderly. And when that happens, it'll be hard to stop us and the government from sliding further down that life-unworthy-of-life slope. As the *Atlanta Constitution* said in an editorial about the Callahan way of planning for the aged:

"And what if the savings he envisions fail to materialize? Who would be sacrificed then? 70-year-olds? The disabled?"

APPENDIX B

[The following article first appeared in the November 23, 1987 issue of Medical Economics and is reprinted here as it appeared. The author, an attorney and a former special writer for the Associated Press, is now a free-lance writer based in London. (Copyright © 1987 and published by Medical Economics Company, Inc. at Oradell, NJ 07649. Reprinted by permission.)]

Where Euthanasia Is a Way of Death

Timothy Harper

Herbert Cohen, a general practitioner in the tidy, leafy suburbs of Rotterdam, routinely drives himself to six or eight house calls daily. Occasionally, however, he asks a friend or relative to drive him to and from his last visit of the day. He knows he may be too distracted to drive himself: He'll be helping a patient to die.

Sometimes Cohen or a colleague hands the patient a lethal potion to drink or a pill to swallow. Or he may administer a fatal injection. "Technically, one is helping someone commit suicide, and the other is performing euthanasia on someone," Cohen says. "I really don't see any distinction."

Although euthanasia remains a legal and ethical taboo in the United States and most other countries, it has become accepted practice in the Netherlands. Between 6,000 and 10,000 of Holland's 120,000 deaths each year are estimated to be the result of doctor-assisted euthanasia. And while euthanasia remains technically illegal under Dutch law, court decisions and proposed government guidelines set out procedures that may soon allow doctors to deliver death legally.

Unlike this country, where a doctor accused of euthanasia might be charged with homicide or manslaughter, Holland has a criminal code that lists euthanasia as a separate crime. The law, carrying a maximum 12-year prison sentence, has been on the books for more than a century. But euthanasia's legality didn't become an issue until the early 1970s, when a doctor killed her terminally ill mother with an injection. Although charged with euthanasia and convicted, the doctor received a suspended sentence. The court decision held that it could be acceptable for a physician to perform euthanasia when a terminally ill patient whose death was "imminent" made an informed request for it.

Through the '70s and early '80s, more and more patients began asking their doctors to perform euthanasia, and more doctors began to grant that last wish. Three major cases came up in 1983 alone. A doctor performed euthanasia on a 94-year-old woman who was blind and so enfeebled that she couldn't care for herself. Another doctor helped three nursing-home patients to die, but

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could not prove that they had requested death. In the third case, Pieter Admiraal, an anesthesiologist who has become Holland's foremost medical spokesman on the subject, performed euthanasia on a 44-year-old woman who was paralyzed with multiple sclerosis but was not terminal.

All three doctors were charged under the euthanasia law. After months of hearings and headlines, they were cleared. From these court cases emerged a more formal recognition of the guidelines many doctors already were following. These ground rules became the basis for the Dutch Cabinet's proposal last September to make legal exceptions to the criminal law. The euthanasia law would remain on the books, but the Cabinet proposal, to be considered by the Dutch Parliament in 1988, would make changes in "medical law" that would allow doctors to perform euthanasia or assist patients in suicide when:

- The patient repeatedly and consistently, over a period of time, requests death;
- The doctor goes through full consultation with the patient, the patient's family, and at least one other doctor;
- The patient's suffering cannot be averted by any accepted medical treatment; and
- The illness is terminal, although death need not be imminent.

Physicians violating these guidelines could still be charged in criminal court under the century-old law and, if convicted, could be jailed. Or they could be charged under "medical law" and tried before a judge and jury of four other doctors. In such courts the usual punishments include reprimands, fines, and license suspensions.

In announcing the government position, Dutch Prime Minister Ruud Lubbers said the Cabinet deliberately chose to retain the option of criminal charges as a deterrent to doctors who might be tempted to cut corners on the guidelines.

Physicians who practice euthanasia—about 2,500 of Holland's 31,000 doctors do—had been hoping the government would make the country the first in the world to legalize the practice. Public opinion surveys over the past decade have consistently shown that some two-thirds of the Dutch people favor legal euthanasia.

Admiraal, senior anesthesiologist at the 700-bed Reinier de Graaf Hospital in Delft, said the government's failure to support legalization will keep many doctors from reporting euthanasia. Out of the estimated 6,000 to 10,000 induced deaths each year, Admiraal says, doctors report an average of only 80 to local authorities. Instead, most physicians simply record the death as natural and hope they can prove they followed the proper procedures if police decide to investigate. "I think the secrecy will go on," Admiraal comments.

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“And that’s not the way to do it. Euthanasia should be conducted in an open and honest way.”

“What was needed was an assurance, for both patients and doctors, that there would be no prosecution if certain conditions were met,” Bob Diepersloot, secretary general of KNMG, the Royal Dutch Medical Association, said of the recent government-proposed guidelines. “Now we’re again in a position of uncertainty.”

Cohen, the Rotterdam GP, contends it’s ridiculous that euthanasia might remain a crime under one section of Dutch law while another section of the law would spell out the conditions for performing it legally. “We’d rather have no law than this,” he says.

However, he adds, the uncertainty will make little difference in the practice of euthanasia in Holland. Cohen first got involved in euthanasia several years ago, when a terminal patient begged him to hasten death. His own 3,000 patient practice results in one or two euthanasia cases every two years—about average for an office-based general practice. Because of his interest and expertise, however, Cohen has been involved in dozens of cases as a consultant.

The process in each case, he says, takes weeks to months. He meticulously goes over the patient’s records and he interviews the attending physician about the patient’s medical history, personality, education, family relationships, etc. “Then,” Cohen says, “my first job is to determine whether the suffering can be relieved by other means than euthanasia.”

Many patients decide in these early stages that they don’t really want their doctors to end their lives right away. “Sixty to 70 percent of the requests for consultation do not end in euthanasia,” Cohen reports. Sometimes radiation, chemicals, nerve blocks, or epidural catheters are ordered. Occasionally, a patient is moved from home to a hospital or nursing home, or vice versa. “Even if it’s a case where euthanasia is acceptable, my duty is to offer every possible alternative to the patient,” Cohen says. “But it is not the patient’s duty to accept any of those options.”

As the consulting physician on a euthanasia case, Cohen spends several hours with the patient to satisfy himself that the request is serious, repeated, voluntary, competent, and well-informed. “People are relieved—often relaxed and happy—when they see you are taking their request seriously,” he comments. He also sees that the referring physician makes thorough notes on the case. About half his cases are referred by the family GP. The rest come from a hospital or institutional doctor such as *Admiraal*.

Cohen asks the patient for permission to bring in a clergyman or a non-religious counselor such as a social worker to talk to the patient and his relatives. “In reaching the decision, it’s very important for non-doctors to be

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involved,” he says. Cohen and the counselor encourage the patient and relatives to patch up any hard feelings. “Tell him you love him,” he often says to relatives. “You can’t put a blanket on a gravestone.” One 35-year-old patient, estranged from her parents, did not want them to know she had decided on euthanasia. Cohen, however, refused to agree to it unless she told them. She did, and was reconciled with them before she died.

However, Cohen does not bring relatives into the decision. “We ask the family for understanding, but not for permission,” he says. “First, it’s none of their business. I don’t say that to be rude, but you have to maintain the patient’s autonomy. Second, if you ask relatives for permission, they may feel responsible for the decision, and then feel guilty afterward.”

Some patients prefer to have their entire families with them—one man had his eight children and their spouses and assorted other relatives present—but other people ask to be alone when they die. Cohen discourages it. “I prefer that at least one relative be present so the story of the patient’s last minutes does not come from me,” he explains.

The decision to end life may take months, but once it’s made, things move quickly. “If we conclude that euthanasia is appropriate, and the decision is well-considered, the other doctor and I begin deciding how to go about it,” Cohen said.

Some patients prefer a drink or tablet they can take themselves. Others prefer an injection, or must have one because they cannot swallow or because of the risk of vomiting. The Netherlands Pharmaceuticals Society offers doctors a booklet of drug combinations Admiraal recommends for euthanasia. Cohen says he typically administers a strong barbiturate that causes unconsciousness within three to five seconds, followed by a curare-like drug that causes death within ten to twenty minutes.

Once physician and patient have agreed on the means of death, they discuss the time. “Patients almost always want it yesterday,” says Cohen. “Death is a relief, a solution to the loss of dignity and independence that makes them suffer as much as their illness does.”

If a patient chooses Wednesday evening at 8 o’clock, for instance, Cohen tells him to have all goodbyes said by precisely that time. “A doctor doesn’t want to come in, shake hands, and sit down for a cup of coffee,” he explains. “Then you have a second cup, and at some point someone has to get up and say something like, ‘Well, let’s do it.’ That’s awkward and uncomfortable for everyone.”

Instead, Cohen and the other doctor arrive just before 8 o’clock and move briskly so that the potion or tablet is handed over, or the injection administered, precisely on the hour. Sometimes the doctors may be part of whatever

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informal goodbye ceremony the patient and relatives want to hold, but they always maintain their professional demeanor. At the last possible moment, Cohen leans over the patient and asks: "Do you really want to leave this life now? We won't mind if you say you'd like another day or another week."

"The patient usually says No, in the strongest terms," Cohen asserts.

As soon as the patient dies, Cohen telephones the police. They've been expecting the call. Sometime during the previous day, Cohen has called local headquarters and told the officer in charge that he'll be performing euthanasia at 8 o'clock, but with no name or address. "Then, when I call to say the patient has died, the police won't send a greenhorn," says Cohen. "They've had a chance to rehearse. I expect them to be decent about it—no sirens, no lights, an unmarked car."

The police, sometimes accompanied by the local medical examiner, generally take short statements from the friends and relatives in attendance. Cohen and the other doctor turn over all pertinent records and notes, along with evidence such as syringes, ampules, and needles. If everything is in order, the police are gone in twenty minutes. Sometimes the medical examiner wants a blood sample; only rarely is an autopsy ordered.

When the authorities leave, Cohen has his friend or relative drive him home. "I take these cases home with me," he says. "It's such an irrevocable, definitive decision. There should be a lot of doubt about euthanasia. It shouldn't be easy. But in no case do I believe I've done the wrong thing."

APPENDIX C

[The following syndicated column was released April 19, 1988, and is reprinted here with special permission of King Features Syndicate (©1988 by the King Features Syndicate).]

From abortion to infanticide

Norman Podhoretz

Last week, when the U.S. Department of Health called for a halt in fetal-tissue transplants pending further study of the ethical problems involved, I was sharply reminded that I myself have been evading the most basic of these problems for a long time. By this I mean that I have been reluctant to take a stand either in favor of legalized abortion (“pro-choice,” to use the propagandistic euphemism) or against it (“pro-life”).

For all my reluctance, however, I have recently found myself sliding toward the “pro-life” camp. Or perhaps I should say that I have found myself sliding, in company with everyone already alive, down a slippery slope toward horrors that will soon be upon us if we fail to slam the brakes on and perhaps even scramble our way back up to the secure ground above.

About 15 years ago, I ran into a famous scientist, a Nobel laureate, who told me that he believed in testing all newborn babies for genetic defects. Infants who passed the test would be permitted to live; all others would be disposed of. The result would be a happier world.

Appalled, I lit into this (as it seemed to me then) crackpot idea. What, exactly, was a genetic defect? Who would decide? What would prevent the authorities, beginning with extreme and therefore “easy” cases, from proceeding to decree that only people with a certain level of intelligence, or with certain physical attributes, deserved to be kept alive? Remember the Nazi program of eugenics?

All this the great scientist brushed aside with impatient contempt. “Do you have any objection to abortion?” he asked. “No,” I replied. “Well, then,” he said, “if you’re willing to dispose of a baby before birth, why not afterward?”

This retort took me completely by surprise. In those days, before abortion was legalized, only people who opposed it held that a fetus was actually a baby—that is, a human being. Yet here was an eminent pro-abortion geneticist using that very argument, albeit not in order to prove that abortion was murder but rather to show that infanticide wasn’t.

“If I thought that there was no difference between a fetus and a baby,” I said, “I would have to be against abortion, not in favor of infanticide.” Hearing this he turned away with an arrogant smirk—though not before I, convinced that I had won the argument, flashed an answering smirk of my own.

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But of course he is now having the last smirk. For while we may not yet have moved from an easy acceptance of abortion to the point of getting rid at our convenience of all less-than-perfect newborn babies, we are surely headed in that direction.

Take the question of fetal tissue. It is all very well for the federal government to call for further study. Yet Richard John Neuhaus, a philosopher and theologian who has made his own study of these matters, suggests that it is a little too late.

Never mind, says Neuhaus, that anxieties have been expressed both by pro- and anti-abortion groups about commercial trafficking in fetal parts, and about women becoming pregnant not to have babies but to produce fetal organs for profit. Never mind too, I myself would add, that this whole business is eerily reminiscent of Jonathan Swift's satirical "modest proposal" that the babies of the poor be bred and sold for food.

In spite of all these considerations, the enthusiasm for fetal-tissue transplants (which seem to be effective in treating Parkinson's and other diseases in adults) is so great that stopping them will be extremely difficult.

In any event, Neuhaus goes on, we have by now graduated from the issue of whether medicine should use the unborn to the even more genuinely Swiftian question of whether medicine should use the born. Thus a number of infants with severe brain damage have already been put to death so that their other organs could be "put to good use" as transplants.

In these cases, it is true, the "donors" would not have survived more than a few weeks anyway. But as one doctor who is disturbed by this apparently humane practice points out, there is "no rational way to prevent the extension of the same approach" to other children with less serious defects—or even eventually with "defects" that consist of the "wrong" genetic makeup.

Which brings us back to my old argument with the smirking geneticist, who must be smirking even more contemptuously by now.

As for me, I am no longer smirking in return. The line that 15 years ago I thought could be drawn at birth is turning out to be no line at all, and it has become clear that there is indeed a direct connection between the legalization of abortion and the legitimation of infanticide. For it is just as the great geneticist (and, from the other side, the opponents of abortion) insisted: if the objection to killing a fetus is removed, there will soon be no objection to killing a newborn infant.

And so, looking up from approximately halfway down the slippery slope at the bottom of which lies some mutation, so to speak, of the Nazi program of selective human breeding and euthanasia, I see that it was the legalization of abortion that first pushed us over the edge.

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There are those who believe that we can keep from sliding down the rest of the slope without trying to climb back to the secure footing we were on before abortion was legalized. But can we? If so, how? And if not, how can I, or anyone else who recognizes the nature of the pass to which we have come, continue to be neutral in the war between the “pro-choice” and “pro-life” camps?

APPENDIX D

[*The following article appeared in the New York Times on May, 12, 1988, and is reprinted here with permission (©1988 by the New York Times).*]

This child I carry

Anna Quindlen

It's interesting to note the way medical miracles can go from brave new world to simple acceptance almost overnight. Once it was a major news event when a heart from one person was placed in the chest of another. Once it stopped the presses when a baby was born of an egg fertilized outside a woman's body. Today, there have been many heart transplants and many babies conceived in vitro, and people speak knowledgeably of donating organs, or of infertility.

It was not so many years ago that few of us could pronounce, much less talk about, amniocentesis. It is a procedure in which amniotic fluid is withdrawn with a needle from the uterus of a pregnant woman; the fluid is then tested to see if the child within has certain abnormalities.

The procedure is now routinely recommended to women over the age of 35, and almost everyone has heard of it. I know this because I am almost 36 years old, I am expecting a baby and soon after "Congratulations" and "Was it an accident?"—this is, after all, my third child in a 1.8 children per family country—I am sure to be asked whether I am having amnio, as it is now familiarly called. The assumption is that I am.

The reality is that I am not. I have had a good long time to think about it, knowing since the birth of my second that I wanted more and that I would slip into the danger zone over 35 before I became pregnant again. My husband and I have had some good long talks about it, too, about how much stress and disappointment our family could stand, about when life begins and under what circumstances it should be ended.

This has nothing to do with our being Roman Catholics, although people always seem to suspect that our religion and our decision are inextricably linked. For while some people use amniocentesis to prepare for bad news, for most it is an issue of abortion. You have the test so that you can find out if the child will be impaired. And if it will, you can . . . well, what I'm supposed to write here is terminate the pregnancy. But that's not what I feel. If I were talking about doing something as clinical as "terminating" something as disembodied as "a pregnancy," I wouldn't have a problem.

It's interesting how we have managed to move the bottom line of the question to the back of our minds. The other day, I was talking to a woman who

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said that she never let her mind get that far; that she underwent the procedure for peace of mind and forced her thoughts to make a sharp S-curve around the possibility that the results would not be soothing.

I think that's natural. There are two questions here, and both are terrifying. One is about abortion itself, and about when and why we can bear it. Some of my friends have suggested that I have a newer diagnostic test, something called chorionic villi sampling, that gives earlier results than amnio, and so allows for earlier abortion. But timing is not truly my concern. Perhaps if this child were unwanted, I could think of it as a fetus. But my children—three of them now—have all been wanted; they were babies from the moment I knew they were coming. I do not know what it would take for me to stop their lives.

What would it take? That is the other question. If a test could tell that the child I carry is schizophrenic or autistic, conditions that are my two personal demons, what would I do then? Or if I were Jewish and a carrier of Tay-Sachs, the vile disease that reduces children to insensate husks before they die at the age of 3 or 4? I suspect I might make a different decision here.

But for Down's syndrome, in which the baby would be moderately to severely retarded and have medical problems ranging from persistent ear infections to heart disease? Or spina bifida, which can cause lifelong paralysis and often necessitates corrective surgery? Trying to explain to my doctor, who is wise and sensitive, I raised my arms from the too-large armholes of the paper gown as though I were begging him to finish my sentence. "It's not . . . It's not . . ." I repeated. "Sufficient impediment?" he said. Right, as usual.

How much can you handle? People tell me that's the real question: whether a family has sufficient resources, both emotional and financial, to fit the extraordinary needs of a handicapped child into its web. But here's the real answer: I haven't a clue what I could handle. I do know that I would have blighted my life if I had turned away from all the things I thought I was not big enough to do.

I once tried to have my tubes tied because I was convinced I could never handle children. On a bad night, when my children were young, I have been convinced that I couldn't handle another. And despite our decision, I pray that the third will be as wonderful and healthy as the first two have been—in, I should add, that order.

It all comes down to our other children. If I decided to abort this baby because it was going to be retarded, or unable to walk, or in need of extraordinary amounts of medical care, I could not find the words to explain it to them. The only compelling argument anyone has made to us for amnio, which is not entirely without risk, was made by my doctor, who asked us to consider

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the possibility that we could not devote sufficient time to the needs of the children we have now if we were looking after those of someone so much needier. We considered that argument, and let it go. Having more than one child always means a willingness either to give less to the others or to stretch yourself more.

The first two children have taught us that, and they have taught us that life is nothing but hard questions, and that we answer them as best we can. In some sense, the future's already writ. This child is already something: boy, girl, healthy, ill—perhaps, if you are a devotee of nature over nurture, even good or bad. I do not know yet. I know only one thing now. This child is ours, for better or for worse, in sickness and in health.

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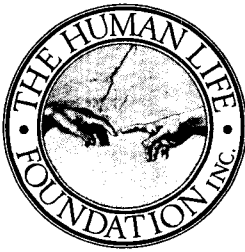
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